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)		
Taxpayer's name	Social security	y number
JAINEEL NAILESH SHAH	-1578	
Spouse's name	al security number	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you ar	re authorizing.)
Enter whole dollars only on lines 1 through 5.	, ,	<u> </u>
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 85,529.
2 Total tax		2 11,076.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 19,729.
4 Amount you want refunded to you		4 8,653.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	ind keep a copy	y of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electron rejection of the traction to debit the property of the processing of the payment. I furtile or rejection of the payment.	anic return originator (ERO) ansmission, (b) the reason of its designated Financial expreparation software for entry to this account. This tition. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
X I authorize GLOBAL TAXES LLC to enter or gene signature on the income tax return (original or amended) I am now authorizing.	ř Ent	as my er five digits, but o't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN rebelow.	method. The ERO	
Your signature Date		
Spouse's PIN: check one box only		
I authorize to enter or gene signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN release.		
Spouse's signature ▶ Date	•	
Practitioner PIN Method Returns Only—continue be	elow	
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.		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommunity authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	>	
ERO Must Retain This Form — See Instruction		

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

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		turn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	write or staple in this spa	ce.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate instructions	 3.
Your first name	e and m	iddle initial	Last na	ame						Your so	ocial security number	er
JAINEEL	NAI	LESH	SHAI	Н						399	45 1578	
If joint return, s	spouse's	s first name and middle initial	Last n	ame						Spouse	's social security nur	mbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Α	pt. no.	Preside	ential Election Camp	aigr
5700 TA	PADE:	RA TRACE LANE						7	31	1	here if you, or your	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite :	ZIP co	ode		e if filing jointly, want	
AUSTIN						TΣ	ζ	787	27		o this fund. Checkin low will not change	y a
Foreign countr	y name			Foreign p	rovince/state/o	coun	ty	Foreig	n postal code	1	x or refund.	
											You Spe	ouse
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	surviv	ing spouse	(QSS)		
	If y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or QS	SS box, ente	er the ch	ild's name if the	
	qu	ıalifying person is a child but not you	ır depe	ndent:								
Digital	Δta	ny time during 2023, did you: (a) rec	aiva (as	: a rewar	d award or	navr	ment for propert	v or s	services): or	(h) sell		
Assets		nange, or otherwise dispose of a dig	•					•	•	. ,	☐ Yes 🗵 No	,
Standard		neone can claim: You as a de					a dependent	(- (-		,		
Deduction	_	Spouse itemizes on a separate retur	•				•					
		<u> </u>										
	-	: Were born before January 2, 1	959	∐ Are b	lind Spo	ouse	: U Was born		re January 2	-	☐ Is blind	
Dependent				(2)	Social security	•	(3) Relationship	(4			lifies for (see instruction	
If more	(1) F	irst name Last name		number to you			to you		Child tax c	reait	Credit for other depen	aents
than four dependents,								-			 	
see instruction	ıs							-			 	
and check	, —								<u> </u>			
here L		T	4 /	<u> </u>	\						107.74	0
Income	1a	Total amount from Form(s) W-2, b	•		,						,	8.
Attach Form(s)		Household employee wages not re	•		` '							
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	`		,					. 10		
W-2G and	d	Medicaid waiver payments not rep		•	,	ISITU	ictions)			. 10		
1099-R if tax was withheld.	e	Taxable dependent care benefits t			-					. 16		
If you did not	ا ~	Employer-provided adoption bene			•					. 11		
get a Form	g									. 10	,	0.
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (,			•		 I		. 1h	_	<u> </u>
instructions.	ı Z	Add lines 1a through 1h	355 IIIS	ac.ioi is)	,			1		. 12	107,74	8
Attach Sch. B	<u>_</u> 2a		2a		· · · ·	ЬТ	axable interest			. 12		<u> </u>
if required.	2a 3a	' -	3a				ordinary divident	de				
	4a	_	4a				axable amount					
Standard	5a		5a				axable amount					
Deduction for— Single or	6a	_	6a				axable amount			. 6k		
Married filing	C	If you elect to use the lump-sum e	_	method								
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,		[7		
 Married filing jointly or 	8	Additional income from Schedule		•						_ <u>.</u> . 8		9.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		9.
\$20,800	12	Standard deduction or itemized	-							. 12		
 If you checked any box under 	13	Qualified business income deduct		•		,	95-A			. 13		
Standard Deduction,	14									. 14		0.
see instructions.	15	Subtract line 1/1 from line 11. If zer				our t	tavabla income			15		

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	11,076.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	11,076.
	19	Child tax credit or credit for	other dependent	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	11,076.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	11,076.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	19	,729.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	19,729.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	19,729.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	8,653.
	35a	Amount of line 34 you want			is attached, che	ck here			35a	8,653.
Direct deposit?	b	Routing number 0 2 1			c Type: 🛛] Checki	ng 🗌 S	Savings		
See instructions.	d	Account number 7 5 9	0 9 3 0	7 0						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions				37	
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See				_
Designee	ins	structions				[Yes. Co	mplete	below.	⋉ No
		signee's me		Phone				onal identi per (PIN)	fication	
0:		der penalties of perjury, I declare t	hat I have examined	no.	accompanying scho	dulos and		- (/	the best	of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Υo	ur signature		Date	Your occupation			lf the	IRS se	nt you an Identity
	10	ar signature		Date	Tour occupation					IN, enter it here
Joint return?					SOFTWARE I	ENGIN:	EER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.									tity Proti inst.)	ection PIN, enter it here
•			0	Farall addisses		0.0011170	D0017 ED			
		one no. (646) 727-574 eparer's name	Preparer's signat	Email address	JANSHAH@CS.	STONYB Date	KUUK.ED I	U PTIN		Check if:
Paid		•	1 .		ייי די השמוז איי		0/2024		2702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAK	GUPTA TALLAM	103/1	0/2024	P0208		
Use Only		m's name GLOBAL TA		NIOTAT OTC. 37	T 00016					(678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	MEMICK N	η ηαατρ			Firm	i's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

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.

AIN	WEEL NAILESH SHAH	399-4	15-15	578	
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. Attach Schedule		5	-22,219.	
6	Farm income or (loss). Attach Schedule F		6		
7	Unemployment compensation		7		
8	Other income:				
а	Net operating loss)			
b	Gambling				
С	Cancellation of debt				
d	Foreign earned income exclusion from Form 2555)			
е	Income from Form 8853				
f	Income from Form 8889				
g	Alaska Permanent Fund dividends 8g				
h	Jury duty pay				
i	Prizes and awards				
j	Activity not engaged in for profit income				
k					
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 8I				
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)				
	Section 951(a) inclusion (see instructions)				
0	(1)				
	Section 461(I) excess business loss adjustment				
q	Taxable distributions from an ABLE account (see instructions) 8q				

8r

8s

8t

8u

8z

u Wages earned while incarcerated

9

10

z Other income. List type and amount: _

Scholarship and fellowship grants not reported on Form W-2 . . .

-22,219.

9

10

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-base	sis government		
	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)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	o		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	_		
d	Reforestation amortization and expenses	d		
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	9	-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	n	-	
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	j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
- -				
25	Total other adjustments. Add lines 24a through 24z		25	_
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		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.

Your social security number

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

OMB No. 1545-0074

JAI	NEEL NAILESH SHAH						399-4	45-1578		
Pai		and Roya	alties	• -						
	Note: If you are in the business of renting personal prop rental income or loss from Form 4835 on page 2, line 40	oerty, use S O.	schedule	C . See	ınstru	ctions. If you a	are an inc	lividual, rep	ort farm	
Α	Did you make any payments in 2023 that would require yo		orm(s) 1	1099? S	ee ins	tructions .		. 🗌 Ye	es 🗵 No	
В	If "Yes," did you or will you file required Form(s) 1099?									
1a										
—A				MD T 77T T	T E 7.0	יות הנות חיבו	7 TN /	21201		
<u>A</u>		OFFICE	E, DON	ТОТ ОТ-	L EA,	oi, inani	2 IN 4	21201		
		nerty liste	d		Fa	ir Rental	Perso	nal Use		
		pove, report the number of fair rental a				Days		ays	QJV	
Α	personal use days. Check the 0		only	Α		365		0		
В	if you meet the requirements to qualified joint venture. See inst	o file as a		В						
С	qualified joint venture. See inst	i uctions.		С						
	e of Property:									
	Single Family Residence 3 Vacation/Short-Term Re		5 Lanc			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
						Properti	ies:			
Inco	me:			Α		В			С	
3	Rents received	3		7	48.					
4	Royalties received	4								
Ехре	enses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		3,2	60.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,1	20.					
12 13	Mortgage interest paid to banks, etc. (see instructions)	12		2 0	0.1					
14	Other interest	14		2,8						
15	Supplies	15		3,9						
16	Taxes	16			00.					
17	Utilities	17		1,9	68.					
18	Depreciation expense or depletion	18		5,1						
19	Other (list)	19		,						
20	Total expenses. Add lines 5 through 19	20		22,9	67.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I	f								
	result is a (loss), see instructions to find out if you must	t								
	file Form 6198	21		-22,2	19.					
22	Deductible rental real estate loss after limitation, if any	·								
	on Form 8582 (see instructions)	22 (22,21)()	
23a					23a		748.			
b	1 , , , , ,				23b					
C					23c	F	111			
d					23d		,111.			
e 24	Total of all amounts reported on line 20 for all propertie Income. Add positive amounts shown on line 21. Do no				23e	2.2	. 967.			
24 25	Losses. Add royalty losses from line 21 and rental real esta		-		· ·	· · · · ·		(22,219.)	
26	Total rental real estate and royalty income or (loss)							(,)	
20	here. If Parts II, III, and IV, and line 40 on page 2 do r									
	Schedule 1 (Form 1040), line 5. Otherwise, include this						. 26		-22,219.	