## 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

Internal F	evenue Service Go to www.irs.gov/Formos/9 for the latest information.						
Submis	ssion Identification Number (SID)						
Taxpaye	's name	Social securi	ty number	•			
SHWE	TA NERLEKAR	712-08	712-08-9400				
Spouse's	name	Spouse's soo	ial securi	ty number			
Part	Tax Return Information — Tax Year Ending December 31, 2023 (En	ter year you a	re auth	orizina )			
	hole dollars only on lines 1 through 5.	ter year you a	ic autii	onzing.)			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income		11	68,	531.		
	Total tax		2		336.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		553.		
	Amount you want refunded to you		4		217.		
	Amount you owe		5	<u> </u>	211.		
Part	•		-	ur retur	n)		
return (control to send for any Agent to paymen authorize paymen business taxes to personal Electror	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I al original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the positivate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial trace of the date of any refund. If applicable, I authorize the positivation in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lidentification number (PIN) below is my signature for the income tax return (original or amended) in Finance of the income tax return (original or amended) in 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 am if you are entering your own PIN and your return is filed using the Practitioner PIN metabolish and the provided in the process of the provided in the process of the provided in the process of the provided in the provide	smitter, or electric rejection of the tree U.S. Treasury a indicated in the trution to debit the nate the authorizate requests must be the processing or e payment. I fur I am now author te my PIN  The my PIN  T	onic returnansmission its de ax preparation. To exercise fithe electher ackrizing and grant gran	n originate on, (b) the signated Fration soft this accourevoke (c) d no later thronic paynowledge of the policy of	or (ERO) e reason financial ware for unt. This ancel) a r than 2 rment of that the able, my as my		
Your si	below.  gnature ▶ Date ▶	•					
Spous	e's PIN: check one box only						
Opous		to my DIN			ac my		
Ш	I authorize to enter or genera	_	ter five di	nite hut	as my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter a	all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.						
Spouse	e's signature ▶ Date ▶	•					
	Practitioner PIN Method Returns Only—continue belo	ow					
Part I	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 9 Don't ent		3 2 7 os	1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for PIN method PIN m	bmitting this retu	ırn in acc	cordance			
ERO's	signature ▶ Date ▶	•					
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To						

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

2023

OMB No. 1545-007

IRS Use Only—Do not write or stable in this space

						0.11.2 . 10. 10.10		1 20 1.00	mile or stapie in the space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, en	ding		, 20	See se	eparate instructions.	
Your first name	and m	iddle initial	Last na	me				Your social security number		
SHWETA			NERI	EKAR	712 08 9400					
If joint return, s	pouse's	s first name and middle initial	Last na	me				Spouse	e's social security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	1	ential Election Campaigr	
300 LEG					_		1433		here if you, or your e if filing jointly, want \$3	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta		ZIP code		to this fund. Checking a	
PLANO			TX			75023	box below will not change			
Foreign countr	y name			Foreign province/state	/count	ty	Foreign postal co	de your ta	ax or refund.  You Spouse	
		7 O. 1					1 11/11018			
Filing Status	S ├	Single				☐ Head of n	ousehold (HOH)			
Check only		Married filing jointly (even if only of	ne nad i	ncome)		Ouglifuing	surviving spous	, (OSS)		
one box.	L If √	Married filing separately (MFS)  you checked the MFS box, enter the	namo	of your engues. If yo	u cho				nild's name if the	
		alifying person is a child but not you			u CHE	ecked the HOF	1 OF QSS DOX, E	iter the ci	iliu s name ii the	
Digital		ny time during 2023, did you: (a) rec								
Assets		nange, or otherwise dispose of a dig					et)? (See instruct	ions.)	☐ Yes ⊠ No	
Standard Deduction	_	neone can claim:	•	•		a dependent				
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	i were a duai-status	allen	<u> </u>				
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Sp	ouse	: U Was bor	n before Januar	•		
Dependent	<b>s</b> (see	instructions):		(2) Social securit	y	(3) Relationsh	''P		alifies for (see instructions):	
If more	<b>(1)</b> F	irst name Last name		number to y		to you	o you Child tax cr		Credit for other dependents	
than four dependents,										
see instruction	s							<u>]</u>		
and check	, —							<u>]</u> ]	<u> </u>	
here L	4-	Tatal are suit from Found(s) W. O. b.	av 1 /aa	a inaturationa)			L	<u> </u>	77 607	
Income	1a	Total amount from Form(s) W-2, b	•	•				· 1		
Attach Form(s)	b C	Household employee wages not reported on Form(s) W-2							C	
W-2 here. Also attach Forms	d							. <u>  1</u>		
W-2G and	u _	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							e	
1099-R if tax was withheld.	f	Employer-provided adoption bene		•				. 1		
If you did not	g g	Wages from Form 8919, line 6.						. 1		
get a Form	h	Other earned income (see instruct							<b>h</b> 0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,	ructions)		1i				
	z	Add lines 1a through 1h						. 1	z 77,607.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t	. 2	b	
if required.	3a	Qualified dividends	3a		<b>b</b> 0	ordinary divide	nds	. 3	b	
	4a	IRA distributions	4a		b T	axable amoun	t	. 4	b	
Standard Deduction for —	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	t	. 5	b	
Single or	6a	Social security benefits	6a		<b>b</b> T	axable amoun	t	. 6	b	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								
jointly or	8	Additional income from Schedule						. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7				e 		. 9	,	
\$27,700 Head of	10	Adjustments to income from Sche		. 1						
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-				. 1		
If you checked	12	Standard deduction or itemized							2 13,850.	
any box under Standard	13		luction from Form 8995 or Form 8995-A						12 050	
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	· ·			 Iavablo incom		. 1	<del></del>	
	10	Subtract line 14 from line 11. If Zer	. 1	<b>5</b> 54,681.						

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 🗌 8814	<b>2</b> 🗌 4972 <b>3</b> [			16	7,336.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	7,336.
	19	Child tax credit or credit for other dependen	ts from Sched	ıle 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	7,336.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	7,336.
Payments <b>Payments</b>	25	Federal income tax withheld from:						
	а	Form(s) W-2		25	5a S	,553.		
	b	Form(s) 1099		25	5b			
	С	Other forms (see instructions)		25	5c			
	d	Add lines 25a through 25c					25d	9,553.
you have a	26	2023 estimated tax payments and amount a	applied from 20	22 return			26	
ualifying child, ttach Sch. EIC.	27	Earned income credit (EIC)		No . 2	27			
illach Sch. Elc.	28	Additional child tax credit from Schedule 8812	2	2	18			
	29	American opportunity credit from Form 8863	3, line 8	2	.9			
	30	Reserved for future use			80			
	31	Amount from Schedule 3, line 15			:1			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	yments and refunda	able credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	9,553.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amount yo	ou <b>overpaid</b>		34	2,217.
	35a	Amount of line 34 you want refunded to you	<b>u</b> . If Form 8888	is attached, check h	ere		35a	2,217.
Direct deposit?	b	Routing number 1 1 1 0 0 0 6		,, <u> </u>	ecking	Savings		
See instructions.	d	Account number 0 0 0 0 0 0 1	1 1 9 3	1 9 6 0				
	36	Amount of line 34 you want applied to your	2024 estimate	d tax 3	6			
Amount	37	Subtract line 33 from line 24. This is the amount						
You Owe		For details on how to pay, go to www.irs.go	37					
	38	Estimated tax penalty (see instructions) .		3	8			
Third Party Designee		you want to allow another person to disc structions		n with the IRS? Se		omplete b	pelow.	⊠ No
	De na	signee's me	Phone no.			onal identit ber (PIN)	fication	
Sign Here		der penalties of perjury, I declare that I have examine lief, they are true, correct, and complete. Declaration						,
mere						1	IRS ser	

Joint return? See instructions. Keep a copy for your records. Your signature

Date
Your occupation
IT PROFESSIONAL

Spouse's signature. If a joint return, both must sign.

Date
Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Phone no. (469) 321-6164

Email address
SHWETANERLEKAR@YAHOO.COM

Preparer's name Preparer's signature Date PTIN Check if: **Paid** 02/19/2024 Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name **Use Only** 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 Firm's EIN Firm's address

#### 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

SHWE	TA NERLEKAR		712-0	8-940	0
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	eΕ. [	5	-9,076.
6	Farm income or (loss). Attach Schedule F		[	6	
7	Unemployment compensation		[	7	
8	Other income:		Ī		
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			
i	Activity not engaged in for profit income	8j			
k	Stock options	8k			
- 1	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		<u> </u>		
_	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
_	Missan	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> . Ente		n Form	-	
	1040, 1040-SR, or 1040-NR, line 8			10	-9,076.

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

Par	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					
_1	· · · · · · · · · · · · · · · · · · ·	24c				
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d				
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		- 1		
f	<b>-</b>	24f				
g		24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	,	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:					
		24z				
25	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				06	
	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.

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleE for instructions and the latest information. Your social security number

Attachment Sequence No. 13

SHWI	ETA NERLEKAR						712-0	38-940	0	
Par	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	erty, use <b>S</b> o	I <b>lties</b> chedule C	See	instruc	ctions. If you	are an inc	lividual, re	port farm	
Α	Did you make any payments in 2023 that would require you	to file Fo	orm(s) 10	99? S	ee ins	tructions .		. 🗌 Y	'es 🗵 No	
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	'es 🗌 No	
1a	Physical address of each property (street, city, state, ZII	IP code)								
A	NEAR NAVI PETH PETROL PUMP SHASTRI ROZ		F. MAH	ARAS	SHTR	A IN 411	030			
B		110 / 1 011		211(21)	711114	1 111 111	.000			
1b	Type of Property (from list below)  2 For each rental real estate property above, report the number of fair				Fa	ir Rental Days	Personal Use Days		QJV	
A	personal use days. Check the Q	JV box o		Α	303			0	+	
В	if you meet the requirements to			В						
С	qualified joint venture. See instru	uctions.		С						
Туре	of Property:		l							
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial		5 Land 6 Royalti	es		Self-Renta Other (des				
						Proper	ties:			
Incor	ne:		-	\		В			С	
3	Rents received	3		5.	50.					
4	Royalties received	4								
Expe										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,0	45.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,0	58.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,5						
15	Supplies	15		2,4	58.					
16	Taxes	16								
17	Utilities	17		2,4	78.					
18	Depreciation expense or depletion	18								
19	Other (list)									
20	Total expenses. Add lines 5 through 19	20		9,62	26.					
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>		_	-9 <b>,</b> 0'	76					
22	Deductible rental real estate loss after limitation, if any,	-1		J / U	. • •					
	on Form 8582 (see instructions)	22 (	!	9,07	6.)		550.	)(	)	
23a	Total of all amounts reported on line 3 for all rental proper			•	23a 23b		JJU.			
b	Total of all amounts reported on line 4 for all royalty prop Total of all amounts reported on line 12 for all properties			t t	23c					
Q C	Total of all amounts reported on line 12 for all properties  Total of all amounts reported on line 18 for all properties				23d					
d				1	23a		9,626.			
e 24	Total of all amounts reported on line 20 for all properties <b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>				<b>23e</b>		9,626. 24			
2 <del>4</del> 25	Losses. Add royalty losses from line 21 and rental real estat		-		· ·	al lossos ha	-	1	9,076.)	
								(	5,010.	
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									
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						. 26		-9,076.	