(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)				
Taxpay	yer's name	Social securit	y number		
SOM	MESH BANERJEE	893-98-	-4539		
Spouse	e's name	Spouse's soc	ial security	y number	
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enti-	_ ∣ er year you a	re autho	orizing.)	
Enter	whole dollars only on lines 1 through 5.				
Note	: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	46,0)78.
2	Total tax		2	3,6	647.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4,3	<u>367.</u>
4	Amount you want refunded to you		4	7	720.
5	Amount you owe		5		
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of you	ur return)
return to sen for an Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans and my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for responsively delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institurization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the nal identification number (PIN) below is my signature for the income tax return (original or amended) I onic Funds Withdrawal Consent.	mitter, or electro- ejection of the tr U.S. Treasury andicated in the ta- ticated in the ta- ticated in the teter the tet the authorizary quests must be e processing of payment. I furt	onic returnansmission its des and its des ax prepara entry to to tition. To received the elect her acknown.	n originator on, (b) the resignated Fire ation softwathis account revoke (card no later to cronic paymowledge the	reason nancial are for nt. This ncel) a than 2 nent of nat the
Тахр	ayer's PIN: check one box only				
	▼ I authorize GLOBAL TAXES LLC to enter or generate	ř Ent	er five dig	its, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	doi	n't enter a	ıı zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN med below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Г	☐ I authorize to enter or generate	a my PINI			as my
L	ERO firm name		er five dia		is iiiy
	signature on the income tax return (original or amended) I am now authorizing.	doı	n't enter a	II zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN med below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	W			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ente	6 0 8		1
autho	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in acc	ordance w	
FR∩'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040				urn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	write or staple in this s	space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instructio	ons.
Your first name	e and m	iddle initial	Last na	ame						Your so	ocial security num	nber
SOMESH			BANI	ERJEE						893	98 4539	
	spouse's	s first name and middle initial										numbe
										173	04 5057	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Α	pt. no.			mpaigr
2211 BR	Last name and middle initial Last name Some Security number Some Security number Some Security number Some Security number Security nu		ur									
			mplete	spaces be	low.	Sta	ite :	ZIP co	ode	spouse if filing jointly, want \$		
ATLANTA						GF	A .	303	29			•
Foreign countr	y name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code	I		<i>J</i> -
											You S	Spouse
Filing Status	s	Single					☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)								
one box.	×	Married filing separately (MFS)					☐ Qualifying s	surviv	ing spouse	(QSS)		
		, · · · · · · · · · · · · · · · · · · ·		,	. ,			or Q	SS box, ente	er the ch	ild's name if the	;
	qu	ıalifying person is a child but not you	ır depe	ndent: _]	PARUL KA	TI	YAR					
Digital	At a	ny time during 2023, did you; (a) rec	eive (as	a reward	d. award. or r	navr	ment for propert	v or :	services): or	(b) sell.		
Assets						-		-			☐ Yes 🗵 N	No
Standard	Som	neone can claim:	pender	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	1					
Age/Blindnes	s You	: Were born before January 2 1	959	Are b	lind Sno	use	. Was born	hefo	re January 2	2 1959	☐ Is blind	
			000 [T	<u> </u>			14		-		
•				(2)	•			, I,			1	
than four												
dependents,												
see instruction	ns											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)					. 1a	52,0	74.
	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1k	,	
W-2 here. Also		Tip income not reported on line 1a	a (see ir	struction	ns)					. 10	;	
attach Forms	_	Medicaid waiver payments not rep	·								ı	
W-2G and	е	Taxable dependent care benefits f	from Fo	rm 2441	, line 26 .					. 16	,	
was withheld.	f	Employer-provided adoption bene	efits from	m Form 8	8839, line 29					. 11	f	
If you did not	g	Wages from Form 8919, line 6 .								. 10	j	
get a Form W-2, see	h	Other earned income (see instruct	ions)							. 1 ŀ	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions))		<u>1i</u>					
	z	Add lines 1a through 1h	. ;							. 12	52,0)74.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interest			. 2t)	
if required.	3a_	Qualified dividends	3a			b C	Ordinary dividend	ds .		. 3t)	
Standard	4a	IRA distributions	4a			b T	axable amount			. 4t)	
Standard Deduction for—	5a		5a			b T	axable amount			. 5t)	
Single or Married filing	6a	· -	_							. 6Ł)	
separately,										ן ַ	4	
\$13,850 Married filing									[
jointly or Qualifying	8	Additional income from Schedule								. 8	<u> </u>	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•	our total inc	ome	e			. 9	<u> </u>)78.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11		
 If you checked 	12	Standard deduction or itemized		,		,				. 12		<u>350.</u>
any box under Standard	13	Qualified business income deduct	ion fror	n Form 8	995 or Form	899	95-A			. 13		
Deduction, see instructions.	14									. 14		
	15	Subtract line 1/1 from line 11 If zer	ra ar lac	c ontor	11 Ibic ic w	aur 1	ravabla incomo			1.5	· 1 37 7	/ / 🛛

Form 1040 (202)	3)						_		Page Z	
Tax and	16	Tax (see instructions). Check if ar	ny from Form((s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	3,647.	
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	3,647.	
	19	Child tax credit or credit for other	er dependent	s from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8						20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If z	zero or less, e	enter -0				22	3,647.	
	23	Other taxes, including self-emplo	oyment tax, f	rom Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is you	r total tax					24	3,647.	
Payments	25	Federal income tax withheld from	m:							
-	а	Form(s) W-2				25a	4 , 367.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c						25d	4,367.	
If you have a	26	2023 estimated tax payments ar	nd amount ap	oplied from 20	22 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from So	chedule 8812			28				
	29	American opportunity credit from	n Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15	5			31				
	32	Add lines 27, 28, 29, and 31. The	ese are your	total other pa	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. These	e are your to	tal payments				33	4,367.	
Refund	34	If line 33 is more than line 24, su	btract line 24	from line 33.	This is the amour	nt you overpaid		34	720.	
	35a	Amount of line 34 you want refu			is attached, ched	ck here	🗌	35a	720.	
Direct deposit?	b	Routing number 0 6 1 0			c Type:	Checking	Savings			
See instructions.	d	Account number 7 7 1 0	3 3 9	5 5						
	36	Amount of line 34 you want appl	lied to your 2	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. Thi								
You Owe		For details on how to pay, go to	www.irs.gov	/Payments or	see instructions.			37		
	38	Estimated tax penalty (see instru	uctions) .			38				
Third Party		you want to allow another per								
Designee		structions					omplete		⊠ No	
		signee's me		Phone no.			onal ident ber (PIN)	ification		
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t								of my knowledge and	
Here	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.	
11616	Yo	ur signature		Date Your occupation				If the IRS sent you an Identity		
		POST DOCTORAL RESEARCHER					, -	ection P	IN, enter it here	
Joint return? See instructions.				Data			, 71	If the IRS sent your spouse an		
Keep a copy for		ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupati	on			ection PIN, enter it here	
your records.						(see	inst.)			
	Ph	one no. (470) 791-0124		Email address	SOMESHKBANE	RJEE@GMAIL.C	OM			
Daid	Pre	eparer's name Pre	eparer's signatu	ıre		Date	PTIN		Check if:	
Paid	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM SYA	AM PRIYA 1	RAM SAGAR	GUPTA TALLAM	02/04/2024	P0208	2703	Self-employed	
Preparer	Fir	m's name GLOBAL TAXES	LLC				Pho	ne no. (678) 965-9522	
Use Only	Fir	m's address 245 ROONEY C	CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965	
<u> </u>	/-	1010 () 1 1 1 1 1 1 1 1 1							- 1010	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number

SOME	SH BANERJEE		893-98-	453	39
Par	Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	ı	
2a	Alimony received		2	a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797		4	1	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedu	le E . 💆	5	-5 , 996.
6	Farm income or (loss). Attach Schedule F		6	3	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
ı	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z		🤇)	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and o	on Form		
	1040, 1040-SR, or 1040-NR, line 8		1	0	-5,996.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	_			
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
05					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Internal Revenue Service

Department of the Treasury

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SOMESH BANERJEE 893-98-4539 Income or Loss From Rental Real Estate and Royalties

Part	Note: If you are in the business of renting personal prope			See	instru	ctions. If you	are an indiv	/idual, rep	ort farm
A [rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you	to file	Form(s) 100	002 C	See in	etructions		□ v ^	e 🕅 Na
	f "Yes," did you or will you file required Form(s) 1099?								
				• •	• •	<u> </u>		16	5 <u> 140</u>
1a	Physical address of each property (street, city, state, ZI	P cod	e)						
Α	SHAMSHERPUR PAONTA SAHIB SIRMOUR HIMAG	CHAL	PRADESH	IN	173	025			
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to			В					
С	qualified joint venture. See instru	ctions	S.	С					
уре	of Property:							'	
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Royalti	es	8	Other (desc	ribe)		
						Propert	es:		
ncon	ne:		A	\		В			С
3	Rents received	3		7	82.				
4	Royalties received	4							
xper	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,5	62.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		6	52.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,7	45.				
15	Supplies	15		1,9	65.				
16	Taxes	16							
17	Utilities	17		8	54.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Other (list) Total expenses. Add lines 5 through 19	20		6 , 7	78.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	·5 , 9	96.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(5 , 99	6.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		782.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties			.	23c				
d	Total of all amounts reported on line 18 for all properties			.	23d				
е	Total of all amounts reported on line 20 for all properties			.	23e	(778.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	de any loss	es			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	e loss	es from line 2	22. Er	nter to	tal losses he	e 25	(5,996.
26	Total rental real estate and royalty income or (loss).	Comb	oine lines 24	and	25. E	inter the resi	ult		
	here. If Parts II, III, and IV, and line 40 on page 2 do no	ot app	ly to you, a	lso er	nter tl	nis amount o			
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	moun	t in the total	on li	ne 41	on page 2	. 26		-5,996