## 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							
Submis	ssion Identification Number (SID)							
Taxpaye	r's name	Social securi	ty numl	per				
DARS	SHIL MAHESH PARMAR	109-45	-174	8				
Spouse's	s name	Spouse's social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	re au	thorizina	1			
	whole dollars only on lines 1 through 5.	i year yeara	ic au	u ionzing.	<i>)</i>			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	Adjusted gross income		1	67	,484.			
	Total tax		2		,105.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,028.			
4	Amount you want refunded to you		4		,923.			
5	Amount you owe		5					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	rn)			
my knoreturn (control 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 abourginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay 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 income taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I applied to the Information of the Information of the Information or amended) I applied to the Information of the Informa	ve are the amonitter, or electro- jection of the training of the training of the training of the training of the authorizant of the processing of payment. I furniture in the processing of payment. I furniture is the processing of the processing o	ounts for the counts of the co	rom the incturn original ssion, (b) the designated paration soft to this according to the content of the conten	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the			
	nic Funds Withdrawal Consent.  yer's PIN: check one box only							
X	-	my PIN 5	1   '	7   4   8	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	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 if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.							
Your si	gnature ▶ Date ▶							
Spous	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	r all zeros				
	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 metholow.							
Spouse	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below	/						
Part I	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. 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 ted 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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of I	ax return (origi nitting this retu	nal or ırn 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	Do So						

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



<b>£1040</b>		eartment 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 Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	and m	niddle initial	Last nar	me							Your so	cial sec	curity number
DARSHIL	MAH	ESH	PARM	AR							109	45	1748
		s first name and middle initial	Last nar										security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campaign
7808 KO	rzco	URT						2	222	- 1			ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	omplete sp	paces belo	ow.	Sta	te	ZIP c	ode			_	jointly, want \$3
CHARLOT	ΓE					NC	7	282	69		•		nd. Checking a not change
Foreign countr	y name		F	oreign pr	ovince/state/	count	ty	Foreig	ın postal c		your tax		ınd.
Filing Status	s 🗵	Single	na had is				Head of he	ouseh	old (HOF	H)			
Check only		<ul><li>」 Married filing jointly (even if only of Married filing separately (MFS)</li></ul>	ne nau ii	ncome)			Qualifying	our in	ina ono	100 ((	2001		
one box.	L If √	you checked the MFS box, enter the	nama a	f vour cr	souce If you	ı obo	, ,		0 .	`	,	ld'e na	mo if the
		ualifying person is a child but not you			•							iu s na	ille ii tile
Digital		ny time during 2023, did you: (a) rec			l, award, or	payn	nent for prope	rty or	services)	); or (	b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse					et)? (Se	e instru	ction	s.)	∐ Ye	es 🗵 No
Standard		neone can claim:	pendent	: 🗆 ,	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	1						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd <b>Spc</b>	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		<b>(2)</b> S	ocial security	,	(3) Relationsh	ip (4	) Check tl	he bo	x if quali	fies for (	see instructions):
If more		First name Last name			number		to you		Child to	ax cre	edit	Credit fo	or other dependents
than four													
dependents, see instruction	s —												
and check	· —									<u> </u>			
here L	<u> </u>				`				L				
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		78,794.
Attach Form(s)	b	Household employee wages not re	•								1b		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a (see instructions)								1c			
W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d 1e			
1099-R if tax was withheld.	e f	Employer-provided adoption bene								1f			
If you did not		Wages from Form 8919, line 6 .	71113 11 0111	11 01111 00	555, III le 25	•					1g		
get a Form	g h	Other earned income (see instruct)	ions) .							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,					i .			- ""		
ilistructions.	z	Add lines 1a through 1h	300 111311	uctions)							1z		78,794.
Attach Sch. B	<u>-</u> 2a	·	2a		· · i	b Та	axable interest	· ·			2b		
if required.	3a		3a				rdinary divide				3b		
	4a	· ·	4a				axable amoun				4b		
Standard Deduction for—	5a		5a				axable amoun				5b		
Single or	6a	Social security benefits	6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D if	required	d. If not requ	uired,	, check here			. $\square$	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line 10	)							8		-11,310.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is yo	our <b>total inc</b>	come	e				9		67,484.
\$27,700	10	Adjustments to income from Sche	edule 1, li	ine 26							10		
Head of household,	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted (	gross incor	ne					11		67,484.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fror	m Schedule	A)					12		13,850.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13		
Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or loca	ontor	O Thic ic v	our t	tavabla incom	•			15	1	53 634

Form 1040 (202)	3)								Page 2		
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	7,105.		
Credits	17	Amount from Schedule 2, line	e3					17			
	18	Add lines 16 and 17	18	7,105.							
	19	Child tax credit or credit for c	ther dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, line	e8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	7,105.		
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	7,105.		
Payments	25	Federal income tax withheld	from:								
•	а	Form(s) W-2				<b>25a</b> 1	2,028				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	)			25c					
	d	Add lines 25a through 25c .						25d	12,028.		
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	)22 return			26			
qualifying child,	27	Earned income credit (EIC) .			No .	27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit from Form 8863, line 8									
	30	Reserved for future use									
	31	Amount from Schedule 3, line									
	32	Add lines 27, 28, 29, and 31.	32								
	33	Add lines 25d, 26, and 32. Th	ese are your <b>to</b>	tal payments				33	12,028.		
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	4,923.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							4,923.		
Direct deposit?	b	Routing number 1 2 1	0 0 0 3	5 8	c Type: 🛛 🗙	Checking	Savings	3			
See instructions.	d	Account number 3 2 5	0 6 4 8	3 0 8 0	7						
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
	38	Estimated tax penalty (see in:	structions) .			38					
<b>Third Party</b>		you want to allow another	•			_					
Designee		structions				<del>_</del>	•		⊠ No		
		signee's me		Phone no.			sonal ider nber (PIN)				
Sign	Un	der penalties of perjury, I declare the	at I have examined	d this return and	accompanying sched	dules and stateme	nts, and to	the best	of my knowledge and		
Here	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.		
Here	Yo	ur signature	Date Your occupation				If the IRS sent you an Identity				
							1	otection P e inst.)	IN, enter it here		
Joint return? See instructions.		avec's simpature. If a joint return to	ath mount ainm	Dete	SOFTWARE E				IRS sent your spouse an		
Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupati	on	Ide	entity Prot	ection PIN, enter it here		
your records.							(se	e inst.)			
		Phone no. (510)640-4770 Email address Darshil73@gmail.com						Observativity			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:		
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/23/2024		82703	Self-employed		
Use Only									eno. (678)965-9522		
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-3171965		

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(	ocial security number						
DARS	HIL MAHESH PARMAR	109-4	45-1748				
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. Att	ach Schedule	E .	5	-11,310.		
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		-			
	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 (		4			
τ	Pension or annuity from a nonqualifed deferred compensation plan or	0+					
	a nongovernmental section 457 plan	8t		-			
	Wages earned while incarcerated	8u					
2	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> . Ente			9			
10	Combine lines i unough i and 9. This is your <b>additional income</b> . Effice	i nere and on	I LOIIII	1 1			

-11,310.

10

Page **2** Schedule 1 (Form 1040) 2023

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	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				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0.5	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	nere and on	06	
				26	I- 4 /F 4040\ 0000
	BAA	REV 02/	16/24 PRO	ocnedu	ile 1 (Form 1040) 2023

#### **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.

Your social security number

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

OMB No. 1545-0074

DARS	SHIL MAHESH PARMAR						:	109-4	5-1748		
Part	Note: If you are in the b	rom Rental Real Estate and ousiness of renting personal proper om Form 4835 on page 2, line 40.	d Roy ty, use	yalties Schedule	<b>C</b> . See	instru	ctions. If you are	an indiv	vidual, rep	ort farm	
	Did you make any payments				s 🛛 No						
B I	f "Yes," did you or will you	file required Form(s) 1099? .								s 🗌 No	
1a	a Physical address of each property (street, city, state, ZIP code)										
Α	GANDHI NAGAR HYDE	RABAD TELANGANA IN 50	0046	;							
В											
С											
1b	(from list below) at	or each rental real estate prope	rental	and	Fair Rental Days			Person Da	QJV		
Α		ersonal use days. Check the QJ			Α		365		0		
В		you meet the requirements to fi ualified joint venture. See instru			В						
С	90	daimed John Venture. See mistru	Ctions	·-	С						
1	of Property: Single Family Residence Multi-Family Residence	3 Vacation/Short-Term Rent 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (describ				
							Properties	s:		_	
Incom					Α		В			С	
3			3		550.						
4			4								
Exper 5			5								
6		ctions)	6								
7		e		1,2	1 0						
8	Commissions	7		1,4	10.						
9			9								
10			10								
11			11		1,0	00					
12		banks, etc. (see instructions)	12		17000.						
13			13								
14			14		3,2	91.					
15			15		2,475.						
16			16								
17			17	3,884.							
18		lepletion	18								
19			19								
20	Total expenses. Add lines	5 through 19	20		11,8	60.					
21	result is a (loss), see instru	3 (rents) and/or 4 (royalties). If actions to find out if you must	21	-	-11,3	10.					
22		ate loss after limitation, if any, etions)	22	(	11,31	0.)	(	)	(	)	
23a	Total of all amounts report	ed on line 3 for all rental prope	rties			23a		550.			
b	Total of all amounts report	ed on line 4 for all royalty prope	erties			23b					
С	Total of all amounts report	ed on line 12 for all properties				23c					
d	Total of all amounts report	ed on line 18 for all properties				23d					
е		ed on line 20 for all properties				23e	11,	860.			
24	•	ounts shown on line 21. <b>Do not</b>		-				24			
25		from line 21 and rental real estate						25	(	11,310.)	
26		and royalty income or (loss).									
		, and line 40 on page 2 do no ne 5. Otherwise, include this ar						26		-11,310.	