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)

Taxpay	er's name	Social secu	irity numb	er
VEE	NY BHATT	152-7	7-1064	ł
Spouse	's name	Spouse's s	ocial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you	are aut	horizing.)
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	110,523.
2	Total tax		2	16,602.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	25,725.
4	Amount you want refunded to you		4	9,123.
5	Amount you owe		5	
Par	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	keep a co	py of y	our return)

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

7	1	0	6	4	
	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 signature	► Da	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III Certific	ication and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7	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 >	Date 🕨					
Don'	ERO Must Retain This Form t Submit This Form to the IRS U					
For Demonstrate Deduction Act Nation	a a a success these materials in a transfer and in a		Form 8870 (Day, 01 0001)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

Solution for -       Solut	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> )		turn	202	3	OMB No. 1545-	-0074	IRS Use Onl	y—Do not v	vrite or sta	aple in this space.	
UVEENY         BHATT         152         77         10.64           If joint runn, spouse's first name and middle initial         Last name         Spouse's social security number           Arge name         218         Creat New Social security number         Precidential Election Campaign           City, town, or post office. If you have a foreign address, also complete spaces blow.         State         21P code         The construction complete spaces blow.         The construction complete space sp	For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.	
UVEENY         BHATT         152         77         10.64           If joint runn, spouse's first name and middle initial         Last name         Spouse's social security number           Arge name         218         Creat New Social security number         Precidential Election Campaign           City, town, or post office. If you have a foreign address, also complete spaces blow.         State         21P code         The construction complete spaces blow.         The construction complete space sp	Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number	
If joint return, spouse's first name and middle initial       Last name       Spouse's solid security number         Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       21.8         G75_MOUNDOUTH ST       21.8       Precision filling jointy, yourn 33         G75_MOUNDOUTH ST       Donose if filling jointy, yourn 33       Donose if filling jointy, yourn 33         G75_MOUNDOUTH ST       Foreign portine-state/county       Foreign portine-state/county       Precision portine         Filling Status       Single       Intrade filling jointy, foreign for your had income)       Quantifying spouse (GSS)       UP Vull       Barriel filling jointy, foreign portine-state/county       Precision portine.         Digital       Marriel filling jointy, foreign portine dependent:       Quantifying spouse (GSS)       UP vull 'spouse's services); or (d) sell, exchange, or otherwise dispose of a digital asset for a financial interest in a digital asset? (See instructions.)       UP vell 'No         Standard       Someone can call asset adgendent       Your spouse as a dependent       Our spouse as a dependent         Dependentis       Were born bofore January 2, 1959       Are blind       Spouse (Harding address, show and there instructions)         If more       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       1a1, 21, 952.         Beendentis       1a       Total amount from For				внатт										
675       MORMOUTH: ST       218       Check home if you or your         CRy. town, or post office. By you have a foreign address, also complete spaces below:       State       ZIP code       State       ZIP code       to go to this fund. Checking a to go to g		oouse's	s first name and middle initial											
675       MORMOUTH: ST       218       Check home if you or your         CRy. town, or post office. By you have a foreign address, also complete spaces below:       State       ZIP code       State       ZIP code       to go to this fund. Checking a to go to g														
City: tom, or zost effice. Hyou have a foreign address, also complete spaces below.       Bale       21P code       spouse ffilling () intriv, wark 35         JERSEY_CITY       Foreign country name       Foreign province/state/country       Foreign country name       optimis full. Checking a power of this fund. Checking a box below will not change box below.       yr and the checking a box below will not change box below.       yr and the checking a box of this fund. Checking a box below.       yr and the checking a box of this fund. Checking a box below.       yr and the checking a box of this fund. Checki	Home address	(numbe	ar and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr	
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JERSEY CITY       NJ       0731       pox below will not change         Foreign country name       Foreign province/state/county       Foreign province/state/county       Preving province/state/county       prevince/state/county       Prevince/state/st	City, town, or p	ost offi	ce. If you have a foreign address, also cc	mplete	spaces be	low.	Sta	ite	ZIP co	ode				
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Coualifying surviving spouse (OSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying parents is a child but not your dependent:	JERSEY C	CITY					NJ	J	073	10	· · ·		0	
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying surviving spouse (OSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your ta	x or refu	und.	
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If wour checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:												<b>Y</b>	ou 🗌 Spouse	
Clinic Curry       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but on your dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Ves       No         Standard       Someone can claim:       You as a dependent:       Your spouse as a dependent       Yes       No         Beduction       () Finance       Last name       () Finance       (	Filing Status		] Single					Head of ho	ouseh	old (HOH)				
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Ves 🛛 No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes 🔊 No         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (f) Finaname       Last name       (g) Social security       (g) Relationship       (h) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions;       (g) Social security       (g) Relationship       (h) Check the box if qualifies for (see instructions)       In a 131, 952.         Household employee wages not reported on Form(s) W-2.       Ib       In a 131, 952.       Ib       In a 131, 952.         Household waiver payments not reported on Form(s) W-2 (see instructions).       In a 131, 952.       Ib       In a 131, 952.         Vas born Form Strip in come not reported on Form(s) W-2 (see instructions).       In a 131, 952.       In a 131, 952.       In a 131, 952.	Check only		] Married filing jointly (even if only o	ne hac	l income)			_						
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, avard, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: See instructions.)       Image: Se	one box.									• •	. ,			
Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Control of Control O						pouse. If you	ı che	ecked the HOH	l or QS	SS box, ent	er the ch	ild's na	me if the	
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Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       Oru as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (a) First name       Last name       (a) Social security       (b) Relationship       (c) Credit for other dependent         If more       (1) First name       Last name       (a) Social security       (b) Relationship       (c) Credit for other dependent         dese instructions:       (1) First name       Last name       (a) Social security       (b) Relationship       (c) Tradit amount from form dependent         dese instructions:       (1) First name       Last name       (a) Social security       (b) Relationship       (c) Tradit to other dependent         wee set instructions:       (1) First name       Last name       (a) Social security       (b) Relationship       (c) You       (c) Tradit to other dependent         It and (dependents       Total amount from Form(s) W-2, box 1 (see instructions)       1a       131, 952.         Attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instr	Digital	At ar	יזע time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); o	r (b) sell,			
Deduction       Spouse Itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       A re blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       (ii) First name       (iii) First name       Call the own if qualifies for (see instructions):         If more than four dependents, see instructions:       (iii) First name       Last name       Call the own if qualifies for (see instructions):       Child tax credit       Credit for other dependents         dependents, see instructions:       Image: the own if qualifies for (see instructions)       Image: t												<b>Y</b>	es 🛛 No	
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions);         dependents       see instructions	Standard	Som	i <b>eone can claim:</b> 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent						
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see instructions       a														
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Attach Form(s) W <sup>2</sup> 2 here. Also attach Forms       b       Household employee wages not reported on Form(s) W-2	here 🗌													
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W*2 Prers.Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W*2 Grand       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         U39-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         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       h       Other earned income (see instructions)       1h       0.         W-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       131, 952.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drdinary dividends       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       5b         Standard       5a       5a       b       Taxable amount       6b       5b         Standard       5a       5a       b       Taxable amount       6b       5b         Standard       5a       5a       b       Taxable amount       6b	Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. <b>1</b> a	1	131,952.	
W-2 here. Also attach Forms       c       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         1099-R1 itax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8893, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       in       Other earned income (see instructions)       1i         V-2, see       in Nontaxable combat pay election (see instructions)       1i       1g         vareauxempt interest       2a       b       b Taxable interest       2b         Add lines 1a through 1h       1       2b       1d       131, 952.         Attach Sch. B       at       Tax-exempt interest       2a       b       b Taxable amount       3b         Bandard Deduction for-       5a       Qualified dividends       5a       b       Taxable amount       6b         Standard Drof       C       f you elect to use the lump-sum election method, check here (see instructions)       7       6b         Standard Drof       C       G apital gain or (loss). Attach Schedule D if require	Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2..					. 1t	)		
W-26 and 1099-R if tax was withheld. <ul> <li>Taxable dependent care benefits from Form 2441, line 26</li> <li>Taxable dependent care benefits from Form 2441, line 26</li> <li>f</li> <li>f</li> <li>massible data that on the form 50 m 2441, line 26</li> <li>f</li> <li>massible data that on the form 50 m 2441, line 26</li> <li>f</li> <li>massible data that on the form 50 m 2441, line 26</li> <li>f</li> <li>massible data that on the form 50 m 2441, line 26</li> <li>f</li> <li>massible data that on the form 50 m 2441, line 26</li> <li>f</li> <li>massible data that on the form 50 m 2441, line 26</li> <li>f</li> <li>massible data that on the form 50 m 50 m 2441, line 26</li> <li>f</li> <li>massible data that on the form 50 m 50 m 2441, line 26</li> <li>f</li> <li>massible data that on the form 50 m 50 m 50 m 50 m 2441, line 26</li> <li>f</li> <li>massible data that on the form 50 m 50 m 2441, line 26</li> <li>massible data that on the form 50 m 50</li></ul>	W-2 here. Also	С		•		-								
1099-R if tax       e       Iaxable dependent care benefits from Form 2441, line 26       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         If you did not get a Form       wages from Form 8919, line 6       1       1         W22, see       h       Other earned income (see instructions)       1       1         W2, see       Nontaxable combat pay election (see instructions)       1       1       0         W2, see       Add lines 1a through 1h       1       1       1       1         Attach Sch. B       2a       Tax-exempt interest       2a       b       0       3b         Geduction for-       3a       Qualified dividends       3a       b       b       Taxable amount       4b         Standard beduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Gottal filing separateling separateling ipinity or Qualifying separateling ipinity or Qualifying separateling separateling separateling separateling separateling separateling separateling separateling separateling ipinity or Qualifying souse, \$27,700       R       Additional income from Schedule 1, line 10       7         Varied filing ipinity or Qualifying souse, \$27,000       9       Additional income from Schedule 1, line 26       10       10 <td></td> <td>d</td> <td></td> <td></td> <td></td> <td></td> <td>nstru</td> <td>uctions)</td> <td></td> <td></td> <td>. 10</td> <td>I</td> <td></td>		d					nstru	uctions)			. 10	I		
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. z Add lines 1a through 1h 1z   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a 3a   Qualified dividends 3a   attach Sch. B if RA distributions   4a IRA distributions   4a IRA distributions   5a Pensions and annuities   5a Security benefits   6a Social security benefits   6b Married filing   gentry or Qualified number sum election method, check here (see instructions)   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   9 110, 523.   8 Additional income from Schedule 1, line 10   9 Additional income from Schedule 1, line 26   10 Standard deduction or itemized deductions (from Schedule A)   11 110, 523.   12 13, 850.   13 Qualified business income deduction from Form 8995 or Form 8995-A   14 Add lines 12 and 13	1099-R if tax		1						• •					
get a Portin       h       Other earned income (see instructions)       1h       0.         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1a through 1h       1a       1a       1a         Attach Sch. B       2a       Tax-exempt interest       2a       2b         Attach Sch. B       3a       Qualified dividends       3a       b       Dordinary dividends       2b         Standard       4a       JRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or Married filing separately, \$13,850       r       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         Married filing jointly or B       Additional income from Schedule 1, line 10       7       8       -21,429         Qualifying souse, \$27,700       10       Adjustments to income from Schedule 1, line 26       10       11       110,523         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850       12       13,850         If you checked of nyouchecked ary bounder Standard ded		f							• •			-		
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z       Add lines 1a through 1h       131,952.         Attach Sch. B       if required.       if a       b       Taxable interest       2b         if required.       if a       Qualified dividends       if a       b       Ordinary dividends       if a         if required.       if a       Qualified dividends       if a       b       Ordinary dividends       if a         if required.       if a       Qualified dividends       if a       b       Taxable interest       if a         Standard       Qualified dividends       if a       b       Taxable amount       if a       if a         Standard       Pensions and annuities       if a       if a       b       Taxable amount       if a       if a         Single or       Married filing separately, \$13,850       r       f a       if you elect to use the lump-sum election method, check here (see instructions)       if a       <	W-2, see		Υ.	,	· · ·		• •		···		. <u>1</u> ř	1	0.	
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here (see instructions)       5a       6b         Varied filing jointly or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Additional income from Schedule 1, line 10         9       110,523.         \$27,700       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income        11       110,523.         \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income        12       13,850.         14       Add lines 12 and 13          13       14       13,850.	instructions.		,	see ins	structions)		• •	[1]					121 052	
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for- Single or Married filing separately, \$13,850       4a       4a       b       Taxable amount       4b         Standard Deduction for- Single or Married filing separately, \$13,850       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       110, 523.         10       11       110, 523.       10         14       Add lines 12 and 13       13       14       13, 850.			- 1	 20		· · · ·	 ьт	· · · ·	•••	· · ·		_	1)1,994.	
Standard       Aa       IRA distributions       Aa       B       D Formation of the standard of th			· · ·									_		
Standard Deduction for -       5a       Pensions and annuities												-		
Single or Married filing separately, \$13,850       6a       b Taxable amount	Standard											_		
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       7         Married filing jointly or Qualifying surviving spouse, \$27,700       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         9       Additional income from Schedule 1, line 10       8       -21,429.         9       Additional income from Schedule 1, line 26       9       110,523.         10       10       11       110,523.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       13,850.       14       13,850.	Deduction for –											_		
Substrately, stated stately, state	Married filing				method									
Maried filing jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-21,429.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9110,523.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9110,523.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income11110,523.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413,850.1413,850.			, ,				•	,			— — – – – –			
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9110, 523.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11110, 523.12Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413, 850.	<ul> <li>Married filing jointly or</li> </ul>				•	•		,				_	-21,429.	
Subtract line 10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       Subtract line 10 from line 9. This is your adjusted gross income       11       110,523.         Standard deduction or itemized deductions (from Schedule A)       12       13,850.         It you checked any box under Standard       14       Add lines 12 and 13       13	Qualifying							e				_		
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11110,523.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	\$27,700													
\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1313Mathematical Add lines 12 and 13131413,850.	<ul> <li>Head of household,</li> </ul>		•			gross incon	ne					-	110,523.	
In you checked any box under13Qualified business income deduction from Form 8995 or Form 8995-A1313Standard Deduction,14Add lines 12 and 131413,850.	\$20,800										. 12	2		
Deduction,         14         Add lines 12 and 13         13,850         14         13,850	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13	3		
	Deduction,	14	Add lines 12 and 13								. 14		13,850.	
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	ourt	taxable incom	е.	<u> </u>	. 15	5	96,673.	

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	16,602.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	16,602.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,602.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is	your total tax					24	16,602.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 21	5,725.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	25,725.
If you have a	26	2023 estimated tax payment						26	· · · ·
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit				29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T		-				33	25,725.
Refund	34	If line 33 is more than line 24						34	9,123.
	35a	Amount of line 34 you want	-			, .	🗆	35a	9,123.
Direct deposit?	b	Routing number 0 7 1				Checking	Savings		
See instructions.	d	Account number 4 6 8					Ũ		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24				- 1			
You Owe	•.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		-	
Third Party	Do	you want to allow another							
Designee			•				omplete b	elow.	X No
U	De	signee's		Phone			sonal identifi	ication	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com			1 , 0		,		, ,
Here		· · · ·	piete. Deciaration		,		1	• •	
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					PRODUCT DESIGNER			nst.)	,
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat		If the	IRS ser	nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your records.							(see i	nsi.)	
		one no. (346)414-185		Email address	VEENYBHAT'	T@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/09/2024	P02082		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phon	e no. (	678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm':	s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/05/24 PRO			Form <b>1040</b> (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 soci	al security number
VEENY BHATT		152-77	-1064
Part I Addition	onal Income		

Par	t I 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. Att	ach Schedule E .	5	-21,429.
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		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
Ē		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> . Ente			01 400
	1040, 1040-SR, or 1040-NR, line 8		10	-21,429.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	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-basi			
	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	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I 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			
h			-	
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	02/05/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE	Ε
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

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

Dep artment of th Ini

## Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2023
Attachment

	Revenue Service		Go to www.irs.gov/ScheduleE fo	or instru	uctions ar	nd the la	atest ir	nformation.		Sequence	ent ce No. <b>13</b>
Name(s) shown on return				<u>-</u>					Your social security number		
EEN	Y BHATT								152-7	7-1064	
art			s From Rental Real Estate a						•		
	Note: If you rental incom	are in t	the business of renting personal propersonal propersonal properson <b>Form 4835</b> on page 2, line 40.	erty, use	Schedule	e <b>C</b> . See	e instru	ctions. If you	are an indi	vidual, repo	ort farm
D			ents in 2023 that would require you		Form(s)	1099? \$	See in:	structions .		. 🗌 Ye	s 🛛 No
			ou file required Form(s) 1099?								
а			each property (street, city, state, Z								
A	B/202SHREEP	RIIP	A CHINTAMANI NEAR BHOIR	GYMF	CHANA I	DOMBT	VT.T (	W)MAHARA	SHTRA	TN 4212	:02
В							(	,			
2											
lb	Type of Property	/ 2	For each rental real estate prop	erty list	sted		Fair Rental		Personal Use		0.11/
	(from list below) abov		above, report the number of fair	pove, report the number of fair rental			Days		Days		QJV
Α	3 personal use days. Check the C					Α		365		0	
В			if you meet the requirements to qualified joint venture. See instr			В					
С				uctions		С					
	of Property:										
	Single Family Res			ntal	5 Lanc			Self-Rental			
2	Multi-Family Resi	dence	4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
								Propert	ies:		
om	e:					Α		. В			С
3	Rents received			3		6	520.				
ŀ	Royalties receive	ed.		4							
pen	ses:										
5	Advertising .			5							
6	Auto and travel (	see in	structions)	6							
,	-		ance	7		1,8	347.				
3	Commissions			8							
)				9							
)	Legal and other professional fees			10							
1		Aanagement fees				1,5	520.				
2		•	d to banks, etc. (see instructions)	12 13							
3		Other interest				4 0	110				
 ;							313. 338.				
				15 16		5,3					
) 7				17		5 5	569.				
5			or depletion	18			962.				
)	Othor (list)			10		4,7	.02.				
)	· · · · · · · · · · · · · · · · · · ·		nes 5 through 19	20		22,0	)49.			+	
ĺ	•		ine 3 (rents) and/or 4 (royalties). If			,0	•			1	
			nstructions to find out if you must								
				21		-21,4	129.				
2			estate loss after limitation, if any, structions)	22	(	21,42	29 1	(			
la			ported on line 3 for all rental prop		N	<u> </u>	23a	1	620.	N	
b			ported on line 4 for all royalty prop				23b		• •	-	
c			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d	2	2,962.		
е			ported on line 20 for all properties				23e		2,049.		
1			amounts shown on line 21. Do no				· .		. 24		
5			ses from line 21 and rental real esta		-		inter to	tal losses he	re <b>25</b>	( 2	21,429.
6	•	•	te and royalty income or (loss).								
			d IV, and line 40 on page 2 do n								

For Paperwork Reduction Act Notice, see the separate instructions.

-21,429.

Form <b>4562</b>			(	OMB No. 1545-0172					
Form	TJUL		20 <b>23</b>						
Depar	tment of the Treasury al Revenue Service			Attachment					
		Go to		Sequence No. <b>179</b>					
				-	/hich this form rel HREEKRUPA	Identifying number			
	152	2-77-1064							
Pa			ertain Property Unc ed property, comple			molete Part I			
1		1	1,160,000.						
2	•	Maximum amount (see instructions)							
3	Threshold cost of s	2	2,890,000.						
4	Reduction in limitat	4	2703070001						
5	Dollar limitation for								
-	separately, see inst	-				-	5		
6	<b>(a)</b> De	escription of prope	rty	(b) Cost (busi	ness use only)	(c) Elected cost			
			from line 29						
8			property. Add amount				8		
9			aller of line 5 or line 8				9		
10	•		n from line 13 of your				10		
11				•	,	r line 5. See instructions	11		
12	-					e 11	12		
13			n to 2024. Add lines 9			13			
			/ for listed property. Ir			nclude listed property	S00	instructions)	
14	Special depreciation allowance for qualified property (other than listed property) placed in servi								
15	during the tax year. See instructions.       .								
	15 16								
1	Other depreciation	· · ·	<b>)on't</b> include listed			 ns)			
r ai				Section A					
17	MACRS deductions	3	17						
18									
	asset accounts, che	eck here				🗌			
	Section B	-Assets Place	ced in Service During	g 2023 Tax Y	ear Using the	e General Depreciation	Syst	tem	
(2)	Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Convention	n <b>(f)</b> Method	(a) [	Depreciation deduction	
(u)		service	only-see instructions)	period			(9)		
<b>19</b> a	3-year property								
b							<u> </u>		
							<u> </u>		
	10-year property						<u> </u>		
	15-year property								
	20-year property			25		C/I			
	25-year property	01.165		25 yrs. 27.5 yrs.	MM	S/L S/L			
r	Residential rental	01/23	85,000.	27.5 yrs. 27.5 yrs.	MM	5/L 5/L	+	2,962.	
	property i Nonresidential real			27.5 yrs. 39 yrs.	MM	5/L 5/L			
				00 yr 9.	MM	5/L 5/L			
	property Section C-	- Assats Place	d in Service During	 2023 Tay Vo		Alternative Depreciation	n Sv	stom	
20-	Class life	ASSELS FIACE				S/L	/1 3y	5.611	
	12-year			12 yrs.		5/L 5/L			
	30-year			30 yrs.	MM		+		
-	40-year			40 yrs.	MM	S/L	+		
Par		See instructio	ons.)			012	1		
	Listed property. Ent		,				21		
				lines 19 and	20 in column	(g), and line 21. Enter	<u> </u>		
			of your return. Partne				22	2,962.	
23	For assets shown a	bove and plac	ed in service during t	-	-	23		· · ·	

For Paperwork Reduction Act Notice, see separate instructions.