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

	5						
Submi	ssion Identification Number (SID)						
Taxpaye	or's name	Social securi	ty numl	per			
PRI	YANKA PATEL	893-50-8360					
Spouse'	s name	Spouse's soo	se's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r vear vou a	ro au	thorizina '	<u> </u>		
	whole dollars only on lines 1 through 5.	i yeai you a	ı e au	uionzing.)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	56	,408.		
2	Total tax		2		,889.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,947.		
4	Amount you want refunded to you		4		,058.		
5	Amount you owe		5				
Part		кеер а сор	y of y	our retu	rn)		
my know return (to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transful my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income for the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received so the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I all the Institution of the payment (original or amended) I all the Institution of the payment (original or amended) I all the Institution of the payment (original or amended) I all the Institution or amended) I all the Institution of the Institution or amended I all the Institution or amended) I all the Institution of the Institution or amended I all the Institution or amended Instit	ve are the am- nitter, or electro- ection of the to J.S. Treasury a licated in the to on to debit the e the authoriza- uests must be processing of payment. I fur	ounts for the conic reference in the conic reference in the conic received in the conic	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (oved no late ectronic pa	come tax tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only						
Х		my DINI 0	8 3	3 6 0	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my		
	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 metholow.						
Your s	ignature ▶ Date ▶						
Spous	e's PIN: check one box only						
opous	I authorize to enter or generate	my PINI			as my		
	ERO firm name	_	ter five	digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.			er 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 methodow.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below	1					
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.		6 0	8 2 7	1		
		Don't ent	er all Z6	5103			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this retu	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 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	parate	instructions.	
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number	_
PRIYANKA	A		PATE	L							893	50	8360	
		s first name and middle initial	Last na										security numb	 oer
											743	45	9448	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.				ection Campaig	gn
11900 RI	ESEA	RCH RD						2	2117		Check h	nere if y	ou, or your	
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode				jointly, want \$3 nd. Checking a	
FRISCO						TX	ζ	750	33		0		na. Checking a not change	1
Foreign country	y name		F	Foreign pr	rovince/state/	count	ty	Foreig	gn postal c		your tax	or refu	ınd.	
		7					_					Yo	ou Spous	se —
Filing Status	s	Single					☐ Head of h	ouseh	old (HO	- I)				
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)		_			☐ Qualifying		.	,	,		16.1	
		you checked the MFS box, enter the						or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	lalifying person is a child but not you	ır aeper	ident: P	ADT'I'HYA	GOI	JD							
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse					et)? (Se	ee instru	ction	s.)	Ye	es 🗵 No	
Standard	Som	neone can claim: 🗌 You as a de	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 bo	rn befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	nin (4	l) Check t	he bo	x if quali	fies for (see instructions	 s):
If more		irst name Last name		(2)	number		to you		Child t	ax cre	edit	Credit fo	or other depender	nts
than four									[
dependents,	_													
see instruction and check	s —													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		67 , 758.	
	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	struction	s)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see i	nstru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	xable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	,								1h	\perp	0.	•
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			1i							
	z	Add lines 1a through 1h			· · ;						1z	1	67 , 758.	<u>. </u>
Attach Sch. B	2 a	Tax-exempt interest	2a				axable interes				2b			_
if required.	3a		3a				rdinary divide				3b			_
Standard	4a	-	4a				axable amoun				4b			_
Deduction for—	5a		5a				axable amoun				5b			_
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			_
separately,	C	If you elect to use the lump-sum e				•	,]			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7	+	11 050	_
jointly or Qualifying	8	Additional income from Schedule	•								8	+	-11,350.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	+-	56,408.	<u>. </u>
\$27,700 Head of	10	Adjustments to income from Sche									10	_		_
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		56,408.	
If you checked	12	Standard deduction or itemized					 E A				12		13,850	•
any box under Standard	13	Qualified business income deduct									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	4,889.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	4,889.
	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	4,889.
	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	4,889.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	5,9	947.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	5 , 947.
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)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, 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 re	fundable	credits	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	5,947.
Refund	34	If line 33 is more than line 24							1,058.
	35a	Amount of line 34 you want				•	=		1,058.
Direct deposit?	b	Routing number 1 1 1				X Checkir		vings	
See instructions.	d	Account number 4 8 8				_	ĭ <u> </u>		
	36	Amount of line 34 you want				36	•		
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe					
You Owe	٥.	For details on how to pay, g				3		37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another							
Designee		structions				_	Yes. Com	plete below.	⋈ No
Ü		signee's		Phone				al identification	
	naı			no.			number	· /	
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com			, , ,		,		, ,
Here		•	piete. Deciaration	· · · · ·			inomation		, ,
									ent you an Identity PIN, enter it here
Joint return?					SOFTWARE	ENGINE	ER	(see inst.)	iiv, cittor it ficio
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occup			If the IRS se	ent your spouse an
Keep a copy for			J					Identity Pro	tection PIN, enter it here
your records.								(see inst.)	
	Ph	one no. (945) 400-809	1	Email address	PRIYANKA2	938@GM	AIL.COM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	P	TIN	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY.	A RAM SAC	GAR GUPTA	03/26	/2024 P	02082703	Self-employed
Use Only	Firm's name GLOBAL TAXES LLC Phone							Phone no.	(678) 965-9522
	Fir	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 03/0	7/24 PRO		Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

PRIYANKA PATEL

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
893-50	-8360

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-11,350.
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			
	1040, 1040-SR, or 1040-NR, line 8		10	-11 , 350.

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 governr	nent		
	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		9a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	🔯	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, 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

PRI'	YANKA PATEL						893-5	0-8360)
Par									
	Note: If you are in the business of renting personal proper	rty, use S	Schedule	C . See	instru	ctions. If you	are an indi	vidual, rep	ort farm
_	rental income or loss from Form 4835 on page 2, line 40.	+- #I- F	· /- \ -	10000	\ !				- V N-
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code)							
Α	14-40, YOGESH RESIDENCY FLAT NO: 101,	HUDA	A COLO	NY,H	YDER.	ABAD, TE	LANAGAI	NA IN	500050
В									
С									
1b	Type of Property 2 For each rental real estate prope	erty liste	d		Fa	ir Rental	Persor	nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ıys	QUV
A	personal use days. Check the Quif you meet the requirements to f			Α		365		0	
В	qualified joint venture. See instru			В					
C				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren		5 Lanc		-	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
						Propert			
Incor	ne:			Α		В			С
3	Rents received	3		6	58.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,4	31.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,9	65.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,4	12.				
15	Supplies	15		2,9	65.				
16	Taxes	16							
17	Utilities	17		1,2	35.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,0	08.				
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		- 11 , 3	50.				
22	Deductible rental real estate loss after limitation, if any,					,		,	
	on Form 8582 (see instructions)	22 (11,35		((50	()
23a	Total of all amounts reported on line 3 for all rental proper				23a		658.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	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	4 /	2 000		
e	Total of all amounts reported on line 20 for all properties				23e	12	2,008.		
24	Income. Add positive amounts shown on line 21. Do not		-			· · · ·	. 24	/	11 250 \
25	Losses. Add royalty losses from line 21 and rental real estat							(11,350.)
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								
	Schedule 1 (Form 10/0) line 5. Otherwise include this at						011		_11 350