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

	10.10.100					
Submi	ssion Identification Number (SID)					
Taxpaye	r's name	Social securi	ty numb	per		
RAJA	ASHEKAR RAGHAVAPURAM	305-53	-816	8		
Spouse'	s name	Spouse's social security number				
Doub	Tou Detrive Information Tou Very Finding December 24			tle e vi—ive ev	<u> </u>	
Part		iter year you a	ire au	tnorizing.)	
	vhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	ا ع	,238.	
2	Total tax		2		<u>, 236.</u> , 745.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,629.	
4	Amount you want refunded to you		4		,884.	
5	Amount you owe		5		,004.	
Part	,	d keep a cop	y of y	our retu	rn)	
my know return (to send for any Agent t paymer authoriz paymer busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a proginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trar my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of 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 is days prior to the payment (settlement) date. I also authorize the financial institutions involved in a receive confidential information necessary to answer inquiries and resolve issues related to that identification number (PIN) below is my signature for the income tax return (original or amended)	bove are the am smitter, or electr rejection of the te U.S. Treasury a indicated in the tention to debit the nate the authoriz requests must be the processing of e payment. I fur	ounts fonic reformers, reforming the control of the	trom the incurrence turn original sistems, (b) the designated paration soff to this according to the control of	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the	
	nic Funds Withdrawal Consent. yer's PIN: check one box only					
Тахра		3	8 2	1 6 8		
_	I authorize GLOBAL TAXES LLC to enter or genera	ř En		digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	do	ii i ciiic	1 all 20103		
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.					
Your s	ignature ► Date ►	_03/24/2024				
Snous	e's PIN: check one box only					
Opous	I authorize to enter or general	ato my DINI			as my	
	ERO firm name	_	ter five	digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.					
Spous	e's signature ▶ Date ▶	•				
	Practitioner PIN Method Returns Only—continue below	ow				
Part	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 4 9 Don't ent	6 0 er all ze	8 2 7 eros	1	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Pinch Pi	ibmitting this reti	urn in a	accordance		
ERO's	signature ▶ Date ▶	•				
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested T					

Department of the Treasury – Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending, 20						20	See separate instructions.			
Your first name			Last na					Your identifying number		
								see instructions)		
RAJASHEKA	λR		RAGH	AVAPURAM			305-	305-53-8168		
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.			1	Apt. no.		
14125 BRC	ADM	OOR STREET								
City, town, or p	ost o	fice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP code		
OVERLAND	PAR	K				KS		66223		
Foreign country	nam	e	Foreigr	n province/state/county		Foreign	postal co	de		
Filing Status	×	Single Married filing sepa	rately (N	∕/IFS) ☐ Qualify	ing surviving spouse	(QSS)	☐ Est	tate Trust		
	lf :	you checked the QSS box, enter the c	:hild's na	ame if the qualifying per	son is a child but not	your dep	endent:			
Check only one box.										
Digital Assets	At a	ny time during 2023, did you: (a) recei	ve las a	reward award or navn	nent for property or se	ervices): c	or (h) sell i	exchange or		
Digital Assets	othe	erwise dispose of a digital asset (or a f	inancial	interest in a digital asse	et)? (See instructions.)			. Yes X No		
Dependents						(4) Ch	eck the box	x if qualifies for (see inst.):		
(see instructions):		(A) E: .		(2) Dependent's	(0) D	Chi	ild tax credi	it Credit for other		
	-	(1) First name Last name		identifying number	(3) Relationship to yo	ou		dependents		
If more than four										
dependents, see										
instructions and check here										
	1a	Total amount from Form(s) W-2, box	1 (saa i	netructions)			. la	22,263.		
Income Effectively	b	Household employee wages not rep	•	,				22,203.		
Connected	C	Tip income not reported on line 1a (s		* *						
With U.S.	d	Medicaid waiver payments not report		,						
Trade or	e	Taxable dependent care benefits fro								
Business	f	Employer-provided adoption benefit		·						
Dusiness	g	Wages from Form 8919, line 6		•						
Attach	h	Other earned income (see instruction	. 1h							
Form(s) W-2, 1042-S,	i	Reserved for future use	•							
SSA-1042-S,	j	Reserved for future use					. 1j			
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from line 1(e)								
here. Also attach	z	line 1(e)			<u>IK</u>		. 1z	22,263.		
Form(s)	2a	Tax-exempt interest 2a	1		xable interest		. 2b	22,203.		
1099-R if		Qualified dividends 3a			dinary dividends .		. 3b			
tax was withheld.	4a	IRA distributions 4a			xable amount					
If you did not	5a	Pensions and annuities 5a			xable amount		_			
get a Form	6	Reserved for future use								
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	le D (Fo	rm 1040) if required. If r	not required, check he	ere	□ 7			
motraotiono.	8	Additional income from Schedule 1 (Form 10	040), line 10			. 8	7,975.		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your total effectively	connected income		. 9	30,238.		
	10	Adjustments to income from Schedincome	,	,·	•					
	11	Subtract line 10 from line 9. This is y						30,238.		
	12	Itemized deductions (from Schedu								
		deduction (see instructions)	,	"			I	13,850.		
	13a	Qualified business income deduction			1 1					
	b	Exemptions for estates and trusts or	nly (see i	nstructions)	13b					
	С	Add lines 13a and 13b					. 13c	:		
	14	Add lines 12 and 13c					. 14	13,850.		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your t a	axable income .	<u></u>	. 15	16,388.		

Form 1040-NR (2	2023)										Page 2
Tax and	16	Tax (see instructions). Check if ar	y from For	rm(s): 1 88	314 2 [4972	2 3			16	1,745.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	1,745.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (F	orm 104	10) .			19	
	20	Amount from Schedule 3 (Form	1040), line	8						20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0						22	1,745.
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),					23a				
	b	Other taxes, including self-empl									
	_	line 21	•		•	· · · · · · · · · · · · · · · · · · ·	23b				
	С	Transportation tax (see instruction				h	23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is yo								24	1,745.
Payments	25	Federal income tax withheld from									,
. ayınıcınıc	а	Form(s) W-2				.	25a		3,629.		
	b	Form(s) 1099				- H	25b				
	С	Other forms (see instructions) .					25c				
	d	Add lines 25a through 25c				_				25d	3,629.
	е	Form(s) 8805								25e	,
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments ar	nd amount	applied from 20	22 return .					26	
	27	Reserved for future use				1	27				
	28	Additional child tax credit from S					28			_	
	29	Credit for amount paid with Forn		•	,	h	29				
	30	Reserved for future use				- H	30				
	31	Amount from Schedule 3 (Form					31				
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits								32	
	33	Add lines 25d, 25e, 25f, 25g, 26								33	3,629.
Refund	34	If line 33 is more than line 24, su								34	1,884.
	35a	Amount of line 34 you want refu	nded to y	ou. If Form 8888	is attache	d, check	k here		🗆	35a	1,884.
Direct deposit?	b	Routing number 0 7 1 9				: X			Savings		
See instructions.	d	Account number 4 7 2 1 6 2 7 2 1 5									
	е	If you want your refund check m	nailed to a	n address outsic	le the Unite	ed State	s not sh	— iown or	page 1,		
		enter it here.									
	36	Amount of line 34 you want app					36				
Amount	37	Subtract line 33 from line 24. Th	is is the ar	mount you owe							
You Owe		For details on how to pay, go to	www.irs.g	ov/Payments or	see instruc	tions .	٠.			37	
	38	Estimated tax penalty (see instru	ıctions) .				38				
Third	Do yo	o you want to allow another person to discuss this return with the IRS? See instructions. Yes. Comp								lete be	low. 🛛 No
Party Designee	Designee's Phone Personal identifiname no. number (PIN)							ication			
		penalties of perjury, I declare that I ha they are true, correct, and complete. [
Sign	Your	signature		Date	Your occu	upation			If th	e IRS s	ent you an Identity
Here						.,					PIN, enter it here
					DATA A	NALYS	ST		(see	inst.)	
	Phone	e no.		Email address							
Paid	Prepa	rer's name	Preparer	's signature		Ţ	Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA	SYAM 1	PRIYA RAM :	SAGAR G	UPTA	03/25	/2024	P0208	2703	Self-employed
-	Firm's	name GLOBAL TAXES	LLC						Phone n	o . (6	78)965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's El							IN			

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

RAJASHEKAR RAGHAVAPURAM

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 soc	ial security number
305-53	-8168

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	7,975.
4	Other gains or (losses). Attach Form 4797		4	·
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
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		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	7,975.

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	e-basis	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)	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	041			
_	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
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			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA FINO	uu	

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

RAJASHEKAR RAGHAVAPURAM 305-53-8168 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name sl	ame shown on Form 1040-NR Your identifying number									
RAJA	SHEKAR RAGHAVAPURAM				305-53-81	68				
Α	Of what country or countries w	vere you a citizen or nation	al during the tax y	ear? INDIA						
В	In what country did you claim	residence for tax purpose	s during the tax y	ear? United States						
С	Have you ever applied to be a	green card holder (lawful p	ermanent resider	t) of the United States? .		☐ Yes	⊠ No			
D	Were you ever:									
1.	A U.S. citizen?					☐ Yes	⊠ No			
2.	A green card holder (lawful per	manent resident) of the Ur	ited States? .			☐ Yes	⊠ No			
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,	for expatriation ru	ules that apply to you.						
E	If you had a visa on the last of immigration status on the last of		• • •	you didn't have a visa, en	_					
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?									
G	List all dates you entered and	eft the United States durin	g 2023. See instru	uctions.						
	Note: If you're a resident of C				ent intervals,					
	check the box for Canada or	Mexico and skip to item I	<u> </u>	\square Canada	Mexico					
	Date entered United States	Date departed United Stat	es	Date entered United State			d States			
	mm/dd/yy	mm/dd/yy		mm/dd/yy	m	ım/dd/yy				
Н	Give number of days (including									
_	2021	, 2022	, an	d 2023365	··		.			
ı	Did you file a U.S. income tax If "Yes," give the latest year ar	d form number you filed:				∐ Yes	⊠ No			
J	Are you filing a return for a trus	st?				☐ Yes	⊠ No			
	If "Yes," did the trust have a l					_				
	U.S. person, or receive a contr	·				∐ Yes	☐ No			
K	Did you receive total compens		-			☐ Yes	⊠ No			
	If "Yes," did you use an alterna			•			☐ No			
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign	country,			
1.	Enter the name of the country,				claimed the trea	aty benefit	, and the			
	amount of exempt income in th	e columns below. Attach Fo								
	(a) Cou	ntry	(b) Tax treaty art			ount of exe	•			
				claimed in prior tax ye	ars income in	current ta	x year			
	(e) Total. Enter this amount or	Form 1040-NR line 1k Γ	L On not enter it anv	where else on line 1						
2.	Were you subject to tax in a fo		=			Yes	No			
	Are you claiming treaty benefit					☐ Yes	⊠ No			
٠.	If "Yes," attach a copy of the C		-							
М	Check the applicable box if:	1,2222111111111111111111111111111111111								
	This is the first year you are may with a U.S. trade or business u						onnected			
2.	You have made an election in States as effectively connected	a previous year that has	not been revoke	d, to treat income from re	eal property loca	ated in th				
	Caro do chicotivoly confliction						<u>· ⊔</u>			

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Sequence No. 09

	orproprietor ASHEKAR RAGHAVAPURA	M					-53-8168
A			ding product or service (see instr	truct	ions)		er code from instructions
	SOFTWARE SERVICES	,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	amy product of convice (coe mean				1 9 2 0 0
С	Business name. If no separate	busine	ss name. leave blank.				loyer ID number (EIN) (see instr.)
				noyer is maniser (Ent) (see mour.)			
E	Business address (including si	uite or ro	oom no.) 14125 BROADN	OMO	OR STREET		
	City, town or post office, state						
F	Accounting method: (1)	Cash	(2) Accrual (3)	Oth	ner (specify)		
G	Did you "materially participate	" in the	operation of this business during	g 20	23? If "No," see instructions for lim	it on lo	osses . X Yes No
Н	If you started or acquired this	busines	s during 2023, check here				\square
I					1099? See instructions		
J		e require	ed Form(s) 1099?				🗌 Yes 🗌 No
Par	Income						
1	·				is income was reported to you on		
						1	7,975.
2						2	7 075
3						3	7,975.
4						4	7 075
5 6					und (see instructions)	5 6	7,975.
7	Gross income, including leder.		•		,	7	7,975.
Part			s for business use of your ho	om	e only on line 30	1	1,313.
8	Advertising	8	18		Office expense (see instructions) .	18	
9	Car and truck expenses		19		Pension and profit-sharing plans .	19	
3	(see instructions)	9	20		Rent or lease (see instructions):		
10	Commissions and fees .	10	а		/ehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11	b		Other business property	20b	
12	Depletion	12	21	F	Repairs and maintenance	21	
13	Depreciation and section 179		22	S	Supplies (not included in Part III) .	22	
	expense deduction (not included in Part III) (see		23	Т	Taxes and licenses	23	
	instructions)	13	24	Т	ravel and meals:		
14	Employee benefit programs		а	a T	「ravel	24a	
	(other than on line 19) .	14	b) [Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15	25		Jtilities	25	
16	Interest (see instructions):		26		Vages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a	27a	a (Other expenses (from line 48)	27a	
b	Other	16b	b		Energy efficient commercial bldgs		
17	Legal and professional services	17	husiness use of home. Add lines		deduction (attach Form 7205)	27b 28	
28 29	•		business use of home. Add lines 28 from line 7		•	29	7,975.
	. ,					25	7,373.
30	unless using the simplified me	,	·	ense	es elsewhere. Attach Form 8829		
			the total square footage of (a) you	our h	nome:		
	and (b) the part of your home				. Use the Simplified		
	• • •		to figure the amount to enter on	ı line		30	
31	Net profit or (loss). Subtract		=				
	• If a profit, enter on both Sch	edule 1	(Form 1040), line 3, and on Sch	hed	ule SE, line 2. (If you		
	checked the box on line 1, see	e instruc	ctions.) Estates and trusts, enter o	on F	Form 1041, line 3.	31	7,975.
	• If a loss, you must go to line				J		
32	If you have a loss, check the b	ox that	describes your investment in this	is ac	ctivity. See instructions.		
	• If you checked 32a, enter the	e loss o	n both Schedule 1 (Form 1040),	, line	e 3, and on Schedule		
		box on l	line 1, see the line 31 instructions.)	.) Es	tates and trusts, enter on		All investment is at risk.
	Form 1041, line 3.		l. F 0400 V		J	32b	Some investment is not at risk.
	 IT you checked 32b, you mu 	st attac	h Form 6198. Your loss may be li	ıımit	tea.		at non.

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ıch ex	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	y?	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part				
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2024, enter the number of miles your vehicle during 2024, enter the number of miles your vehicle during 2024, enter the number of miles your vehicle during 2024, enter the num	ehicle	e for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?			☐ No
46	Do you (or your spouse) have another vehicle available for personal use?			☐ No
47a	Do you have evidence to support your deduction?		Tes	☐ No
b	If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8–26, line			☐ No
Part	V Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		