## 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 Idea	ntification Number (SID)				
Taxpayer's name	<u>'</u> .		Social security	y number	
BIJESH MIS	SHRA		273-17-	-3221	
Spouse's name			Spouse's soci	ial security num	ber
SANDHYARAN	NI DASH		318-81-	-5766	
Part I Tax	x Return Information — Tax Year Ending Decen	nber 31, 2023 (Enter	year you ai	re authorizin	g.)
Enter whole doll	lars only on lines 1 through 5.	, .			
Note: Form 104	40-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blar	nk.			
<ol> <li>Adjusted</li> </ol>	d gross income			1 7	78,232.
2 Total tax	<			2	5,623.
3 Federal in	income tax withheld from Form(s) W-2 and Form(s) 1099			3	2,785.
4 Amount	you want refunded to you			4	
	you owe			5	2,838.
Part II Tax	xpayer Declaration and Signature Authorization	(Be sure you get and k	eep a copy	y of your re	turn)
return (original or to send my return for any delay in pi Agent to initiate a payment of my fer authorization is to payment, I must business days pri taxes to receive personal identifica	and belief, it is true, correct, and complete. I further declare the amended) I am now authorizing. I consent to allow my interment to the IRS and to receive from the IRS (a) an acknowledgeme rocessing the return or refund, and (c) the date of any refund. In ACH electronic funds withdrawal (direct debit) entry to the finderal taxes owed on this return and/or a payment of estimated or remain in full force and effect until I notify the U.S. Treasury contact the U.S. Treasury Financial Agent at 1-888-353-453 ior to the payment (settlement) date. I also authorize the finance confidential information necessary to answer inquiries and reation number (PIN) below is my signature for the income tax rewitted.	diate service provider, transmi ent of receipt or reason for rejet fapplicable, I authorize the U. nancial institution account indictax, and the financial institution of Financial Agent to terminate 7. Payment cancellation requirial institutions involved in the esolve issues related to the p	tter, or electro ction of the tra S. Treasury ar cated in the ta n to debit the the authoriza ests must be processing of ayment. I furti	nic return original ansmission, (b) and its designate an entry to this action. To revoke received no let the electronic her acknowled	nator (ERO) the reason ded Financial software for count. This e (cancel) a later than 2 payment of lige that the
	l: check one box only				7
		to enter or generate r	ny PIN 7	3 2 2 1	as my
_	ERO firm name ure on the income tax return (original or amended) I am r		Ent	er five digits, bu i't enter all zero	ıt
☐ I will er	nter my PIN as my signature on the income tax return (care entering your own PIN <b>and</b> your return is filed using	riginal or amended) I am no			
Your signature	<b>&gt;</b>	Date ▶			
Spauge's DIN	shook and hav anly				
-	check one box only		DINI 1	E 7 6 6	
	orize GLOBAL TAXES LLC  ERO firm name	to enter or generate r		5 7 6 6 er five digits, bu	
signatu	ure on the income tax return (original or amended) I am r	ow authorizing.		i't enter all zero	
☐ I will er	nter my PIN as my signature on the income tax return (care entering your own PIN <b>and</b> your return is filed using	riginal or amended) I am no			
Spouse's signat	ture ▶	Date <b>▶</b>			
	Practitioner PIN Method Return	s Only—continue below			
Part III Ce	rtification and Authentication — Practitioner Pl	N Method Only			
ERO's EFIN/PII	<b>N.</b> Enter your six-digit EFIN followed by your five-digit se	elf-selected PIN. 2 2		6 6 1 9 er all zeros	8 9
authorized to file	above numeric entry is my PIN, which is my signature for the of for tax year indicated above for the taxpayer(s) indicated above for taxpayer(	ove. I confirm that I am subm	itting this retu	rn in accordan	iće with the
ERO's signature	e►	Date ►			
	ERO Must Retain This Form				

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>		artment of the Treasury—Internal Revenue Serv.S. Individual Income Ta		urn  20	<b>23</b>	OMB No. 1545-	0074	IRS Use Only	∕—Do not v	vrite or stap	ple in this space.
For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 20	23, ending			, 20	See se	parate ir	nstructions.
Your first name	and m	niddle initial	Last nar	me					Your so	ocial secu	urity number
BIJESH			MISH	RA					273	17	3221
	pouse'	s first name and middle initial	Last nar						Spouse		security number
SANDHYA	RANT		DASH						318	81	5766
		er and street). If you have a P.O. box, see					1	pt. no.			ction Campaign
7701 TIN	MBER	LIN PARK BLVD					l ±	112	1		ou, or your
		ice. If you have a foreign address, also co	omplete sp	paces below.	St	ate	ZIP c	ode			ointly, want \$3
JACKSON	/ILL	E			F	L	322	16			d. Checking a not change
Foreign country			F	oreign province	/state/cour	nty		n postal code	1	x or refur	•
										You	u 🗌 Spouse
Filing Status	<u>. [</u>	Single	I			☐ Head of ho	useh	old (HOH)			
-	_	Married filing jointly (even if only c	ne had ir	ncome)				,			
Check only one box.	Ē	Married filing separately (MFS)		,		Qualifying	surviv	ing spouse	(QSS)		
0110 00%	lf ·	you checked the MFS box, enter the	e name o	f your spouse	. If you ch				. ,	ild's nan	ne if the
		ualifying person is a child but not yo			,			,			
			. ,								
Digital		ny time during 2023, did you: (a) red	•				-	,	. ,	□ <b>v</b> -	- <b>V</b> N-
Assets		nange, or otherwise dispose of a dig					1)? (56	e instructio	ns.)	∐ Ye	s 🗵 No
Standard		neone can claim:  You as a de	•	<del></del>	•	a dependent					
Deduction	Ш	Spouse itemizes on a separate retur	n or you	were a dual-s	status alie	n					
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind	Spouse	e: 🗌 Was bori	n befo	re January	2, 1959	☐ Is	blind
Dependents	s (see	instructions):		(2) Social s	security	(3) Relationshi	<sub>D</sub> (4	) Check the b	ox if qual	ifies for (s	see instructions):
If more	•	(1) First name Last name		number to you		1 ''	-	Child tax c	redit	Credit for	other dependents
than four											
dependents,											
see instruction	s —										
here	]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1a	1	96,951.
	b	Household employee wages not r	eported o	on Form(s) W-	2				. 1k	,	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								;	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								i	
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from Fori	m 2441, line 2	6				. 16	,	
was withheld.	f	Employer-provided adoption bene	A adoption benefits from Form 8839, line 29							:	
If you did not	g	Wages from Form 8919, line 6 .								J	
get a Form W-2, see	h	Other earned income (see instruct	tions) .						. 1h		0.
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		1i					
	z	Add lines 1a through 1h							. 1z	2	96,951.
Attach Sch. B	2a	Tax-exempt interest	2a		b -	Taxable interest			. 2b	)	
if required.	За	Qualified dividends	3a		b (	Ordinary dividen	ıds .		. 3b	)	
	4a	IRA distributions	4a		b -	Taxable amount			. 4b	)	
Standard Deduction for—	5a	Pensions and annuities	5a		b -	Taxable amount			. 5b	)	
Single or	6a	Social security benefits	6a		b -	Taxable amount			. 6b	)	
Married filing separately,	С	If you elect to use the lump-sum	election n	nethod, check	here (see	e instructions)		[			
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required. If no	ot required	d, check here		[	□		
Married filing jointly or	8	Additional income from Schedule	1, line 10	)					. 8		-18,719.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is your <b>to</b>	tal incom	ne			. 9		78,232.
\$27,700	10	Adjustments to income from Sche	edule 1, li	ine 26					. 10	)	
Head of household,	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	ljusted gross	income				. 11		78,232.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (from Sch	nedule A)				. 12	2	27,700.
any box under	13	Qualified business income deduct	tion from	Form 8995 or	Form 89	95-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13							. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 Th	nis is your	taxable incom-	е.		. 15	5 T	50,532.

Tax and Credits	Form 1040 (2023	3)								Page <b>2</b>
Transmission	Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	
18	Credits	17							17	
19		18	Add lines 16 and 17					[	18	5,623.
20		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
22   Subtract line 21 from line 18. If zero or less, enter -0-		20		-					20	
23		21	Add lines 19 and 20						21	
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,623.
Payments   25		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	
Payments   25		24	. •			•		[	24	
a Form(s) W-2	Payments	25								
b Form(s) 1099	. ayınıcınıc		Form(s) W-2				<b>25a</b> 2	,785.		
C   Other forms (see instructions)   25c   25d   2,785.		b	` '							
d   Add lines 25a through 25c   2,785.   26   2023 estimated tax payments and amount applied from 2022 return   26   26   2,785.   26   27   28   28   28   28   28   29   28   29   28   29   29		С	` '				25c			
26   2023 estimated tax payments and amount applied from 2022 return   26   27   28   29   28   29   28   29   29   29		d	,	•					25d	2,785.
Paid Preparer   Paid Prepare	If you have a	26	· ·						26	
Additional child tax credit from Schedule 8812	qualifying child,						1 1			
30   Reserved for future use   30   31   Amount from Schedule 3, line 15   31   31   32   Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32   33   Add lines 27, 28, 29, and 32. These are your total payments   33   2, 785   33   Add lines 25d, 26, and 32. These are your total payments   33   2, 785   34   If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid   34   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount you over.   Yes, Complete below.   Yes, Complete below.   Yes, Complete bel	attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
30   Reserved for future use   30   31   Amount from Schedule 3, line 15   31   31   32   Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32   33   Add lines 27, 28, 29, and 32. These are your total payments   33   2, 785   33   Add lines 25d, 26, and 32. These are your total payments   33   2, 785   34   If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid   34   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount of line 34 you want applied to your 2024 estimated tax   36   Amount you over.   Yes, Complete below.   Yes, Complete below.   Yes, Complete bel		29	American opportunity credit	from Form 8863	3, line 8		29			
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		30					30			
Refund   34		31	Amount from Schedule 3, lin	ie 15			31			
Refund   34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
Refund   34		33						[	33	2,785.
Sign Here   Doy ou want to allow another person to discuss this return with the IRS? See instructions   Doy ou want to allow another person to discuss this return with the IRS? See instructions   Doy ou want to allow another person to discuss this return with the IRS? See instructions   Doy ou want to allow another person to discuss this return with the IRS? See instructions   Doy ou want to allow another person to discuss this return with the IRS? See instructions   Doy ou want to allow another person to discuss this return with the IRS? See instructions   Doy out want to allow another person to discuss this return with the IRS? See instructions   Doy out want to allow another person to discuss this return with the IRS? See instructions   Doy out want to allow another person to discuss this return with the IRS? See instructions   Doy out want to allow another person to discuss this return with the IRS? See instructions   Doy out want to allow another person to discuss this return with the IRS? See instructions   Doy out want to allow another person to discuss this return with the IRS? See instructions   Doy out want to allow another person to discuss this return with the IRS? See instructions   Doy out want to allow another person to discuss this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.   Date   Your occupation   If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	Refund	34							34	
Direct deposit? See instructions. See instructi		35a	Amount of line 34 you want	refunded to you	u. If Form 8888	s is attached, chec	ck here	. 🗆 🗀	35a	
Amount You Owe  36	Direct deposit?	b								
Amount You Owe  37  Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.  38  Estimated tax penalty (see instructions)  39  Do you want to allow another person to discuss this return with the IRS? See instructions.  Designee's name  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your signature  Date  Your occupation  Your signature. If a joint return, both must sign.  Date  Your occupation  For TWARE ENGINEER  Spouse's occupation  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Phone no. (904)703-9549  Email address BIJESH.MISHRA@GMAIL.COM  Preparer's name  VENKATA SAI PAVAN KIMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI  Proparer's name  VENKATA SAI PAVAN KIMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI  Firm's name  GLOBAL TAXES LLC  Firm's address  245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 88-2145487	See instructions.	d	Account number X X X	X X X X	X X X Z	X X X X	XX	-		
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions  Designee's Phone Personal identification number (PIN)  Designee's Phone Personal identification number (PIN)  Designee's Phone Personal identification number (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature  Joint return?  See instructions. Keep a copy for your records.  Spouse's signature. If a joint return, both must sign.  Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Phone no. (904)703-9549 Email address BIJESH.MISHRA@GMAIL.COM  Preparer's name Preparer's signature  VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470833 Self-employed Firm's name GLOBAL TAXES LLC  Firm's name GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 88-2145487	Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.					
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	v/Payments or	see instructions .			37	2,838.
Designee's name   Designee's name   Phone name   Phone name   Phone no.   Personal identification number (PIN)      Sign Here		38	Estimated tax penalty (see in	nstructions) .			38			
Designee's name    Designee's name   Phone no.   Personal identification number (PIN)	<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?				_
Sign Here  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your signature  Date  Your occupation  For the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  HOME MAKER  Phone no. (904)703-9549  Email address  BIJESH.MISHRA@GMAIL.COM  Preparer's name  VENKATA SAI PAVAN KUMAR DUDIPALLI  VENKATA SAI PAVAN KUMAR DUDIPALLI  VENKATA SAI PAVAN KUMAR DUDIPALLI  Firm's name  GLOBAL TAXES LLC  Firm's address  10.  10.  11.  12.  13.  14.  14.  14.  14.  14.  14.  14	Designee						<del></del>	•		<b>X</b> No
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    Your signature									ation	
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your signature  Date  Your occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Whose pa copy for your records.  Phone no. (904)703-9549  Email address  BIJESH.MISHRA@GMAIL.COM  Preparer's name  VENKATA SAI PAVAN KUMAR DUDIPALLI  Protection PIN, enter it here (see inst.)  Preparer's signature  VENKATA SAI PAVAN KUMAR DUDIPALLI  Firm's name  GLOBAL TAXES LLC  Phone no. (678)965-9522  Firm's address  245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 88-2145487	Sign			nat I have examined		accompanying sche		` '	best	of my knowledge and
Your signature    Date   Your occupation   If the IRS sent you an Identity   Protection PIN, enter it here (see inst.)	_									,
Joint return? See instructions. Keep a copy for your records.  Phone no. (904)703-9549  Preparer's name Preparer Use Only  Spouse's signature. If a joint return, both must sign.  Date Spouse's occupation HOME MAKER HOME MAKER  Email address BIJESH.MISHRA@GMAIL.COM  Preparer's name Preparer's signature Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN  SOFTWARE ENGINEER (see inst.)  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Date PTIN Pode PTI	Here	Yo	ur signature		Date	Your occupation		If the IF	RS se	nt you an Identity
See instructions. Keep a copy for your records.  Spouse's signature. If a joint return, both must sign. Date  Spouse's occupation  HOME MAKER  Phone no. (904)703-9549  Email address BIJESH.MISHRA@GMAIL.COM  Preparer's name  Preparer's signature  VENKATA SAI PAVAN KUMAR DUDIPALLI  Firm's name  GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's elln Sent your spouse an Identity Protection PIN, enter it here (see inst.)  Date  PTIN  Check if:  P02470833 Self-employed  Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 88-2145487			- Car Cignoral			·			otection PIN, enter it here	
Keep a copy for your records.  Phone no. (904)703-9549  Email address BIJESH.MISHRA@GMAIL.COM  Preparer's name  VENKATA SAI PAVAN KUMAR DUDIPALLI  Preparer  Use Only  Prim's name  GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's address SUBSTANTISHRA@GMAIL.COM  Proparer's name Preparer's signature  VENKATA SAI PAVAN KUMAR DUDIPALLI  Phone no. (678)965-9522  Phone no. (678)965-9522								`		
your records.         HOME MAKER         (see inst.)           Phone no. (904)703-9549         Email address BIJESH.MISHRA@GMAIL.COM           Paid Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI         Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI         Date PTIN Date PO2470833         Check if: P02470833         Self-employed Self-employed Prim's name SIM Self-employed Prim's name SIM SAI PAVAN KUMAR DUDIPALLI         Phone no. (678)965-9522		Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on			
Phone no. (904)703-9549 Email address BIJESH.MISHRA@GMAIL.COM  Preparer's name Preparer's signature Date PTIN Check if:  VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470833 Self-employed  Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487					HOME MAKER					ootion i iii, ontoi it noio
Preparer's name   Preparer's signature   Date   PTIN   Check if:   Preparer's name   VENKATA SAI PAVAN KUMAR DUDIPALLI   VENKATA SAI PAVAN KUMAR DUDIPALLI   Phone no. (678)965-9522		——Ph	one no. (904)703-954	9	Email address			 И		
Preparer Use Only  VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI  VENKATA SAI PAVAN KUMAR DUDIPALLI  VENKATA SAI PAVAN KUMAR DUDIPALLI  VENKATA SAI PAVAN KUMAR DUDIPALLI  Po2470833 Self-employed  Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 88-2145487						2102011.11101				Check if:
Freparer Use Only         Firm's name         GLOBAL TAXES LLC         Phone no. (678)965-9522           Firm's address         245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN 88-2145487			•			AR DUDIPALIT		P024708	33	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487					1017					
1010	Use Only				NSWICK N	J 08816				
	Go to www.irs.ac						REV 03/07/24 PRO			

# 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

BIJESH MISHRA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

& SANDHYARANI DASH

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 273-17-3221

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	-18,719.
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		
ı	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	r here and on Form	10	-18 719

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-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		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				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number

BIJI	SH MISHRA & SANDHYARANI DASH						273-1	7-3221	
Par									
	Note: If you are in the business of renting personal proper	ty, use	Schedul	<b>e C</b> . See	instru	ctions. If you ar	e an indiv	ridual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.		<b>-</b> ()	10000					57.11
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u>□</u> Y€	es U No
1a	Physical address of each property (street, city, state, ZIF	ode	e)						
Α	SHATABDI NAGAR LANE NO-5 BHUBANESWAR	OD	ISHA :	IN 75	1003				
В									
С									
1b	Type of Property 2 For each rental real estate prope	rty list	ted		Fa	ir Rental	Person	al Use	0.11/
	(from list below) above, report the number of fair					Days	Da	ys	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quainied joint venture. See institu	CHOIR	o.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	t		Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)		
						Propertie			
Incon	16.			Α		В			С
3	Rents received	3			80.				
4	Royalties received	4			-				
Expe		<u> </u>							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,7	42.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,4	95.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		5,2	46.				
15	Supplies	15			68.				
16	Taxes	16							
17	Utilities	17		5,7	48.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		19,1	99.				
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		-18,7	19.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(	18,71	9.)	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental prope				23a		480.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	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				
е	Total of all amounts reported on line 20 for all properties				23e	19	,199.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>		_				24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lir	ne 22. E	nter to	tal losses here	25		18,719.)
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						ן י		_10 710
	SCHOOLING LIFORM LIVIN LINGS LITHONNICO INCLINO THE OF	mount	In the to	ו מח ובי	n 🖂 / 🖂	OD DOGE 2	1 00		_ 1 22 '/ 1 (1

(Rev. November 2023)

Department of the Treasury

**Paid Preparer's Due Diligence Checklist** 

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23

Attachment

Sequence No. 70Internal Revenue Service Taxpayer name(s) shown on return Taxpayer identification number BIJESH MISHRA & SANDHYARANI DASH 273-17-3221 Preparer's name Preparer tax identification number VENKATA SAI PAVAN KUMAR DUDIPALLI P02470833 **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC X CTC/ACTC/ODC AOTC HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer No N/A X П If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 3 the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes." answer questions 4a and 4b. If "No," go to question 5.) X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the guestions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure X List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her X X 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . .

(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

orm 88	367 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			Part \	//
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s an t	Dert	\/I \
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part		-		
. a. c	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses or s) and/o	the ret or HOH	urn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed;</li> </ul>	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
	,	orm <b>88</b>		11-2023