## 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	
ABHISHEK SARKAR	9790		
Spouse's name		al security number	
CHETNA PARAS	138-77-	4431	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	er 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	1	
1 Adjusted gross income		1 242,1	
2 Total tax		2 38,2	
Federal income tax withheld from Form(s) W-2 and Form(s) 1099			344.
<ul> <li>4 Amount you want refunded to you</li> <li>5 Amount you owe</li> <li></li></ul>		5 5.5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keen a conv		<u>506.</u>
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transito 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 Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment 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 termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation re business days prior to the payment (settlement) date. I also authorize the financial institutions involved in th 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 Electronic Funds Withdrawal Consent.	jection of the tra U.S. Treasury an dicated in the ta- tion to debit the of the authorization quests must be e processing of payment. I furth	unsmission, (b) the radius dissertion software to this account tion. To revoke (car received no later the electronic paymer acknowledge the	reason nancial rare for nt. This ncel) a than 2 nent of nat the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate	mv PIN	9 7 9 0	as my
ERO firm name	Ente	er five digits, but 't enter all zeros	to my
signature on the income tax return (original or amended) I am now authorizing.	4011	201101 411 20100	
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 <b>and</b> your return is filed using the Practitioner PIN met below.			
Your signature ▶ Date ▶			
Spouse's PIN: check one box only	[_]		
▼ I authorize GLOBAL TAXES LLC 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 <b>and</b> your return is filed using the Practitioner PIN met below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below	V		
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 4 9 6  Don't ente		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 sub requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retur	n in accordance w	
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



<b>1040</b>		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 sp	oace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instruction	ns.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numb	ber
ABHISHE	Χ		SARK	AR							863	26	9790	
		s first name and middle initial	Last na										security n	umber
CHETNA			PARA	S							138	77	4431	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			_	ection Cam	npaign
116 WES	т 9т	н ѕт							215		Check h	nere if y	ou, or you	r .
		ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c			spouse	if filing	jointly, wa	nt \$3
WILMING'						DE	7.	198	101		•		nd. Checki not change	_
Foreign countr			1	Foreign pr	rovince/state/				gn postal c		your tax		•	5
											•		ıu 🗌 Si	pouse
Filing Status	s [	Single					Head of h	ouseh	old (HOI	 				-
Check only	_	Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (0	QSS)			
00 20	If y	ou checked the MFS box, enter the	name c	of your sp	oouse. If you	u che	ecked the HOH	l or Q	SS box,	enter	the chi	ld's na	me if the	
		alifying person is a child but not you												
	A		/											
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi										ΠYe	es 🛛 N	io.
		eone can claim: You as a de					a dependent	:(): (0	e iiistiu	Ction	3.)		,5 <u>/\</u> II	
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•							
Deduction	Ш,	Spouse iterrizes on a separate retur	ii or you	i weie a	uuai-status	allell	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b>	ouse	: Was bor	n befo	ore Janu	ary 2,	, 1959		s blind	
Dependent	<b>s</b> (see	instructions):		(2) S	Social security	,	(3) Relationsh	<sub>iip</sub> (4	) Check t	he bo	x if quali	fies for (	see instruc	tions):
If more	(1) F	irst name Last name		number to you			to you	u Child t		ax cre	edit	Credit fo	r other depe	ndents
than four														
dependents, see instruction	e —													
and check	- —													
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		256,1	99.
Attach Form(s)	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b			
W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)							1c					
attach Forms W-2G and	d		yments not reported on Form(s) W-2 (see instructions)							1d				
1099-R if tax	е	Taxable dependent care benefits f	ts from Form 2441, line 26						1e					
was withheld.	f	Employer-provided adoption bene	fits fron	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 instruction	,					, .			1h			0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			<u>1</u> i							
	z	Add lines 1a through 1h									1z		256,1	
Attach Sch. B	2a	Tax-exempt interest	2a				axable interes				2b		2,30	<u>U3.</u>
if required.	3a_	Qualified dividends	3a				ordinary divide				3b			
Standard	4a	IRA distributions	4a				axable amoun				4b			
Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a	,	6a				axable amoun	t			6b	_		
Married filing separately,	С	If you elect to use the lump-sum e				`	,			. L				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7			
jointly or	8	Additional income from Schedule	•								8		-16,3	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	our <b>total inc</b>	come	e				9		242,1	<u>48.</u>
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household,	11	Subtract line 10 from line 9. This is	•	-	-						11		242,1	
\$20,800 If you checked	12	Standard deduction or itemized									12		27,7	00.
any box under Standard	13	Qualified business income deducti	ion from	Form 89	995 or Form	899	5-A				13			
Deduction,	14										14		27,70	
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or lee	c ontor	O This is y	Our 1	tavabla incom				15	- 1	21/1 //	/ Q

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	38,268.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	38,268.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	38,268.
	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 <b>total tax</b>					24	38,268.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 33	2,844.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	32,844.
If you have a	26	2023 estimated tax paymen	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	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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	32,844.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	
	35a	Amount of line 34 you want	35a						
Direct deposit?	b	Routing number X X X							
See instructions.	d	Account number X X X							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	o to www.irs.go	//Payments or	see instructions			37	5,506.
	38	Estimated tax penalty (see in	nstructions) .			38	82.		
<b>Third Party</b>		you want to allow another	•						
Designee	ins	structions					•		<b>⋉</b> No
		Designee's Phone Personal iden name no. number (PIN)							
Cian		der penalties of perjury, I declare t	hat I have examine		accompanying sche		. ,	the hest	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Identity
		Ü			·				IN, enter it here
Joint return?						RNING ENGINE	ER (see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					STRATEGIC B		inst.)	ection File, enter it here	
		one no. (650) 713-759	Q	Email address		711@GMAIL.C	•		
		eparer's name	Preparer's signat		ραρπτοπένυ	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA	'		CAR CHIPTA	04/09/2024	P0208	2703	Self-employed
Preparer Firm's name CIODAI WAVES IIC								(678) 965-9522	
Use Only								i's EIN	84-3171965
	гır	III S addites	T CI E DRU	TANATOV NO	) OOOTO		Firm	ı ⊅ ⊑IIV	04-31/1905

### **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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ABHISHEK SARKAR & CHETNA PARAS 863-26-9790 Part | Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	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		5	-16,354.
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		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		8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-16,354.

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 B** (Form 1040)

Department of the Treasury

Internal Revenue Service

### **Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleB for instructions and the latest information. Attachment Sequence No. 08

OMB No. 1545-0074

Your social security number Name(s) shown on return 863-26-9790 ABHISHEK SARKAR & CHETNA PARAS **Amount** Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions 936. CITIZENS ACCESS and the 21. STANFORD FEDERAL CREDIT UNION Instructions for 300. WELLS FARGO BANK Form 1040, line 2b.) WELLS FARGO BANK 546. Note: If you CHASE BANK 200. received a WELLS FARGO BANK 300. Form 1099-INT. 1 Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 2,303. 2 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 2,303. Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR. line 2b 4 Note: If line 4 is over \$1,500, you must complete Part III. **Amount** List name of payer: Part II **Ordinary Dividends** (See instructions and the Instructions for Form 1040, line 3b.) 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign Accounts** Yes No and Trusts Caution: If

required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets.

See instructions.

7a	account (such as a bank account, securities account, or brokerage account) located in a foreign	V
	country? See instructions	×
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114	
	and its instructions for filing requirements and exceptions to those requirements	
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:	
_		
8	During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a	
	foreign trust? If "Yes," you may have to file Form 3520. See instructions	X

BAA

#### **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.

OMB No. 1545-0074

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

Your social security number

ABH:	ISHEK SARKAR & CHETNA PARAS						863-2	6-9790	)					
Par	Income or Loss From Rental Real Estate an	nd Roy	alties											
	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.			<b>c</b> . See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm					
Α	Did you make any payments in 2023 that would require you	to file F	Form(s) 1	1099? S	See ins	structions		. <b>\(\tau\)</b> Ye	es 🗵 No					
	If "Yes," did you or will you file required Form(s) 1099? .													
1a	Physical address of each property (street, city, state, ZII													
A B	F NO:2E, II/A RASHBEHARI AV IRIANGULAR	PARK	KOTVE	AIA, WI	F21	BENGAL IN	70002	29						
С	T (D     0   E			_		_		Τ						
1b	Type of Property (from list below)  2 For each rental real estate properties above, report the number of fair				Fa	nir Rental Days		nal Use nys	QJV					
Α	g personal use days. Check the Q			Α		365		0	$\vdash$					
<u></u>	if you meet the requirements to			В		363			╁					
C	qualified joint venture. See instru	uctions.		С					╁					
	of Property:			C										
	Single Family Residence 3 Vacation/Short-Term Ren	atol.	5 Lanc	J	7	Self-Rental								
	Multi-Family Residence 4 Commercial	ııaı	6 Roya	-			ha)							
	Width-Family nesidence 4 Confinercial		о поуг	aities	0	Other (descri	De)							
						Propertie	es:							
Incor	ne:			Α		В			С					
3	Rents received	3		7	50.									
4	Royalties received	4												
Expe	nses:													
5	Advertising	5												
6	Auto and travel (see instructions)	6												
7	Cleaning and maintenance	7		1,8	65.									
8	Commissions	8												
9	Insurance	9												
10	Legal and other professional fees	10												
11	Management fees	11		2,5	68.									
12	Mortgage interest paid to banks, etc. (see instructions)	12												
13	Other interest	13												
14	Repairs	14			98.									
15	Supplies	15		3,9	87.									
16	Taxes	16												
17	Utilities	17		4,9	86.									
18	Depreciation expense or depletion	18												
19	Other (list)	19												
20	Total expenses. Add lines 5 through 19	20		17,1	04.									
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			160	<b>-</b> 4									
	file Form 6198	21		-16 <b>,</b> 3	54.									
22	Deductible rental real estate loss after limitation, if any,					,	,	,		,				
00	on Form 8582 (see instructions)	22 (		16,35		(	750	(		)				
23a	Total of all amounts reported on line 3 for all rental proper				23a		750.							
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	1 🗆	1 0 4							
e	Total of all amounts reported on line 20 for all properties				23e	L 1,	104.							
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		•				24	/	1.6 0.5 4					
25	Losses. Add royalty losses from line 21 and rental real estat							(	16,354	. )				
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 1040), line 5. Otherwise, include this a								-16 <b>,</b> 35	1				
	Concade i (i oitii io-o), iiie o. Ottielwise, iiiolude tiiis al	mount	נווס נט	iai OII II	110 <del>4</del> 1	on page 2 .	26	I	$\pm 0,00$	<b>T</b> .				