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

IIILEIIIAI I	level due Sei vice					
Submis	ssion Identification Number (SID)					
Taxpayer	r's name	Social secu	rity num	oer		
SAHU	UL RAJHANSA	827-4	1-875	8		
Spouse's	s name	Spouse's se	ocial sec	urity nu	mber	
Part	, , ,	year you	are au	thoriz	ing.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1.4	1	1 4 17	704
	Adjusted gross income		1			$\frac{784.}{770}$
	Total tax		3			770.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		4			607.
	Amount you want refunded to you		5		7,	955.
Part			_	OUT I	eturi	<u> </u>
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
to send for any Agent to payment authoriz payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmismy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectley in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction of 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 it, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisited 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 path of the payment (PIN) below is my signature for the income tax return (original or amended) I are a financial misting or amended) I are a financial misting or amended.	ction of the S. Treasury cated in the n to debit the the authori lests must processing ayment. I fu	transminand its and its tax prepare entry zation. To receive of the elements of the acceptance of the acceptance and the acceptance and the acceptance and the acceptance and tax accept	ssion, design paration this to this for revolved no ectron sknowless	(b) the ated F n softwaccount account	reason inancial vare for nt. This ancel) a than 2 ment of hat the
	nic Funds Withdrawal Consent.				_	
	yer's PIN: check one box only	DIN	1 8 '	7 5	8	
×	I authorize GLOBAL TAXES LLC to enter or generate I	· E	nter five		but	as my
	signature on the income tax return (original or amended) I am now authorizing.	C	on't ente	er all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN and your return is filed using the Practitioner PIN methololow.					
Your si	gnature ▶ Date ▶					
Snous	e's PIN: check one box only	_				
Opous	I authorize to enter or generate	my DINI				ac my
	ERO firm name		nter five	digits.		as my
	signature on the income tax return (original or amended) I am now authorizing.		on't ente			
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif 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	II Certification and Authentication — Practitioner PIN Method Only					
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	$2 \mid 7 \mid$	1
L 110 3	ET INVI INC. Enter your six digit en inviolities by your inve digit sen selected i inv.		nter all z		_	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taked to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submenents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practition of the Practical Office of the Practical O	x return (ori itting this re	ginal or turn in a	amenc accord	anće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				

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



£1040		partment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate i	instructions.
Your first name	e and m	niddle initial	Last na	me						,	Your so	cial sec	curity number
SAHUL			RAJH	IANSA							827	41	8758
	spouse'	's first name and middle initial	Last na								Spouse's		security number
Home address	: (numh	er and street). If you have a P.O. box, see	instruction	ons					Apt. no.		Drosido	atial Ele	ection Campaigr
		TH PLACE	iliotidoti	0113.					.0-106				ou, or your
		fice. If you have a foreign address, also co	mplete s	paces belo	DW.	Sta	te	ZIP c		<u> </u>	spouse	if filing	jointly, want \$3
BELLEVU	F.	,	•	•		W.P	4	980	05280	\sim 1	•		nd. Checking a not change
Foreign countr		3	F	Foreign pro	ovince/state/				n postal c		your tax		•
												Yo	ou 🗌 Spouse
Filing Status	s [Single					X Head of h	ouseh	old (HOF	1)			
Check only		\square Married filing jointly (even if only o	ne had i	ncome)			_						
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ring spou	ıse (C	QSS)		
		you checked the MFS box, enter the			ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır depen	ndent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payr	ment for prope	rty or	services)	; or (l	o) sell,		
Assets	excl	hange, or otherwise dispose of a dig	ital asse	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	ee instrud	ctions	s.)		es 🗵 No
Standard		neone can claim: 🗌 You as a de	pendent	t 🗌 🗅	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp d	use	: Was bor	n befo	ore Janua	ary 2,	1959		s blind
Dependent	:s (see	instructions):		(2) So	(2) Social security (3) Relationship (4) Check the box if				c if qualif	fies for ((see instructions):		
If more		First name Last name			number		to you		Child to	ax cre	dit	Credit fo	or other dependents
than four	SU	KETI RAJHANSA		820-	-35-071	5	Sister		[×
dependents, see instruction	ıs ——												
and check	, —									<u> </u>			
here L													
Income	1a	Total amount from Form(s) W-2, b	`		,						1a		162,098.
Attach Form(s)		Household employee wages not re		,	,						1b		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•		•						1c		
W-2G and	d	Medicaid waiver payments not rep			•	nstru	ictions)				1d		
1099-R if tax	e •	Taxable dependent care benefits f Employer-provided adoption bene									1e 1f		
was withheld. If you did not	f	Wages from Form 8919, line 6.	ills iron	I FUIII OC	559, III le 29	•					_		
get a Form	g	Other earned income (see instruct	ions)								1g		0.
W-2, see instructions.	h i	Nontaxable combat pay election (s	,					Ϊ.			1h		
instructions.	z	Add lines 1a through 1h	SCC IIISti	uctions)							1z		162,098.
Attach Sch. B	<u></u> 2a	·	2a		·	b Т	axable interes	t .			2b		1,957.
if required.	3a	· – –	3a				ordinary divide				3b		, - ·
	4a	-	4a				axable amoun				4b		
Standard Deduction for—	5a		5a				axable amoun				5b		
Single or	6a		6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod, c	check here					. \square			
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	f required	. If not requ	iired.	, check here			. 🗆	7		
Married filing jointly or	8	Additional income from Schedule	1, line 10	0							8		-16,271.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is yo	our total inc	ome	e				9		147,784.
\$27,700	10	Adjustments to income from Sche	dule 1, I	ine 26							10		
Head of household,	11	Subtract line 10 from line 9. This is	s your a c	djusted g	gross incor	ne					11		147,784.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (fron	n Schedule	A)					12		20,800.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A				13		
Deduction,	14										14		20,800.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loca	c ontor (O Thic ic v	Our t	avabla incom	•			15	1	126 984

Form 1040 (202	3)							Page 2	
Tax and	16	Tax (see instructions). Check if any from	m Form(s): 1 881	4 2 🗌 4972	3 🗌		16	22,270.	
Credits	17					🗔	17		
	18	Add lines 16 and 17				[18	22,270.	
	19	Child tax credit or credit for other dep	endents from Schedu	ule 8812		🗔	19	500.	
	20	Amount from Schedule 3, line 8 .				🗔	20		
	21	Add lines 19 and 20				🗔	21	500.	
	22	Subtract line 21 from line 18. If zero of	or less, enter -0			🗔	22	21,770.	
	23	Other taxes, including self-employme	nt tax, from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your tota	•	•			24	21,770.	
Payments	25	Federal income tax withheld from:						· · · · · · · · · · · · · · · · · · ·	
,	а	Form(s) W-2			25a 29,	607.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c				2	25d	29,607.	
If you have a	26	2023 estimated tax payments and am					26	•	
If you have a qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedu		_	28				
	29	American opportunity credit from For	m 8863. line 8		29				
	30	Reserved for future use	·		30				
	31	Amount from Schedule 3, line 15 .			31	118.			
	32	Add lines 27, 28, 29, and 31. These a			ndable credits		32	118.	
	33	Add lines 25d, 26, and 32. These are					33	29,725.	
Refund	34	If line 33 is more than line 24, subtract	·				34	7,955.	
rioraria	35a	Amount of line 34 you want refunded			•	. 🗆 🖪	5a	7,955.	
Direct deposit?	b	Routing number 1 2 2 2 3			_	avings			
See instructions.		Account number 1 5 7 5 2				. 5			
	36	Amount of line 34 you want applied to			36				
Amount	37	Subtract line 33 from line 24. This is t	he amount vou owe .						
You Owe	٠.	For details on how to pay, go to www				;	37		
	38	Estimated tax penalty (see instruction	ns)		38				
Third Party Designee		you want to allow another person tructions		rn with the IRS?		nplete belo	ow.	× No	
Ū		signee's	Phone			nal identifica	tion		
	na		no.			er (PIN)			
Sign Here		der penalties of perjury, I declare that I have e ief, they are true, correct, and complete. Decl		, , ,		,		,	
. 10.0	Yo	ur signature	Date	Your occupation				nt you an Identity	
laint vatuum?				SOFTWARE E	NCINEED	(see inst		N, enter it here	
Joint return? See instructions.	Sp	ouse's signature. If a joint return, both must	sign. Date	Spouse's occupation		If the IR	S ser	nt your spouse an	
Keep a copy for your records.						I	entity Protection PIN, enter it here		
	Ph	one no. (657)445-8908	Email address	SAHULRAJHAN	SA@GMAIL.COM	1			
Paid	Pre	parer's name Preparer'	's signature		Date	PTIN		Check if:	
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM P	RIYA RAM SAGAR	GUPTA TALLAM	01/31/2024	2020827	03	Self-employed	
Preparer	Fir	n's name GLOBAL TAXES LI	_C			Phone r	ю. (678)965-9522	
Use Only	Fir	n's address 245 ROONEY CT E	BRUNSWICK NO	J 08816		Firm's E	.IN	84-3171965	
Go to www.irs.o	ov/Forr	1040 for instructions and the latest informat	tion	DAA	DEV 01/21/24 DDO			Form 1040 (2023)	

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

SAHUL RAJHANSA

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.

Attachment Sequence No. 01 Your social security number

827-41-8758

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	ch Schedule E .	5	-16,271.
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			
	, , , , , , , , , , , , , , , , , , ,	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 ()	1	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:	_		
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	here and on Form	_	16 001
	1040, 1040-SR, or 1040-NR, line 8		10	-16,271.

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		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:				
		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 3 (Form 1040)

Department of the Treasury

SAHUL RAJHANSA

Additional Credits and Payments

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

2023

Attachment
Sequence No. 03

Internal Revenue Service Go to www.irs.gov/Fo

Your social security number 827-41-8758

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040-NR, line 20	040, 1040-SR, or	8	
		(c		ued on page 2

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits						
9	Net premium tax credit. Attach Form 8962			9			
10	Amount paid with request for extension to file (see instructions)	Amount paid with request for extension to file (see instructions)					
11	Excess social security and tier 1 RRTA tax withheld			11	118.		
12	Credit for federal tax on fuels. Attach Form 4136			12			
13	Other payments or refundable credits:						
а	Form 2439	13a					
b	Credit for repayment of amounts included in income from earlier years	13b					
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c					
d	Deferred amount of net 965 tax liability (see instructions)	13d					
Z	Other payments or refundable credits. List type and amount:	13z					
14	Total other payments or refundable credits. Add lines 13a through	13z		14			
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 104 line 31	•	•	15	118.		

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment Sequence No. 08

Name(s) shown on return
SAHUL RAJHANSA

Department of the Treasury

Internal Revenue Service

Your social security number 827-41-8758

Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:				
(See instructions and the Instructions for Form 1040, line 2b.)		US BANK NA			1,9	57.
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			1			
	2	Add the amounts on line 1	2		1,9	57.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	_	1,9	57.
		If line 4 is over \$1,500, you must complete Part III.	ı	Amo	ount	
Part II Ordinary Dividends (See instructions	5	List name of payer:				
and the Instructions for Form 1040, line 3b.)			5			
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter						
the ordinary	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6			
dividends shown on that form.		If line 6 is over \$1,500, you must complete Part III.				
Part III Foreign	You m	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			d a fo	reigr
Accounts					Yes	No
and Trusts Caution: If required, failure to file FinCEN Form		At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) located country? See instructions				×
114 may result in substantial penalties. Additionally, you		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.	CEN F	orm 114		
may be required to file Form 8938, Statement of Specified Foreign		If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) is (are) located:				
Financial Assets. See instructions.	8	During 2023, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions				×

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

SAH	JL RAJHANSA						827-41	L-8758	
Par	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 S	Schedule						
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099?								s U No
1a	Physical address of each property (street, city, state, ZII	P code)							
Α	NEAR DSK RANWARA PATIL NAGAR PUNE IN 4	411021	L						
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental a	nd		Fa	ir Rental Days	Persona Day		QJV
Α	personal use days. Check the Quif you meet the requirements to f		only	Α		365		0	
В	qualified joint venture. See instru			В					
С				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial		5 Land 6 Roya	lties		Self-Rental Other (descr	ibe)		
						Propertie	es:		
Incor	ne:			Α		В			С
3	Rents received	3		7	00.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	10.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	35.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13			7.0				
14	Repairs	14			70.				
15	Supplies	15		3,2	61.				
16	Taxes	16		4 5	0.7				
17	Utilities	17			87.				
18	Depreciation expense or depletion	18		4,0	08.				
19 20	Other (list) Total expenses. Add lines 5 through 19	19		16 0	71				
		20		16,9	/1.				
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	-	16,2	71.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (16,27	71.)	()(,)
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		700.		
b	Total of all amounts reported on line 4 for all royalty prop	perties			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		,008.		
е	Total of all amounts reported on line 20 for all properties				23e	16	,971.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losses	from line	e 22. E	nter to	tal losses here	e 25 (16,271.)
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						n 26		-16,271.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. **47**

Your social security number

SAHU	L RAJHANSA 8	27-41-	8/58
Paı	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	147,784.
2a	Enter income from Puerto Rico that you excluded		
b		0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	147,784.
4	Number of qualifying children under age 17 with the required social security number 4	0	
5	Multiply line 4 by \$2,000	. 5	
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	1	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residen	nt	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500		500.
8	Add lines 5 and 7	. 8	500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \(\)	. 9	200,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	.	0.
11	Multiply line 10 by 5% (0.05)		0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	it.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A		22,270.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	25	
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dord	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information. Taxpayer name(s) shown on return Taxpayer identification number

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

SAH	JL RAJHANSA	827-41-875	8		
Prepare	r's name	Preparer tax identific	ation numl	oer	
-	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).	·	e the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided I or reasonably obtained by you?	by the taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you not the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filling status.	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)	_	×		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent into	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filling state the amount(s) of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	×		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?	a complete and		П	

orm 88	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	more than one person (tiebreaker rules)?	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			 Part \	<u> </u>
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the question and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go to	Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	-	Yes	No
Part	VI Eligibility Certification			
You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:				
	 A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s); 	nses on s) and/c	the ret or HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	"s eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to dit(s).
If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).				
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
			ت ا	

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 SAHUL RAJHANSA Sch E NEAR DSK RANWARA 827-41-8758 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. 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 separately, see instructions 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 01/23 115,000. 4,008 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 4,008. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.