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 security	y number
RAJA SINGH	324-29-	-4894
Spouse's name	Spouse's soci	ial security number
KIRTI SAD	187-87-	-5937
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you ar	re 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 Adjusted gross income		1 93,045.
2 Total tax		2 7,399.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 9,170.
4 Amount you want refunded to you		4 1,771.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy	y of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amenda Electronic Funds Withdrawal Consent.	ransmitter, or electro for rejection of the tratification of the U.S. Treasury are intindicated in the tall stitution to debit the minate the authorization requests must be in the processing of the payment. I furtly	nic return originator (ERO) ansmission, (b) the reasor and its designated Financia ax preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general content of the conten	erate my PIN	4 8 9 4 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Your signature ▶ Aliment Date	e ▶ March 9th 20	024
- V - V		
Spouse's PIN: check one box only		
I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amended) I am now authorizing.	Ent	5 9 3 7 as my er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date	• •	9th 2024
Practitioner PIN Method Returns Only—continue b	elow	
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.		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompatible authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provide	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	e ▶	
ERO Must Retain This Form — See Instruction	ns	

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



1040		artment 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 spa	ace.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstruction	ıs.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numb	er
RAJA			SING	Н							324	29	4894	
	pouse's	s first name and middle initial	Last nai										security nu	umber
KIRTI			SAD								•		5937	
	(numbe	er and street). If you have a P.O. box, see		ons.				1	Apt. no.				ction Cam	naign
107 CAR									•	- 1			ou, or your	
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode		spouse	if filing j	ointly, war	nt \$3
DECATUR						GA	4	300	133		U		nd. Checkir not change	•
Foreign countr	y name		F	oreign pr	ovince/state/				n postal c			or refu	•	,
· ·	-						•	,			,	☐ Yo		oouse
Filing Status	s \square	Single					☐ Head of h	ouseh	old (HOI	 ∃)				
Check only		Married filing jointly (even if only o	ne had ii	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's nar	ne if the	
	qu	alifying person is a child but not you	ır depen	ndent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavn	nent for prope	rtv or	services): or (b) sell.			
Assets		nange, or otherwise dispose of a dig										☐ Ye	s 🗵 No	0
Standard	Som	neone can claim:	pendent	t 🔲	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	<u> </u>							
Age/Rlindnes	• Vou	: Were born before January 2, 1	959 F	Are bli	ind Sn	ouse	: Was bor	n hefe	ore Janus	arv 2	1050		blind	
			000 _	Ī I	•			- 1					see instruct	tions):
-		(see instructions): (1) First name Last name		(2) Social security number (3) Relationship to you		iib	Child tax of				r other deper			
If more than four	、,						-							
dependents,													-	
see instruction	s —												-	
and check here []												一	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .					-	1a		107,78	30.
	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e					
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	see instr	uctions)			1i							
	z	Add lines 1a through 1h									1z		107,78	30.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			
if required.	За	Qualified dividends	3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a	Social security benefits	6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod,	check here	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required	d. If not requ	uired,	, check here				7			
 Married filing jointly or 	8	Additional income from Schedule									8		-14,73	35.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		93,04	
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26							10			
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a c	djusted (gross inco	ne					11		93,04	15 <u>.</u>
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (fro	m Schedule	A)					12		27,70	
any box under	13	Qualified business income deducti					5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,70	0.
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or less	c ontor	O Thic ic v	our t	tavabla incom				15		65 3/	15

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check i	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	7,399.	
Credits	17	Amount from Schedule 2, line	17							
	18	Add lines 16 and 17						18	7,399.	
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	7,399.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	7,399.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	7,170			
	b	Form(s) 1099								
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c .						25d	9,170.	
If you have a	26	2023 estimated tax payments	s 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	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use								
	31	Amount from Schedule 3, line								
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments				33	9,170.	
Refund	34	If line 33 is more than line 24						34	1,771.	
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	3 is attached, chec	k here	. 🗆	35a	1,771.	
Direct deposit?	b	Routing number 0 6 1	0 9 2 3	8 7	c Type:	Checking	Savings	:		
See instructions.	d	Account number 8 9 2	3 3 0 8	3 5						
	36	Amount of line 34 you want a	pplied 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, go	to www.irs.gov	//Payments or	see instructions .			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party		you want to allow another	•							
Designee							•		⊠ No	
		esignee's me		Phone no.			onal iden ber (PIN)	tification		
Sign		ider penalties of perjury, I declare th	at I have examined		accompanying sche		, ,	the best	of my knowledge and	
Sign		lief, they are true, correct, and comp			, , ,		,		, ,	
Here	Yo	our signature		Date Your occupation			If ti	ne IRS se	nt you an Identity	
		_							IN, enter it here	
Joint return?					POSTDOCTOR	AD FEDDOW .		e inst.)		
See instructions. Keep a copy for		ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here	
your records.					POSTDOCTORAL FELLOW			(see inst.)		
	———Ph	one no. (470) 892-1156		Email address	RAJA.SINGH					
		eparer's name	Preparer's signat		141011.011101	Date Date	PTIN		Check if:	
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TAT.T.AM	03/10/2024	P0208	32703	Self-employed	
Preparer								hone no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			m's EIN	84-3171965	
<u> </u>		10406		J J			1		= 1040 (2222)	

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

RAJA SINGH & KIRTI SAD

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 324-29-4894

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		. 1	
2a	Alimony received			
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	-14,735.
6	Farm income or (loss). Attach Schedule F			
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			
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	r here and on Fo	rm	
	1040, 1040-SR, or 1040-NR, line 8		. 10	-14,735.

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-base	sis government		
	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)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	o		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	_		
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		.	
f	Contributions to section 501(c)(18)(D) pension plans		.	
g	Contributions by certain chaplains to section 403(b) plans 24g	9		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	n	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	_		
	tax law violations		.	
j	Housing deduction from Form 2555	j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
- -				
25	Total other adjustments. Add lines 24a through 24z		25	_
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		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.

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.

2023
Attachment Sequence No. 13

Your social security number

RAJA	SINGH & KIRTI SAD							324-2	29-4894		
Part		Rental Real Estate and									
	Note: If you are in the busine	ess of renting personal propertorm 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	re an ind	ividual, rep	ort farm	
Α [Did you make any payments in 20		to file F	Form(s) 1	0002 S	aa ins	tructions		□ Ve	e X No	
	f "Yes," did you or will you file re										
	Physical address of each prop										
1a											
A	H.NO317/370 36 PAR	A KHARAGPUR MIDNAP	UR,	WEST E	BENGA1	L IN	721301				
B C											
1b	Type of Dranarty 2 Farres		مقداليك	- al		Г.	in Dontol	Dawas	nal IIaa		
ID	Type of Property 2 For ea (from list below) above.	ch rental real estate proper , report the number of fair r	rty liste rental a	and	Fair Rental Days		Personal Use Days		QJV		
Α	7 persor	nal use days. Check the QJ	JV box	only	Α		356		0		
В	if you	meet the requirements to fi			В		333				
С	qualifie	ed joint venture. See instru	ctions.		С						
Туре	of Property:										
1	Single Family Residence 3	Vacation/Short-Term Rent	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4	Commercial		6 Roya	ılties	8	Other (descr	ibe)			
							Properti				
Incom	ne:		t		Α		В			С	
3	Rents received		3		9	50.					
4	Royalties received		4								
Exper											
5	Advertising		5								
6	Auto and travel (see instruction	-	6								
7	Cleaning and maintenance .		7		1,8	66.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other professional fe		10		1 0	0.0					
11	Management fees		11		1,2	23.					
12 13	Mortgage interest paid to bank Other interest		12								
14	Repairs		14		2,6	50					
15	Supplies		15		3,3						
16	Taxes		16		373	•••					
17	Utilities		17		1,5	60.					
18	Depreciation expense or deple		18		5,0						
19	Other (list)		19								
20	Total expenses. Add lines 5 thr		20		15,6	85.					
21	Subtract line 20 from line 3 (rer	nts) and/or 4 (royalties). If									
	result is a (loss), see instruction	•			.	<u>_</u>					
			21	-	-14,7	35.					
22	Deductible rental real estate lo			,	1 / 7 ^	_ ,	(1	
00-	on Form 8582 (see instructions		22 (14,73		(950) ()	
23a	Total of all amounts reported or Total of all amounts reported or					23a 23b		950.			
b c	Total of all amounts reported of		ei ties			23c					
d	•	· · ·				23d	5	,021.			
e	Total of all amounts reported on line 18 for all properties										
24	Income. Add positive amounts		includ	le anv los	sses			. 24			
25	Losses. Add royalty losses from			-		nter to	tal losses here	_	(14,735.)	
26	Total rental real estate and r									, ,	
	here. If Parts II, III, and IV, and	d line 40 on page 2 do not	t apply	to you,	also e	nter th	nis amount o				
	Schedule 1 (Form 10/10) line 5	Otherwise include this an	nount	in the tot	al on li	na /11	on nage 2	06		_1/ 735	