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.

Submission Identification Number (SID)

Тахрау	er's name	Social securit	ty numb	ber
SAM	EER MISHRA	675-79	-2222	2
Spouse	s's name	Spouse's soc	ial secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you a	re aut	thorizing.)
Enter	whole dollars only on lines 1 through 5.			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	39,832.
2	Total tax		2	2,897.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,088.
4	Amount you want refunded to you		4	3,191.
5	Amount you owe		5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

Taxpayer's PIN: check one box only

<u> </u>	1 authorize	GIODAI	IAADO	ERO firm name	to enter or generate my Fin	Er
Y	l authorize	CLOBAL.	TAYES	LLC	to enter or generate my PIN	2

Ent	as my				
9	2	2	2	2	

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

to enter or	generate	my	PIN

as my Enter five digits, but don't enter all zeros

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

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

Spouse's signature ► C	ate 🖡								
Practitioner PIN Method Returns Only—continue									
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.						0	2 7	1	

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

ERO's signature Date Date								
	Must Retain This Form — See it This Form to the IRS Unless							
For Paperwork Reduction Act Notice, see your	tax return instructions.	REV 02/23/24 PRO	Form 8879 (Rev. 01-2021)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta 2		turn	202	3	OMB No. 1545-	0074	IRS Use Onl	y—Do not v	rite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
SAMEER			MIS	HRA						675	79	2222
	oouse's	s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruc	tions.				А	pt. no.	Preside	ntial Ele	ection Campaigr
600 GARS	SON 1	DR NE						2	102			vou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
ATLANTA						GP	J	303		box bel	ow will	not change
Foreign country	name			Foreign pi	rovince/state/	count	ty	Foreig	n postal code	your ta		_
		n									∐ Yo	ou Spouse
Filing Status		Single					Head of ho	buseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)						(0.0.0)		
one box.		Married filing separately (MFS)							•	. ,		
	-	you checked the MFS box, enter the alifying person is a child but not you			pouse. If you	u che	ecked the HOH	or Q	SS box, ent	er the ch	lid's na	me if the
	qu	anying person is a child but not you										
Digital		ny time during 2023, did you: (a) rec									_	
Assets		hange, or otherwise dispose of a dig						t)? (Se	e instructio	ons.)		es 🛛 No
Standard	_	eone can claim: You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bori	n befo	re January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationshi	р (4	Check the b	oox if qual	fies for	(see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax of	credit	Credit fo	or other dependents
than four												
dependents, see instructions	. —											
and check				_								
here												
Income	1a	Total amount from Form(s) W-2, b						• •		. 1a		45,264.
Attach Form(s)	b	Household employee wages not r	•		. ,			• •		. 1b		
W-2 here. Also attach Forms	с С	Tip income not reported on line 1a			,			• •	· · ·	. 10		
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits				nstru		• •		. 1d . 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene				• •		• •		. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 19		
get a Form	h	Other earned income (see instruct								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (1 i					
	z	Add lines 1a through 1h								. 1z		45,264.
Attach Sch. B	2a	- 1	2a			bΤ	axable interest			. 2b		
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b		
	4a	IRA distributions	4a			bΤ	axable amount			. 4b		
Standard Deduction for —	5a	Pensions and annuities	5a			bΤ	axable amount			. 5b		
 Single or Married filing 	6a	, _	6a				axable amount			. 6b		
separately,	С	If you elect to use the lump-sum e						• •				
\$13,850 • Married filing	7	Capital gain or (loss). Attach Sche		-				· ·			_	
jointly or Qualifying	8	Additional income from Schedule								. 8		-5,432.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		39,832.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10	-	20.020
household, [\$20,800	11	Subtract line 10 from line 9. This is	-		-			• •		. 11		39,832.
• If you checked any box under	12 13	Standard deduction or itemized Qualified business income deduct						• •		· 12 · 13		13,850.
Standard	13 14	Add lines 12 and 13						• •		. 14	-	13,850.
Deduction, see instructions.	14 15	Subtract line 14 from line 11. If zer	 ro.or.la	 Iss enter				 е		. 15	-	25,982.
	10				5 . 1113 13 Y	Jui		• .		. 13	<u>'</u>	20,002.

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

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 🗌 881	4 2 4972	3	16	2,897.
Credits	17	Amount from Schedule 2, line	e3				17	
	18	Add lines 16 and 17					18	2,897.
	19	Child tax credit or credit for c	other dependent	ts from Sched	ule 8812		19	
	20	Amount from Schedule 3, line	e 8				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			22	2,897.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is y					24	2,897.
Payments	25	Federal income tax withheld						
•	а	Form(s) W-2				25a 6	,088.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c .					25 d	i 6,088.
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	22 return .		26	
qualifying child,	27	Earned income credit (EIC) .				27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit				29		
	30	Reserved for future use				30		
	31	Amount from Schedule 3, line	ə15			31		
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits	32	
	33	Add lines 25d, 26, and 32. Th	-				33	6,088.
Refund	34	If line 33 is more than line 24					34	3,191.
	35a	Amount of line 34 you want r	efunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗌 35a	3,191.
Direct deposit?	b	Routing number 0 2 1					Savings	
See instructions.	d	Account number 4 8 3			9 0 7 6			
	36	Amount of line 34 you want a		2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe				
You Owe	•.	For details on how to pay, go					37	
	38	Estimated tax penalty (see in	structions) .			38		
Third Party	Do	you want to allow another				' See		
Designee		structions					mplete below	. 🗙 No
U		signee's		Phone			nal identification	า
	na			no.			er (PIN)	
Sign		der penalties of perjury, I declare th ief, they are true, correct, and comp						
Here				I.	1			ent you an Identity
	YO	ur signature		Date	Your occupation			PIN, enter it here
Joint return?					SOFTWARE	DEVELOPER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	tion		ent your spouse an
Keep a copy for your records.							-	otection PIN, enter it here
your rooordo.							(see inst.)	
		one no. (845) 720-6492		Email address	SAMEERMISH	1810GMAIL.CO		
Paid		eparer's name	Preparer's signat			Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/02/2024	P02082703	
Use Only	Fir	m's name GLOBAL TAX					Phone no.	,
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	t information.		BAA	REV 02/23/24 PRO		Form 1040 (2023)

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 23

Attachment

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAMEER MISHRA		675-79	-2222

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-5,432.
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	0- (
		8s (/	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	a nongovernmental section 457 plan	8t 8u	-	
	Wages earned while incarcerated	ou		
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter		5	
10	1040, 1040-SR, or 1040-NR, line 8		10	-5,432.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			le 1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	aovernment		
	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)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses		_	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)		-	
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			
			-	
J	Housing deduction from Form 2555		-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)		-	
Z	Other adjustments. List type and amount: 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter	here and on	25	
20	Form 1040, 1040-SR, or 1040-NR, line 10		26	
			· · · ·	(Form 1040) 2023
	BAA REV 02/2	3/24 PRO	Somedule I	1. 0111 1040/ 2023

(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)												20	12	3	
Departn Internal	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) shown on return												Your soci	ial security			
SAMEER MISHRA														9-2222		
Part		or	Los	s Fr	rom Rei	ntal Real I	Estate an	d Ro	yalties				1			
	rental inco	ome o	or los	ss fro	om Form 4	4835 on page	e 2, line 40.	-				ictions. If you a				
	Did you make ar f "Yes," did you															
 1a										• •						
	Physical addr				,			CODE	*)							
A	PATIA BHU	BAN	ESW	VAR	ODISH.	A IN 751	.024									
B C																
 1b	Type of Prope	rtv	2	Fo	r each re	ental real es	tate nrone	tate property listed			F	air Rental	Personal Use		0.11/	
	(from list below		2	above, report the number of fair							Days		ays		QJV	
Α	3			personal use days. Check the					Α	365		0				
В				if you meet the requirements to qualified joint venture. See inst					В							
C				99						С						
	of Property:				o.) /						_					
	Single Family R Multi-Family Re					ation/Short- nmercial	-Term Ren	tal	5 Lan 6 Roy		-	Self-Rental	riba)			
	Multi-r armiy ne	Siue	nce	,	4 001	IIIIerciai				ailles	0	Other (desc				
												Propert	ies:	1		
	come:							0		A E 870.					С	
3 4								3			570.					
Exper		IVCU	• •	• •				4								
5	Advertising							5								
6	Auto and travel (see instructions)							6								
7	Cleaning and maintenance							7		ľ	586.					
8	Commissions							8								
9																
10	Legal and other professional fees							10 11			15.0					
11 12	Management fees										756.					
12								12 13								
14	Other interest .									2,3	L59.					
15	Supplies										596.					
16	Taxes															
17	Utilities									1,2	205.					
18	Depreciation e	expe	nse	or de	epletion			18 19								
19 20	Other (list) Total expenses. Add lines 5 through 19									6	202					
20 21	•	al expenses. Add lines 5 through 19								0,	302.					
21																
	result is a (loss), see instructions to find out if you must file Form 6198						21		-5,4	132.						
22	Deductible rer	ntal r	eal (estat	te loss a	fter limitatio	on, if any,									
	on Form 8582				,			22	(5,4	32.)	()	()
23a	Total of all amounts reported on line 3 for all rental proper										23a		870.	-		
b	Total of all amounts reported on line 4 for all royalty proper Total of all amounts reported on line 12 for all properties									23b						
c d							•				23c 23d					
u e	Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties										23u	F F	5,302.			
24	Income. Add positive amounts shown on line 21. Do not										L					
25	Losses. Add ro								-					(5,4	432.)
26	Total rental re															
	here. If Parts I															
	Schedule 1 (Fo	orm	104(U), lir	ne 5. Oth	ierwise, incl	lude this ar	nount	in the to	otal on	ine 41	on page 2	· 26		-5,	,432.

Supplemental Income and Loss

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

SCHEDULE E

(Form 1040)

OMB No. 1545-0074

Schedule E (Form 1040) 2023

-5,432.