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

Internal Re	venue Service Co to www.iis.gov/i office/o for the latest information.					
Submiss	sion Identification Number (SID)					
Taxpayer's	s name	Social securi	ty numb	er		
	JJAN HEMANT SHINDE	804-01-9707				
Spouse's i		Spouse's social security number				
Doubl	Toy Deliver Information Toy Very Ending December 24 0000 /Free			ا مانده ما	<u> </u>	
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	r year you a	ire aut	norizing.)	
	nole dollars only on lines 1 through 5. orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 A	Adjusted gross income		1	64	,713.	
2 T	Total tax		2	6	,500.	
3 F	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10	,089.	
4 A	mount you want refunded to you		4		,589.	
5 A	Amount you owe		5			
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	rn)	
return (or to send r for any d Agent to payment authoriza payment, business taxes to personal Electronic	ledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above iginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejeave in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind 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 I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I accounted the consent.	itter, or electrection of the tag. S. Treasury a icated in the tanto debit the the ethe authorize uests must be processing opayment. I fur	onic returnsmission its of ax prepare entry the ation. The receivant of the electrical internacion is a second of the electrical internacion in the electrical internacion is a second of the electrical internacion in	urn originatesion, (b) the lesignated aration sofo this accorder or revoke (content of the lestronic parknowledge	tor (ERO) the reason Financial tware for bunt. This cancel) a ter than 2 yment of that the	
Taxpay	er's PIN: check one box only	1	9 7	0 7		
\times	I authorize GLOBAL TAXES LLC to enter or generate	mv PIN └─		digits, but	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			r 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 methodow.					
Your sig	nature ▶ Date ▶ _					
Spouse	's PIN: check one box only					
· 🗆	I authorize to enter or generate	mv PIN			as my	
	ERO firm name	En		digits, but	,	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r 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 methodow.					
Spouse'	s signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	1				
Part III	Certification and Authentication — Practitioner PIN Method Only					
ERO's E	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0 er all ze	8 2 7 ros	1	
authorize	hat the above numeric entry is my PIN, which is my signature for the electronic individual income to d to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	nitting this ret	urn in a	ccordance		
ERO's s	ignature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	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



£1040		partment of the Treasury—Internal Revenue Servi		turn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	vrite or staple in th	is space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instruc	tions.	
Your first name and middle initial Last r											Your social security number		
NIRANJAI	N HE	MANT	SHI	NDE						804	01 970	7	
		s first name and middle initial	Last n	ame						Spouse	's social securit	ty numbe	
Home address	(numb	er and street). If you have a P.O. box, see	instruct	tions.				A	Apt. no.	Preside	ential Election C	Campaigr	
_1117 MAI	RQUE	TTE AVE						1	401		here if you, or y		
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP c	ode		if filing jointly, this fund. Che		
MINNEAP	OLIS					MN	J	554	03		low will not cha	•	
Foreign countr	y name	•		Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your ta	x or refund.	_	
											You	Spouse	
Filing Status	s 🗵	Single					☐ Head of ho	useh	old (HOH)				
Check only		Married filing jointly (even if only o	ne had	income)			_						
one box.		Married filing separately (MFS)					☐ Qualifying s		• .				
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if tl	ne	
	qι	ualifying person is a child but not you	ır depe	ndent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	s a reward	d, award, or	payr	ment for propert	y or	services); or	(b) sell,			
Assets		nange, or otherwise dispose of a dig									☐ Yes 🗵	√ No	
Standard	Son	neone can claim:	pender	nt 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status	alien	1						
Ago/Blindnos	- Vau	: Were born before January 2, 1	050	Are b	lind Spo		. Was born	hofe	ore January 2	2 1050	☐ Is blind		
Dependent			333	T	•			14		•	ifies for (see inst	tructions)	
•		First name Last name		(2)	Social security number		(3) Relationship to you	, ,	Child tax c		Credit for other of		
If more than four	(.,						. ,					·	
dependents,													
see instruction	ıs												
and check here	1												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instrud	ctions)				<u></u>	. 1a	79	,465.	
IIICOIIIE	b	Household employee wages not re	,		,					. 1k		,	
Attach Form(s) W-2 here. Also	c	· • •	Tip income not reported on line 1a (see instructions)								;		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10			
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								. 16			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								. 11		-	
If you did not	g	Wages from Form 8919, line 6.			· ·					. 10	,		
get a Form	h	Other earned income (see instructions)							. 1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i						
	z	Add lines 1a through 1h								. 1z	79	,465.	
Attach Sch. B	2a	·	2a			b T	axable interest			. 2t			
if required.	3a	· —	3a			b C	ordinary dividend	ds .		. 3b)		
	4a	IRA distributions	4a			b T	axable amount			. 4t)		
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amount			. 5b)		
Single or	6a	Social security benefits	6a			b T	axable amount			. 6k)		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
Married filing jointly or	8	Additional income from Schedule	1, line	10						. 8		,752.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								,713.			
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26											
household,	11	Subtract line 10 from line 9. This is your adjusted gross income							64	,713.			
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	2 13	,850.	
any box under	13	Qualified business income deduct	ion fror	m Form 8	995 or Form	899	5-A			. 13	3		
Standard Deduction,	14	Add lines 12 and 13								. 14		,850.	
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or lo	cc ontor	O This is w	aur 1	tavabla income			15	: 1 50	863	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	6,500.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	6,500.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,500.	
	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	6,500.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 10	0,089			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	10,089.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,089.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,589.	
	35a	Amount of line 34 you want			is attached, chec	k here	🗆	35a	3,589.	
Direct deposit?	b	Routing number 0 7 1			c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 5 2 7	0 8 8 8	9 9						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	_	-		38		0.		
Third Party		you want to allow another								
Designee		,	•				omplete	below.	⋉ No	
	De	esignee's		Personal identification number (PIN)						
		me								
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							,	
Here		•	ipiete. Deciaration		, <i>, ,</i>	sed on an imormati			, ,	
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?				SENIOR ENG		(see inst.)				
See instructions.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				If the IRS sent your spouse an		
Keep a copy for your records.						ntity Prote e inst.)	ection PIN, enter it here			
	Phone no. (312)973-7168 Email address SHINDENIRANJAN81@GMAIL.COM									
Doid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/09/2024	P0208	32703	Self-employed	
Preparer Use Only	Firm's name GLOBAL TAXES LLC							one no. (678)965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							n'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

NIRANJAN HEMANT SHINDE

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 social security number
804-01-9707

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	ach Schedule E .	5	-14,752.
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	-	
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:			
_	Tatal attania anna Add linas Oa thuranak Oa	8z	_	
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8		10	-14.752.
	1040.1040-311.011040-ND.11160		110	,/34.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

SCHEDULE 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,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number NIRANJAN HEMANT SHINDE 804-01-9707 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 725, SHIVAJI NAGAR, BARSHI HOLKAR GARDEN, SOLAPUR MAHARSHTRA IN 413411 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 580. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,745. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,360. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,877. 14 Repairs 14 4,050. 15 Supplies 15 16 16 Taxes 17 Utilities 17 4,300. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 15,332. 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 -14,752. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,752.) 580. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 15,332. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,752.

26

26

-14,752.

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 Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2