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

Submission Identification Number (SID)			
Taxpayer's name	Social security	y number	
SILAMBARASAN JEEVANANDAM	880-75-	2168	
Spouse's name	Spouse's socia	al security number	
ARULMOZHI GUNASEELAN	991-99-	-3873	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	e authorizing.)	
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		
1 Adjusted gross income	t	1 79,5	
2 Total tax			85.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	t	3 11,8	
4 Amount you want refunded to you	+		14.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)		<u> </u>	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment of the payment information necessary to answer inquiries and resolve issues related to the payment in the payment is and the payment of the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	tter, or electron ction of the tra S. Treasury an cated in the ta- n to debit the the authoriza ests must be processing of ayment. I furth	nic return originator ansmission, (b) the rand its designated Finance x preparation softwatentry to this account tion. To revoke (can received no later to the electronic paymer acknowledge that	(ERO) eason ancial are for t. This ncel) a han 2 lent of at the
Taxpayer's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or generate resignature on the income tax return (original or amended) I am now authorizing.	Ente	er five digits, but o't enter all zeros	s my
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Your signature ► Date ►			
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or generate resignature on the income tax return (original or amended) I am now authorizing.	Ente	3 8 7 3 aser five digits, but 't enter all zeros	s my
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
Part III 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 4 9 6 Don't ente	6 0 8 2 7 1 er all zeros	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Incompanies.	tting this retur	rn in accordance wit	

Date ▶

ERO's signature ▶

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



OMB No. 1545-0074

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20					See separate instructions.				
Your first name and middle initial			Last name						Your social security number			
SILAMBAR	ASA	N	JEEVANANDAM							880 75 2168		
		s first name and middle initial	Last name							Spouse's social security numb		
ARULMOZH	II		GUN	ASEELAN						991 99 3873		
		er and street). If you have a P.O. box, see						Apt. no.				ion Campaign
16789 CH	IAND	LER RD						1231D	İ		here if you	
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP			•	0,	ntly, want \$3
EAST LAN	SIN	G			M]	Г	48	823		to go to this fund. Checkin box below will not change		
Foreign country				Foreign province/state/				DOX DOION			x or refund	•
											You	Spouse
Filing Status		Single				Head of he	ousel	nold (HOI	— Н)			
_	_	Married filing jointly (even if only or	ne had	income)				`	,			
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	surv	ving spo	use (QSS)		
0.10 207.1	lf v	you checked the MFS box, enter the	name	of your spouse. If you	u che						ild's name	e if the
	-	, ialifying person is a child but not you		ndont.								
	A		/									
Digital		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi					-				Yes	⊠ No
Assets							; (C	ee iiisiiu	Ction	5.)		
Standard Deduction		neone can claim: You as a de	•			•						
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	allen	1						
Age/Blindness	You	: Were born before January 2, 19	959	Are blind Spo	ouse	: Uwas bor	rn bet	ore Janu	ary 2	, 1959	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check t	the bo	x if qual	ifies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you	Child		tax cr	edit	Credit for of	ther dependents
than four												
dependents, see instructions												
and check	· 											
here \square											<u> </u>	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions) .						1a	1	89,266.
Attach Form(s)	b	Household employee wages not re	eportec	l on Form(s) W-2 .						. 1b	,	
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							10	;		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see i	nstru	uctions)				1d	1	
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 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	<u>, </u>	
get a Form W-2, see	h	Other earned income (see instructi	ions)				· .			1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>li</u>						
	Z	Add lines 1a through 1h	· ;							1z	<u>'</u>	89,266.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b)	
if required.	3a	Qualified dividends	3a		b C	Ordinary divider	nds			3b)	
Standard	4a	IRA distributions	4a			axable amoun				4b)	
Deduction for—	5a		5a			axable amoun				5b		
Single or Married filing	6a	,	6a			axable amoun	t		٠ _	6b)	
separately,	С	If you elect to use the lump-sum el		*	`	,				_		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched							. L	J 7		0.666
jointly or Qualifying	8	Additional income from Schedule	-							8		<u>-9,686.</u>
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	com	e				9		79,580.
\$27,700 • Head of	10	Adjustments to income from Sche								10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-						11		79,580.
If you checked _[12	Standard deduction or itemized								12		27 , 700.
any box under Standard	13	Qualified business income deducti	ion fror	n Form 8995 or Form	899	95-A	•			13		07 700
Deduction, see instructions.	14	Add lines 12 and 13								14		27,700.
	15	Subtract line 14 from line 11. If zer	o or les	ss enter-O- This is v	nur t	taxable incom	16			15	s 1	51.880.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	5,785.
Credits	17	Amount from Schedule 2, lir					-	17	
	18	Add lines 16 and 17						18	5,785.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	•					20	
	21	•						21	
	22	Subtract line 21 from line 18						22	5,785.
	23	Other taxes, including self-e	*					23	0.
	24	Add lines 22 and 23. This is			•				5,785.
Payments	25	Federal income tax withheld							3,7001
. ayınıcını	а	Form(s) W-2				25a	1,899		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	•					25d	11,899.
16	26	2023 estimated tax paymen						26	,
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31					s	32	1
	33	Add lines 25d, 26, and 32. T						-	11,899.
Refund	34	If line 33 is more than line 24	•					34	6,114.
riciana	35a	Amount of line 34 you want	•				_	35a	6,114.
Direct deposit?	b	Routing number 0 7 2				Checking [∃ Savino	_	, , , , , , , , , , , , , , , , , , ,
See instructions.	d	Account number 8 5 7							
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24	· · · · · · · · · · · · · · · · · · ·						1
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see i	_	-		38			
Third Party	Do	you want to allow another							
Designee		structions	•			_	Complet	te below.	⋈ No
J		Designee's Phone Personal id							
	naı			no.			mber (PIN	·	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here		-			1				_
	10	ur signature		Date	Your occupation	I	If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?					SENIOR ASSOC	CIATE PROJE	CTS (s	ee inst.)	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.								lentity Prot ee inst.)	ection PIN, enter it here
your rootide.			_		HOME MAKER			ee iiist.)	
		one no. (517) 388–410		Email address	SWSIMBU23@		_		Chaple if:
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	RAM SAGAR	GUPTA TALLAM	01/24/202)82703	Self-employed
Use Only		m's name GLOBAL TA			- 0001				(678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	irm'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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SILAMBARASAN JEEVANANDAM & ARULMOZHI GUNASEELAN

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
880-75	-2168

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-9,686.
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		
- 1	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 (<u>)</u>	
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			
	1040, 1040-SR, or 1040-NR, line 8		10	-9,686.

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			
0 -					
25 26	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.

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

2023
Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number

SILA	MBARASAN JEEV	/ANANDAM & ARULMOZHI GUNASI	EELAI	N				880-75	5-2168	
Part	Note: If you ar	Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.	rtv. use		e C. See	instru	ctions. If you	are an indiv	idual, repo	ort farm
Α [Did you make any p	ayments in 2023 that would require you	to file	Form(s)	1099? S	see ins	structions .		. 🗌 Ye	s 🛛 No
		will you file required Form(s) 1099? .								
1a		of each property (street, city, state, ZII								
A	333. BHARATE	HIYAR ROAD THALATHERU POST	KARA	ATKAT.	PUDU	CHER	RY TN 60	9605		
B		11111(1(0112 111112111121(0 1 001						3 0 0 0		
1b	Type of Property	2 For each rental real estate prope	erty list	ted		Fa	ir Rental	Person		QJV
	(from list below)	above, report the number of fair					Days	Day	ys	
A	3	personal use days. Check the Quif you meet the requirements to			/ A 365				0	
B		qualified joint venture. See instru			В					
C		.,			С					
	of Property:									
	Single Family Resid		ntal	5 Land			Self-Rental			
2	Multi-Family Reside	ence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
							Propert	ies:		
Incom	ne:				Α		 B			С
3	Rents received .		3		7	41.				
4		1	4							
Exper										
5			5							
6		ee instructions)	6							
7		ntenance	7		2,1	30.				
8			8		· ·					
9			9							
10		rofessional fees	10							
11			11		1,5	62.				
12	-	paid to banks, etc. (see instructions)	12							
13	Other interest .		13							
14	Repairs		14		2,7	45.				
15	Supplies		15		2,9	65.				
16	Taxes		16							
17	Utilities		17		1,0	25.				
18	Depreciation expe	ense or depletion	18							
19	Other (list)		19							
20	Total expenses. A	dd lines 5 through 19	20		10,4	27.				
21	Subtract line 20 fr	om line 3 (rents) and/or 4 (royalties). If						T		
		ee instructions to find out if you must								
	file Form 6198 .		21		-9,6	86.				
22		real estate loss after limitation, if any,				7		T		
	·	e instructions)	22	(9,68	6.)	()()
23a		ts reported on line 3 for all rental prope				23a		741.		
b		ts reported on line 4 for all royalty prop				23b				
С	c Total of all amounts reported on line 12 for all properties 23c									

d Total of all amounts reported on line 18 for all properties

24

25

26

Total of all amounts reported on line 20 for all properties

Income. Add positive amounts shown on line 21. **Do not** include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

9,686.

-9,686.

23d

23e

10,427.

25

26