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	number		
SUHITH SHETTY	0500			
Spouse's name		use's social security number		
	r year you ar	e authorizing	.)	
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income	[1 56	768.	
2 Total tax		2 4	,931.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 6	470.	
4 Amount you want refunded to you			<u>,539.</u>	
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmost of send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incompanient of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recompanients and payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I a Electronic Funds Withdrawal Consent.	nitter, or electror iection of the tra J.S. Treasury andicated in the taxion to debit the electron to debit the electron must be processing of payment. I furth	nic return original insmission, (b) the distribution is designated to preparation so entry to this according. To revoke received no late the electronic paper acknowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the	
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or generate	mv PIN 5	0 5 0 0	as my	
ERO firm name	Ente	er five digits, but	,	
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 if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.				
Your signature ► Date ►				
Spouse's PIN: check one box only	5			
I authorize to enter or generate			as my	
signature on the income tax return (original or amended) I am now authorizing.		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 am if you are entering your own PIN and your return is filed using the Practitioner PIN metibelow.				
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 4 9 6 Don't enter		7 1	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	nitting this retur	n in accordance		
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See Instructions				

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

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



# 1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instructions.
Your first name	e and m	iddle initial	Last na	me							Your so	cial sec	curity number
SUHITH			SHET	TY							851	05	0500
	pouse's	s first name and middle initial	Last na										security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	one				1	Apt. no.		Drasida	ntial Ele	ation Compoin
		TEXAS LANE	HISHUCH	0115.					510	- 1			ection Campaign ou, or your
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c					jointly, want \$3
AUSTIN		,				TX		787			•		nd. Checking a
Foreign countr	v name		F	Foreign pr	ovince/state/				gn postal c		your tax		not change ınd.
J	,			0 1			,	,			,		
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOI	⊣)			
Check only		Married filing jointly (even if only or	ne had i	ncome)			_						
one box.		Married filing separately (MFS)					Qualifying		0 1	,	,		
	If y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	u che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depen	ndent:									
Digital		ny time during 2023, did you: (a) rec											
Assets	exch	nange, or otherwise dispose of a dig			nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	Y	es 🗵 No
Standard		neone can claim:	pendent	t 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp o	ouse:	: Was bor	n befo	ore Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		(2) 8	Social security	,	(3) Relationsh	ip (4) Check the			x if quali	fies for ((see instructions):
If more	(1) F	(1) First name Last name		number to you				Child t	ax cre	edit	Credit fo	or other dependents	
than four													
dependents, see instruction	e —												
and check													
here L													
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		70,693.
Attach Form(s)	b	Household employee wages not re			• •						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		,						1c		
attach Forms W-2G and	d		ported on Form(s) W-2 (see instructions)						1d				
1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, line 29						1f	_	
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						70 600
		Add lines 1a through 1h			· · i	 					1z		70,693.
Attach Sch. B if required.	2a		2a				axable interest				2b		
	<u>3a</u> _		3a				rdinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a	-	5a				axable amoun				5b		
Single or Married filing	6a	,	6a	11	-11		axable amoun	τ		٠ -	6b		
separately, \$13,850	C -	If you elect to use the lump-sum e				•	,] <u>-</u>		
Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7		10 505
jointly or Qualifying	8	Additional income from Schedule	•								8		-12 , 525.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		58,168.
\$27,700 Head of	10	Adjustments to income from Sche									10		1,400.
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		56 , 768.
If you checked	12	Standard deduction or itemized									12		13 , 850.
any box under Standard	13	Qualified business income deducti									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.

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	4,931.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	4,931.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,931.
	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	4,931.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	6,470.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	6,470.
If you have a	26	2023 estimated tax payment	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 from	n 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, lin	ie 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	6,470.
Refund	34	If line 33 is more than line 24						34	1,539.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, che	eck here	🗆	35a	1,539.
Direct deposit?	b	Routing number 0 7 2	0 0 0 3	2 6	c Type:	Checking	Savings		
See instructions.	d	Account number 5 8 9							
	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 vou owe.					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				? See			
Designee		structions				Yes. C	omplete b	elow.	⋈ No
_		signee's		Phone			onal identif	ication	
	naı			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com							
Here			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·	. , ,				nt you an Identity
	10	ur signature		Date	Your occupation				IN, enter it here
Joint return?					ASSOCIATE	CONSULTANT			,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.						I	•	ection PIN, enter it here	
your records.							(see	inst.)	
		one no. (517) 582-585		Email address	SUHITH.SHET	TY@OUTLOOK.C			T
Paid	Pre	eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/26/2024	P02082		Self-employed
Use Only	Fir	Firm's name GLOBAL TAXES LLC Phone							(678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	s EIN	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. **01**

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.

Your social security number

SUHI	JHITH SHETTY 851-0				
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1		
2a	Alimony received				
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				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	E . 5	-12,525.	
6	Farm income or (loss). Attach Schedule F				
7	Unemployment compensation				
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 ()		
e	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			
i	Activity not engaged in for profit income	8j			
k	Stock options	8k			
Ī	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)	8g			
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:				
_	and modifier List type and amount	87			
9	Total other income. Add lines 8a through 8z	<u> </u>	9		
10	Combine lines 1 through 7 and 9. This is your additional income . Ente				
	1040, 1040-SR, or 1040-NR, line 8		10	-12,525.	

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-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	1,400.
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 8l 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	-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
	,	-	
ı	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		
i	Housing deduction from Form 2555	-	
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
K	1041)		
z	Other adjustments. List type and amount:		
_	24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	1,400.

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

SUHI	TH SHETTY						851-0	05-0500		
Part										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedul	e C. See	instru	ctions. If you a	re an ind	ividual, rep	ort farm	
Α [Did you make any payments in 2023 that would require you	to file	Form(s)	10992.5	See in	structions		□ V ₆	s X No	
	f "Yes," did you or will you file required Form(s) 1099?									
	Physical address of each property (street, city, state, ZIF						<u> </u>			
1a			•							
<u>A</u>	B 603 LANDMARK GARDEN KALYANI NAGAR E	PUNE	MAHARA	ASHTR	A IN	411006				
B C										
	Town of Donas de la late la late				_					
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental :	ea and	Fair Rental Days				nal Use ays	QJV	
Α	personal use days. Check the Q		, anh,			365		0		
В	if you meet the requirements to f			В		303				
C	qualified joint venture. See instru	ictions		C						
	of Property:					I				
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	t	7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ribe)			
Incon	201	-		Α		Properti B	es.		С	
3	Rents received	3			12.	Ь			<u> </u>	
4	Royalties received	4		0	12.					
Exper		-								
5 5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,4	15.					
8	Commissions	8		<u> </u>						
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,7	84.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			98.					
15	Supplies	15		1,8	33.					
16	Taxes	16			2.5					
17	Utilities	17			35.					
18	Depreciation expense or depletion	18		2,2	72.					
19 20	Other (list) Total expenses. Add lines 5 through 19	19		13,1	27					
		20		13,1	37.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must									
	file Form 6198	21		- 12 , 5	25.					
22	Deductible rental real estate loss after limitation, if any,			, ,						
	on Form 8582 (see instructions)	22	(12,52	25.)	()()	
23a	Total of all amounts reported on line 3 for all rental prope				23a		612.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d	2	,272.			
е	Total of all amounts reported on line 20 for all properties				23e	13	,137.			
24	Income. Add positive amounts shown on line 21. Do not	t includ	de any lo	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from lir	ne 22. Ei	nter to	tal losses her	e 25	(12 , 525.)	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do no						n oe		_12 525	
	SCHOOLING LIFORD LIVIN INGS LITHONNICG INCHING THIS SI	1 1/ 11 IF1T	IIIA TO	i air ram III	. 14 /1	OULDS/OD 2	I DC	1	-	