# 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)    Submission Identification Number (SID)   Social security number   Social securi				_		
Sponse's name    Sponse's social security number	Submis	sion Identification Number (SID)				
Sequest's social security number   979-94-8741     Part   Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Taxpayer	's name	Social securit	ty numb	er	
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are 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	KSHI	TIJ B GAJJAR	662-96-	-1999	9	
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Spouse's	name	Spouse's soc	ial secu	rity number	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	DURV					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re aut	horizing.	)
1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 34, 817. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Inder penalties of perjury, I declave 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. If uither 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 original or feNOI 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 new yellowing the return or refund, and (c) the date of any refund. If speciable, I authorize the U.S. Treasing 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 any refund. If speciable, I authorize the U.S. Treasing and for appearance of estimated fax, and the financial institution to debit the entry to the saccount. This payment of referred laxes over defendal taxes over don't entire all refunds and the special account in the entry to the account. The payment of estimated fax, and the financial institution to the time entry to the payment of estimated fax, and the financial institution to the time entry to the payment of estimated fax, and the financial institution to the entry of the electronic payment of the section of the electronic indinstitution in the entry of the electronic paym	Enter w	hole dollars only on lines 1 through 5.				
2 2,9,339.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099.  3 3,4,817.  4 Amount you want refunded to you  4 5,478.  5 Amount you owe  5 Amount you owe  1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Under penalties of perjury, 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 the send of the penalties of perjury. 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 the send of the penalties of perjury. 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 the send or return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasons for rejection of the transmission, (b) the reason for or 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 institutions on 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 differed below that the IRS (a) an account inclared 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. The action of the transmission, (b) the reason for any delay in processing of the electronic payment of my federal taxes owed on this return and/or applicable in the tax preparation of the transmission of the transmission of the transmission of the transmission of the payment. The transmission of the payment of	Note: F	form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
Amount you want refunded to you  A mount you want refunded to you  Battul  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Indeep renaties of perjury, 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. If further declare that the amounts in Part I above are the amounts from the income tax return (original or amended). I am now authorizing 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. Treasy 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 any refund. If applicable, I authorize the U.S. Treasy and its designated Financial Agent to terminate the authorization. To revoke (cancel) a gamment, I must contact the U.S. Treasy Financial Agent to terminate the authorization. To revoke (cancel) a machine 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 life 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 PIN: check one box only  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 y	1 .	Adjusted gross income		1	203	,718.
4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjury, 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 the work of the penalties of perjury, 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 the same and the penalties of the penalties	2	Total tax		2	29	,339.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, 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, 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, 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 IRS and to reacive 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 return, and (c) the date of any return (if applicable, I authorize the U.S. Treasury and its designated financial payment of my federal taxes owed on this return and/or a payment of resident tax, and the financial institutions into toe death the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancell) apayment, 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 to my signature for the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and y	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	34	,817.
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Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or 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 retion of the transmission, (b) the recommendation of the provider of the pro	5			1 -		
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, 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 refederal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of the tax preparation in the processing of the electronic funds authorized to the payment of the tax preparation in the processing of the electronic software for the payment of the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent and the processing of the electronic payment of the payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a tax so 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.  □ 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  Practitioner PIN Method Returns Only—continue below  Practit	Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retu	rn)
Taxpayer's PIN: check one box only	return (o to send for any o Agent to payment authorize payment business taxes to persona	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmi my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejetelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions are provided in 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 publication in the publication of the publication of the provided in the receive confidential information in the publication of the publicat	tter, or electroction of the tr S. Treasury are cated in the trans to debit the the authorizatests must be processing of ayment. I furt	onic ret ransmis nd its c ax prep entry t ation. T e receive the elector	urn origina sion, (b) the lesignated paration sofo this according to revoke (c) yed no late ectronic paknowledge	tor (ERO) to reason Financial tware for bunt. This cancel) a er than 2 yment of that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN ERRO 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 PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate my PIN 4 8 7 4 1 as my 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. 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 Partitioner PIN Method Returns Only—continue below  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 2 4 9 6 6 1 9 8 9  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.						
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Spouse's PIN: check one box only    A   I authorize   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.   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 — Practitioner 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   6   1   9   8   9   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)   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.		I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method				
Spouse's signature   Certification and Authentication - Practitioner PIN Method Only    Certify that the above numeric entry is my PIN. ERO's signature   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 authorizing. Use to enter all zeros    Total Pin	Your sig	gnature ▶ Date ▶				
Spouse's signature   Certification and Authentication - Practitioner PIN Method Only    Certify that the above numeric entry is my PIN. ERO's signature   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 authorizing. Use to enter all zeros    Total Pin	Chause	No DINI, ahaak aha hay ahki				
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-	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	tting this retu	ırn in a	ccordance	
-	ERO's	signature ► Date ►				
ERO Must Retain This Form — See Instructions		ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		eartment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this	s space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See ser	oarate i	nstruct	tions.
Your first name	e and m	niddle initial	Last nar	me							Your so	cial sec	urity nu	ımber
KSHITIJ	В		GAJJ.	AR							662	96	1999	9
		s first name and middle initial	Last nar								Spouse's social security numl			
DURVI			VEKA	RIA							979	94	874:	1
	(numb	er and street). If you have a P.O. box, see						A	Apt. no.					ampaign
110 ANC	HORA	GE TER								l	Check h	nere if y	ou, or y	our
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete sp	paces bel	ow.	Sta	te	ZIP c	ode			0.		want \$3
EDGEWATI	ER					NJ	Г	070	20		to go to box belo			•
Foreign country	y name	)	F	oreign pr	ovince/state/	count	у	Foreig	ın postal c		your tax		nd	Spouse
Filing Status	s [	Single	<u> </u>				Head of he	ouseh	old (HOH	<u>-</u> -				
_	×	¬	ne had ir	ncome)					`	,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if th	ne
	qu	ualifying person is a child but not you	ır depen	dent:										
Digital	Δt a	ny time during 2023, did you: (a) rec	oive (as a	a roward										
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	s X	No
Standard		neone can claim: You as a de					a dependent	, (-			- /			
Deduction	_	Spouse itemizes on a separate retur	•											
A (DI) l										0	4050		To Provide	
		Were born before January 2, 1	959 _	_ Are bli	<u> </u>	ouse		14					s blind	
Dependent				<b>(2)</b> S	Social security number	'	(3) Relationsh to you	ip (4	Check t Child t		1			ructions): ependents
If more	(1)	First name Last name			Tiurribei		to you		1		Juit	Orcan 10		
than four dependents,									l				쓔	
see instruction	s —								l	=			屵	
and check here $\Box$	1 —								l	_			품	
-	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	tions)				·		1a		220.	468.
Income	b	Household employee wages not re	,		,						1b			
Attach Form(s) W-2 here. Also	c	· · ·	•								1c			
attach Forms	d	·	Tip income not reported on line 1a (see instructions)								1d			
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .									1g	_		-
get a Form	h	Other earned income (see instruct	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i							
	z	Add lines 1a through 1h									1z		220,	468.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interest	t.			2b			300.
if required.	3a	Qualified dividends	3a			<b>b</b> 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b T	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod,	check here	(see	instructions)			. $\square$				
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee	dule D if	required	d. If not requ	uired	, check here				7			
jointly or	8	Additional income from Schedule 1, line 10							8			050.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is y	our <b>total inc</b>	come					9		203,	718.
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26								10				
household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11		203,	718.	
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fro	m Schedule	A)					12		<u>27,</u>	700.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13			
Deduction,	14										14			700.
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or less	ontor	O This is y	Our t	avable incom	•			15	1	176	Λ1 Q

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	з 🗌		16	29,339.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	29,339.	
	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	29,339.	
	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	29,339.	
<b>Payments</b>	25	Federal income tax withheld	from:							
	а	Form(s) W-2				<b>25a</b> 34	1,569			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c	248			
	d	Add lines 25a through 25c						25d	34,817.	
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)				27				
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812			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	32							
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	34,817.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	5,478.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	5,478.	
Direct deposit?	b	Routing number 0 7 1		<del></del>	<b>c</b> Type:	Checking	Saving	s		
See instructions.	d	Account number 6 6 7	4 7 7 5	5 1 2						
	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	_	-		38				
Third Party	Do	you want to allow another				See				
Designee		,	•				omplet	e below.	<b>⋉</b> No	
•		esignee's		Personal identification						
		me		no.			ber (PIN			
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,	
Here		•	protor Boolaration	· · · · ·	, , , i				, ,	
	YC	our signature	Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?			INFORMATION TECHNOLOGY				(see inst.)			
See instructions.	Sp	ouse's signature. If a joint return, I	Date					nt your spouse an		
Keep a copy for your records.					HOME MAKER Identity Protection PIN, ente (see inst.)					
	Ph	Phone no. (551)240-1191 Email address KSHITIJBG1@GMAIL.COM								
Doid	Pre	eparer's name	Preparer's signat	ure		PTIN		Check if:		
Paid	VEN	TA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247						70833	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Ph	none no.	(678)965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							m's EIN	88-2145487	

# 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

KSHITIJ B GAJJAR & DURVI VEKARIA

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 662-96-1999

Par	t I 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	-17,050.
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 <b>additional income</b> . Ente 1040, 1040-SR, or 1040-NR, line 8			-17,050.

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-b					
	officials. Attach Form 2106				12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans				16	<u> </u>
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					1
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					1
	· · · · · · · · · · · · · · · · · · ·	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					1
	• • • • • • • • • • • • • • • • • • • •	24c				
d	' ·	24d				1
е	Repayment of supplemental unemployment benefits under the Trade					
		24e				
f		24f			-	1
g	• • • • • • • • • • • • • • • • • • • •	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	·	24h			_	1
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					
	<u></u>	24i			-	1
j	<u> </u>	24j			_	1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	1414				
_	,	24k			-	
Z	Other adjustments. List type and amount:	24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				25	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	1011111010, 1040 011, 01 1040 1111, 11110 10	<u> </u>	· · ·	• •		

#### **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,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number KSHITIJ B GAJJAR & DURVI VEKARIA 662-96-1999 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) MATOSHREE SANKUL HSG RAIGAD MAHARASHTRA IN 401207 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 600. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,970. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,580. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,950. 14 Repairs . . . . 14 15 Supplies 15 4,890. 16 16 Taxes 17 Utilities . . . . . . . 17 4,260. 18 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 17,650. 20 Total expenses. Add lines 5 through 19 . . . . . 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 -17,050.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 22 17,050.) 600. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 17,650.

24

25

17,050.

-17,050.

Income. Add positive amounts shown on line 21. Do not include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

24

25

26

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS,

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **71** 

Your social security number

662-96-1999 KSHITIJ B GAJJAR & DURVI VEKARIA Part I Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . . . . . . 1 227,476. 2 2 3 3 4 4 227,476. 5 Enter the following amount for your filing status: Married filing separately . . . . . . . . . . . . . . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. 6 0. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 0. Part II Additional Medicare Tax on Self-Employment Income Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 8 Enter the following amount for your filing status: Married filing separately . . . . . . . . . . . . . . . . . . Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 15 Enter the following amount for your filing status: Married filing separately . . . . . . . . . . . . . . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS 18 Part V Withholding Reconciliation Medicare tax withheld from Form W-2, box 6. If you have more than one Form 3,546. W-2, enter the total of the amounts from box 6 . . . . . . . . . . . . . . . . . 19 20 20 227,476. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 248. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, 24

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248.