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	ocial security number						
ROHIT KUMAR BHAGAT	138-69-	-69-6235						
Spouse's name	Spouse's soci	e's social security number						
SHIKHA JAISWAL	118-41-	3411						
Part I Tax Return Information — Tax Year Ending December 31, 2023 (En	nter year you ar	e auth	orizing	.)				
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							
1 Adjusted gross income	1	1		,765.				
2 Total tax		2		629.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	23	3,517.				
4 Amount you want refunded to you		4						
5 Amount you owe		5 cf vo	ur rotu	112.				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen								
for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize th Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment 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 termi payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 . Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended)	indicated in the ta itution to debit the inate the authoriza requests must be the processing of he payment. I furth	x preparentry to tion. To receive the electer than the elect	ration so this acco revoke (d no late tronic pa nowledge	ftware for ount. This (cancel) a er than 2 ayment of e that the				
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only								
▼ I authorize GLOBAL TAXES LLC to enter or general	ate mv PIN	6 2	3 5	as my				
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente	er five dig 't enter a		a ,				
I will enter my PIN as my signature on the income tax return (original or amended) I ai if you are entering your own PIN and your return is filed using the Practitioner PIN m below.								
Your signature ▶ Date ▶	-							
Spouse's PIN: check one box only								
▼ I authorize GLOBAL TAXES LLC to enter or general to ent	, –	3 4	1 1	as my				
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five dig						
I will enter my PIN as my signature on the income tax return (original or amended) I all if you are entering your own PIN and your return is filed using the Practitioner PIN m below.								
Spouse's signature ▶ Date ▶	•							
Practitioner PIN Method Returns Only—continue bel								
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 4 9 6 Don't ente		3 2 7	1				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incomauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this retui	n in acc	cordance	I am now with the				

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Date ▶

Form 1040-V (2022) 2023 Page **2**

IF you live in	THEN use this address to send in your payment				
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214				
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000				
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501				
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303				

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2023**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2023

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

Write your social security number (SSN) on your check or money order.

112.

REV 01/27/24 PRO

Enter the amount

1555

TADAHB SAMUX THOS LASING LASIN

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

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



1040		artment of the Treasury-Internal Revenue Servi		urn G	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spac	e.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					, 20		See separate instructions.			
Your first name and middle initial Last na				: name						Your social security number			r	
ROHIT KUMAR BHAGAT								138	69	6235				
		s first name and middle initial	Last nar								Spouse's social security numl			
SHIKHA		WAL							118 41 3411					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.								Presidential Election Campa						
8638 HUI	EBNE	R RD						3	3213		Check I	nere if y	ou, or your	_
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP co							ode		spouse if filing jointly, w					
SAN ANTO	OINC			TX			78240			to go to this fund. Checking a box below will not change				
Foreign country name			F					Foreig	ın postal o		_			use
Filing Status Check only one box.	X	Single Married filing jointly (even if only or Married filing separately (MFS)					☐ Head of h	surviv	ving spo	use (0	,			
Division I	qu	you checked the MFS box, enter the alifying person is a child but not you	ır depen	dent:								ld's na	me if the	
Digital Assets		ny time during 2023, did you: (a) reconnange, or otherwise dispose of a dig										□ Ye	es 🗵 No	
Standard Deduction	_	neone can claim:	•		•		a dependent							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spo	use:	: Was bor	n befo	ore Janu	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) Soc	ial security		(3) Relationsh	Relationship (4) Che			x if quali	fies for (see instructio	ns):
If more	(1) F	irst name Last name		number to you				Child tax c			Credit fo	r other depend	lents	
than four														
dependents, see instruction	s —													
and check here	<u> </u>													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructio	ns)					-	1a		177,304	1.
	b	Household employee wages not re	eported o	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 rep	orted or	n Form(s) V	V-2 (see ir	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instructi	ions) .								1h		(٥.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .			1i							
	z	Add lines 1a through 1h									1z		177,304	1.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		461	
if required.	3a	· -	3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a				axable amoun							
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun							
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, ch	eck here ((see	instructions)							
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not i						ot required, check here					7			
Married filing jointly or	8	Additional income from Schedule 1, line 10							8					
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		177,765	5.		
\$27,700	10	Adjustments to income from Schedule 1, line 26								10				
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income							11		177,765	5.		
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)							12		27,700			
any box under	13	Qualified business income deduct	ion from	Form 899	5 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27 , 700).
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or less	ontor O	This is w	our t	avabla incom				15		150 065	=

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	23,629.		
Credits	17	Amount from Schedule 2, line	17								
	18	Add lines 16 and 17	18	23,629.							
	19	Child tax credit or credit for ot	19								
	20	Amount from Schedule 3, line	8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18. I	f zero or less,	enter -0				22	23,629.		
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is yo	our total tax					24	23,629.		
Payments	25	Federal income tax withheld fr	rom:								
-	а	Form(s) W-2									
	b	Form(s) 1099									
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						25d	23,517.		
If you have a	26	2023 estimated tax payments	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 Schedule 8812									
	29	American opportunity credit from	om Form 8863	8, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments							23,517.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid									
	35a	Amount of line 34 you want re	35a								
Direct deposit?	b	Routing number X X X X	XXXXX	XX	c Type:	Checking	Saving	s			
See instructions.	d	Account number X X X X	X X X X	XXXX	X X X X	XX					
	36	Amount of line 34 you want ap	plied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. T									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	112.		
	38	Estimated tax penalty (see ins	tructions) .			38					
Third Party		you want to allow another p									
Designee		structions					•	e below.	⊠ No		
		esignee's me		Phone no.			sonal ide nber (PIN	ntification			
Sign		der penalties of perjury, I declare that	t I have examined		accompanying sche		,		of my knowledge and		
Here		lief, they are true, correct, and comple									
пеге	Yo	our signature		Date	Your occupation		lf :	the IRS se	nt you an Identity		
							,		PIN, enter it here		
Joint return?					SENIOR TEC	IINICAL LEAD .		ee inst.)			
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, bo	Date	Spouse's occupati	on			ne IRS sent your spouse an ntity Protection PIN, enter it here			
		FINANCIAL ANALYST						ee inst.)	301101111111111111111111111111111111111		
	Ph	one no. (210) 577-5792		Email address	MR.ROHITKUMARI		COM				
	Pro	, ,	Preparer's signat	ure		Date	PTIN		Check if:		
Paid	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/02/2024	P020	82703	Self-employed		
Preparer		m's name GLOBAL TAXE							one no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			m's EIN 84-3171965			
	<u></u>	40406 1 1 11 11 11 11			-		1		= 1040 (*****)		