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.

Social accurity number

Submission Identification Number (SID)

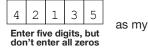
Taxpayer's name

Taxpayer S hame	Social security number							
MAYANK MEGHAWAT 825-24-2135								
Spouse's name	Spouse's social security number							
DIVYA JAIN	596-93-8673							
Part I Tax Return Information – Tax Year Ending December 31, 2023 (E	Enter year you are 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 Adjusted gross income	1 121,071.							
2 Total tax	2 11,158.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 13,985.							
4 Amount you want refunded to you	4 2,827.							
5 Amount you owe	5							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				ERO firm name	, <u> </u>	En
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	4



7 3

as mv

6

Enter five digits, but don't enter all zeros

3 8

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Date

Your signature 🕨

Spouse's PIN: check one box only

X	l authorize	GLOBAL TAXES		 to enter or generate my PIN
			ERO firm name	

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's s	signature 🕨 🛛 Da	Date 🕨										
	Practitioner PIN Method Returns Only—continue	bel	ow									
Part III	Certification and Authentication – Practitioner PIN Method Only											
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6			2	7	1
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6 nter a			2	7	1

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/27/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing	1		, 20	See se	oarate i	instructions.
Your first name	and mi	iddle initial	Last na	ame						Your so	cial sec	urity number
MAYANK				HAWAT								2135
	oouse's	s first name and middle initial	Last na									security number
DIVYA			JAIN	J								8673
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign
701. CEN	ITER	RIDGE DR						c	0210			ou, or your
		ce. If you have a foreign address, also co	mpletes	spaces bel	ow.	Sta	ite	ZIP o	-		•	jointly, want \$3
AUSTIN						ТХ	ζ	787	53	, v		nd. Checking a not change
Foreign country	name			Foreign pr	ovince/state/o	L			n postal code	your tax		
											Yo	ou 🗌 Spouse
Filing Status		Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)					. ,			
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	oouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depe	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	award or	navr	ment for prope	rtv or	services): or	(h) sell		
Assets		lange, or otherwise dispose of a dig	•					•	,		🗌 Ye	es 🛛 No
Standard		eone can claim: 🗌 You as a de					a dependent	, ,				
Deduction		Spouse itemizes on a separate retur	•									
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959 [Are bl	ind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents		•		(2) 5	Social security		(3) Relationsh	11	•		fies for ((see instructions):
• If more		irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)	•				. 1a		133,937.
Attach Form(s)	b	Household employee wages not re	eported	l 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 rep				nstru	uctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f		,						. 1e		
was withheld.	f	Employer-provided adoption bene			-					. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•		• •		. <u>1g</u>		
W-2, see	h	Other earned income (see instruct	,			•				. <u>1h</u>		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	<u>1</u> i					122 027
		Add lines 1a through 1h	· ·		· · · ·			• •		. 1z	-	133,937.
Attach Sch. B if required.	2a	· ·	2a				axable interest			. 2b	-	
	<u>3a</u>		3a				Ordinary divide				-	
Standard	4a		4a				axable amoun				-	
Deduction for—	5a 6a		5a				axable amoun			. 5b . 6b	-	
 Single or Married filing 	6a	, _	6a	mothod			axable amoun	ι	 Г	. 00		
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Scher						• •	L Г	7		
 Married filing 	8	Additional income from Schedule						• •	· · · L	. 8		-12,866.
jointly or Qualifying	о 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. <u>o</u> . 9		121,071.
surviving spouse, \$27,700	3 10	Adjustments to income from Sche		-			• • • • •			. <u> </u>		/ \/
 Head of household, 	11	Subtract line 10 from line 9. This is						•••		. 11		121,071.
\$20,800	12	Standard deduction or itemized	-							. 12	-	27,700.
 If you checked any box under 	13	Qualified business income deduct					5-A .			. 13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer		s, enter	-0 This is v	our i						93,371.
					,							

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

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	11,158.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	11,158.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,158.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	11,158.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 1	3,985.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c		-	
	d	Add lines 25a through 25c						25d	13,985.
If you have a	26	2023 estimated tax payment	ts 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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29		-	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	13,985.
Refund	34	If line 33 is more than line 24	1, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	2,827.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	🗆	35a	2,827.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 9 3 7	0 0 1 7	89					
	36	Amount of line 34 you want a	applied to your :	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.g</i> ov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 Yes. 🤇	complete	below.	× No
	De nai	signee's		Phone no.			sonal ident ber (PIN)	ification	
Ciara		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	the hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Identity
		0							IN, enter it here
Joint return?						NSULTANT L	2 (****	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					TECHNOLOGY		inst.)	ection Fills, enter it here	
	Ph	one no. (737) 333-671	Q	Email address			`		
		eparer's name	o Preparer's signat		MEGHAWA IMA I	ANK@GMAIL.C			Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	-1		СПРТА ТАТ.Т.АМ		P0208	2702	Self-employed
Preparer		n's name GLOBAL TAX		TAUN JAUAR	JULIA IAUDAM	102/03/2024	-		(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
Go to www.ire.cr		1040 for instructions and the late		TYDAATCI/ IN					Form 1040 (2023)
GO 10 WWW.IIS.90		in the instructions and the late	scinomation.		BAA	REV 01/27/24 PRO			1 0 m 1 0 TU (2023)

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01**

Your social security number

825-24-2135

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR MAYANK MEGHAWAT & DIVYA JAIN

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	-12,866.
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		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			
	,	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0		80	_	
р		8p		
q		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	<u>8s</u> (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or	a .		
	a nongovernmental section 457 plan	8t	_	
u		<u>8u</u>	-	
Z	Other income. List type and amount:	0-		
•		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	nere and on Form	10	-12,866.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	· · · · ·	-	e 1 (Form 1040) 2023

1	t II Adjustments to Income Educator expenses				11	
2	Certain business expenses of reservists, performing artists, and fee	-basis	s gov	ernmer	^π 12	
•	officials. Attach Form 2106	• •	• •		12	
3	Health savings account deduction. Attach Form 8889					
4	Moving expenses for members of the Armed Forces. Attach Form 3903					
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					
b	Recipient's SSN	·			_	
С	Date of original divorce or separation agreement (see instructions):				_	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
3	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I 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				
e	Repayment of supplemental unemployment benefits under the Trade					
Ŭ	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				
•	Attorney fees and court costs for actions involving certain unlawful	279				
	discrimination claims (see instructions)	24h				
		2411			_	
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	04:				
		24i			_	
j	Housing deduction from Form 2555	24j			_	
ĸ	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				n	
	Form 1040, 1040-SR, or 1040-NR, line 10				26	

	EDULE E		Supplementa	l Inc	ome an	nd Los	SS			OMB No	. 1545-0074
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										93
	partment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. gental Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.										ent ce No. 13
Name(s)	shown on return								Your soci	al security r	
MAYA	NK MEGHAWA	T & DI	VYA JAIN						825-2	4-2135	
Part			s From Rental Real Estate an	d Ro	valties						
	Note: If yo	ou are in th	ne business of renting personal proper			c . See	instru	ctions. If you a	are an indiv	vidual, repo	ort farm
			s from Form 4835 on page 2, line 40.	+ - 61 -	F =						- X N-
			nts in 2023 that would require you								
			ou file required Form(s) 1099? .				• •			. 🗌 Ye	s 🗌 No
1a	Physical addr	ess of ea	ach property (street, city, state, ZIF	2 code	e)						
A	23, INSID	E UDAI	POLE UDAIPUR RJ RAJASTH	IAN]	EN 3130	01					
В											
С							1		1		
1b	Type of Prope		For each rental real estate prope				Fa	ir Rental	Person		QJV
	(from list below	∧)	above, report the number of fair personal use days. Check the Q					Days	Da	-	
	3		if you meet the requirements to f			A		365		0	
B			qualified joint venture. See instru			В					
						С					
•••	of Property:						-				
	Single Family R			tal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Commercial		6 Roya	aities	8	Other (desc	ribe)		
								Propert	ies:		
Incom	ne:					Α		В			С
3	Rents received	1		3		8	74.				
4	Royalties recei	ived		4							
Exper	ises:										
5	Advertising .			5							
6	Auto and trave	l (see ins	structions)	6							
7	Cleaning and r	naintena	nce	7		2,7	50.				
8	Commissions			8							
9	Insurance			9							
10			sional fees	10							
11				11		2,3	10.				
12			to banks, etc. (see instructions)	12							
13	Other interest			13							
14	Repairs			14		3,2					
15	Supplies			15		3,5	20.				
16	Taxes			16							
17				17		1,9	50.				
18	-	xpense o	pr depletion	18							
19	Other (list)			19							
20			nes 5 through 19	20		13,7	40.				
21			ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must	0.1		10 0	GG				
00				21		-12,8	00.				
22			estate loss after limitation, if any, tructions)	00	(10 00		(`	/	
020				22	(12,86	23a		874.	(
23a b		-	ported on line 3 for all rental prope ported on line 4 for all royalty prop			·	23a 23b		0/4.		
			ported on line 4 for all royalty prop	GILLES			23D 23C				
c d			ported on line 12 for all properties	• •		•	23C				
e u			ported on line 20 for all properties			•	23u 23e	1 3	3,740.		
24			amounts shown on line 21. Do not				230	L .	. 24		
24 25			ses from line 21 and rental real estate		-			· · · · ·		(1	L2,866.
25 26			e and royalty income or (loss).							\	<i>2,000</i> .
20			I IV, and line 40 on page 2 do no								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . For Paperwork Reduction Act Notice, see the separate instructions.

26

-12,866.

NPA