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

	1.000.000				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
SHAE	BARISH SAMA	867-40	-714	1	
Spouse's	s name	Spouse's soo	ial seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	r vear vou a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	ycai you a	i C aa	ti ionzing.	·)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1 1	113	,263.
	Total tax		2		,262.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,982.
4	Amount you want refunded to you		4		,720.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I	кеер а сор	y of y	our retu	rn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induction in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the paid identification number (PIN) below is my signature for the income tax return (original or amended) I as in the financial with the payment (settlement) and the payment (settlement) and the income tax return (original or amended) I as in the financial with the payment (settlement) and the income tax return (original or amended) I as in the financial with the payment (settlement) and the income tax return (original or amended) I as in the financial with the payment (settlement) and the income tax return (original or amended) I as in the financial with the payment (settlement) and the income tax return (original or amended) I as in the financial with the payment (settlement) and the payment (settlement) and the payment (settlement) and the payment (settlement) and the payment (settlement) are payment (settlement) and the payment (settlement) and the payment (settlement) and the	we are the am- itter, or electro- ection of the to .S. Treasury a icated in the to on to debit the e the authoriza- uests must be processing of payment. I fur	ounts for the counts of the co	from the incurrence turn original ssion, (b) the designated paration soot to this according to the control of t	come tax tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X	-	my PIN 0	7 2	1 4 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r En		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your si	ignature ▶ Date ▶ _				
Snous	e's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name		ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	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	2 4 9 Don't ent	6 0 er all ze	8 2 7	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the test to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	ax return (origi nitting this retu	nal or urn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	Do So			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		S	ee se	parate in	structions.
Your first name	and m	iddle initial	Last na	ame					Y	our so	cial secu	rity number
SHABARIS	SH		SAMA	Į						867	40	7141
If joint return, s	pouse's	s first name and middle initial	Last na	ame					s	pouse'	s social s	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. r	10.	Р	reside	ntial Elec	tion Campaign
12440 AI	LAME	DA TRACE CIRCLE					121	2			•	u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code					ointly, want \$3 d. Checking a
AUSTIN					TX		78727			•		ot change
Foreign country	y name			Foreign province/state/o	count	у	Foreign po	stal co	ode y	our tax	or refun	
											You	ı Spouse
Filing Status	, X	Single				☐ Head of ho	ousehold (НОН)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving	spou	se (Q	SS)		
	If y	ou checked the MFS box, enter the	name (of your spouse. If you	u che	cked the HOH	or QSS b	ox, e	enter t	he chi	ld's nam	ne if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for prope	rtv or serv	ices):	or (b) sell.		
Assets		nange, or otherwise dispose of a digi									☐ Yes	s 🗵 No
Standard	Som	neone can claim: You as a de	penden	t Your spouse	e as	a dependent				-		
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien	•						
Ago/Blindnos	- Vau	: Were born before January 2, 1	050 F	Are blind Spo	ouse:	. Mas bor	n before J	anua	n/ 2 ·	1050		blind
			939 <u>[</u>	<u> </u>			(4) Ob		•			ee instructions):
Dependents		instructions): irst name Last name		(2) Social security number	′	(3) Relationsh to you	iib ' '		x crec		,	other dependents
If more than four	(1)	Last name		Hamboi		to you	+	Г	7			
dependents,									_			
see instructions	s —								_			౼
and check here	1							<u>_</u> _	_			౼
-	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)						1a		136,991.
Income	b	• • • • • • • • • • • • • • • • • • • •	•	•						1b		
Attach Form(s) W-2 here. Also	c	Household employee wages not reported on Form(s) W-2								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							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		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i						
	z	Add lines 1a through 1h								1z	. 1	136,991.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t			2b		
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds			3b		
	4a	IRA distributions	4a		b Ta	axable amount	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t			5b		
Single or	6a	Social security benefits	6a		b Ta	axable amount	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see	instructions)			. 🔲			
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	check here				7		
jointly or	8	Additional income from Schedule	1, line 1	0						8		-23,728.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	come					9		113,263.
\$27,700 • Head of	10	Adjustments to income from Sche								10	_	
household,	11	Subtract line 10 from line 9. This is	-	-						11		113,263.
\$20,800 If you checked	12	Standard deduction or itemized								12		13,850.
any box under Standard	13	Qualified business income deducti			899	5-A				13		
Deduction,	14	Add lines 12 and 13								14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	axable incom	ne			15		99,413.

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	17,262.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	17,262.	
	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	. If zero or less,	enter -0				22	17,262.	
	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 total tax					24	17,262.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 25	5,982			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	25,982.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. Elc.	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	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	25,982.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	t you overpaid		34	8,720.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	🗆	35a	8,720.	
Direct deposit?	b	Routing number 1 0 3			c Type: 🔀	Checking	Savings			
See instructions.	d	Account number 6 9 9	2 1 5 5	5 1						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	_	-		38				
Third Party	Do	you want to allow another				See				
Designee		,	•			_	omplete	below.	⋈ No	
J		Designee's					dentification			
	name no. number (PII Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and					, ,				
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com							, ,	
Here			protor Bookaration		, , , I				, ,	
	YC	our signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?				SOFTWARE DEVELOPER				see inst.)		
See instructions.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					nt your spouse an	
Keep a copy for your records.								ection PIN, enter it here		
	Ph	one no. (405)564-293	9	Email address	SHABARISHSA	MA@GMAIL.CO	MC			
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/14/2024	P0208	3 <u>27</u> 03	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no. ((678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fire	n's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

10

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

SHAE	BARISH SAMA		867-40	-71	41
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	ach Schedule	Ε.	5	-23,728.
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	0 (
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	04			
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	0-			
^	Total ather income. Add lines 0s through 0s	8z		_	
9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

-23,728.

10

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 adjustments to income 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.

2023 Attachment Sequence No. 13

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.

Your social security number 867-40-7141

SHAE	BARISH SAMA						867-4	0-7141	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule						
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .								s 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
Α	1-1-361/5/504,SAIKRUPA APT VINAYAK NAC	GAR N	IIZAMAI	BAD,TI	ELAN	GANA IN	503001		
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental a	ital and Days				Person Da	QJV	
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to find qualified joint venture. See instru			В					
С	quained joint venture. See institu	actions	•	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
						Propert	ies:		
Incon	ne:			Α		В			С
3	Rents received	3		6	80.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,5	17.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,9	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		Г 1	2.0				
14	Repairs	15		5,4 5,6					
15 16	Supplies	16		5,6	∠5.				
17	Taxes	17		5,8	00				
18	Depreciation expense or depletion	18		3,0					
19	Other (list)	19		3,0	01.				
20	Total expenses. Add lines 5 through 19	20		24,4	0.8				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			21,1	00.				
21	result is a (loss), see instructions to find out if you must file Form 6198	21		-23,7	28.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(23,72	8.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		680.		
b	Total of all amounts reported on line 4 for all royalty prop				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		3,084.		
е	Total of all amounts reported on line 20 for all properties				23e	24	1,408.		
24	Income. Add positive amounts shown on line 21. Do not	t includ	de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	s from lir	ne 22. Ei	nter to	tal losses he	re 25	(2	23,728.
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 at						on 26	-	-23,728.

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number SHABARISH SAMA Sch E 1-1-361/5/504, SAIKRUPA APT 867-40-7141 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 88,500. 3,084 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,084. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.