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

Subm	nission Identification Number (SID)				
Taxpay	yer's name	Social securit	y number		
RUI	DRAKUMAR ANKAIYAN	835-88-	-4267		
Spouse	e's name	Spouse's soc	social security number		
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_ er year you a	re authorizin	ng.)	
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 3	31,144.	
2	Total tax		2	1,853.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4,743.	
4	Amount you want refunded to you		4	2,890.	
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of your re	turn)	
return to sen for an Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for respect to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account interest of my federal 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 ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the nal identification number (PIN) below is my signature for the income tax return (original or amended) I sonic Funds Withdrawal Consent.	nitter, or electro- jection of the tr J.S. Treasury ardicated in the ta- ion to debit the te the authoriza- quests must be processing of payment. I furt	nic return original return original return original return to the return to this received no the electronic recknowled recknowled recknowled recknowled recknowled recknowled return ret	nator (ERO) the reason ded Financial software for count. This e (cancel) a later than 2 payment of lige that the	
Тахр	ayer's PIN: check one box only				
	▼ I authorize GLOBAL TAXES LLC to enter or generate	mv PIN	4 2 6 7	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, bu n't enter all zero	ıt ´	
	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 and your return is filed using the Practitioner PIN met below.				
Your	signature ▶ Date ▶				
Snou	ana'a DINI, ahaak ana hay anh				
Spou	se's PIN: check one box only	DINI			
L	I authorize to enter or generate to enter or generate	_	er five digits, bu	as my	
	signature on the income tax return (original or amended) I am now authorizing.		n't enter all zero		
	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 and your return is filed using the Practitioner PIN met below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	V			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO'	's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 0 8 2 er all zeros	7 1	
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subjected in the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in accordar	ce with the	
EDO,	o dignatura N				
EKO'	s signature ► Date ► ERO Must Retain This Form — See Instructions				
	EKU IVIUST KETAIN I NIS 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



1040		artment 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 Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instructions.
Your first name	e and m	iddle initial	Last na	me							Your so	cial sec	curity number
RUDRAKUI	MAR		ANKA	IYAN							835	88	4267
If joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse'	s social	security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	itial Ele	ection Campaigr
2938 W 1	Roya	l Ln											ou, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete s _l	paces belo	ow.	Sta	te	ZIP c	ode			_	jointly, want \$3 nd. Checking a
IRVING						TX		750	63		•		not change
Foreign countr	y name		F	oreign pro	ovince/state/	count	у	Foreig	ın postal c	ode	your tax	or refu	
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOI	— ⊣)			
Check only		Married filing jointly (even if only o	ne had i	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)		
	lf y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	u che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ıalifying person is a child but not you	ır depen	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	. award. or	pavn	nent for prope	rtv or	services): or (b) sell.		
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🗵 No
Standard	Som	neone can claim: You as a de	pendent	: 🗆 `	Your spous	e as	a dependent				-		
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	·						
Age/Rlindnes	s You	: Were born before January 2, 1	959 F	Are bli	nd Sn d	ouse	: Was bor	n hefr	re Janu	any 2	1959		s blind
Dependent			<u> </u>	Ī	<u> </u>			14					(see instructions)
-		First name Last name			ocial security number	<i>'</i>	(3) Relationsh to you	ib (Child t		· 1		
If more than four													
dependents,													
see instruction and check	ıs												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	tions) .						1a		36,219.
Attach Form(s)	b	Household employee wages not re	eported	on Form((s) W-2 .						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
1099-R if tax	е	Taxable dependent care benefits f	ole dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f	_	
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instruct						· ·			1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						26 210
	<u>z</u>	Add lines 1a through 1h	 o-		· · ·	 L T					1z		36,219.
Attach Sch. B if required.	2a	· –	2a				axable interest				2b		
	<u>3a</u> _		3a 4a				rdinary divide axable amoun				3b 4b		
Standard	4a		4 а 5а				axable amoun axable amoun				5b		
Deduction for— Single or	5a 6a	_	оа 6а				axable amoun axable amoun				6b		
Married filing	C	,		nethod o	check here					· ·	7		
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)								7			
Married filing jointly or	8	Additional income from Schedule								. –	8		-5, 075.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		31,144.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•							10		,
Head of household,	11	Subtract line 10 from line 9. This is									11		31,144.
\$20,800	12	Standard deduction or itemized	•	-	-						12		13,850.
If you checked any box under	13	Qualified business income deduct									13		,
Standard Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer									15		17 29/

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check it	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	1,853.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17		18	1,853.					
	19	Child tax credit or credit for o	ther dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	1,853.	
	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 total tax					24	1,853.	
Payments	25	Federal income tax withheld f	rom:							
-	а	Form(s) W-2				25a	4,743			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	4,743.	
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20	122 return			26		
qualifying child,	27	Earned income credit (EIC) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28				
	29	American opportunity credit f	rom Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line								
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				33	4,743.	
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	2,890.	
	35a	Amount of line 34 you want re			is attached, chec	ck here	🗆	35a	2,890.	
Direct deposit?	b	Routing number 1 0 3			c Type:	Checking	Savings			
See instructions.	d	Account number 7 9 7	0 5 1 6	3 5						
	36	Amount of line 34 you want ap	pplied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37		
	38	Estimated tax penalty (see ins	_	-		38		0.		
Third Party Designee	Do	you want to allow another structions	person to disc	cuss this retu	n with the IRS?	See	Complete	below.	⊠ No	
Doolgiloo	De	signee's		Phone			sonal iden			
	na	me		no.		nur	nber (PIN)			
Sign Here		der penalties of perjury, I declare that lief, they are true, correct, and comp								
11010	Yo	ur signature		Date Your occupation				If the IRS sent you an Identity		
						MODE	1	tection P e inst.)	IN, enter it here	
Joint return? See instructions.		ougo's signature. If a joint return be	ath must sign	Date	CLOUD ENGI Spouse's occupati			<u> </u>		
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupan	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (405) 762-5274		Email address	RUDRAKUMARANK	AIYAN@GMAIL.	COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/20/2024	P0208	32703	Self-employed	
Use Only	Fir	m's name GLOBAL TAX	ES LLC				Pho	one no.	(678) 965-9522	
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Fire	n's EIN	84-3171965	
	/-	40406 '							= 1040 ()	

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

RUDRAKUMAR ANKAIYAN

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.

	Sequence No. 01
Your soc	ial security number
835-88	-4267

Par	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		5	-5,075.
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 p8		
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:			
•	Table the discount Add Press On the case of C	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	nere and on Form	40	E 075
	1040, 1040-SR, or 1040-NR, line 8		10	-5 , 075.

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	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
05					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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

RUD	RAKUMAR ANKAIYAN			835-88-42					.67		
Par		d Roy	alties				•				
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you	are an indiv	/idual, rep	ort farm		
Α	Did you make any payments in 2023 that would require you	to file l	Form(s) 1	10992.5	See ins	tructions		□ Ve	s X No		
	If "Yes," did you or will you file required Form(s) 1099?										
 1a	Physical address of each property (street, city, state, ZIF					· · · ·					
			,								
A_	8A 60 FEET ROAD VM NAGAR RAJAJIPURAM	THIR	UVALL	TAMII	L NA	DU IN 62	001				
В											
С					_						
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair real estate properabove.				Fa	ir Rental Days	Person Da		QJV		
Α	above, report the number of rain personal use days. Check the Qu			Α		160	Da				
B	if you meet the requirements to f	ile as a	a ,	В		100		0			
C	qualified joint venture. See instru	ictions.		С							
	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	ı	7	Self-Rental					
	Multi-Family Residence 4 Commercial		6 Roya	-		Other (desc	ribe)				
						Propert	ies:				
Incor				<u>A</u>	50.	В			С		
3 4	Rents received	3			50.						
	Royalties received	4									
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		3	50.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		8	50.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		1,8							
15	Supplies	15		1,1	85.						
16	Taxes	16			4.0						
17	Utilities	17		1,1	40.						
18	Depreciation expense or depletion	18									
19 20	Other (list) Total expenses. Add lines 5 through 19	19		E 2	2.5						
		20		5,3	23.						
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		-5,0	75.						
22	Deductible rental real estate loss after limitation, if any,			· ·							
	on Form 8582 (see instructions)	22	(5 , 07	5.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		250.				
b	Total of all amounts reported on line 4 for all royalty prop				23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	Į	5,325.				
24	Income. Add positive amounts shown on line 21. Do not		-				. 24	,			
25	Losses. Add royalty losses from line 21 and rental real estate							(5,075.		
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 ar						on . 26		-5,075.		
	conceant in the rop, into or other wise, include this at	. IO al It		a on i	1	on page 2	. 20		\cup , \cup , \cup .		