## 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

Submi	ission Identification Number (SID)			-						
Taxpaye	er's name		Social securi	Social security number						
NIKE	HIL SABARI KOORAPALAYAM MAHENDR		811-22-5371							
Spouse'	's name		Spouse's so	cial secu	rity numb	oer				
Part	Tax Return Information — Tax Year Ending December 31,	2023 <b>(Enter</b>	year you a	re aut	horizin	g.)				
	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	5	4,3	74.			
2	Total tax			2		4,6	43.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		6,7	41.			
4	Amount you want refunded to you			4		2,0	98.			
5	Amount you owe			5						
Part	II Taxpayer Declaration and Signature Authorization (Be sure y	ou get and k	eep a cop	y of y	our ret	turn)				
to send for any Agent t paymer authoriz paymer busines taxes to persona	(original or amended) I am now authorizing. I consent to allow my intermediate service part my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or delay in processing the return or refund, and (c) the date of any refund. If applicable, I to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and the fination is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cas days prior to the payment (settlement) date. I also authorize the financial institutions or receive confidential information necessary to answer inquiries and resolve issues real identification number (PIN) below is my signature for the income tax return (original of the Institution of the Institut	or reason for reject authorize the U. ion account indicinancial institution ent to terminate ancellation required involved in the prelated to the particular involved in the particular	ction of the t S. Treasury a cated in the t in to debit the the authorizests must b processing of ayment. I fur	ransmis and its come prepared at the comment of the	sion, (b) lesignate aration s o this ac o revoke yed no la ectronic knowled	the read Final software (count e (can ater the paymetr)	eason ancial are for This cel) a han 2 ent of at the			
	nic Funds Withdrawal Consent.					٦				
-	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to ente	v or gonorato n	2	5 3	3   7   1					
X	ERO firm name	er or generate r	ř Er	ter five	digits, bu	t	s my			
	signature on the income tax return (original or amended) I am now authorizing	ng.	uc	ii i ente	r all zeros	•				
	I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN <b>and</b> your return is filed using the Practitic below.									
Your s	signature ▶	Date ► _								
Spous	se's PIN: check one box only					_				
	_	er or generate r	nv PIN			as	s my			
	ERO firm name	. o. goo.a.o .	_	ter five	digits, but	_	,			
	signature on the income tax return (original or amended) I am now authorizing	ng.	do	n't ente	r all zeros	3				
	I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN <b>and</b> your return is filed using the Practitic below.									
Spous	se's signature ►	Date ►								
	Practitioner PIN Method Returns Only—cor	ntinue below								
Part	III Certification and Authentication — Practitioner PIN Method C	Only								
EDO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	PIN. 2 2	2 4 9	6 0	8 2	7 1				
Eno s	S EFINATING LINE YOUR SIX-digit EFINA followed by your live-digit self-selected F	- IIV.	Don't en		-   -	/   -	-			
			2311 (311	20	. 50					
authoriz	y that the above numeric entry is my PIN, which is my signature for the electronic individed to file for tax year indicated above for the taxpayer(s) indicated above. I confirmments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file	that I am submi	tting this ret	urn in a	ccordan	ce wit				
ERO's	s signature ►	Date ▶								
	ERO Must Retain This Form — See Ins									
	Don't Submit This Form to the IRS Unless Req		o So							

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, end	ling		, 20			See separate instructions.				
Your first name	and mi	iddle initial	Last name					,	Your social security number				
NIKHIL S	SABAI	RI	KOORAPALAYAM MAHENDR							811	22   5	371	
If joint return, spouse's first name and middle initial				ıme								curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			A	pt. no.	-	Preside	ntial Electi	ion Campaign	
4444 FEI	LIX 7	WAY					1	300			here if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP c	ode				ntly, want \$3	
FRISCO					TX	Z	750				to go to this fund. Checking a box below will not change		
Foreign country	/ name			Foreign province/state/o	count	У	Foreig	ın postal c	ode	your tax	k or refund		
											You	Spouse	
Filing Status	; X	Single				☐ Head of he	ouseh	old (HOI	<del>-</del> I)				
Check only		Married filing jointly (even if only or	ne had	income)									
one box.		Married filing separately (MFS)				☐ Qualifying	surviv	ing spo	use (C	(SS)			
	If y	ou checked the MFS box, enter the	name (	of your spouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's name	if the	
	qu	alifying person is a child but not you	r deper	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for prope	rtv or	services	): or (b	o) sell.			
Assets		nange, or otherwise dispose of a digi					-				☐ Yes	⊠ No	
Standard	Som	eone can claim: You as a de	penden	t	e as	a dependent							
Deduction		Spouse itemizes on a separate returi	n or you	ı were a dual-status a	alien	·							
Ago/Blindness	- Vau	: Were born before January 2, 19	050 F	Are blind Spo		: Was bor	n hofe	ro lanu	2n/ 2	1050	☐ Is b	lind	
			909 [	<u> </u>	ouse				•			iniu e instructions):	
Dependents		instructions): irst name Last name		(2) Social security number	′	(3) Relationsh to you	ip (	Child t				ther dependents	
If more than four	(1)	Lastriane				10 700		0		<u></u>			
dependents,									_				
see instructions	s								=				
and check here	ı —								$\exists$				
-	1a	Total amount from Form(s) W-2, bo	nv 1 (ec	instructions)						1a	$\Box$	<u> </u>	
Income	b		•	,						1b		00,000.	
Attach Form(s)	C									10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	•						1d			
W-2G and	e	Taxable dependent care benefits for		.,						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene		·						1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form	h	Other earned income (see instructi								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,			l 1i							
	z	Add lines to through th								1z		60,066.	
Attach Sch. B	2a		2a		b Ta	axable interest	t.			2b	,		
if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divider	nds .			3b	,		
	4a	IRA distributions	4a			axable amount				4b	,		
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t			5b	,		
Single or	6a	Social security benefits	6a		b Ta	axable amount	t			6b	,		
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here (	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Sched	dule D i	f required. If not requ	uired,	, check here				7			
Married filing jointly or	8	Additional income from Schedule 1	1, line 1	0						8		-5 <b>,</b> 692.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come	e				9		54 <b>,</b> 374.	
\$27,700	10	Adjustments to income from Scheo	dule 1,	line 26						10			
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	ne					11		54,374.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	A)					12	:	13,850.	
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	899	5-A				13	1		
Standard Deduction,	14	Add lines 12 and 13								14	.	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	s, enter -0 This is y	our <b>t</b>	axable incom	ie .			15	,	40,524.	

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	4,643.
Credits	17	Amount from Schedule 2, lir					<del></del>		17	
	18	Add lines 16 and 17							18	4,643.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	•						20	
	21	•							21	
	22	Subtract line 21 from line 18							22	4,643.
	23	Other taxes, including self-e							23	0.
	24	Add lines 22 and 23. This is			•				24	4,643.
Payments	25	Federal income tax withheld								2,0101
i ayınıcını	а	Form(s) W-2				25a	6,	741.		
	b	Form(s) 1099				25b			-	
	С	Other forms (see instruction				25c			-	
	d	Add lines 25a through 25c	•						25d	6,741.
15	26	2023 estimated tax paymen							26	*,**=*
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27				
attach Sch. EIC.	28	Additional child tax credit from			_	28			-	
	29	American opportunity credit				29			-	
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31			1	
	32	Add lines 27, 28, 29, and 31					radite		32	
	33	Add lines 25d, 26, and 32. T							33	6,741.
Refund	34	If line 33 is more than line 24							34	2,098.
neiulia	35a	Amount of line 34 you want				•	-	· .	35a	2,098.
Direct deposit?	b	Routing number 0 7 4				Checking		. Ш avings	Jour	
See instructions.	d	Account number 5 2 2			l l l			aviiigs		
	36	Amount of line 34 you want			hd tax	36				
Amount	37	Subtract line 33 from line 24				00				
You Owe	31	For details on how to pay, g							37	
104 0110	38	Estimated tax penalty (see in	_	-		38				
Third Party		you want to allow another								
Designee		structions	•				<b>Yes.</b> Cor	nplete b	elow.	× No
Doolgiloo	De	Designee's Phone Personal id				•				
	nai	me		no.			numbe	er (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here		-	ipiete. Deciaration t	1	1	seu on an n	IIOIIIalioii	1		-
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE D			(see i		iiv, enter it nere
See instructions.	Sp	ouse's signature. If a joint return,	both must sian.	Date	Spouse's occupation			If the	IRS sei	nt your spouse an
Keep a copy for your records.	- 1	,	3		.,				ity Prot	ection PIN, enter it here
	Ph	one no. (317) 603-988	1	Email address	NIKHILSABAR	IKM@GMA	IL.COM	 [		
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/14/	2024   I	202082	2703	Self-employed
Preparer	Fin	m's name GLOBAL TA	XES LLC				<u> </u>			(678) 965-9522
Use Only	Fin		Y CT E BRU	NSWICK N	J 08816			Firm'	s EIN	84-3171965

#### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 \_\_\_\_

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.

2023
Attachment Sequence No. <b>01</b>

Your social security number

NIKE	IL SABARI KOORAPALAYAM MAHENDR		811-22-5	371
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 . <b>5</b>	-5,692.
6	Farm income or (loss). Attach Schedule F			
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:			
	Total other income. Add lines 9s through 97	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	r here and or	n Form	
	1040, 1040-SR, or 1040-NR, line 8		10	-5,692.

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

NIKI	HIL SABARI KOORAPALAYAM MAHENDR						811-2	2-5371	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>c</b> . See	instru	ctions. If you	are an indiv	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you								es 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
Α	10, SHANMUGAPURAM KEEL THINDAL, ERODE	ТΔ1	΄ MTT. ΝΔΙ	MT IIC	638	012			
В	TO COMMITTED THE THE PROPERTY BRODE		1111 11211	JO 111	000	<u> </u>			
C									
1b	Type of Property (from list below)  2 For each rental real estate properation above, report the number of fair	erty list rental	ted and		Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to qualified joint venture. See instru			В					
С	quained joint venture. See institu	JCLIOITS	o.	С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
						Propert			
Incor	ne:			Α		В			С
3	Rents received	3		4	50.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		5	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	55.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,1	56.				
15	Supplies	15		1,4	95.				
16	Taxes	16							
17	Utilities	17		1,9	86.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		6,1	42.				
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 <b>Form 6198</b>	21		<b>-5,</b> 6	92				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(	-	92.)	(	)	(	
23a	Total of all amounts reported on line 3 for all rental prope				23a	ν	450.	`	
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				
e	Total of all amounts reported on line 20 for all properties				23e	(	6 <b>,</b> 142.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>						. 24		
25	Losses. Add royalty losses from line 21 and rental real estat				nter to	tal losses he		(	5,692.
26	Total rental real estate and royalty income or (loss).							`	-,
20	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this at						. 26		-5,692.