Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Taxpaye	er's name	Social secur	ity numb	per
SWA	TI SONAM	115-11	-473	4
Spouse	's name	Spouse's so	cial secu	urity number
Dout	Tay Datum Information Tay Vacy Ending December 21 0000 (Ente			
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	are au	thorizing.)
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	72,426.
2	Total tax		2	8,194.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,827.
4	Amount you want refunded to you		4	3,633.
5			5	

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

1	4	7	3	4	00 m)
	er fiv n't er				as my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's s	ignature D	ate 🖡					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei	 2	7 1	1

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨			
ERO Mu Don't Submit Tl			
For Paperwork Reduction Act Notice, see your tax	return instructions. BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	a. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
SWATI			SON	MAM								4734
	oouse's	s first name and middle initial	Last							-		security number
										897	51	3204
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.		· ·	ection Campaign
		E GATE DR							202			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c			0.	jointly, want \$3
GERMANTC			-	-		ME		208	74			nd. Checking a not change
Foreign country				Foreign p	rovince/state/o	count	ty		n postal code	1	x or refu	0
							-	-			🗌 Yo	_
Filing Status		Single					Head of he	ouseh	old (HOH)			
-		Married filing jointly (even if only o	ne had	l income)								
Check only one box.	X	Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	(QSS)		
0.10 20/11		you checked the MFS box, enter the	name	of your s	pouse. If you	ı che			÷ .	. ,	ild's na	me if the
	-	alifying person is a child but not you		-	• •							
	A 1								····	(1-) 11		
Digital Assets		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig						-			ΠYe	es 🛛 No
							-	i): (00		113.)		
Standard Deduction	_	eone can claim: You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or ye	Ju were a	uual-status a	allen	I					
Age/Blindness	You	Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	ls	s blind
Dependents	s (see	instructions):		(2) \$	Social security		(3) Relationsh	ip <b>(4</b>	•			see instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions	;											<u> </u>
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b			,			• •		. <b>1</b> 8		88,941.
Attach Form(s)	b	Household employee wages not re	•			•••		• •		. <u>1</u> k		
W-2 here. Also	С	Tip income not reported on line 1a						• •		. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)	• •		. 10		
1099-R if tax	е	Taxable dependent care benefits f				• •		• •		. 10		
was withheld.	f	Employer-provided adoption bene			,			• •		. 11		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. <u>1ç</u>		0
W-2, see	h	Other earned income (see instruct	,	· · ·		• •	· · · ·	· ·		. <u>1</u> ł	1	0.
instructions.	i 	Nontaxable combat pay election (s	see ins	structions)		•••	<b>1</b> i			- 4		88,941.
		Add lines 1a through 1h	•••		· · · ·	. т	· · · · ·	• •		. <u>1</u> z		
Attach Sch. B if required.	2a	•	2a 3a				axable interest Irdinary divider			. 21 . 31		
	<u>3a</u> 4a		3a 4a				axable amount			. 31. . 41.		
Standard	ча 5а		ча 5а				axable amoun			. 44 . 5k		
Deduction for –	5a 6a		5a 6a				axable amount		• • •	. 51. . 61.		
<ul> <li>Single or Married filing</li> </ul>	oa C	If you elect to use the lump-sum e		method				••••	 Г			
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,	• •	· · · [	7		
<ul> <li>Married filing</li> </ul>	8	Additional income from Schedule		•	•		-	• •	· · · L	. 8		-16,515.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •	• • •	. 0		72,426.
surviving spouse, \$27,700	10	Adjustments to income from Sche					- · · · ·			· 3		, 120.
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is				ne .				. 11		72,426.
\$20,800	12	Standard deduction or itemized								. 12	-	13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct				,	5-A			· 13		,000.
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer		ess. enter	-0 This is v	our <b>i</b>	taxable incom	e .		. 15		58,576.
				-,					•			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	8,194.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	8,194.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ie8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	8,194.
	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	8,194.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25a</b> 11	,827.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	11,827.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .		[	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T					[	33	11,827.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,633.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	. 🗆 🛛	35a	3,633.
Direct deposit?	b	Routing number 0 5 4	0 0 1 7	2 5	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 4 4 0	8 0 3 9	5 0 4					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	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 <i>www.irs.go</i> u	//Payments or	see instructions		[	37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	tructions				🗌 <b>Yes.</b> Co	omplete be	ow.	🗙 No
	De nai	signee's		Phone no.			onal identifica ber (PIN)	ation	
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	hest	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the IF	₹S ser	nt you an Identity
		C C					Protect	tion P	IN, enter it here
Joint return?					SOFTWARE A	ARCHITECT	(see ins	,	-
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see ins		sclion Fin, enter it here
	Ph	one no. (202)492-565	Q	Email address		7893@GMAIL.CO	`		
		eparer's name $(202)492-505$	o Preparer's signat	1	SWATTMOURIA	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P020827	202	Self-employed
Preparer		n's name GLOBAL TAX		TAUAG INA	OUFIA IAUDAM	02/01/2024			678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's		84-3171965
Go to www.ire.cr		1040 for instructions and the late		TIDWICK IN			1-11111 S	_11 N	Form <b>1040</b> (2023)
		noro for manuallons and the late	st mornation.		BAA	REV 01/21/24 PRO			10m 10m (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 20 Attachment Sequence No. 01

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SWATI SONAM		115-11	-4734
Part Additi	anal Income		

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	ach Schedule E .	5	-16,515.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
	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> . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-16,515.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		- I I -	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	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			19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2-7 a	Jury duty pay (see instructions)			
a b	Deductible expenses related to income reported on line 8l from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
لم			-	
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			
h	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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 0	1/21/24 PRO	Schedule 1 (I	orm 1040) 202

SCHEDULE	E
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information

)	2023
	Attachment Sequence No. <b>13</b>

Name(s) shown on return

Name(s) shown on return Yc								our social security number				
SWAT	SWATI SONAM								115-11-4734			
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	<b>d Ro</b> y ty, use	yalties Schedule	<b>e C</b> . See	instrue	ctions. If you are	e an indiv	vidual, re	port farm			
Α		d you make any payments in 2023 that would require you to file Form(s) 1099? See instructions										
	f "Yes," did you or will you file required Form(s) 1099?											
1a	Physical address of each property (street, city, state, ZII											
			,		1010							
	889 SECTOR 3F, VAISHALI GHAZIABAD UTHAF	R PRA	ADESH 1	LN 20.	1010							
<u>В</u> С												
 1b	Type of Property <b>9</b> For each reptol real estate prope	untu lint	ad		Ба	in Dontol	Dereer					
1D	Type of Property (from list below) 2 For each rental real estate properative above, report the number of fair			Fair Rental Days		Personal Use Days		QJV				
A		personal use days. Check the QJV box			A 3		0					
B	if you meet the requirements to f		B					+				
	qualified joint venture. See instru	uctions	6.	c					+			
	of Property:											
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	ł	7	Self-Rental						
	Multi-Family Residence 4 Commercial		6 Roya	alties			be)					
	,		,		_							
				•		Propertie	s:					
Incom		0		<u>A</u>	0.0	В			С			
3		3		5	90.							
4	Royalties received	4										
Exper 5		5										
5 6	Advertising	6										
7	Cleaning and maintenance	7		1,5	80							
8	Commissions	8		1,5	00.							
9		9										
10	Legal and other professional fees	10										
11	Management fees	11		1,2	75							
12	Mortgage interest paid to banks, etc. (see instructions)	12		±,2	/ 3 .							
13	Other interest	13										
14	Repairs	14		4,4	96.							
15	Supplies			4,813.								
16	Taxes	16										
17	Utilities	17		4,9	41.							
18	Depreciation expense or depletion	18										
19	Other (list)	19										
20	Total expenses. Add lines 5 through 19	20		17,1	05.							
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		-16,5	15.			ļ				
22	Deductible rental real estate loss after limitation, if any,				_ \	,		L				
	on <b>Form 8582</b> (see instructions)	22	(	16,51		(	)	(	)			
23a	Total of all amounts reported on line 3 for all rental prope			•	23a		590.					
b	Total of all amounts reported on line 4 for all royalty prop			•	23b							
C d	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	1 🗆	105					
e 24	Total of all amounts reported on line 20 for all properties				23e	±/,	105.					
24 25	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>		-		· ·	••••••••••••••••••••••••••••••••••••••	24	(	16 515 \			
25	Losses. Add royalty losses from line 21 and rental real estat							(	16,515.)			
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						26		-16,515.			