## 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

	· ·					
Subm	nission Identification Number (SID)					
Taxpay	yer's name	Social securit	y number			
RAJ	-5968					
Spouse	Spouse's name Spouse's social					
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_  er year you a	re authorizir	ng.)		
Enter	whole dollars only on lines 1 through 5.			<u> </u>		
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	76,755.		
2	Total tax		2	9,151.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,723.		
4	Amount you want refunded to you		4	2,572.		
5	Amount you owe		5			
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of your re	turn)		
return to sen for an Agent payme author payme busine taxes person	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfird my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rey delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account interest of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutivization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the neal identification number (PIN) below is my signature for the income tax return (original or amended) I conic Funds Withdrawal Consent.	nitter, or electro- jection of the tr J.S. Treasury and dicated in the ta- ion to debit the te the authoriza- quests must be e processing of payment. I furt	nic return orig ansmission, (b nd its designat ix preparation entry to this a tition. To revok received no the electronic her acknowled	inator (ERO) ) the reason ed Financial software for ccount. This is (cancel) a later than 2 payment of dge that the		
	ayer's PIN: check one box only			$\neg$		
	▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN	5 9 6 8	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, bu n't enter all zero	ut ´		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.					
Your	signature ▶ Date ▶					
Snou	se's PIN: check one box only					
Spou	I authorize to enter or generate	my DINI		00 mv		
L	to enter or generate	,	er five digits. bu	as my		
	signature on the income tax return (original or amended) I am now authorizing.		't enter all zero			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.					
Spou	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belov	v				
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO'	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2 er all zeros	7 1		
autho	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subjected in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	nitting this retu	rn in accordar	nce with the		
EDQ'	o dignatura N					
<u>-KO</u>	s signature ► Date ►  ERO Must Retain This Form — See Instructions					
	EKU IVIUST KETAIN 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>		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number
RAJESH			SAMM	ITA							664	17	5968
	pouse's	s first name and middle initial	Last nar										l security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons					Apt. no.		Droeido	ntial Fla	ection Campaigr
128 DESI		• •							φ	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode		spouse	if filing	jointly, want \$3
Leander						TX	(	786	41		0		nd. Checking a not change
Foreign countr	y name		F	oreign pro	ovince/state/				n postal c		your tax		•
												Yo	ou Spouse
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOH	<del>-</del> I)			
Check only		Married filing jointly (even if only o	ne had ir	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,		
		you checked the MFS box, enter the			ouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu ———	ialifying person is a child but not you	ır aepen	ident:									
Digital		ny time during 2023, did you: (a) rec											∇.
Assets		nange, or otherwise dispose of a dig						et)? (Se	e instru	ction	S.)	Y•	es 🗵 No
Standard Deduction		neone can claim:	•		-		a dependent						
Deduction	<u> </u>		n or you	_ were a c	Juai-Status	allell							
Age/Blindnes	s You	: Were born before January 2, 1	959 _	☐ Are bli	nd <b>Sp</b>	ouse	: U Was bor						s blind
Dependent					ocial security	<i>,</i>	(3) Relationsh	nip (4	-				(see instructions):
If more	(1) F	(1) First name Last name		number to you		Child tax		ax cre	edit	Credit to	or other dependents		
than four dependents,									<u> </u>				
see instruction	s								[	<u> </u>			
and check here [	1 —								[	_			
-	1a	Total amount from Form(s) W-2, b	ox 1 (see	 e instruct	tions)						1a		88,464.
Income	b	Household employee wages not re	•		,						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	`	` '						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 W-2, see	h	Other earned income (see instruct	ions) .								1h	- 1	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i						
	Z	Add lines 1a through 1h									1z		88,464.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			<b>b</b> 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
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, c	check here	(see	instructions)			. 📮			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if	required	l. If not requ	uired,	, check here				7		
jointly or	8	Additional income from Schedule	1, line 10	0							8		-11,709.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•	our <b>total inc</b>	come	e				9		76 <b>,</b> 755.
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household,	11	Subtract line 10 from line 9. This is	•	-	-						11		76,755.
\$20,800 If you checked	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deduct									13		46.5
Deduction, see instructions.	14										14		13,850.
COO INCLIDENCIONS.	15	Subtract line 1/1 from line 11 If zer	o or loce	e antar i	II Ibic ic v	Our t	avabla incom	10			15	1	67 4115

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	9,151.		
Credits	17	Amount from Schedule 2, lin	ne 3					17			
	18	Add lines 16 and 17	18	9,151.							
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0				22	9,151.		
	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	9,151.		
Payments	25	Federal income tax withheld	I from:								
-	а	Form(s) W-2				<b>25a</b> 11	<b>,</b> 723.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c					2	25d	11,723.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26			
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	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	11,723.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	2,572.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	ck here	. 🗆 🕃	35a	2,572.		
Direct deposit?	b	Routing number 0 8 1	0 0 0 0	3 2	c Type: 🛛	Checking S	Savings				
See instructions.	d	Account number 3 5 5	0 0 7 8	0 5 4 6	6   1						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.							
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions .			37			
	38	Estimated tax penalty (see in	nstructions) .			38					
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See					
Designee	ins	structions				. 🗌 <b>Yes.</b> Co	mplete bel	ow.	<b>X</b> No		
	De: nar	signee's		Phone no.			onal identifica er (PIN)	ition			
0:		der penalties of perjury, I declare t	hat I have examined		accompanying scho		` '	hoet (	of my knowledge and		
Sign		ief, they are true, correct, and com									
Here	Your signature Date Your occupation If the						If the IB	S ser	nt you an Identity		
							Protecti	ion Pl	N, enter it here		
Joint return?					SOFTWARE ENGINEER (				e inst.)		
See instructions. Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation			on			nt your spouse an				
your records.							(see ins		ection PIN, enter it here		
			2	Franil address		I CII COMP TI CO					
		one no. (816) 739-839 eparer's name	2 Preparer's signat	Email address	SAMMI'I'ARAJE	SH@GMAIL.CO Date	M PTIN		Check if:		
Paid		•	1 .		CAD CIIDMA			_			
Preparer		M PRIYA RAM SAGAR GUPTA	1	A KAM SAC	JAK GUPTA	04/10/2024	P020827		Self-employed		
Use Only		m's name GLOBAL TA		INICIAT OIZ NI	T 00016				678) 965-9522		
			Y CT E BRU	INSWICK N			Firm's E	IIN	84-3171965		
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)		

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

RAJESH SAMMITA

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.

١.		Sequence No. <b>01</b>
	Your soci	ial security number
	664-17	-5968

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. Atta		5	-11,709.
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 (	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-11,709.

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-basis governr	nent		
	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		9a	
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)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
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			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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 adjustments to income. Enter here and			
	Form 1040, 1040-SR, 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.

Attachment Sequence No. 13

Your social security number

RAJ:	ESH SAMMITA						664-1	7-5968	}	
Par	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	erty, use	Schedule							
	Did you make any payments in 2023 that would require you If "Yes," did you or will you file required Form(s) 1099?								es 🗵 No es 🗌 No	
1a										
			,						4.505	
_ <u>A</u>	1-66/2/2, SRIRAMNAGAR COLON ABDULAPURM	IET, PA	SUMAMI	_ RANG	GA RI	EDDY, TEL.	ANGANA	IN 50	1505	
B										
<u>C</u>							T _		1	
1b	(from list below) above, report the number of fair	For each rental real estate property list above, report the number of fair rental			d <b>Days</b>			Personal Use Days		
A	gersonal use days. Check the Countries if you meet the requirements to			Α		365		0		
В	qualified joint venture. See instr			В						
C	quamieu jemit ventarer eee met	40110110		С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Rel Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc				
						Propert	ies:			
Incor				Α		В			С	
3	Rents received	3		5	50.					
4	Royalties received	4								
-	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,4	27.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,0	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,2						
15	Supplies	15		2,8	74.					
16	Taxes	16								
17	Utilities	17		3,6	65.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		12,2	59.					
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 <b>Form 6198</b>		-	-11 <b>,</b> 7	09.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)			11,70			)	)(		
23a	Total of all amounts reported on line 3 for all rental prop				23a	•	550.			
b					23b					
C	Total of all amounts reported on line 12 for all properties	•			23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	12	2,259.			
24	Income. Add positive amounts shown on line 21. Do no		le any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real esta		-		nter to	tal losses he		(	11,709.	
26	Total rental real estate and royalty income or (loss).									
-	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a	ot apply	to you,	also e	nter th	nis amount o	on		-11,709.	