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 se	ecurity numb	 per				
ASHVITA CHOUREY	863–13–5177						
Spouse's name			urity number				
Part I Tax Return Information — Tax Year Ending December 31	, 2023 (Enter year yo	ou are aut	horizina.)				
Enter whole dollars only on lines 1 through 5.	, 2025 (Emor your ye	<u> </u>					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		. 1	71,	930.			
2 Total tax		. 2	8,	084.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	10,	326.			
4 Amount you want refunded to you		. 4	2,	242.			
5 Amount you owe							
Part II Taxpayer Declaration and Signature Authorization (Be su	re you get and keep a	copy of y	our return	n)			
my knowledge and belief, it is true, correct, and complete. I further declare that the an return (original or amended) I am now authorizing. I consent to allow my intermediate ser to send my return to the IRS and to receive from the IRS (a) an acknowledgement of rec for any delay in processing the return or refund, and (c) the date of any refund. If applica Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial in payment of my federal taxes owed on this return and/or a payment of estimated tax, and authorization is to remain in full force and effect until I notify the U.S. Treasury Financi payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Paym business days prior to the payment (settlement) date. I also authorize the financial institutaxes to receive confidential information necessary to answer inquiries and resolve is personal identification number (PIN) below is my signature for the income tax return (original confidential information or the payment (prior the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential information number (PIN) below is my signature for the income tax return (original confidential info	vice provider, transmitter, or eleipt or reason for rejection of the ble, I authorize the U.S. Treast stitution account indicated in the financial institution to debial Agent to terminate the authent cancellation requests mustions involved in the processing sues related to the payment.	ectronic ret the transmis ary and its of the tax prep it the entry the prization. The st be received ag of the elections.	curn originato asion, (b) the designated Fi paration softwartion to this account or or evoke (caved no later ectronic payruknowledge t	or (ERO) reason inancial ware for int. This ancel) a than 2 ment of			
Electronic Funds Withdrawal Consent.							
Taxpayer's PIN: check one box only	and an arranged and DINI	3 5 1					
ERO firm name	enter or generate my PIN	Enter five of	digits, but	as my			
signature on the income tax return (original or amended) I am now auth	•						
I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN and your return is filed using the Prabelow.							
Your signature ►	Date ► <u>03/10/20</u>	24					
Spouse's PIN: check one box only							
	enter or generate my PIN			as my			
ERO firm name	citics of generate my i m	Enter five		asiny			
signature on the income tax return (original or amended) I am now auth	norizing.	don't ente	r all zeros				
I will enter my PIN as my signature on the income tax return (original of if you are entering your own PIN and your return is filed using the Prabelow.							
Spouse's signature ▶	Date ►						
Practitioner PIN Method Returns Only-							
Part III Certification and Authentication — Practitioner PIN Meth	od Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selec		9 6 0 t enter all ze	8 2 7 eros	1			
I certify that the above numeric entry is my PIN, which is my signature for the electronic authorized to file for tax year indicated above for the taxpayer(s) indicated above. I correquirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS	nfirm that I am submitting this	return in a	accordance v				
ERO's signature ▶	Date ►						
ERO Must Retain This Form — Sec							
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



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20)	S	ee sep	arate ins	structions.
Your first name	and m	iddle initial	Last na	ame					Y	our soc	ial secur	rity number
ASHVITA			СНО	IREV					8	363	13 5	5177
	pouse's	s first name and middle initial	Last na						-			ecurity number
•									'		.	•
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt.	no.	Pı	residen	tial Elect	tion Campaign
521 LAGU	INA :	STREET							- 1			ı, or your
		ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	ite	ZIP code					intly, want \$3
San Fran	ncis	co			CA	A	94102	0/100			to this fund. Checking a pelow will not change	
Foreign country	y name			Foreign province/state/o	count	ty	Foreign p	ostal co			or refund	
											You	Spouse
Filing Status	, X	Single				Head of he	ousehold	(HOH))			
Check only		Married filing jointly (even if only o	ne had i	income)				` .				
one box.		Married filing separately (MFS)				☐ Qualifying	surviving	spou	se (QS	SS)		
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or QSS	box, e	nter tl	ne chile	d's name	e if the
	qu	alifying person is a child but not you	ır deper	ndent:								
District	Λ+ α	ny time during 2023, did you: (a) rece	oivo (ac									
Digital Assets		nange, or otherwise dispose of a digi									Yes	⊠ No
Standard		neone can claim: You as a de		_ <u>_</u>			7.7. (0001	1101140	110110.	<u>'</u>		
Deduction Standard	_	Spouse itemizes on a separate return		•		•						
Deddetion	Ш.		11 O1 you		allell	·						
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	use	: Was bor	n before	Janua	ry 2, 1	959	Is b	olind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	iib İ, ,				,	e instructions):
If more	(1) F	irst name Last name		number		to you	(Child ta	x credi	it C	Credit for o	other dependents
than four												<u> </u>
dependents, see instruction	s											<u>Ц</u>
and check								L	<u> </u>			<u> </u>
here L]							L				<u> </u>
Income	1a	Total amount from Form(s) W-2, be	•	•						1a		79,893.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26						1e				
was withheld.	f	Employer-provided adoption bene								1f		
If you did not get a Form	9	Wages from Form 8919, line 6 .								1g		0.
W-2, see	h	Other earned income (see instructi	,			٠	· · ·		•	1h	_	<u> </u>
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>				4_	4	79,893.
	<u>z</u>	· ·			 L T.				•	1z	+	19,093.
Attach Sch. B if required.	2a 3a	'	2a 3a			axable interest Ordinary divider			•	2b 3b	+	
			за 4а			axable amoun			•	4b	+	
Standard	4a 5a		т а 5а			axable amoun			•	5b	+	
Deduction for—	6a								•	6b	+	
Single or Married filing	C	Social security benefits							OD			
separately, \$13,850	7	Capital gain or (loss). Attach Scheo		·	•	,			Н	7	1	
Married filing jointly or	8	Additional income from Schedule				,				8	+	-7,963.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	-						•	9		71,930.
surviving spouse, \$27,700	10	Adjustments to income from Sche		· · · · · · · · · · · · · · · · · · ·					•	10	1	,
Head of household,	11	Subtract line 10 from line 9. This is								11	†	71,930.
\$20,800	12	Standard deduction or itemized	-							12		13,850.
If you checked any box under	13	Qualified business income deducti		•	,	5-A				13	1	_ = , ==
Standard Deduction,	14	Add lines 12 and 13								14	1	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	taxable incom	ne			15		58,080.

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	8,084.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	8,084.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	8,084.
	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	8,084.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	10	,326		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	10,326.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	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, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undabl	e credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	10,326.
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	2,242.
	35a	Amount of line 34 you want			3 is attached, che	ck here		. 🗆	35a	2,242.
Direct deposit?	b	Routing number 0 7 1			c Type:] Check	king 🗌	Savings	3	
See instructions.	d	Account number 7 8 7	8 3 0 5	9 2						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	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 www.irs.gov	v/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	nstructions							e below.	⋉ No
		Designee's Phone Personal ide name no. number (PIN								
0:		ider penalties of perjury, I declare t	hat I have examined		accompanying sch	odulos ar		, ,		of my knowledge and
Sign		lief, they are true, correct, and com								, ,
Here	Vο	ur signature		Date	Your occupation			l If t	he IRS se	nt you an Identity
	10	ur signature		Date	Tour occupation					IN, enter it here
Joint return?					STUDENT			(se	e inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	tion				nt your spouse an
your records.										ection PIN, enter it here
		one no (217)070 446	0	Email address	A CULTUMA CULOUDI	nv1212	ACMATT C		ee inst.)	
		one no. (217)979-446 eparer's name	0 Preparer's signat	Email address	ASHVITACHOUR	Date	egmall.C	PTIN		Check if:
Paid		·	'		מווסתא האדדאא		05/2024		92702	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		KAN SAGAK	GUPIA TALLAM	1 03/0	13/2024	·	82703	
Use Only		m's name GLOBAL TA		MCGTOV N	T 00016					(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	M NOTAK N	η ηρατρ			Fir	m's EIN	84-3171965

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

ASHVITA CHOUREY

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 863-13-5177

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	-7 , 963.
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		
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)	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 additional income . Enter	r here and on Form	.	
	1040, 1040-SR, or 1040-NR, line 8		10	-7 , 963.

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

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	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:				
05	Tatal allows allow to some Add lines Ode thousands Ode	24z		-	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ∟nter	nere and on		
				26	J- 4 /F 4040\ 0000
	BAA	REV 02/	/23/24 PRO	ocnedu	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.

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.

Attachment Sequence No. 13 Your social security number

ASH	VITA CHOUREY						863-1	3-5177	
Par					inct	ations If you -	o on incli	idual ===	ort form
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ıy, use	ocneaule	. 5ee	instru	cuoris. It you ar	e an indi	ndual, rep	ort iam
Α	Did you make any payments in 2023 that would require you	to file I	Form(s) 1	1099? S	See ins	structions		. 🗌 Ye	es 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
Α									
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair			Fair Rental Days			Person Da	QJV	
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f	ile as a	a	В		303			
C	qualified joint venture. See instru	ictions.		С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land	1	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya			Other (descri	he)		
			,						
		-		_		Propertie	es:		
Incor				Α		В			С
3	Rents received	3		4	81.				
4	Royalties received	4							
-	nses:	_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		1 2	0.7				
7	Cleaning and maintenance	7		1,3	87.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		1 1	2.2				
11	Management fees	11		1,1	23.				
12	Mortgage interest paid to banks, etc. (see instructions)	13							
13 14	Other interest	14		1 7	42.				
15	Repairs	15			76.				
16	Supplies	16		1,3	70.				
17	Utilities	17		2,2	16				
18	Depreciation expense or depletion	18		2,2	10.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,4	44.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			0,1					
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-7 , 9	63.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (,	7,96	i3.)	()	(,
23a	Total of all amounts reported on line 3 for all rental prope			.,	23a	`	481.		
b	Total of all amounts reported on line 4 for all royalty properties.				23b		-		
c	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				
e	Total of all amounts reported on line 20 for all properties				23e	8	,444.		
24	Income. Add positive amounts shown on line 21. Do not	includ	le any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses here		(7,963.)
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 ar								-7,963.