### 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)	ı		
Taxpayer's name	Social security	number	
VEGNESH JAWAHARLAL	636-61-	0892	
Spouse's name	1 '	al security number	
SHRUTI SHANTARAM TANDALE	981-97-		
	r 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.	. I	4 1 100	072
1 Adjusted gross income			<u>,973.</u> ,573.
<ul> <li>Total tax</li></ul>			,661.
4 Amount you want refunded to you	-		,088.
5 Amount you owe	[	5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	кеер а сору	of your retu	rn)
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, transmost of send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection and delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indepayment 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 requirements along the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment is fived to the the payment of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the transfer of the income tax return (original or amended) I as the tr	itter, or electronection of the tra .S. Treasury an icated in the tax on to debit the centre authorization must be processing of payment. I furth	nic return originationsmission, (b) the dissession, (b) the dissession softentry to this account of the dissession. To revoke (conceived no late the electronic paler acknowledge	tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the
Electronic Funds Withdrawal Consent.			
Taxpayer's PIN: check one box only  ☑ I authorize GLOBAL TAXES LLC to enter or generate	my DINI 1	0 8 9 2	00 m)/
X I authorize GLOBAL TAXES LLC to enter or generate	Ente	er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.	don	t enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
Your signature ► Date ► _	02-06-	-2024	
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or generate  ERO firm name	Ente	0 8 6 2 er five digits, but 't enter all zeros	as my
signature on the income tax return (original or amended) I am now authorizing.			vov only
if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
farut.	(	2224	
Spouse's signature Date		- 2024	
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		1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this retur	n in accordance	am now with the
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions		XXXIII III III III III III III III III	
Don't Submit This Form to the IRS Unless Requested To I	Do So		

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

2023 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	See sep	parate instructions.
Your first name	and mi	ddle initial	Last na	me				Your so	cial security number
VEGNESH			AWAL	HARLAL				636	61   0892
	pouse's	s first name and middle initial	Last na	10000 1					s social security number
SHRUTI S	SHAN	TARAM	TAND	ALE				981	97   0862
		er and street). If you have a P.O. box, see					Apt. no.		ntial Election Campaign
351 N PI	SART	RD					418	Check h	nere if you, or your
		ce. If you have a foreign address, also co	mplete s	paces below.	State	е	ZIP code		if filing jointly, want \$3
CASA GR	ANDE				AZ		85122		this fund. Checking a ow will not change
Foreign country	y name		F	Foreign province/state/o	county	,	Foreign postal code		or refund.
									You Spouse
Filing Status	s $\Box$	Single				Head of ho	ousehold (HOH)		
Check only		Married filing jointly (even if only or	ne had i	ncome)					
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spouse	(QSS)	
	If y	ou checked the MFS box, enter the	name c	of your spouse. If you	u ched	cked the HOH	or QSS box, ente	er the chi	ld's name if the
	qu	alifying person is a child but not you	ır depen	ident:					
Digital	At ar	ny time during 2023, did you: (a) rec	oive (as	a reward award or	navm	ent for proper	rty or services): or	(h) sell	
Digital Assets		ange, or otherwise dispose of a dig			0.00				Yes X No
Standard		eone can claim:  You as a de					7. (0.00		
Deduction		Spouse itemizes on a separate retur				Саоронаот			
			_	_					
		Were born before January 2, 1	959 _	Are blind Spo	ouse:		n before January		☐ Is blind
Dependent				(2) Social security number	/	(3) Relationshi to you	ip (4) Check the b	T	fies for (see instructions): Credit for other dependents
If more	-	irst name Last name			2		Offilia tax c	Teuit	X
than four dependents,	VIHA	AAN VEGNESH BEDRE		981-97-087:	2	Son	<del></del>		
see instruction	s								<del></del>
and check	1 —								片
here L	4.	Total amount from Form(s) W.O. b	ov 1 (oo	a instructions)				10	120,650.
Income	1a	Total amount from Form(s) W-2, b						. 1a	
Attach Form(s)		Household employee wages not re Tip income not reported on line 1a						. 1c	-
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep		AND THE RESIDENCE CONTROL OF THE PARTY.				. 1d	
W-2G and	e	Taxable dependent care benefits f						. 1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene						. 16	
If you did not	g							. 1g	
get a Form	9 h	Other earned income (see instruct						. 19	
W-2, see instructions.	ï	Nontaxable combat pay election (s	,			1 <sub>1i</sub>	ì		
msnuctions.	z	Add lines 1a through 1h	300 11130	uotions)				. 1z	120,650.
Attach Sch. B	2a		2a		b Ta	xable interest		. 2b	
if required.	3a	AL ADDRESS - SANCTON AND THE THE PROPERTY OF T	3a				nds		
	4a		4a			xable amount		. 4b	
Standard	5a		5a					. 5b	
• Single or	6a		6a			xable amount		. 6b	
Married filing	C	If you elect to use the lump-sum e							
separately, \$13,850	7	Capital gain or (loss). Attach Sche		even-one make a red by a section of	•			7	10%
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule						. 8	-13,677.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						. 9	106,973.
surviving spouse, \$27,700	10	Adjustments to income from Sche						. 10	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is						. 11	
\$20,800	12	Standard deduction or itemized						. 12	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti				-A		. 13	
Standard Deduction,	14	Add lines 12 and 13						. 14	
see instructions.	15	Subtract line 14 from line 11 If zer					•	15	

Form 1040 (2023	3)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	9,073.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	9,073.		
	19	Child tax credit or credit for other dependents from Schedule 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 or less, enter -0	22	8,573.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.		
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,573.		
Payments	25	Federal income tax withheld from:				
_	a	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	9,661.		
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26			
qualifying child,	27	Earned income credit (EIC)				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8				
	30	Reserved for future use				
	31	Amount from Schedule 3, line 15				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32			
	33	Add lines 25d, 26, and 32. These are your total payments	33	9,661.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,088.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,088.		
Direct deposit?	b	Routing number 0 7 2 0 0 0 8 0 5 c Type: X Checking Savings				
See instructions.	d	Account number 3 7 5 0 2 3 9 2 1 1 7 6				
	36	Amount of line 34 you want applied to your 2024 estimated tax 36				
Amount	37	Subtract line 33 from line 24. This is the amount you owe.				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See	le allaur	V Na		
Designee		structions		⊠ No		
	nai	-9	meation			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to				
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic	h prepare	er has any knowledge.		
11010	Yo	Dust		nt you an Identity		
laint vatuum?			e inst.)	IN, enter it here		
Joint return? See instructions.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the	e IRS ser	nt your spouse an		
Keep a copy for	-1-	lder		ection PIN, enter it here		
your records.		home maker (see	e inst.)			
		one no. (309) 612-3888 Email address VEGNESHHERE@GMAIL.COM		0. 1."		
Paid		eparer's name Preparer's signature Date PTIN 1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2024 P0208		Check if:		
Preparer	SYAM	32703 Self-employed				
Use Only						
	n's EIN	84-3171965				

#### **SCHEDULE 1** (Form 1040)

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

Your social security number

Department of the Treasury Internal Revenue Service

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** 

OMB No. 1545-0074

VEGN	ESH JAWAHARLAL & SHRUTI SHANTARAM TANDALE	(	536-61-089	92
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			-13,677.
6	Farm income or (loss). Attach Schedule F			
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
C	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		
þ	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	0- (		
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.1		
	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 <b>additional income</b> . Ente	r here and on E	orm	
10	1040, 1040-SR, or 1040-NR, line 8		10	-13,677.

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106	-basis	government	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		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				
	,	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	041			
_	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 <b>adjustments to income</b>			20	
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA		1/27/24 PRO		1 (Form 1040) 2023

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

Name(s	s) shown on return						Your soci	ial security	number
VEGN	NESH JAWAHARLAL & SHRUTI SHANTARAM TA	ANDALE					636-6	1-0892	
Part	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4	perty, use		e <b>C</b> . See	instruc	ctions. If you	are an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would require y If "Yes," did you or will you file required Form(s) 1099?	ou to file							
1a	Physical address of each property (street, city, state,								
A	NO:3/11, MADHAVARAM HIGH ROAD, VIJAYSHANTHI A			A. GF -	- 1. 9	SEMBIUM. PE	CRAMBUR.	CHENNAT	TN 600011
В	Noto, ii, impinimati mon nom, vionimatimi i	111 10 )	, Dioon ,			222227			
C									
1b	Type of Property (from list below)  2 For each rental real estate property above, report the number of fa	air rental	and		Fa	ir Rental Days		nal Use ays	QJV
A	g personal use days. Check the			Α		350		0	
В	if you meet the requirements to qualified joint venture. See ins			В					
С		ou douon		С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term R Multi-Family Residence 4 Commercial	Rental	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
						Propert			
Incom	ne:			Α	T	В			С
3	Rents received	3		6	80.				
4	Royalties received	4							
Exper				.1					
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	58.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	95.				
12	Mortgage interest paid to banks, etc. (see instructions								
13	Other interest	13							·····
14	Repairs	14	,		02.				
15	Supplies	15		3,8	45.				
16	Taxes	16							
17	Utilities	17	ļ		44.		************************		
18	Depreciation expense or depletion	18		2,9	13.				
19	Other (list)			14 0	F 7				
20	Total expenses. Add lines 5 through 19	20	-	14,3	5/.			-	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). result is a (loss), see instructions to find out if you mustile Form 6198		8	-13,6	77.				
22	Deductible rental real estate loss after limitation, if an on <b>Form 8582</b> (see instructions)	y, <b>22</b>	(	13,67	77.)	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental pro				23a		680.		
b	Total of all amounts reported on line 4 for all royalty pr			*	23b				
C	Total of all amounts reported on line 12 for all properti				23c				
d	Total of all amounts reported on line 18 for all properti				23d		2,913.		
е	Total of all amounts reported on line 20 for all properti				23e	1	4,357.		
24	Income. Add positive amounts shown on line 21. Do						. 24	,	10 677
25	Losses. Add royalty losses from line 21 and rental real es							(	13,677.)
26	Total rental real estate and royalty income or (loss here, if Parts II, III, and IV, and line 40 on page 2 do								

26

-13,677.

#### **SCHEDULE 8812** (Form 1040)

### **Credits for Qualifying Children** and Other Dependents

OMB No. 1545-0074

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. 47

Your social security number

JEGN:	ESH JAWAHARLAL & SHRUTI SHANTARAM TANDALE	636-61	-0892
Par	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	106,973.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	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	106,973.
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. reside	ent	
	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 \ \tag{5.00}	. 9	400,000.
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	10	
44	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	<u>·</u>
11	Multiply line 10 by 5% (0.05)	. 11	0.
12	Is the amount on line 8 more than the amount on line 11?	-	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit for other dependents.	dit.	
	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		. 13	0.073
14	Enter the amount from Credit Limit Worksheet A  Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 13	
14	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	. 14	500.
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>	al child	tov credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NF		
	(also complete Schedule 3, line 11) before completing Part II-A.	v un ougi	I IIIC 21
	(also complete Senedule 3, tille 11) before completing rait in-A.		

BAA

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.	MANAGE AND ASSESSMENT OF THE PARTY OF THE PA	
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 lin	e 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	
	<b>TIP:</b> 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	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		te of Pue	erto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,	LS OF F GR	)
21	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		
MM	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.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
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	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	T T	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 01/27/24 PRO Sci	hedule 8812	(Form 1040) 2023

## Form **8867**

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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.

OMB No. 1545-0074

For tax year 20 23

Attachment Sequence No. 70

Taxpayer identification number

VEGI	NESH JAWAHARLAL & SHRUTI SHANTARAM TANDALE	636-61-0892	2		
Prepare	's name	Preparer tax identifica	tion numb	per	ē
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided by	ov the taxpaver	Yes	No	N/A
	or reasonably obtained by you?		×		
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 Schedu 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 , or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you meet the following.				
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer'determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>				
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X		
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,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent info		H	Ħ	
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 requirement 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) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	nent, you must, a copy of any oprepare Form rovided by the tus or to figure			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, it any, that you relied on.				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate e credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the restriction of the restriction o		b.cl		
_	return is selected for audit?		X	井	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	×		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
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)?				
	confect confedure of the transfer of the trans		$\Box$	$\Box$	

Form 8	867 (Rev. 11-2023)			Page 2
Part	· · · · · · · · · · · · · · · · · · ·	to Part	III.)	r age Z
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	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.)			
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	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	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	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
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?	×		$\square$
Part				
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
	tuition and related expenses for the claimed AOTC?		Ц.	
Part				
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			

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 responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- 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 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.

**Eligibility Certification** 

- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(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 certi	fy t	hat	all	of	the	aı	nsv	vers	01	n th	nis	For	m	886	7 a	are,	to	the	e b	est	of	yo	ur	kno	wl	edg	ge,	tru	e, o	cor	rec	t, a	and	Yes	No
	complete?																																		×	

Arizona Form AZ-8879

# E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2023

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Do Hot Hall this form to the Alizona Bo	parament of Revenue. 11	no Erro maot rotam uno accamo	na mmamam on can you or
Your First Name and Initial	Last Name		Your Social Security Number*
VEGNESH	JAWAHARLAL	Enter	636   61   0892
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*
SHRUTI SHANTARAM	TANDALE		981   97   0862
PART 1 – PURPOSE (If you are e-filling a	Small Business Income	Tax Return. also complete Fori	m AZ-8879 SBI)*Do Not Truncate
<ul> <li>To certify the truthfulness, correctness, and comp</li> <li>To authorize the Electronic Return Originator (ER federal individual income tax return as the taxpay</li> </ul>	(O) to affirm that the taxpaye	er wishes to use the taxpayer's electro	onic signature to the taxpayer's
PART 2 – TAX RETURN INFORMATION		PART 3 - FINANCIAL INSTI	TUTION INFORMATION
		Must be present when request	ting direct debit or deposit.
	973 00	☐ Foreign Account Deposit/D	Debit: See instructions below.
	382 <b>00</b>	TYPE OF ACCOUNT	ROUTING NUMBER
3 Arizona Income Tax Withheld 2, 4	113 00	☑ Checking ☐ Savings	0 7 2 0 0 0 8 0 5
Check box 4 or box 5:		ACCOUNT NUMBER	
4⊠ REFUND: Enter the amount of refund	531 <b>C</b>	00 3 7 5 0 2 3 9 2 1 1	7 6
5☐ AMOUNT YOU OWE: Enter the amount owe	ed	DO DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT  .00
Box 4 Checkbox – Refund: You are due a refund by provided on your tax return. Your refund amount account listed in the Financial Institution Information Box 5 Checkbox – Amount You Owe: You over information provided on your tax return. You have for payment. The payment will be withdrawn from date listed in the Financial Institution Information S	will be deposited in the on Section (Part 3).  we taxes based on the elected to direct debit the account and on the	Foreign Account Deposit/Debit Che Deposit/Debit" box if your deposit w from a foreign account. If you check numbers. If this box is checked, we account. If you are due a refund, we wow tax, you must mail a check to the PO Box 29085, Phoenix, AZ 85038-	vill be ultimately placed in or come this box, do not enter your account will not direct deposit or debit your will send you a check instead. If you the Arizona Department of Revenue,
PART 4 – DECLARATION AND SIGNATU	RE AUTHORIZATION (	Sign only after completing Part	t 2)
Under penalties of perjury, I declare that I have electronic Arizona individual income tax return and a and statements for the year ending December 31, 2 my knowledge and belief, it is true, correct, and conthat the amounts of Arizona adjusted gross income tax withheld, and refund (or amount owe amounts shown on the copy of my electronic Arizona individual I consent that my refund be directly deposited electronic portion of my 2023 Arizona individual I have filed a joint return, this is an irrest the other spouse as an agent to receive the other spouse as an agent to receive the designated Financial Agent to initiate an withdrawal (direct debit) entry to the finant indicated in the tax preparation software for taxes owed on this return. I also authorized involved in the processing of the electron receive confidential information necessary resolve issues related to the payment.  If I have filed a balance due return, I understand the receive full and timely payment of my tax liability remain liable for the tax liability and all applicable When electronically filing my federal and state tax	accompanying schedules 2023, and to the best of implete. I further declare ome, total tax, Arizona ed) listed above are the ezona income tax return. It is dealy declared as designated in the idual income tax return. It is income tax in the financial institutions and the financial institutions in the financial institution account in the financ	I consent to my Electronic Return Of Provider (OLSP) sending my electronic return and accompanying schedules consent to my ERO or OLSP sending transmitter. I consent to ADOR sending an acknowledgement of receipt of whether or not the transmission of my is rejected, the reason(s) for the rejector refund is delayed, I authorize ADO or transmitter the reason(s) for the of If ADOR contacts my ERO for a conschedules to my return, and/or this authorize accopies of the requested down of the release copies of the requested down of the reduction of the	onic Arizona individual income tax is and statements to ADOR, and I such information to ADOR through a ng my ERO, OLSP and/or transmitter transmission and an indication of y return is accepted and, if the return ction. If the processing of my return is accepted and, or the return ction. If the processing of my return is accepted and, or my return is and occuments or my end of my return, any documents or inthorization form, I authorize my ERO cuments to ADOR.  CC CRETURN ORIGINATOR)  electronic signature to my electronic in to serve as my signature to my etax return for the year ending lat when my ERO makes the election deral individual income tax return, I will an individual income tax return, I will come tax return and declared under
that if there is an error on my federal return, my srejected.  J. Vegnet	state return will also be	02-	06-2024
		DATE	
YOUR PEN AND INK SIGNATURE  SPOUSE'S PEN AND INK SIGNATURE		02 -	06-2024
3FOOSES FEIN AIND INK SIGNALOILE		DAIL	

RETURN		140 Resident Personal Income Ta				ome Tax	ax Return		2023	
RE	82F		Check box 82F f filing under extension OR FISC	SCAL YEAR BEGINNING L     2,0,2,3			AND ENDING	LLL	66F	
TO THE	-		First Name and Middle Initial		Last Name		100		Social Security Number	
	1	VE	GNESH		JAWAHARLA	L	Ente	636	61   0892	
2		Spou	se's First Name and Middle Initial (if box 4	or 6 checked)	Last Name		your	Spous	e's Social Security No	
AS.	1	SH	RUTI SHANTARAM		TANDALE		SSN	<b>(s).</b> 981	. 1 97 1 0862	
回	_		ent Home Address - number and street, ru	ral route		Apt. No.	Dayt		with area code)	
_	2	35	1 N PEART RD		418		94	(309) 612	-3888	
DO NOT STAPLE ANY ITEMS	_	City, Town or Post Office State			ZIP Code				Prior Year(s) (if different	
	3	CA	SA GRANDE	AZ	85122				9	
	ছ	4			action of Joint O		REVENUE USE	ONLY. DO NO	T MARK IN THIS AREA	
	STATUS	5			ection of Joint Overpayment		88			
	ST	5	Head of household. Enter name of qu	aalifying child or depend	dent on next line.					
	S	_	Manifold Gillian and an antique Est				100			
	FILING	6	Married filing separate return. Enter							
		7	✓ Single  ✓ Enter the number claimed. Do no							
	NO	O.				New York And	1			
	EMPTIONS	8	, ,		eting lines 8, 9, and 11a, also complete lines 38, 1. For lines 10a and 10b, also complete line 49.				80 RCVD	
	Blind (you and/or spouse)  39, and 41. For lines 10a and 10b, als					***************************************	81 PM	100		
	E E	10a 11a	Dependents: Under age of 17.  Qualifying parents and grandparent		ents: Age 17 and	a over.				
	Гш	IIa			no Fee mare 2	nace about 1	ha hay $\square$ and	nomplete no	ngo 4 Port 1	
			(Box 10a and 10b): Dependent Information (a)	ation. See instructio	(b)	(c)	(d)	(e)	ge 4, Fart 1.	
	(0		FIRST AND LAST NAME	so	CIAL SECURITY	RELATIONSHIP	NO. OF MONTHS	/- '.'	ge if you did not claim	
	ents		(Do not list yourself or spouse.)		NUMBER		LIVED IN YOUR HOME IN 2023		federal return due t	
	Dependents		The second state of the second state of the second				11011121112020	(Box 10a) (Box	educational credi	
		10c	VIHAAN VEGNESH BEDRE	981	L-97-0872	Son	0	M [		
		10d							<u> </u>	
		10e				41				
~:	BARBA		(Box 11a): Qualifying parents and gran	dparents. See instru	uctions. For moi	re space, chec	k the box 🔲 and	d complete p	age 4, Part 2.	
40	intsand		(a)		(b)	(c)	(d)	(e)	(f)	
n 1	rents		FIRST AND LAST NAME (Do not list yourself or spouse.)	SO	CIAL SECURITY RELATIONSHIP NUMBER		P NO. OF MONTHS V IF AGE 6 LIVED IN YOUR OVE		OR	
Orr	g Pa dpar		(So net lot yearesh or epeace.)				HOME IN 2023	OVER	114 2023	
cuments after Form 140	Qualifying Pare Grandparen	446	AND THE PROPERTY OF THE PROPER							
		11b						H		
	Ī	11c	Federal adjusted gross income (from y	6				42	106,973 00	
ij										
me			Small Business Income: 135 check the box			106,973 <mark>00</mark>				
	Additions		Modified federal adjusted gross income.				00			
Place any required federal and AZ schedules or other do			15 Non-Arizona municipal interest1516 Partnership Income adjustment. See instructions16							
			Total federal depreciation			2,913 <b>00</b>				
			Other Additions to Income: Complete Oth						00	
			Subtotal: Add lines 14 through 18 and enter						109,886 00	
	20725		Total net capital gain or (loss). See instruc					00	103/000 00	
			Total net short-term capital gain or (loss).					00		
			Total net long-term capital gain or (loss).					00		
			Net long-term capital gain from assets ac							
			Multiply line 23 by 25% (.25) and enter the				0 00			
			Net capital gain derived from investment			00				
						2,913 00				
<u>=</u>	ons		Recalculated Arizona depreciation			2,913 00				
er	acti		Partnership Income adjustment. See instru			00				
ed	Subtractions		Interest on U.S. obligations such as U.S.			00				
D i			29a Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)29a							
ij			9b Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services29b							
se any requ			10 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount) 30 (11 Certain wages of American Indians							
			31 Certain wages of American Indians							
			-						00	
			Net operating loss adjustment. See instruc						00	
lac			Contributions to: 34a 529 College Savings Pla		<b>4b</b> 529A (ABLE acc				106 073 00	
Δ.	- 1	35	Subtract lines 24 through 34c from line 19	<ol> <li>Enter the different</li> </ol>	ce			35	106,973 00	

[	Your I	Name (as shown on page 1)	Your Soc	ial Security Number		
	VEG	NESH JAWAHARLAL & SHRUTI SHANTARAM TANDALE	636-	61-0892		
Exemptions						
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona	106,973	00		
	37	Subtract line 36 from line 35. Enter the difference				
	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00	
	39	Blind: Multiply the number in box 9 by \$1,500				00
	40		<b>oE</b> by \$2,300			00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			106,973	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If I			27,700	
	43	Deductions: Check box and enter amount. See instructions		Parties and Partie	21,100	10 6
	44	If you checked box 43S and claim charitable contributions, check 44C   Co			79,273	00
of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, e			1,982	
	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result				00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			1,982	
Balance	48	Subtotal of tax: Add lines 46 and 47. Enter the total			100	
3ala	49	Dependent Tax Credit. See instructions				00
	50	Family income tax credit (from the worksheet - see instructions)				00
	51 52	Nonrefundable Credits from Arizona Form 301, Part 2, line 62			1,882	
		Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 5		The second secon	2,413	
	53 54	2023 AZ income tax withheld	54b 00 A	.dd 54a and 54b. <b>54c</b>		00
Total Payments and Refundable Credits	55	2023 AZ extension payment (Form 204)				00
	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
	57	Property Tax Credit from Arizona Form 140PTC				00
dabl	58	Other refundable credits: Check the box(es) and enter the total amount				00
tal P	59	Total payments and refundable credits: Add lines 53 through 58. Enter the t			2,413	
은 X	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amou				00
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Ent			531	00
men	62	Amount of line 61 to be applied to 2024 estimated tax				00
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			531	00
	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	00 Arizona Wildlife	00		
ary Gifts		Child Abuse Prevention	00 Political Gift	00		
			00 Veterans' Donations Fund 71	00		
		Neighbors Helping Neighbors 69         00         Special Olympics	00 Spay/Neuter of Animals 74	00		
Voluntary	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic				
>	76	Estimated payment penalty		76		00
ty	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		1		
enalty	78	Add lines 64 through 74 and 76; enter the total				00
Pe	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on lin Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in	e 80	ions 79	531	00
r ed		CM Checking or	dons. 757			
Refund or Amount Owed		98 S Savings 0 7 2 0 0 0 8 0 5 3 7 5 0 2	3 9 2 1 1 7 6			
etul	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Departr	nent of Revenue; write your SSN	on payment;		
Am		and include with your return		80		00
	L	Inder penalties of perjury, I declare that I have read this return and any doc rue, correct and complete. Declaration of preparer (other than taxpayer) is b	cuments with it, and to the bo	est of my knowledg ich preparer has an	ge and belief, they	y are
111	LI	de, correct and complete. Declaration of preparer (other than taxpayer) is b	ased on an information of wit	ion proparor nas ar	ly knowledge.	
8	<b>→</b>	J. Veenerh.	-06-2024 SOFTWA	ARE ENGINEER	3	
PLEASE SIGN HERE	Y	OUR SIGNATURE DATE	OCCUPATION	N		
	_	Route .	nl 0004 :			
	7	DATE DATE OF THE PROPERTY OF T	2-06-2024 home i	naker		_
	S	POUSE'S SIGNATURE DATE  CYAM DRIVA DAM CACAD CUDUA WALLAM 02042024 CI		5557111011		
	P		OBAL TAXES LLC 'S NAME (PREPARER'S IF SELF-EM	PLOYED)		
		245 ROONEY CT		84-3171965		
7	P	AID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN		_
		E BRUNSWICK NJ 08816		(678) 965-95	522	
			ZIP CODE	PAID PREPARER'S PHO		

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.