

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br><b>NEHA NAGABHUSHANA PATEL</b> | Social security number<br><b>878-32-6230</b> |
| Spouse's name                                     | Spouse's social security number              |

## Part I 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.

|  |          |          |
|--|----------|----------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 159,644. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 29,180.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 29,181.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 1.       |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |          |

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

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 6 | 2 | 3 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial NEHA NAGABHUSHANA Last name PATEL Your social security number 878 32 6230

If joint return, spouse's first name and middle initial Last name Spouse's social security number 663 77 6529

Home address (number and street). If you have a P.O. box, see instructions. 33480 GOLDEN LAKES LN Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BLACK DIAMOND State WA ZIP code 98010 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: TRISHUL GOWDA ASHOK

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents.

Income section table with columns for line numbers (1a-1z) and amounts. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

Table for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table for Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800; If you checked any box under Standard Deduction, see instructions.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax calculated as 29,180.

Table for Payments (lines 25-33) including federal income tax withheld, EIC, and total payments of 29,181.

Table for Refund (lines 34-36) showing overpaid amount of 1 and amount applied to 2024 tax of 1.

Table for Amount You Owe (lines 37-38) showing amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and preparer, including occupation and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

NEHA NAGABHUSHANA PATEL

Your social security number

878-32-6230

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  | -42,795. |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  |          |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -42,795. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |            |
|------------|--|------------|------------|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |
| <b>24</b>  | Other adjustments:   |            |            |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    |            | <b>26</b>  |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **02**

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

Your social security number  
878-32-6230

**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |   |           |      |
|-----------|---|-----------|------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .   | <b>4</b>  |      |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .   | <b>5</b>  |      |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .   | <b>6</b>  |      |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .  | <b>7</b>  |      |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.<br>If not required, check here <input type="checkbox"/> . . . . . | <b>8</b>  |      |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .   | <b>9</b>  |      |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .  | <b>10</b> |      |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .   | <b>11</b> | 789. |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .   | <b>12</b> |      |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                             | <b>13</b> |      |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .  | <b>14</b> |      |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                       | <b>15</b> |      |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .  | <b>16</b> |      |

(continued on page 2)

**Part II Other Taxes** *(continued)*

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>17</b> | Other additional taxes:   |            |           |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount:<br>_____  | <b>17a</b> |           |
| <b>b</b>  | Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .   | <b>17b</b> |           |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> |           |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |           |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |           |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |           |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |           |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                  | <b>17h</b> |           |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |           |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |           |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |           |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |           |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |           |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |           |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |           |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                | <b>17p</b> |           |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |           |
| <b>z</b>  | Any other taxes. List type and amount: _____<br>_____   | <b>17z</b> |           |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   |            | <b>18</b> |
| <b>19</b> | Reserved for future use . . . . .   |            | <b>19</b> |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |           |
| <b>21</b> | Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . |            | <b>21</b> |
|           |   |            | 789.      |

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **09**

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](http://www.irs.gov/ScheduleC) for instructions and the latest information.

|  |  |   |
|--|--|---|
| Name of proprietor<br><b>NEHA NAGABHUSHANA PATEL</b>   |  | Social security number (SSN)<br>878-32-6230 |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>SOFTWARE SERVICES</b>   | <b>B</b> Enter code from instructions<br>5 1 9 2 0 0 |   |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>NEHA IT SOLUTIONS</b>   | <b>D</b> Employer ID number (EIN) (see instr.)       |   |
| <b>E</b> Business address (including suite or room no.) <b>33480 GOLDEN LAKES LN</b><br>City, town or post office, state, and ZIP code <b>BLACK DIAMOND, WA 98010</b>                                      |  |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____   |  |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| <b>H</b> If you started or acquired this business during 2023, check here <input type="checkbox"/>   |  |   |
| <b>I</b> Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |  |   |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |

**Part I Income**

|   |          |  |
|---|----------|--|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | <b>1</b> |  |
| <b>2</b> Returns and allowances   | <b>2</b> |  |
| <b>3</b> Subtract line 2 from line 1  | <b>3</b> |  |
| <b>4</b> Cost of goods sold (from line 42)  | <b>4</b> |  |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3   | <b>5</b> |  |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | <b>6</b> |  |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6   | <b>7</b> |  |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|   |            |        |   |            |          |
|---|------------|--------|---|------------|----------|
| <b>8</b> Advertising  | <b>8</b>   |        | <b>18</b> Office expense (see instructions)                               | <b>18</b>  |          |
| <b>9</b> Car and truck expenses (see instructions)  | <b>9</b>   | 4,081. | <b>19</b> Pension and profit-sharing plans                                | <b>19</b>  |          |
| <b>10</b> Commissions and fees  | <b>10</b>  |        | <b>20</b> Rent or lease (see instructions):                               | <b>20a</b> |          |
| <b>11</b> Contract labor (see instructions)   | <b>11</b>  |        | <b>a</b> Vehicles, machinery, and equipment                               | <b>20b</b> | 27,000.  |
| <b>12</b> Depletion   | <b>12</b>  |        | <b>b</b> Other business property  | <b>21</b>  |          |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | <b>13</b>  |        | <b>21</b> Repairs and maintenance   | <b>22</b>  |          |
| <b>14</b> Employee benefit programs (other than on line 19)   | <b>14</b>  |        | <b>22</b> Supplies (not included in Part III)                             | <b>23</b>  |          |
| <b>15</b> Insurance (other than health)   | <b>15</b>  |        | <b>23</b> Taxes and licenses  | <b>24</b>  |          |
| <b>16</b> Interest (see instructions):  | <b>16a</b> |        | <b>24</b> Travel and meals:   | <b>24a</b> |          |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16b</b> |        | <b>a</b> Travel   | <b>24b</b> | 2,400.   |
| <b>b</b> Other  | <b>17</b>  |        | <b>b</b> Deductible meals (see instructions)                              | <b>25</b>  | 3,360.   |
| <b>17</b> Legal and professional services   | <b>17</b>  |        | <b>25</b> Utilities   | <b>26</b>  |          |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b   | <b>28</b>  |        | <b>26</b> Wages (less employment credits)                                 | <b>27a</b> | 5,954.   |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7  | <b>29</b>  |        | <b>27a</b> Other expenses (from line 48)                                  | <b>27b</b> |          |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | <b>30</b>  |        | <b>b</b> Energy efficient commercial bldgs deduction (attach Form 7205)   | <b>28</b>  | 42,795.  |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.   | <b>31</b>  |        |   | <b>29</b>  | -42,795. |
| <ul style="list-style-type: none"> <li>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b>, and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If a loss, you <b>must</b> go to line 32.</li> </ul>  |            |        |   |            |          |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.  |            |        |   |            |          |
| <ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b>, and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</li> </ul>                       |            |        |   |            |          |
|   |            |        | <b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. |            |          |
|   |            |        | <b>32b</b> <input type="checkbox"/> Some investment is not at risk.       |            |          |



**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

|   |           |  |
|---|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .                                      | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .  | <b>38</b> |  |
| <b>39</b> Other costs . . . . .   | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .   | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .  | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .   | <b>42</b> |  |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2022

**44** Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

**a** Business 6,230    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 1,770

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

|  |           |        |
|--|-----------|--------|
| APPLE IPAD   |           | 1,107. |
| BACK OFFICE OPERATION EXPENSES                                       |           | 4,847. |
|  |           |        |
|  |           |        |
|  |           |        |
|  |           |        |
|  |           |        |
| <b>48 Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> | 5,954. |

### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

|   |   |
|---|---|
| Name(s) shown on return<br><b>NEHA NAGABHUSHANA PATEL</b> | Your social security number<br><b>878-32-6230</b> |
|---|---|

| <b>Part I Additional Medicare Tax on Medicare Wages</b> |   |          |          |
|---|---|----------|----------|
| 1   | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . . | <b>1</b> | 212,639. |
| 2   | Unreported tips from Form 4137, line 6 . . . . .  | <b>2</b> |          |
| 3   | Wages from Form 8919, line 6 . . . . .  | <b>3</b> |          |
| 4   | Add lines 1 through 3 . . . . .   | <b>4</b> | 212,639. |
| 5   | Enter the following amount for your filing status:  |          |          |
|   | Married filing jointly . . . . . \$250,000  |          |          |
|   | Married filing separately . . . . . \$125,000   |          |          |
|   | Single, Head of household, or Qualifying surviving spouse . . . \$200,000   | <b>5</b> | 125,000. |
| 6   | Subtract line 5 from line 4. If zero or less, enter -0- . . . . .   | <b>6</b> | 87,639.  |
| 7   | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .                    | <b>7</b> | 789.     |

| <b>Part II Additional Medicare Tax on Self-Employment Income</b> |  |           |  |
|--|--|-----------|--|
| 8  | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .                  | <b>8</b>  |  |
| 9  | Enter the following amount for your filing status:   |           |  |
|  | Married filing jointly . . . . . \$250,000   |           |  |
|  | Married filing separately . . . . . \$125,000  |           |  |
|  | Single, Head of household, or Qualifying surviving spouse . . . \$200,000  | <b>9</b>  |  |
| 10   | Enter the amount from line 4 . . . . .   | <b>10</b> |  |
| 11   | Subtract line 10 from line 9. If zero or less, enter -0- . . . . .   | <b>11</b> |  |
| 12   | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b> |  |
| 13   | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . . | <b>13</b> |  |

| <b>Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation</b> |  |           |  |
|--|--|-----------|--|
| 14   | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .                                       | <b>14</b> |  |
| 15   | Enter the following amount for your filing status:   |           |  |
|  | Married filing jointly . . . . . \$250,000   |           |  |
|  | Married filing separately . . . . . \$125,000  |           |  |
|  | Single, Head of household, or Qualifying surviving spouse . . . \$200,000  | <b>15</b> |  |
| 16   | Subtract line 15 from line 14. If zero or less, enter -0- . . . . .  | <b>16</b> |  |
| 17   | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . . | <b>17</b> |  |

| <b>Part IV Total Additional Medicare Tax</b> |  |           |      |
|--|--|-----------|------|
| 18   | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . . | <b>18</b> | 789. |

| <b>Part V Withholding Reconciliation</b> |   |           |          |
|--|---|-----------|----------|
| 19                                       | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .   | <b>19</b> | 3,197.   |
| 20                                       | Enter the amount from line 1 . . . . .  | <b>20</b> | 212,639. |
| 21                                       | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .   | <b>21</b> | 3,083.   |
| 22                                       | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .   | <b>22</b> | 114.     |
| 23                                       | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .   | <b>23</b> |          |
| 24                                       | <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) . . . . . | <b>24</b> | 114.     |

# Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

NEHA NAGABHUSHANA PATEL

Your social security number or EIN

878-32-6230

- Part I Investment Income**     Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

|    |   |    |          |              |
|----|---|----|----------|--------------|
| 1  | Taxable interest (see instructions)   |    | <b>1</b> |              |
| 2  | Ordinary dividends (see instructions)   |    | <b>2</b> |              |
| 3  | Annuities (see instructions)  |    | <b>3</b> |              |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)          | 4a | -42,795. |              |
| b  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | 42,795.  |              |
| c  | Combine lines 4a and 4b   |    |          | <b>4c</b> 0. |
| 5a | Net gain or loss from disposition of property (see instructions)  | 5a |          |              |
| b  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | 5b |          |              |
| c  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | 5c |          |              |
| d  | Combine lines 5a through 5c   |    |          | <b>5d</b>    |
| 6  | Adjustments to investment income for certain CFCs and PFICs (see instructions)  |    |          | <b>6</b>     |
| 7  | Other modifications to investment income (see instructions)   |    |          | <b>7</b>     |
| 8  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7  |    |          | <b>8</b> 0.  |

**Part II Investment Expenses Allocable to Investment Income and Modifications**

|    |   |    |  |           |
|----|---|----|--|-----------|
| 9a | Investment interest expenses (see instructions)         | 9a |  |           |
| b  | State, local, and foreign income tax (see instructions) | 9b |  |           |
| c  | Miscellaneous investment expenses (see instructions)    | 9c |  |           |
| d  | Add lines 9a, 9b, and 9c                                |    |  | <b>9d</b> |
| 10 | Additional modifications (see instructions)             |    |  | <b>10</b> |
| 11 | Total deductions and modifications. Add lines 9d and 10 |    |  | <b>11</b> |

**Part III Tax Computation**

|                            |   |     |           |              |
|----------------------------|---|-----|-----------|--------------|
| 12                         | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- |     | <b>12</b> | 0.           |
| <b>Individuals:</b>        |   |     |           |              |
| 13                         | Modified adjusted gross income (see instructions)   | 13  | 159,644.  |              |
| 14                         | Threshold based on filing status (see instructions)   | 14  | 125,000.  |              |
| 15                         | Subtract line 14 from line 13. If zero or less, enter -0-   | 15  | 34,644.   |              |
| 16                         | Enter the smaller of line 12 or line 15   |     |           | <b>16</b> 0. |
| 17                         | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                                |     |           | <b>17</b> 0. |
| <b>Estates and Trusts:</b> |   |     |           |              |
| 18a                        | Net investment income (line 12 above)   | 18a |           |              |
| b                          | Deductions for distributions of net investment income and charitable deductions (see instructions)  | 18b |           |              |
| c                          | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-   | 18c |           |              |
| 19a                        | Adjusted gross income (see instructions)  | 19a |           |              |
| b                          | Highest tax bracket for estates and trusts for the year (see instructions)  | 19b |           |              |
| c                          | Subtract line 19b from line 19a. If zero or less, enter -0-   | 19c |           |              |
| 20                         | Enter the smaller of line 18c or line 19c   |     |           | <b>20</b>    |
| 21                         | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                         |     |           | <b>21</b>    |

## Additional Information From 2023 Federal Tax Return

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Ln 24b: 50% limit

#### Itemization Statement

| Description  | Amount        |
|--------------|---------------|
|              | 4,800.        |
| <b>Total</b> | <b>4,800.</b> |

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b

#### Itemization Statement

| Description              | Amount         |
|--------------------------|----------------|
| RENT PAID (2250\$ * 12M) | 27,000.        |
| <b>Total</b>             | <b>27,000.</b> |

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25

#### Itemization Statement

| Description                        | Amount        |
|------------------------------------|---------------|
| INTERNET BILL(50\$ P.M * 12 M)     | 600.          |
| ELECTRICITY BILL(120\$ P.M * 12 M) | 1,440.        |
| GAS BILL(50\$ P.M * 12 M)          | 600.          |
| MOBILE BILL(60\$ P.M * 12 M)       | 720.          |
| <b>Total</b>                       | <b>3,360.</b> |

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (1)

Line 48 Amount

#### Itemization Statement

| Description  | Amount        |
|--------------|---------------|
|              | 1,107.        |
| <b>Total</b> | <b>1,107.</b> |

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (2)

Line 48 Amount

#### Itemization Statement

| Description  | Amount        |
|--------------|---------------|
|              | 4,847.        |
| <b>Total</b> | <b>4,847.</b> |