Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.

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

Submission Identification Number (SID)

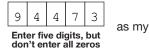
Taxpayer's name		Social security number					
KARTIK D SHIRKE		073-99-4473					
Spouse's name		Spouse's social sec	urity number				
DHANASHRI CHANDRAKAN DHANAVADE		981-95-604	17				
Part I Tax Return Information – Tax Year Ending December 31, 2	023 (Enter	year you are au	Ithorizing.)				
Enter whole dollars only on lines 1 through 5.							
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
<b>1</b> Adjusted gross income		1	118,010.				
<b>2</b> Total tax		2	10,487.				
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	20,259.				
4 Amount you want refunded to you		4	9,772.				
5 Amount you owe		5					

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

				ERO firm name	, see 1999 - 1990 - 199	Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	9



7

as mv

5

6 0 4

Enter five digits, but don't enter all zeros

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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Prac	itioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your	five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros						

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨			Date 🕨				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Denemicarly Deduction Act Net	iee eee verster veture instructions		DEV 12/21/22 DDO	Earm 8879 (Bay 01 2021)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	rite or stap	le in this space.	
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, ending , 20					See separate instructions.			
Your first name	and m	iddle initial	Last r	ame						Your social security number			
KARTIK I	)		SHI	RKE						073	99	4473	
		s first name and middle initial	Last r									security number	
DHANASHE	RT CI	HANDRAKAN	рна	NAVADE	7					981	95	6047	
		er and street). If you have a P.O. box, see			-			A	Apt. no.			tion Campaign	
1600 STA	T T OI	NDRIVE						1	616			u, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c				pintly, want \$3	
AVENEL						NJ	т	070	01	0		d. Checking a ot change	
Foreign country	/ name			Foreign p	rovince/state/				n postal code	1	ow will no	•	
											🗌 You	J 🗌 Spouse	
Filing Status	. [	] Single					Head of h	ouseh	old (HOH)				
-		Married filing jointly (even if only o	ne had	l income)									
Check only one box.		Married filing separately (MFS)		,			Qualifying	surviv	ina spouse	(QSS)			
one box.	lf v	ou checked the MFS box, enter the	name	of vour s	pouse. If voi	u che			•	. ,	ld's nam	ne if the	
		alifying person is a child but not you											
Digital		ny time during 2023, did you: (a) rece						-				s 🛛 No	
Assets		hange, or otherwise dispose of a digi		·				et) ? (Se	e instructio	ns.)			
Standard	_	eone can claim: You as a de	•		•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a	dual-status	allen	1						
Age/Blindness	You	Were born before January 2, 1	959	Are bl	lind <b>Spo</b>	ouse	: 🗌 Was bor	rn befo	ore January	2, 1959	🗌 ls	blind	
Dependents				(2) S	Social security	/	(3) Relationsh	nip <b>(4</b>	-			ee instructions):	
If more	<b>(1)</b> F	irst name Last name		number		to you		Child tax c	redit	Credit for	other dependents		
than four dependents,											<u> </u>		
see instructions	s ——											<u> </u>	
and check													
here 🗌	4 -		- 4/-		- 1' )							100 115	
Income	1a	Total amount from Form(s) W-2, be	•		,							129,115.	
Attach Form(s)	b	Household employee wages not re	•		. ,					. 1b . 1c			
W-2 here. Also attach Forms	C										-		
W-2G and	d	Taxable dependent care benefits f			, .	nstru	ictions)	• •		. 1d			
1099-R if tax	e f	Employer-provided adoption bene				• •		• •		. 1e			
was withheld.	1									. 1f . 1g	-		
get a Form	g b	6										0.	
W-2, see instructions.	h i	Other earned income (see instructi Nontaxable combat pay election (s	,				· · · · ·	ì		. 1h		0.	
instructions.	z	Add lines 1a through 1h								. 1z		129,115.	
Attach Sch. B	 2a		2a		· · ·	 	axable interest	••••		. 12 . 2b			
if required.	2a 3a		2a 3a				Ordinary divide				_		
	 4a		4a				axable amoun		· · · ·	. 4b			
Standard	5a		5a				axable amoun			. 5b			
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	6a		6a				axable amoun			. 6b			
Married filing	c	If you elect to use the lump-sum e		method	check here								
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,		[	7	1		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule								. 8	-	-11,105.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		118,010.	
surviving spouse, \$27,700	10	Adjustments to income from Sche					• • • • •			. 10			
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11	-	118,010.	
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		27,700.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti		•		,				. 13		_,,,	
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss. enter	-0 This is v	our f	taxable incom	ne .				90,310.	
				,									

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	10,487.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	10,487.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	10,487.
	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 <b>total tax</b>				[	24	10,487.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25a</b> 20	,259.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	20,259.
If you have a	26	2023 estimated tax payment	ts 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				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 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 <b>to</b>	tal payments			[	33	20,259.
Refund	34	If line 33 is more than line 24	1, subtract line 24	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	9,772.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆 🛛	35a	9,772.
Direct deposit?	b	Routing number         0         2         1         2         0         2         3         3         7         c Type:         X Checking         Savings							
See instructions.	d	Account number 7 0 9							
	36	Amount of line 34 you want a	applied to your :	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.gov</i>	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 <b>Yes.</b> C	omplete be	low.	× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	ation	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	- hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date Your occupation			If the I	RS ser	nt you an Identity
		0							IN, enter it here
Joint return?					COMPUTER SY	STEMS ENGINE	ER (see in	st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEI	>	(see in		schon Fin, enter it here
	Phone no. (732) 589–9485 Email address KARTIKDEEPAKSHIRKE@GMAIL.COM								
		eparer's name	9 Preparer's signat		NANI LINDEEFANS		PTIN		Check if:
Paid			-1		GIIPTA TALLAM		P02082	703	Self-employed
Preparer	Firm's name CLOBAL TAYES LLC								(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TYDAATCI/ IN			1 1 11 11 5		Form <b>1040</b> (2023)
			scanomation.		BAA	REV 12/21/23 PRO			10111 10-10 (2023)

REV 12/21/23 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KARTIK D SHIRKE & DHANASHRI CHANDRAKAN DHANAVADE 073-99-4473 Part Additional Income 1 1 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 -11,105. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: а Net operating loss 8a 8b b Cancellation of debt 8c С Foreign earned income exclusion from Form 2555 d 8d 8e е 8f f 8q g 8h h i Prizes and awards 8i 8i i 8k L 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 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q a Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t a nongovernmental section 457 plan 8t Wages earned while incarcerated . . . . . . . . . . . . . 8u u z Other income. List type and amount: 8z 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -11,105. For Paperwork Reduction Act Notice, see your tax return instructions. 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-basis governme	nent		
	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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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 adjustments to income. Enter here and	lon		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	
	BAA REV 12/21/23 PRO	s	chedule 1	1 (Form 1040) 2023

			Supplemental Income and Loss										OMB No. 1545-0074	
(Form	1040)	(From	rei	ntal real esta	ate, royalties, p			-			trusts, REMI	Cs, etc.)	20	23
	ent of the Treasury Revenue Service			Go to www	Attach to For v.irs.gov/Sched						formation		Attachm	nent ce No. <b>13</b>
	shown on return						moure			atest ii	normation.	Your soci	al security	
.,	IK D SHIRK	E & D	нA	NASHRI (	CHANDRAKAN	I DHAN	JAVAI	ЭE					9 <b>-</b> 4473	
Part					ntal Real Est							0,00	5 11/0	
	Note: If yo	u are in	the	business of	renting persona 1835 on page 2,	al proper	ty, use	Schedu	le C. Se	e instru	ctions. If you	are an indiv	vidual, rep	ort farm
Α	Did you make an						to file	Form(s)	1099?	See in	structions .		. 🗌 Ye	s 🕅 No
	"Yes," did you													
1a	Physical addr	ess of e	eac	ch property	(street, city, st	tate, ZIF	code	e)						
Α	RH-1, G-20	), SE	СТ	OR-7 VAS	SHI,NAVI M	IUMBAI	MAF	HARASH	TRA I	N 40	0703			
В														
<u> </u>												_		
1b	Type of Prope (from list below				ental real estate ort the number					Fa	air Rental Days	Person Da		QJV
Α	3	.,		personal us	se days. Check	k the Q	JV bo>	k only	Α		365		0	
В					the requireme int venture. Se				В					
С				quaimed joi	int venture. Ge				С					
	of Property:					-				_				
	Single Family R Multi-Family Re				ation/Short-Te	rm Ren	tal	5 Lan			Self-Rental	wiha)		
2	wulli-ramily Re	sidence	e	4 001	nmercial			6 Roy	anties	0	Other (desc			
											Propert	ies:		
Incom 3	Rents received	ı					3		<b>A</b>	592 <b>.</b>	В			С
4	Royalties recei						4			552.				
Expen														
5	Advertising .						5							
6	Auto and trave			,			6							
7	Cleaning and r						7		2,1	162.				
8 9	Commissions						8							
9 10	Insurance Legal and othe						10							
11	Management f	•					11		2,3	385.				
12	Mortgage inter						12							
13	Other interest		•				13							
14	Repairs	• •	·				14			510.				
15 16						• •	15 16		1,9	940.				
17	Taxes Utilities						17		2.5	700.				
18	Depreciation e						18		/					
19	Other (list)						19							
20	Total expenses	s. Add I	line	es 5 through	n 19		20		11,7	797.				
21	Subtract line 2													
	result is a (loss file Form 6198						21		-11,1	105				
22	Deductible ren								/-					
	on Form 8582						22	(	11,1	05.)	(	)	(	)
23a	Total of all amo									23a		692.		
b	Total of all amo									23b				
c d	Total of all amo					•				23c 23d				
d e	Total of all amo									230 23e	1 -	L,797.		
24	Income. Add p					•						. 24		
25	Losses. Add ro												(	11,105.)
26	Total rental re													
	here. If Parts I Schedule 1 (Fo													11 105
Ear De	perwork Reduct								PA	1111E 4 I	-11,105	· 26		-11,105.
i u ra		UT ACL	140	uce, see ule	separate instr	4040115.		TN			, _ 00	50	equie E (F	orm 1040) 2023

2/21/23 PRO