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

Submission Identification Number (SID)		•				
Taxpayer's name	Social security	y number				
VIKAS T SHINDE	022-93-3393					
Spouse's name	Spouse's soci	al security number				
MAYURI MANE	021-23-	-4562				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you ar	e authorizing.)				
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 56,981.				
2 Total tax		2 3,073.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 4,874.				
4 Amount you want refunded to you		4 1,801.				
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy	of your return)				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for orany delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electro or rejection of the tra he U.S. Treasury ar t indicated in the ta titution to debit the initate the authoriza requests must be in the processing of the payment. I furth	nic return originator (ERO) ansmission, (b) the reason its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the				
Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or genered by the signature on the income tax return (original or amended) I am now authorizing.	Ente	3 3 9 3 er five digits, but 't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.						
Your signature ► Date	-					
Spouse's PIN: check one box only						
I authorize GLOBAL TAXES LLC to enter or gener ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN no below.	Ento don am now authorizin					
Spouse's signature ▶ Date						
Practitioner PIN Method Returns Only—continue be	low					
Part III 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 6 Don't ente	6 0 8 2 7 1 er all zeros				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incor authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in accordance with the				
ERO's signature ▶ Date	•					
ERO Must Retain This Form — See Instruction						

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		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	vrite or staple in t	this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20		parate instru	
Your first name	and m	iddle initial	Last na	ame						Your so	ocial security	number
VIKAS T			SHIN	NDE						022	93 33	93
	pouse's	s first name and middle initial	Last na								's social secu	
MAYURI			MANE	3						021	23 45	62
	(numbe	er and street). If you have a P.O. box, see						Α.	pt. no.		ential Election	
430 PLA	YERS	СТ									here if you, or	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		if filing jointly	
NASHVIL	LE					TN	1	372	11		o this fund. Ch low will not ch	•
Foreign countr				Foreign p	rovince/state/o	count			n postal code		x or refund.	arige
											You [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)		
	If y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name if	the
		alifying person is a child but not you										
Dinital	Λ+ o:	ny time during 2023, did you: (a) rec	oivo (oo		d award ar	DO: #	mant for proper	h. or	iooo): or	(b) coll		
Digital Assets		ny time during 2023, did you: (a) rec	•					•			Yes	⊠ No
		neone can claim: You as a de					a dependent): (00	o mondo	13.)		
Standard Deduction		Spouse itemizes on a separate retur	•		-		•					
Deduction	Ш,	Spouse iternizes on a separate retur	ii oi yo	u were a	uuai-siaius i	allell	<u> </u>					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	use	: Was born		re January 2		Is bline	
Dependent	s (see	instructions):		(2)	Social security		(3) Relationship) (4			ifies for (see in	
If more	(1) F	irst name Last name		number to you			Child tax c	redit	Credit for other	dependents		
than four											1	
dependents, see instruction	s											
and check												
here L												
Income	1a	Total amount from Form(s) W-2, b	•		,							876.
Attach Form(s)	b	Household employee wages not re	•									
W-2 here. Also	С	Tip income not reported on line 1a	•		,					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	,	nstru	ıctions)			. 10		
1099-R if tax	е	Taxable dependent care benefits f			-					. 16		
was withheld.	f	Employer-provided adoption bene	efits fror	m Form 8	3839, line 29					. 11		
If you did not get a Form	g									. 10	^	
W-2, see	h	Other earned income (see instruct	,					 I		. <u>1</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions))	•	<u>li</u>				CE	. 076
	<u>z</u>	Add lines 1a through 1h			· · · ·					. 1z		876.
Attach Sch. B if required.	2a	•	2a				axable interest			. 2k		
	3a		3a				Ordinary dividend					
Standard	4a	-	4a				axable amount					
Deduction for—	5a		5a				axable amount					
 Single or Married filing 	6a	,	6a	mothed			axable amount			. 6k	,	
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)										
 Married filing 	8		apital gain or (loss). Attach Schedule D if required. If not required, check here									8,895.
jointly or Qualifying	9		b, 6b, 7, and 8. This is your total income							. 8 . 9		5,093. 5,981.
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		•			e 			. <u>9</u> . 10		,, JOI.
 Head of 	11	Subtract line 10 from line 9. This is								. 11		5,981.
household, \$20,800	12	Standard deduction or itemized	-							. 12		7,700.
 If you checked any box under 	13	Qualified business income deduct		,		,	 15-Δ			. 13		, , , , , ,
Standard	14					JJJ	· · · · · ·			. 14		7,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				our f	 tavabla inaama			15		281

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	3,073.		
Credits	17	Amount from Schedule 2, lin	ne 3					17			
	18	Add lines 16 and 17						18	3,073.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,073.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	3,073.		
Payments	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a 4	1,874.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	4,874.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	4,874.		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,801.		
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗌	35a	1,801.		
Direct deposit?	b	Routing number 0 3 1			c Type:	Checking	Savings				
See instructions.	d	Account number 1 3 5	6 8 5 8	4 2 1							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		structions				🗌 Yes. C	omplete	below.	⋈ No		
		Designee's Phone Personal name no. Personal						l identification (PIN)			
Sign		der penalties of perjury, I declare t			, , ,		,		, ,		
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w Your signature Date Your occupation If									
	10	ur signature		Date	Four occupation		If the IRS sent you an Identity Protection PIN, enter it here				
Joint return?				SOFTWARE I	DEVELOPER		inst.)				
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, l	Date	Spouse's occupat		Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
	——Ph	one no. (732) 406-387	4	Email address		DE58@YAHOO.	TN				
		eparer's name	Preparer's signat		. 11410 • 011111	Date	PTIN		Check if:		
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM	02/01/2024	P0208	2703	Self-employed		
Preparer		m's name GLOBAL TA							(678) 965-9522		
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN 84-3171965			
	- "	2 10 110011		J J IV			1		01 01/1000		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2023
Attachment
Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

VIKAS T SHINDE & MAYURI MANE

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 022-93-3393

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	-8,895.
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	4	
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	0- (\	
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	8t		
	a nongovernmental section 457 plan	8u		
u		ou	-	
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Ente	here and on Form	9	
	1040, 1040-SR, or 1040-NR, line 8		10	-8 , 895.

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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s	shown on return						Your soci	al sec	urity n	umbe	er:
VIKA	AS T SHINDE & MAYURI MANE						022-9	3-33	393		
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instruc	ctions. If you	are an indi	vidual	, repo	ort far	m
Α [Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	See ins	tructions .		. <u> </u>	Yes	s X	No
B	f "Yes," did you or will you file required Form(s) 1099? .							. [Yes	s [No
1a	Physical address of each property (street, city, state, ZII	ode	e)								
A	NIGDI PUNE MAHARASHTRA IN 411062										
В											
С											
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair			Fa	ir Rental Days	Personal Use Days			QJV		
A	personal use days. Check the Q	personal use days. Check the QJV box				365		0			
В	if you meet the requirements to f			A B	303						
С	qualified joint venture. See instru	ictions	S.	С							
Туре	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc					
						Propert	ies:				
Incom	ne:			Α		В				С	
3	Rents received	3		6	85.						
4	Royalties received	4									
Exper	nses:										
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,9	65.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10						<u> </u>			
11	Management fees	11		6	95.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13			1.0			<u> </u>			
14	Repairs	14			10.			<u> </u>			
15	Supplies	15		2,9	50.						
16	Taxes	16		1 5	<u> </u>						
17	Utilities	17		1,5	60.						
18 19	Depreciation expense or depletion	18									
20	Other (list) Total expenses. Add lines 5 through 19	20		9,5	o n						
		20		9,3	00.						
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		-8,8	95.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(05.)(,)	(
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		685.				
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		9,580.				
24	Income. Add positive amounts shown on line 21. Do not		•				. 24				
25	Losses. Add royalty losses from line 21 and rental real estat	e losse	es from lin	e 22. Eı	nter to	al losses he	re 25	(8,8	395.)
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										

-8,895.

26

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2