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.

Submission Identification Number (SID)

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Тахрауе	er's name	Social securit	y numb	er				
MAH	ESH CHAMARTI	728-20-	-4861	L				
Spouse	's name	Spouse's soci	ial secu	rity number				
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	vear vou a	re aut	horizing.)				
	whole dollars only on lines 1 through 5.	<u>, , , , , , , , , , , , , , , , , , , </u>						
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	70,731.				
2	Total tax		2	8,108.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	288.				
4	Amount you want refunded to you		4					
5	Amount you owe		5	7,820.				
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

Under penalties of periury. 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

l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	L
		ERO firm name		

0	4	8	6	1	
Ent dor	as my				

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 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 🕨

X

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 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 Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur 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 🕨	
	st Retain This Form — Se iis Form to the IRS Unless		
For Denemicarly Deduction Act Nation and vour toy r		DEV 02/07/24 DDO	Earm 8879 (Bay, 01 2021)

Deduction for - Sa Pensions and annulates	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		_{rn} 202	3	OMB No. 1545-	-0074	IRS Use Only	/—Do not w	rite or staple in this space.
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If joint each, spoule's first name and middle initial Last name Spoule's docute's first name and stread, if you have a P.O. box, see instructions. Apt. no. Spoil p39 p30	Your first name	and mi	ddle initial	Last name	e					Your so	cial security number
If joint return, spouse's first name and middle initial Last name Spouse's social security number all spouse's social security number all spouse's first name and middle initial 21323 BALDOVIN WAY State 270 General spouse's first name and middle initial 21123 BALDOVIN WAY State 271 375 Dring not office. You have a briefly address, size complete spaces below. TX 271 375 Foreign controls name Foreign province/state/county Foreign province/state/county Toreign province/state/county Fling Status Single Image agarately (NFC) Qualitying surviving spouse (CSS) If you checked the MFS box, enter the name of your spouse. You checked the CHO or QSS box, enter the child's name if the qualifying person is a child but not you were a dual-status alen Assets Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Dependents Scenare Qualitying surviving spouse (QSS) Image adopendent Point adopendent Dependents Scenare Qualitying vince adopendent Point adopendent Point adopendent Dependents Scenare Qualitying vince adopendent Qualitying vince adopendent Point adopendent Point ad	MAHESH			CHAMA	RTI					728	20 4861
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Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Filing Status Single Head of household (HOH) You Spouse Check only Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) Hyou 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. Morried filing separately (MFS) Qualifying surviving spouse (QSS) Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sall, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes X No Standard Sepouse iterates con a separate return or you were a dual-status allen Age/Blindness You: Standard Dependents (see instructions): (g) Social security (g) Relationship (Gheck the box figualifies for (see instructions); Child tas credit for dependent in a dependent in untor Image: Child amount from Form(g) W-2, box 1 (see instructions) Image: Child amount for dependent in a dependent in a dependent in untor Image: Child amount for the other set in a digital asset (return dependent in a dependent in untor Image: Child amount for the other set in a dingital	TOMBALL					TX	ζ	773	75		•
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W-2, see In instructions. instructions) if required. instructions) if a go all security benefits instruction instructions) instructions instructions) if you elect to use the lump-sum election method, check here (see instructions) instructions instructions) in			-			• •		• •			
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Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 4b Standard 5a Social security benefits 5a b Taxable amount 5b 2,879. 6a Social security benefits 6a b Taxable amount 5b 2,879. 6b 6a 6a b Taxable amount 5c 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -48,171. 9 70,731. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 70,731. 9 You, 731. 10 Addustments to income from Schedule 1, line 26 11 12 13,850. 19 You checked any box under Standard 12 Standard deduction or itemized deductions	instructions.			see instruc	ctions)	• •	11			-	116 022
If required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- Single or Married filing separately, \$13,850 4a b Taxable amount 4b Standard Deduction for- Single or Married filing separately, \$13,850 5a b Taxable amount 5b 2,879 6a Social security benefits 6a b Taxable amount 5b 2,879 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 5 7 7 8 Additional income from Schedule 1, line 10 5 7 7 8 9 70,731. 9 70,731. 9 70,731. 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 70,731. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 14 Add lines 12 and 13 14 13,850. 14 13,850.			- 1	••••	· · · · ·	 ьт					-
Standard Ga			· · -	-							-
Standard Deduction for - 5a Pensions and annuities											-
Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 6a 6b 11 70, 731. \$20,000 11 Subtract line 10 from line 9. This is your adjusted gross income 11 70, 731. 12 13, 850. 12 Standard deduction or itemized deductions (from Schedule A) 11 70, 731. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Qualified business 12 and 13 14 13, 850.	Standard										
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .	Deduction for –								• • •		
Separately,	Married filing		-		athod check here				· · · [
Married filing jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-48,171.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income970,731.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income970,731.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1170,731.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A131413,850.			, , , , , , , , , , , , , , , , , , , ,		,	`	,	• •	[7	
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income970,731.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1170,731.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413,850.14	 Married filing jointly or 				• •		-			_	-48.171.
Subtract line 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 Subtract line 10 from line 9. This is your adjusted gross income 11 70,731. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.	Qualifying			-							
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1170,731.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131314	\$27,700										
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 It Add lines 12 and 13 13 14 13,850.	 Head of household. 		•			ne					
13Qualified business income deduction from Form 8995 or Form 8995-A1313Standard Deduction,14Add lines 12 and 131413,850	\$20,800										
Standard Deduction, 14 Add lines 12 and 13 13,850	any box under				,	'	5-A				
		15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is y	our t	taxable incom	<u>e</u> .	<u> </u>	. 15	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check if any fro	om Form	n(s): 1 🗌 881	4 2 4972	3 🗌		16	7,820.
Credits	17	Amount from Schedule 2, line 3 .						17	
	18	Add lines 16 and 17						18	7,820.
	19	Child tax credit or credit for other de	ependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8 .						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero	or less,	enter -0				22	7,820.
	23	Other taxes, including self-employm	ent tax,	from Schedule	2, line 21 .			23	288.
	24	Add lines 22 and 23. This is your tot	al tax					24	8,108.
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b	288		
	с	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c						25d	288.
If you have a	26	2023 estimated tax payments and a	mount a	pplied from 20	22 return .			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from Sched	lule 8812	2		28			
	29	American opportunity credit from Fo	orm 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15 .				31			
	32	Add lines 27, 28, 29, and 31. These	are you	total other pa	yments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are	e your to	otal payments				33	288.
Refund	34	If line 33 is more than line 24, subtra	ct line 2	4 from line 33.	This is the amou	int you overpaid		34	
	35a	Amount of line 34 you want refunde	d to yo	u. If Form 8888	is attached, che	eck here	🗆	35a	
Direct deposit?	b	Routing number X X X X X X	XX	XX	c Type:	Checking	Savings		
See instructions.	d	Account number X X X X X	XX	X X X Z	X X X X X	X X X			
	36	Amount of line 34 you want applied	to your	2024 estimate	dtax	36			
Amount	37	Subtract line 33 from line 24. This is	the am	ount you owe.					
You Owe		For details on how to pay, go to ww	w.irs.go	v/Payments or	see instructions			37	7,820.
	38	Estimated tax penalty (see instruction	ons) .			38			
Third Party	Do	you want to allow another person	to dise	cuss this retur	n with the IRS?				
Designee	ins	structions				🗌 Yes. 🤇	Complete	below.	× No
	De na	signee's		Phone no.			sonal iden hber (PIN)	tification	
0:		der penalties of perjury, I declare that I have	evamine		accompanying sch		. ,	the best	of my knowledge and
Sign		ief, they are true, correct, and complete. De							
Here	Yo	ur signature		Date	Your occupation		If t	ne IRS se	nt you an Identity
				Duito	i oui occupation				IN, enter it here
Joint return?					AERODYNAM	IC ENGINEE	R ^{(se}	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both mus	t sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.								ntity Prot e inst.)	ection PIN, enter it here
				Email address			,	oou)	
		one no. (919)564-5463 eparer's name Prepare	er's signa	Email address	MAHESH.RAJU	19802@GMAIL.C			Check if:
Paid			0					00000	Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA SYAM		A RAM SAG	AR GUPTA	04/10/2024	P0208		
Use Only		m's name GLOBAL TAXES L			T 0001C				678)965-9522
		m's address 245 ROONEY CT		INSWICK NO			Firi	n's EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the latest inform	ation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 2 23

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01			
Name(s) shown on Form 1040, 1040-SR, or 1040-NR			Your social security number		
MAHESH CHAMART	728-20	-4861			

Par	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	-48,171.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch 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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	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		40 1 7 1
	1040, 1040-SR, or 1040-NR, line 8		10	-48,171.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s 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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	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	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHE	DULE	2
(Form	1040)	

14

15

16

Additional Taxes

OMB No. 1545-0074

20

13

14

15

16

(continued on page 2)

Schedule 2 (Form 1040) 2023

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

	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attach Seque	ment nce No. 02
	e(s) shown on Form 1040, 1040-SR, or 1040-NR			rity number
	ESH CHAMARTI	728-20)-4861	
Pa	rt I Tax			
1	Alternative minimum tax. Attach Form 6251		1	
2	Excess advance premium tax credit repayment. Attach Form 8962		2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 1	7	3	
Par	rt II Other Taxes			
4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 5			
6	Uncollected social security and Medicare tax on wages. AttachForm 89196			
7	Total additional social security and Medicare tax. Add lines 5 and 6	[7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if req	uired.		
	If not required, check here	. 🗙 🛛	8	288.
9	Household employment taxes. Attach Schedule H	🛓	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	🛓	10	
11	Additional Medicare Tax. Attach Form 8959	🛓	11	
12	Net investment income tax. Attach Form 8960	[12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-te	rm life		

Interest on tax due on installment income from the sale of certain residential lots

Interest on the deferred tax on gain from certain installment sales with a sales price

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

Par	t II Other Taxes (continued)			·	
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	2	88.
	ВАА	REV 03/07/24 PRO	Schedu	ule 2 (Form 1040) 2023

SCHEDUL	EC
(Form 104	0)

Profit or Loss From Business (Sole Proprietorship)

000

OMB No. 1545-0074

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

2023 Attachment

Internal	Revenue Service G	io to v	ww.irs.gov/ScheduleC for	' instru	ictions and the latest information.		Sequence No. 09
	of proprietor						I security number (SSN)
	ESH CHAMARTI						-20-4861
Α	Principal business or profession	on, inc	uding product or service (se	e instr	uctions)		er code from instructions
	SOFTWARE SERVICES					ŗ	519200
С	Business name. If no separate	busin	ess name, leave blank.			D Em	ployer ID number (EIN) (see instr.)
	SOFTWARE SERVICES						
E	Business address (including su						
	City, town or post office, state						
F	Accounting method: (1)		·· — ·		Other (specify)		
G	• • • •		•	-	2023? If "No," see instructions for li		
н.			-				
۱					n(s) 1099? See instructions		
Part		e requi	red Form(s) 1099?				Yes No
			terre frontine de contrato de contrato				
1	-				this income was reported to you or	1	
2		• •			· · · · · · · · · · · · ·	2	
3						3	
4						4	
4 5		,					
	•						
6	· •		•		refund (see instructions)		
7 Part	Gross income. Add lines 5 ar		es for business use of yo			1	
8		8				40	
	Advertising	•		18	Office expense (see instructions)		
9	Car and truck expenses		6 760	19	Pension and profit-sharing plans	19	
10	(see instructions)	9	6,769.	20	Rent or lease (see instructions):	000	
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11		b	Other business property		
12 13	Depletion	12		21	Repairs and maintenance		
15	expense deduction (not			22	Supplies (not included in Part III)		0.0.011
	included in Part III) (see	10		23	Taxes and licenses	23	20,811.
	instructions)	13		24	Travel and meals:	04	
14	Employee benefit programs			a			
45	(other than on line 19) .	14		b	Deductible meals (see instructions)		2,430. 3,659.
15	Insurance (other than health)	15		25	Utilities		5,059.
16	Interest (see instructions):	10.	14 500	26	Wages (less employment credits)	26	
a L	Mortgage (paid to banks, etc.)	16a	14,502.	27a	Other expenses (from line 48) .	27a	
b	Other	16b		b	Energy efficient commercial bldgs		
17	Legal and professional services	17	hand a second		deduction (attach Form 7205) .		
28	• •				8 through 27b		48,171.
29	1 ()						-48,171.
30	-	-	•	e expe	nses elsewhere. Attach Form 8829		
	unless using the simplified me Simplified method filers only			(a) voi	ir home.		
				(a) you		-	
	and (b) the part of your home			tor on	. Use the Simplified	200	
24			•	ler on	line 30	30	
31	Net profit or (loss). Subtract)		
	• If a profit, enter on both Sch checked the box on line 1, see	e instru				31	-48,171.
	 If a loss, you must go to line 				J		
32	If you have a loss, check the b	box tha	at describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter the	e loss	on both Schedule 1 (Form	1040),	line 3, and on Schedule		
	SE, line 2. (If you checked the	box or	line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		X All investment is at risk.
	Form 1041, line 3.					32b	_
	 If you checked 32b, you mu 	st atta	ch Form 6198. Your loss ma	av he li	mited		at risk.

REV 03/07/24 PRO

-	e C (Form 1040) 2023			Page 2
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 (at	ach e:	xplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation		. 🗌 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	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year) $05/12/2019$ Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your		e for:	
а	Business 10,334 b Commuting (see instructions) c	Other		11,532
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.	
48	Total other expenses. Enter here and on line 27a	48		

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Line 25	Itemization Statement
Description	Amount
INTERNET BILL	763.
PHONE BILL	732.
ELECTRICITY BILL	812.
WATER BILL	631.
GAS BILL	721.
Total	3,659.