## Form **8879**

(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

Submi	ssion Identification Number (SID)						
Taxpaye	/ numbe	er					
GHAI	ISHYAM YADAV	776-	-94-	8680			
Spouse'	Spouse's name Spouse's social						
SUMA	AN YADAV	989	-97-	-2385	;		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year yo	ou ar	e auth	norizi	ng.)	
Enter \	vhole 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	1		201.
2	Total tax		+	2			463.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		+	3			<u>740.</u>
4	Amount you want refunded to you		- +	4		6,	<u> 277.</u>
5	Amount you owe			5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and be penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
return ( to send for any Agent t paymer authoriz paymer busines taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for regional delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution accounts and in the financial institution accounts in the financial information in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the process of th	tter, or election of the S. Treasurated in the debit of the authors multiprocessing ayment.	lectronethe trace the taxes the taxes the second terminal trace the second terminal trace the second trace trace the second trace	nic returnismissid its de x preparentry to tion. To receive the elemer ack	urn origing of the control of this and the control of the control	ginato b) the ted Fi softv accou ke (ca later c payr dge t	r (ERO) reason nancial vare for nt. This incel) a than 2 ment of hat the
	yer's PIN: check one box only						
×		nv PIN	4	8 6	8	0	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	,		er five d 't enter		ut	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.						
Your s	ignature ▶ Date ▶						
Cnaus	o's Dibly shook and hay only						
· —	e's PIN: check one box only	DINI	7	2 3		_	
X	I authorize GLOBAL TAXES LLC to enter or generate I	ny PIN		2 3 er five d			as my
	signature on the income tax return (original or amended) I am now authorizing.			't enter			
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.						
Spous	e's signature ► Date ►						
	Practitioner PIN Method Returns Only—continue below						
Part	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 Don	9 6 't ente	o 0 r all zer	8 2 os	7	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practition of the Practition of the Practition of the Practition of the Practical Practic	itting this	retur	n in ac	ccorda	nce v	
ERO's	signature ▶ Date ▶						
	FPO Must Patain This Form — Saa Instructions						

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

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>£1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ıple in thi	is space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See ser	oarate i	nstruc	tions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity nı	umber
GHANSHY	MΑ		YADA	V							776	94	868	0
		s first name and middle initial	Last na											ty number
SUMAN			YADA	.77							989	97	238	5
	(numbe	er and street). If you have a P.O. box, see						1	Apt. no.					് Campaign
		RS GLENN DR									Check h			
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode		spouse	if filing	jointly,	want \$3
ROUND RO	)CK	,				TX	7	786	65		•			ecking a
Foreign country			l F	Foreian pr	ovince/state/				n postal c	ode	box belo			ınge
	,						,		, , ,		,	Yo	_	Spouse
Filing Status	s [	Single	'				Head of h	ouseh	old (HOH	<del>-</del> 1)				
Check only	×	Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if th	ne
	qu	ialifying person is a child but not you	ır depen	ndent:										
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for prope	rty or	services	); or (	b) sell,			
Assets		nange, or otherwise dispose of a dig											s 🗵	No
Standard	Som	neone can claim:	pendent	t 🔲	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you											
Age/Rlindness	. You	: Were born before January 2, 1	959 F	Are bl	ind Sno	ouse	: Was bo	rn hefo	re Janu	arv 2	1959		s blind	
Dependent			000 _	T	<u> </u>			14						tructions):
-		First name Last name		(2) 5	Social security number	′	(3) Relationsh to you	iib	Child t					dependents
If more than four	(-,-						,						$\overline{\Box}$	<u> </u>
dependents,									[				一一	
see instruction	s								[				౼	
and check here	1 —								[				$\overline{\Box}$	
Income	 1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .					<u> </u>	1a		124,	,810.
	b	Household employee wages not re	,		,						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			-	
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e					
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6.									1g			
get a Form	h	Other earned income (see instruct	ions)								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i	Ì						
	z	Add lines 1a through 1h									1z		124,	,810.
Attach Sch. B	2a		2a			b T	axable interes	t .			2b			
if required.	3a		3a				ordinary divide				3b			
	4a		4a				axable amoun				4b			
Standard	5a		5a				axable amoun				5b			
Deduction for— Single or	6a		6a				axable amoun				6b			
Married filing	C	If you elect to use the lump-sum e		nethod	check here					. r	]			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		,		`	,				7			
Married filing jointly or	8	Additional income from Schedule		•			•				8		-14	,609.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9			,201.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•							10			
Head of	11	Subtract line 10 from line 9. This is									11		110	,201.
household, \$20,800	12	Standard deduction or itemized	-	-	_						12			,700.
If you checked any box under	13	Qualified business income deduct				-					13			, , , , , , ,
Standard	14						5-A				14		27	,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15			501

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	9,463.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	9,463.	
	19	Child tax credit or credit for o	ther dependent	ts 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 zero or less,	enter -0				22	9,463.	
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	9,463.	
Payments	25	Federal income tax withheld f	rom:							
-	а	Form(s) W-2				<b>25a</b> 15	5,740.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	15,740.	
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20	)22 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28				
	29	American opportunity credit for	rom Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. Th	ese are your <b>to</b>	tal payments				33	15,740.	
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	6,277.	
	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, chec	k here		35a	6,277.	
Direct deposit?	b	Routing number 1 1 1			,, <u> </u>	Checking	Savings			
See instructions.	d	Account number 4 8 8	1 1 3 3	0 6 9 1	1 2					
	36	Amount of line 34 you want a	oplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.	This is the <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, go	_	-				37		
	38	Estimated tax penalty (see ins	structions) .			38				
<b>Third Party</b>		you want to allow another				_				
Designee		structions				<del>_</del>	•		⊠ No	
		signee's me		Phone no.			onal ident	tification		
Sign	Un	der penalties of perjury, I declare that	at I have examined	d this return and	accompanying sched	dules and statemer	ts, and to	the best	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 whi						ch prepar	er has any knowledge.	
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity	
								tection P e inst.)	IN, enter it here	
Joint return? See instructions.		avada aigustuus If a isint vatuus Ita	Alle mouset signs	Data	SOFTWARE E			<u> </u>		
Keep a copy for		ouse's signature. If a joint return, bo	otn must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here	
your records.	HOME MAKER						(see inst.)			
	Ph	one no. (737)326-1923		Email address	GHANSHYAM.Y	ADAV@IBM.C	DM MC			
Doid	Pre		Preparer's signat	ure	•	Date	PTIN		Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/23/2024	P0208	32703	Self-employed	
Preparer	Fir	m's name GLOBAL TAX	ES LLC			•			678)965-9522	
Use Only	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firn	n's EIN	84-3171965	
<u> </u>		10106 : 1 1: 111 11							- 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

GHANSHYAM & SUMAN YADAV

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 776-94-8680

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
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	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-14,609.
6	Farm income or (loss). Attach Schedule F		6	
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		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040 1040-SR or 1040-NR line 8	r here and on Form	10	-14 609

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	· <u> </u>			
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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		_	
Z	Other adjustments. List type and amount:				
<b>0</b> -		24z		0-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/	12/24 PRO	Schedu	ile 1 (Form 1040) 2023

#### **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.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

GHAI	ISHYAM & SUMAN YADAV						776-9	4-8680	
Part									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you ar	re an indi	vidual, rep	ort farm
A 1	rental income or loss from Form 4835 on page 2, line 40.	+- t:l-	Fawa (a) 1	0000	) !:				- <b>V</b> N-
	Did you make any payments in 2023 that would require you								
ВΙ	f "Yes," did you or will you file required Form(s) 1099? .				• •			те	S   NO
1a	Physical address of each property (street, city, state, ZIF	ode	e)						
Α									
В									
С									
1b		For each rental real estate property list above, report the number of fair rental				ir Rental	Person	QJV	
Α.				Days			Days		
A B	gersonal use days. Check the Qui			A B		365		0	
	qualified joint venture. See instru			С					
<u> </u>	1			C					
	of Property:	1	<b>5</b> Laurel		7	Oalf Dantal			
	Single Family Residence 3 Vacation/Short-Term Rent	tai	5 Land			Self-Rental	!!\		
2	Multi-Family Residence 4 Commercial		6 Roya	uties	8	Other (descri	ibe)		
						Propertie	es:		
ncon	ne:			Α		В			С
3	Rents received	3		5	95.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,4	44.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	26.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,4	51.				
15	Supplies	15		2,9	80.				
16	Taxes	16							
17	Utilities	17		3,5	15.				
18	Depreciation expense or depletion	18		3,5	88.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15,2	04.				
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 <b>Form 6198</b>	21	-	-14,6	09.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(	14,60		(	)	(	
23a	Total of all amounts reported on line 3 for all rental prope				23a		595.		
b	Total of all amounts reported on line 4 for all royalty properties				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		,588.		
е	Total of all amounts reported on line 20 for all properties				23e	15	,204.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	25	(	14,609.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no						n		
	Schedule 1 (Form 10/0) line 5. Otherwise, include this ar	naunt	in the to	tal on li	na /11	on nage 2	0.0		_1/ 6/0