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

VIPIN ASAVA 842-81-5671 Spouse's social security number POOTA KABRA POOTA KA	Submi	ssion Identification Number (SID)		·			
Spouse's name Spouse's parts Spouse's Spouse's parts Spouse's Spouse's parts Spouse's Spouse's Spouse's parts Spouse's	Taxpaye	ity numb	er				
POINT Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1	VIPI	-567	1				
Tax Return Information — Tax Year Ending December 31, 2023 (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	Spouse's	cial secu	ırity numl	oer			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	POOL	A KABRA	210-88	8-570	7		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total fax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 2 8, 807. 4 Amount you want refunded to you 4 5, 065. 5 Amount you want refunded to you 10 Faxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 11 Under penalties of perluy, 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 refund your delay in processing the return or refunded to seve the 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 tax preparation software for send yet and keep a copy of your return) 12 Federal I amount in the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the trus 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, a 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 tax preparations of the 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 reson for rejection of the tax preparations of the part o	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	are au	thorizin	g.)	
Adjusted gross income 1 1 880,001. 2 33,742. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 28,807. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want you 9 Amount you want you 9 Amount you want refunded to you 9 Amount you want you 9 Amount you 9 Amount you want you 9 Amount you 9 Amount you want you 9 Amount 9 A	Enter v	hole dollars only on lines 1 through 5.	-				
2 2 23,742. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 28,807. 4 Amount you want refunded to you . 4 5,065. 5 Amount you want refunded to you . 4 5,065. 5 Amount you want refunded to you . 4 5,065. 5 Amount you want refunded to you . 4 5,065. 5 Amount you want refunded to you . 4 5,065. 5 Amount you want refunded to you . 4 5,065. 5 Amount you want refunded to you . 4 5,065. 5 Amount you want refunded to you . 4 5,065. 5 Amount you want refunded to you . 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
Amount you want refunded to you Taxpayer Beclaration and Signature Authorization (Be sure you get and keep a copy of your return) Taxpayer But a does a perjudy. 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 to find the true in a complete or any refund in spliciable, i authorize the U.S. Treasury and its designated Financial Agent to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason or any default in processing the return or refund, and (c) the date of any refund it applicable, i authorize the U.S. Treasury and its designated Financial Agent to receive done in the income tax return forms to the inancial institution to debit the entry to this account. This 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 payment of the inancial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization to remain (eath general 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 issue related to the payment. I furt	1	Adjusted gross income		1	18	0,0	01.
A Amount you want refunded to you 5 Amount you owe 7 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 10 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 11 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 which with the 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 the 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 and AOH electronic funds withorized (ERO) entry to the financial institution account indication 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 to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to the payment of the electronic payment of the financial institutions involved in the presonal 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. 1 Taxpayer's PIN: check one box only 1 I will enter my PIN as my signature on the income tax return (original or amended)	2	Total tax		2	2	23,7	42.
S Amount you owe	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2	28,8	07.
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I authorize GLOBAL TAXES LLC 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. Your signature Date	return (control to send for any Agent to paymer authorize paymer business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectled in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication in the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the pay il identification number (PIN) below is my signature for the income tax return (original or amended) I and	tter, or electriction of the fisher. Treasury a cated in the fin to debit the the authorizests must be processing cayment. I fur	onic retainsmister and its contains and	turn originates on, (b) designate paration sto this acrowled no lacetronic knowled	nator the red Finesoftwasecoun (care) (care) (aten to paym	(ERO) eason ancial are for t. This ncel) a han 2 ent of at the
I authorize GLOBAL TAXES LLC 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. Your signature Date	Taxpa	ver's PIN: check one box only				7	
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. Your signature ▶ □ Date ▶ Spouse's PIN: check one box only □ I authorize ☐ LOBAL TAXES LLC ☐ to enter or generate my PIN ☐ 8 5 7 0 7 as my Enter five digits, but don't enter all zeros if you are entering your own PIN as my 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 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 2 2 4 9 6 0 8 2 7 1 □ Don't enter all zeros 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.		•	nv PIN	5 6	5 7 1		s mv
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶		ERO firm name	. Ei			t	,
Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC		if you are entering your own PIN and your return is filed using the Practitioner PIN method					
I authorize GLOBAL TAXES LLC to enter or generate my PIN 8 5 7 0 7 as my Enter five digits, but don't enter all zeros	Your s	gnature ▶ Date ▶					
I authorize GLOBAL TAXES LLC to enter or generate my PIN 8 5 7 0 7 as my Enter five digits, but don't enter all zeros	0	As DIN. should any house he					
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. Don't enter all zeros 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 ▶	· —	I authorize GLOBAL TAXES LLC to enter or generate resignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method.	Ei do ow authoriz	nter five on't ente ing. Ch	digits, bur all zeros	t s s box	only
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. Don't enter all zeros 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 ▶	Spous						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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							
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	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this ret	urn in a	accordan	ce wi	
	EDO'a	ojanatura N					
	ERU S	Signature ► Date ► ERO Must Retain This Form — See Instructions					

Don't Submit This Form to the IRS Unless Requested To Do So

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



1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this sp	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding	I .		, 20		See ser	oarate i	nstruction	าร.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numb	
VIPIN			ASAV	ZΔ							842		5671	
	pouse's	s first name and middle initial	Last na										security nu	umber
POOJA	•		KABR	Δ							•		5707	
	(numbe	er and street). If you have a P.O. box, see						1	Apt. no.				ction Cam	npaign
1611 ORG	,												ou, or your	
		ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode		spouse	if filing j	ointly, war	nt \$3
SCHAUMBI	IRG					II		601	93		•		nd. Checkii not change	_
Foreign country			F	oreign pro	ovince/state/			_	n postal c		your tax		•	3
	•						•	,			•	☐ Yo	_	pouse
Filing Status	s [Single					Head of h	ouseh	old (HOF					
Check only	×	Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	ouse. If yo	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's nar	ne if the	
	qu	alifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l. award. or	pavr	ment for prope	rtv or	services'): or (b) sell.			
Assets		nange, or otherwise dispose of a dig										☐ Ye	s 🗵 N	0
Standard	Som	neone can claim:	pendent	t 🔲 '	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you											
Age/Rlindnes	 e Vou	: Were born before January 2, 1	959 F	Are bli	ind Sn	ouse	: Was bor	rn hefr	ore Janus	arv 2	1050		blind	
Dependent			000 _	Ī	<u> </u>			14					see instruct	tions):
-		(1) First name Last name		(2) Social security (3) Relationship number to you		Child tax					r other depe	-		
If more than four	(1)						,			1			$\overline{}$	
dependents,									[=			一一	
see instruction	s —								[=			一一	
and check here \Box]								[_			一一	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .					-	1a		193,35	59.
	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•		. ,						1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i							
	z	Add lines 1a through 1h									1z		193,35	59.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a		741.	b 0	ordinary divide	nds .			3b		1,56	53.
	4a	IRA distributions	4a			b T	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method, d	check here	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Schee	dule D if	required	d. If not requ	uired	, check here				7		4,68	80.
Married filing jointly or	8	Additional income from Schedule	1, line 10	0							8		-19,60	01.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is yo	our total in	come	e				9		180,00	01.
\$27,700	10	Adjustments to income from Sche	dule 1, I	ine 26							10			
Head of household,	11	Subtract line 10 from line 9. This is	s your ac	djusted g	gross inco	me					11		180,00	J1.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (fror	n Schedule	A)					12		27,70	
any box under	13	Qualified business income deduct	ion from	Form 89	995 or Form	า 899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,70	ე0.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or less	e antar -	O Thic ic v	(OUR 1	tavabla inaam				15		152 30	Λ1 [–]

Form 1040 (202	3)						Page 2	
Tax and	16	Tax (see instructions). Check if any	from Form(s): 1 8814	2 □ 4972 3	3 🗌	16	23,742.	
Credits	17				-	17		
	18	Add lines 16 and 17				18	23,742.	
	19	Child tax credit or credit for other	dependents from Schedu	ıle 8812		19		
	20	Amount from Schedule 3, line 8				20		
	21	Add lines 19 and 20				21		
	22	Subtract line 21 from line 18. If zer	ro or less, enter -0			22	23,742.	
	23	Other taxes, including self-employ	ment tax, from Schedule	2, line 21		23	0.	
	24	Add lines 22 and 23. This is your to	•	•		24	23,742.	
Payments	25	Federal income tax withheld from:						
. aymome	а	Form(s) W-2			25a 28,	807.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions) .		t t	25c			
	d	Add lines 25a through 25c		-		25d	28,807.	
If you have a	26	2023 estimated tax payments and				26	· ·	
If you have a qualifying child,	27	Earned income credit (EIC)	• • •	1	27			
attach Sch. EIC.	28	Additional child tax credit from Sche			28			
	29	American opportunity credit from F	Form 8863. line 8		29			
	30	Reserved for future use	·	- t	30			
	31	Amount from Schedule 3, line 15		- t	31			
	32	Add lines 27, 28, 29, and 31. These		_		32		
	33	Add lines 25d, 26, and 32. These a					28,807.	
Refund	34	If line 33 is more than line 24, subt				34	5,065.	
rioraria	35a	Amount of line 34 you want refund			•	. 35a		
Direct deposit?	b	Routing number 0 7 1 0 0			_	vings		
See instructions.		Account number 6 2 6 8 5						
	36	Amount of line 34 you want applied		d tax	36			
Amount	37	Subtract line 33 from line 24. This	is the amount you owe.		<u>'</u>			
You Owe	٠.	For details on how to pay, go to w		see instructions .		37		
	38	Estimated tax penalty (see instruct	tions)		38			
Third Party Designee		you want to allow another personant tructions		n with the IRS?		nplete below.	. X No	
_00.g00	De	signee's	Phone			al identificatior		
	na	ne	no.		number	r (PIN)		
Sign Here		der penalties of perjury, I declare that I havief, they are true, correct, and complete. D		, , ,	,		, ,	
11616	Yo	ur signature	Date	Your occupation		ent you an Identity		
				TNEODMARTON	medinoi odv	(see inst.)	PIN, enter it here	
Joint return? See instructions.		ouse's signature. If a joint return, both m	ust sign. Date	Spouse's occupatio	TECHNOLOGY	, ,	ont your spouso an	
Keep a copy for your records.		ouse's signature. If a joint return, both the	lust sigit. Date	SOFTWARE EI		the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	——Ph	one no. (517)348-3353	Email address	VIPIN.ASAVA				
			arer's signature			PTIN	Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM	M PRIYA RAM SAGAR (GUPTA TALLAM	03/08/2024 P	02082703	Self-employed	
Preparer		n's name GLOBAL TAXES			, , -		(678)965-9522	
Use Only			E BRUNSWICK NJ	г 08816		Firm's EIN	84-3171965	
Go to www.irs.o	ov/Forr	a1040 for instructions and the latest infor	rmation		DEV 03/04/24 DDO	•	Form 1040 (2023)	

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

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

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

VIPIN ASAVA & POOJA KABRA

Your social security number
842-81-5671

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-19,601.
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		
ı	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		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	Title in the second sec	8z		
9	Total other income. Add lines 8a through 8z		9	_
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	nere and on Form	, ,	10 601
	1040, 1040-SR, or 1040-NR, line 8		10	-19,601.

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

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l 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			
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				
	1041)	24k			
Z	Other adjustments. List type and amount:	04-			
0E	Total ather adjustments Add lines 04s through 04s	24z		05	
25 26	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	. ⊏nter	nere and on	26	
					le 4 (Farme 4040) 0000
	BAA	REV 03/	04/24 PRO	ocnedu	le 1 (Form 1040) 2023

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 08

Your social security number Name(s) shown on return 842-81-5671 VIPIN ASAVA & POOJA KABRA Amount List name of payer. If any interest is from a seller-financed mortgage and the Part I buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions and the Instructions for Form 1040, line 2b.) Note: If you received a Form 1099-INT, 1 Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 2 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount List name of payer: FIDELITY BROKERAGE SERVICES LLC 1,563. Part II **Ordinary Dividends** (See instructions and the Instructions for Form 1040, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 1,563. dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign Accounts** Yes No and Trusts 7a At any time during 2023, did you have a financial interest in or signature authority over a financial Caution: If account (such as a bank account, securities account, or brokerage account) located in a foreign required, failure to X file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 penalties. and its instructions for filing requirements and exceptions to those requirements Additionally, you If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the may be required to file Form 8938, financial account(s) is (are) located: Statement of Specified Foreign

Financial Assets. See instructions. During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

X

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

	tment of the Treasury al Revenue Service		Attachment Sequence No. 12							
Name	ame(s) shown on return									
VI	VIPIN ASAVA & POOJA KABRA 842-8									
		investment(s) in a qualified opportunity f 949 and see its instructions for additiona	•	•		No oss.				
		rm Capital Gains and Losses—Ger					e ins	tructions)		
lines This	below.	w to figure the amounts to enter on the	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gai	(g) djustmen n or loss s) 8949, l 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.										
1b	Totals for all trans Box A checked	actions reported on Form(s) 8949 with								
2	Totals for all trans Box B checked	actions reported on Form(s) 8949 with								
3	Totals for all trans Box C checked	actions reported on Form(s) 8949 with								
4	Short-term gain fr	om Form 6252 and short-term gain or (lo	ss) from Forms 4	684, 6781, and 88	324		4			
5		gain or (loss) from partnerships, S			rusts 	from 	5			
6		l loss carryover. Enter the amount, if any	y, from line 8 of y	our Capital Loss	-		6	(
7		apital gain or (loss). Combine lines 1a or losses, go to Part II below. Otherwise					7			
Par	rt II Long-Ter	m Capital Gains and Losses—Gen	erally Assets H	leld More Than	One	Year	(see i	instructions)		
lines This	below.	w to figure the amounts to enter on the	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column ((h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a	1099-B for which which you have However, if you o	basis was reported to the IRS and for no adjustments (see instructions). Thoose to report all these transactions are this line blank and go to line 8b.								
8b	Totals for all trans Box D checked	actions reported on Form(s) 8949 with	9,524.	4,844.				4,680.		
9	Totals for all trans Box E checked	actions reported on Form(s) 8949 with								
10		actions reported on Form(s) 8949 with								
11	Gain from Form 4	1797, Part I; long-term gain from Forms 6781, and 8824				(loss)	11			
12	Net long-term gai	n or (loss) from partnerships, S corporati	ons, estates, and	trusts from Scheo	dule(s)	K-1	12			

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

4,680.

13

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 4,680. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form 8949 (2023) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VIPIN ASAVA & POOJA KABRA

Social security number or taxpayer identification number 842-81-5671

Before you check Box D. E. or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

✗ (D) Long-term transactions☐ (E) Long-term transactions	•		•	•	•		e)
(F) Long-term transactions	not reported	to you on Fo	rm 1099-B				
(a) Description of property	(b) (c) Date sold or	Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/23	9,524.	4,844.			4,680.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your ne 9 (if Box E	9,524.	4,844.			4,680.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

VIP	IN ASAVA & POOJA KABRA						842-81	1-5671	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use S		C. See	instru	ctions. If you a	re an indiv	vidual, rep	oort farm
Α	Did you make any payments in 2023 that would require you	to file F	orm(s) 1	099? 5	See ins	tructions .		. 🗌 Ye	es 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZII								
Α	IN								
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair	rental a	nd		Fa	ir Rental Days	Person Day		QJV
Α	personal use days. Check the Q		only	Α		365		0	
В	if you meet the requirements to a qualified joint venture. See instru			В					
С				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren		5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	Ities	8	Other (descr	ibe)		
						Properti			
Inco	me:			Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
Ехре	nses:								
5	Advertising	5			1				
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,5	20.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			25.				
15	Supplies	15		3,8	97.				
16	Taxes	16							
17	Utilities	17			28.				
18	Depreciation expense or depletion	18		4,2	31.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		20,2	01.				
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	_	-19,6	01				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (19,60		()(()
23a	Total of all amounts reported on line 3 for all rental prope	,			23a	*	600.	,	
b					23b		$\neg \neg$		
С	Total of all amounts reported on line 12 for all properties				23c		$\neg \neg$		
d	Total of all amounts reported on line 18 for all properties				23d	4	,231.		
е	Total of all amounts reported on line 20 for all properties				23e		,201.		
24	Income. Add positive amounts shown on line 21. Do not						. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses here	e 25	(19,601.)
26	Total rental real estate and royalty income or (loss).	Combin	e lines 2	24 and	25. E	nter the resu	ılt		
	here. If Parts II, III, and IV, and line 40 on page 2 do no	ot apply	to you,	also e	nter th	nis amount o			
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	ımount ir	n the tot	al on li	ne 41	on page 2	. 26		-19,601.

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

VIPIN ASAVA

21

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 842-81-5671

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. ☐ Self-only X Family HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 0. If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for 3 7,750. Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also 4 0. 5 5 7,750. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . 6 7,750. If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . 7 7,750. 8 8 Employer contributions made to your HSAs for 2023 9 10 11 11 1,140. 12 12 6,610. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . 20

Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form

21

Form **4562**

Department of the Treasury Internal Revenue Service Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number VIPIN ASAVA & POOJA KABRA Sch E Schedule E, Page 1, Copy 1, Property A 842-81-5671 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 121,411. 4,231 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 4,231. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.