#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

107,129.

9,091.

as mv

21,312.

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 VISHESH RATHOD 344-29-6344 Spouse's name Spouse's social security number 987-92-7578 SRUSHTI CHAVAN Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 1 1 2 2 3 3

4 4 12,221. 5 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

Ent	er fiv n't er	/e di	gits, all ze	but	as my
9	6	3	4	4	

Enter five digits, but don't enter all zeros

2 7 5 7 8

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.

Your signature 🕨

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

X lauthorize GLOBAL TAXES LLC 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—continu	e be	low							
Part III Certification	and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter you	r six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		0 all ze	2	7	1	

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 🕨	ERO's signature Date Date											
	etain This Form — See orm to the IRS Unless											
For Paperwork Reduction Act Notice, see your tax return	instructions. RAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)									

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	rite or sta	aple in this space.
For the year Jan	. 1–Dec	5. 31, 2023, or other tax year beginning			, 2023, ending , 20					See se	oarate i	instructions.
Your first name	and mi	iddle initial	Last n	 ame						Your so	cial sec	urity number
VISHESH			RAT									6344
	oouse's	s first name and middle initial	Last n	-							· · ·	security number
SRUSHTI			CHAY	VAN						987		7578
	(numbe	er and street). If you have a P.O. box, see	-					A	Apt. no.			ction Campaign
8257 RAN								1	110			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP o	-	· ·		jointly, want \$3
IRVING						ТХ	ζ	750	63			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/o	L			n postal code	your tax		
											🗌 Yo	ou 🗌 Spouse
Filing Status		] Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)					( )			
one box.		Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	er the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depe	ndent:	-							
Divital	At or	ny time during 2023, did you: (a) rece			d award or	00.00	mont for propo	rtu or	sorvicos): or			
Digital Assets		ange, or otherwise dispose of a digi				-		-			ΠYe	es 🛛 No
Standard		eone can claim:  You as a de		· _			a dependent	9. (0.				
Deduction	_	Spouse itemizes on a separate return	•		-		•					
		Were born before January 2, 1	,	Are b		use	_	n hofe	ore January	2 1050		s blind
Dependents		· · · · · · · · · · · · · · · · · · ·	333		Social security		(3) Relationsh	14	•			see instructions):
-		irst name Last name		(2)	number		to you	ip (	Child tax c	· · ·		r other dependents
lf more than four							_					
dependents,												
see instructions and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a		130,598.
Attach Form(s)	b	Household employee wages not re	eportec	d on Form	n(s) W-2	•				. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	a (see ir	nstruction	ıs)	•				. 1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	on Form(s	s) W-2 (see ir	nstru	ictions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26 .	•				. 1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .				•				. 1g		
get a Form W-2, see	h	Other earned income (see instructi	,			•		· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		•	<b>1</b> i					100 500
	z	Add lines 1a through 1h	· .		· · · ·	•		• •		. 1z	-	130,598.
Attach Sch. B	2a	· · ·	2a				axable interest			. 2b		
if required.	<u>3a</u>		3a				ordinary divider				-	
Standard	4a		4a				axable amoun				-	
Deduction for—	5a		5a				axable amoun					
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a				axable amoun	t	 r	. 6b		
separately, \$13,850	_c	If you elect to use the lump-sum el						• •	L	-		
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Sched						• •	l		_	
jointly or Qualifying	8	Additional income from Schedule								. 8		-23,469.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		107,129.
<ul> <li>Head of</li> </ul>	10 11	Adjustments to income from Sche						• •	· · ·	. 10	-	107 100
household, [ \$20,800	11	Subtract line 10 from line 9. This is	-					• •	• • •	. 11	-	107,129.
<ul> <li>If you checked any box under</li> </ul>	<u>12</u> 13	Standard deduction or itemized Qualified business income deducti						• •		. <u>12</u> . 13	-	27,700.
Standard	13 14	Add lines 12 and 13				099		• •		. 14		27,700.
Deduction, see instructions.	14 15	Subtract line 14 from line 11. If zer		 ss enter	 -0- This is w							79,429.
	15				5. 1113 15 y					. 13		121723.

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	9,091.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	9,091.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	e8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	9,091.
	23	Other taxes, including self-e					[	23	0.
	24	Add lines 22 and 23. This is					[	24	9,091.
Payments	25	Federal income tax withheld							
<b>.</b>	а	Form(s) W-2				<b>25a</b> 21	,312.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	21,312.
If you have a	26	2023 estimated tax payment	s 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				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	-				33	21,312.
Refund	34	If line 33 is more than line 24						34	12,221.
	35a	Amount of line 34 you want				, .	. n î	35a	12,221.
Direct deposit?	b	Routing number 2 1 1	3 9 1 8	2 5			Savings		
See instructions.	d	Account number 4 5 1					Ŭ		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee							omplete be	elow.	🗙 No
U	De	signee's		Phone			onal identific	ation	
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the they are true correct and com							
Here		· · · ·	ploto. Doolaration o	of preparer (other than taxpayer) is based on all information					, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see in		,
See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your records.					HOME MAKE		(see in	si.)	
		one no. (217) 481-646		Email address	VRATH40@GI		DTN :		
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/26/2024	P02082		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone	no. (	(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PRO			Form <b>1040</b> (2023)

REV 01/21/24 PRO

Department of the Treasury

Internal Revenue Service

# 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 Sequence No. 01 Your social security number

344-29-6344

Name(s) sho	own on For	m	1040, 1040-	SR, or 1040-NR
VISHESH	RATHOD	&	SRUSHTI	CHAVAN

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	<b>2</b> 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	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	. 5	-23,469.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss	)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555	)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
I	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)		
n	Section 951(a) inclusion (see instructions)		
ο	Section 951A(a) inclusion (see instructions)         .         .         .         80		
р	Section 461(I) excess business loss adjustment		
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	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan		
u	Wages earned while incarcerated <b>8u</b>		
Z	Other income. List type and amount:		
~	Tatal athen in some Add lines On through On		
9	Total other income. Add lines 8a through 8z		
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on I		-23,469.
Ear D-	1040, 1040-SR, or 1040-NR, line 8		
rur Pa	perwork neuronon Activolice, see your lax return instructions.	Sched	ule 1 (Form 1040) 2023

Part	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					
C	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:					
 a		24a				
-	Deductible expenses related to income reported on line 8I from the					
		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			-	
e	Repayment of supplemental unemployment benefits under the Trade				-	
•	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			-	
q	Contributions by certain chaplains to section 403(b) plans	24g			-	
	Attorney fees and court costs for actions involving certain unlawful	9			-	
••	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				
i	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>			and on		
	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA		01/21/24 PF			le 1 (Form 1040) 202

	CHEDULE E Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							OMB No	. 1545-0074		
	-	(From rental real estate, royalties, partners)		-			trusts, REMICS,	etc.)	20	23	
	ent of the Treasury Revenue Service	Attach to Form 1040, Go to www.irs.gov/ScheduleE for					formation.		Attachm Sequence	ient ce No. <b>13</b>	
	shown on return	,						ur soci	al security i		
VISH	VISHESH RATHOD & SRUSHTI CHAVAN 344-29-6344										
Part	Income	or Loss From Rental Real Estate an	d Ro	yalties							
	Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm										
A D	rental income or loss from Form 4835 on page 2, line 40.										
		or will you file required Form(s) 1099?									
1a		ress of each property (street, city, state, ZIF									
A	EAST KAKA	TIYA NAGAR SECUNDERABAD TELAN	JGANA	A IN 50	0056						
В											
С											
1b	Type of Prope	erty 2 For each rental real estate prope	erty list	ted		Fa	ir Rental P	ersor	al Use	QJV	
	(from list below						Days	Da	iys	QUV	
Α	3	personal use days. Check the Q. if you meet the requirements to f			Α		365		0		
		qualified joint venture. See instru			B						
<u> </u>					С						
	of Property:	Desidence 2 Magation/Chart Term Dan	tal	Eland	1	7	Self-Rental				
	Single Family R Multi-Family Re		lai	5 Land 6 Roya			Other (describe	)			
	violu-i anny rie			0 HOya	11105	0					
							Properties:			-	
Incom			•		<b>A</b>		В			С	
3 4		d	3		6	00.					
Expen		ived	4								
5			5								
6		el (see instructions)	6								
7			7		2,8	54.					
8	•		8								
9			9								
10	Legal and othe	er professional fees	10								
11	Management f	fees	11		1,9	50.					
12		rest paid to banks, etc. (see instructions)	12								
13			13								
14			14		4,2						
15	Supplies		15		4,4	69.					
16 17			16 17		5,4	69					
18			18		5,0						
19	Other (list)		19		0,0						
20		s. Add lines 5 through 19	20		24,0	69.					
21	•	20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss	s), see instructions to find out if you must									
	file <b>Form 6198</b>		21	-	-23,4	69.					
22		ntal real estate loss after limitation, if any,									
		(see instructions)	22	(	23,46			)	(		
23a		ounts reported on line 3 for all rental prope			•	23a	6	500.			
b		ounts reported on line 4 for all royalty prop				23b					
c d		ounts reported on line 12 for all properties ounts reported on line 18 for all properties		· · ·		23c 23d	5 0	38.			
e		ounts reported on line 20 for all properties				23u	24,0				
24		positive amounts shown on line 21. <b>Do not</b>						24			
25		byalty losses from line 21 and rental real estate		2		nter to	al losses here	25	( 2	23,469.	
26		eal estate and royalty income or (loss).									
	here. If Parts I	II, III, and IV, and line 40 on page 2 do no	t appl	y to you,	also e	nter th	nis amount on				
	Schedule 1 (Fo	orm 1040), line 5. Otherwise, include this ar	mount			ne 41		26	-	-23 <b>,</b> 469.	
For Da	oorwork Reduct	tion Act Notice, see the separate instructions.		NE	PΑ		-23,469.	6.	hadula E (E	orm 1040) 202	