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

A A A A A A A A A A A A A A A A A A A	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
SANCHIT DHINGRA	034-87-2258
Spouse's name	Spouse's social security number
	23 (Enter year you are 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	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original of the company of the income tax return (original of the company of the income tax return (original of the company of the income tax return (original of the company	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution apayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions involves to receive confidential information necessary to answer inquiries and resolve issues relat personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent.	ason for rejection of the transmission, (b) the reason norize the U.S. Treasury and its designated Financial account indicated in the tax preparation software for cial institution to debit the entry to this account. This to terminate the authorization. To revoke (cancel) a ellation requests must be received no later than 2 blved in the processing of the electronic payment of ed to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	generate my PIN 7 2 2 5 8 as my
ERO firm name	Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.	
Your signature ►	Date ►
Spouse's PIN: check one box only	
	generate my PIN as my
ERO firm name	Enter five digits, but don't enter all zeros
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 amend if you are entering your own PIN and your return is filed using the Practitioner below.	
Spouse's signature ▶	Date ▶
Practitioner PIN Method Returns Only—contin	
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 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 authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Proceedings of the Practitioner PIN method and Pub. 1345, Handbook for Pub. 1	I am submitting this return in accordance with the
EDO's signature	Date ▶
ERO's signature ► ERO Must Retain This Form — See Instru	
ELLO MUSI LIGURI I IIIS I VIIII — SEE IIISUU	ONO IN

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

20**23** OMB No. 1545-0074

						0.11.2 1.101 10.10		, .	50 1101 111	nto or otapio in timo opasor
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	parate instructions.
Your first name	and m	iddle initial	Last na	ame				Y	our so	cial security number
SANCHIT			DHI	NGRA					034	87 2258
If joint return, s	pouse's	s first name and middle initial	Last na	ame				S	Spouse's	s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	F	Presider	ntial Election Campaign
		ARMSTRONG AVE					#207			nere if you, or your
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Stat	te	ZIP code			if filing jointly, want \$3 this fund. Checking a
HERNDON					VA		20171	t	ox belo	ow will not change
Foreign countr	y name			Foreign province/state/o	count	у	Foreign posta	l code y	our tax	or refund.
		7 0						211)		∐ You ☐ Spouse
Filing Status	SK	Single					ousehold (H	JH)		
Check only		Married filing jointly (even if only of	ne nad	income)		Ouglifuing		auaa (O	CC)	
one box.	lt.	Married filing separately (MFS) you checked the MFS box, enter the	nama	of your apougo. If you	ı obo		surviving sp			ld'a nama if tha
		alifying person is a child but not you			u che	cked the nor	1 01 Q33 00.	k, enter	trie Crii	o s name ii the
Digital		ny time during 2023, did you: (a) rec					-			
Assets		nange, or otherwise dispose of a digi					et)? (See inst	ructions	.)	☐ Yes ⊠ No
Standard	_	neone can claim: You as a de	•	•		a dependent				
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	u were a dual-status	allen					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	: Was bor	n before Jar	nuary 2,	1959	☐ Is blind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Chec	k the box	if qualit	fies for (see instructions):
If more	(1) F	irst name Last name		number		to you	Chil	d tax cred	dit	Credit for other dependents
than four										
dependents, see instruction	s									
and check	, —									
here L		T	4.1							<u> </u>
Income	1a	Total amount from Form(s) W-2, b	,	•					1a	· ·
Attach Form(s)	b	Household employee wages not re	1b 1c							
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a (see instructions)								
W-2G and	u	Taxable dependent care benefits from Form 2441, line 26								
1099-R if tax was withheld.	f	Employer-provided adoption bene							1e 1f	
If you did not										
get a Form	g h	Wages from Form 8919, line 6. Other earned income (see instructi	 ions)						1 <u>g</u> 1h	0
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	· · · ·			
	z	Add lines 1a through 1h				· · <u> </u>			1z	7,251.
Attach Sch. B			2a		b Ta	axable interest	t		2b	
if required.	3a	· –	3a		b 0	rdinary divide	nds		3b	
	4a	IRA distributions	4a			axable amoun			4b	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amoun	t		5b	
Single or	6a	Social security benefits	6a		b Ta	axable amoun	t		6b	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)		. 🗆		
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired,	check here		. 🗆	7	
Married filing jointly or	8	Additional income from Schedule	1, line 1	10					8	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	. This is your total inc	come				9	7,251.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26					10	
Head of household,	11	Subtract line 10 from line 9. This is	s your a	adjusted gross incor	me				11	7,251.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)				12	13,850.
any box under Standard	13	Qualified business income deducti	ion fror	n Form 8995 or Form	899	5-A			13	+
Deduction,	14	Add lines 12 and 13							14	· · · · · · · · · · · · · · · · · · ·
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t	axable incom	ne		15	0.

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 881	4 2 🗌 4972	3 🗌	16	0.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	0.
	19	Child tax credit or credit for other depende	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	0.
	23	Other taxes, including self-employment tax	•				+
	24	Add lines 22 and 23. This is your total tax				24	+
Payments	25	Federal income tax withheld from:					
. ayoc	а	Form(s) W-2			25a	944.	
	b	Form(s) 1099					
	C	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				250	944.
K have a	26	2023 estimated tax payments and amount				26	
If you have a \ \l qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28		
	29	American opportunity credit from Form 886	29				
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15					
	32	Add lines 27, 28, 29, and 31. These are you			undable credits	32	
	33	Add lines 25d, 26, and 32. These are your	-	-			+
Refund	34	If line 33 is more than line 24, subtract line				34	
Herana	35a	Amount of line 34 you want refunded to yo					
Direct deposit?	b	Routing number 0 5 1 0 0 0 0		c Type: X		avings	
See instructions.	d	Account number 4 3 5 0 4 8 4	viilgo				
	36	Amount of line 34 you want applied to you			36		
Amount	37	•			00		
You Owe	31	Subtract line 33 from line 24. This is the an For details on how to pay, go to <i>www.irs.gu</i>	37				
	38	Estimated tax penalty (see instructions) .					
Third Party		you want to allow another person to dis			38 See		
Designee		tructions				nplete below	. 🔀 No
2 00.900	De	signee's	Phone			al identificatio	
	naı		no.		numbe	. ,	
Sign		der penalties of perjury, I declare that I have examin					
Here		ief, they are true, correct, and complete. Declaration		,	ased on all information		, ,
	Yo	ur signature	Date	Your occupation			sent you an Identity PIN, enter it here
Joint return?				PROCUREMEN	NT MANAGER	(see inst.)	T IIV, OHIOI ICHOIC
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat		If the IRS s	ent your spouse an
Keep a copy for	-1-					Identity Pro	otection PIN, enter it here
your records.					(see inst.)		
		one no. (571) 471-6715	Email address	SANCHITDHIN	IGRA@GMAIL.COM		
Paid	Pre	parer's name Preparer's sign	ature		Date	PTIN	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRI	YA RAM SAO	GAR GUPTA	04/12/2024 F	02082703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC				Phone no.	(678) 965-9522
————	Fir	m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 03/07/24 PRO		Form 1040 (2023)

2023 VA760CG Page 1





SANCHIT

DHINGRA

13722, NEIL ARMSTRONG AV APT #207

HERNDON VA 20171

SSN - You DH	IN	034872258	Vendor ID 1555		xxxxx
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	7251.	Withholding (VA) - You	19A.	356.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	7251.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpaymen	t 6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	356.
Total VA Adj Gross Income (VA	GI) 9.	7251.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	A 10.		Tax Overpayment	28.	356.
Standard Deduction	11.	8000.	Overpayment Credited to Next Ye	ear 29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemp	tions) 14.	8930.	Addition to Tax, Penalty & Interes	st 32.	
VA Taxable Income	15.	-1679.	Sales and Use Tax	33.	
Amount of Tax	16.	0.	Amount You Owe Will Pay by Credit/Debit Card	T	
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card Your Refund		356.
VAGI - Spouse	17A.		Bank Routing #	C	051000017
Net Amount of Tax	18. –	0.	Bank Account #		48472197

__LAR __DLAR __DTD __LTD \$____

Page 1 of 2





Г							
Filing Status, Age	& License I	nformation			Additio	onal Filing Info	ormation
Filing Status				1	Locality		059
Federal Head of	Household				Uninsured & Authorize D	DMAS	
DOB - You		0821	L198	6	Name or Filing Status Cl	hange	
VA Driver's Lice	nse ID - You				Address Change		
VA Driver's Lice	nse - Iss. Date	- You			VA Return Not Filed Las	t Year	
Spouse Name (Filing Status 3	Only)			Dependent on Another's	Return	
					Farmer / Fisherman / M	erchant Seaman	
DOB - Spouse					Amended		
VA Driver's Lice					Reason Code		
VA Driver's Lice	nse - Iss. Date	·			Overseas on Due Date		
You You	1	Exemptions (B) 65 & Over - You			Federal EIC & Amount		
Spouse		65 & Over - Spouse			Deceased Indicator		
Dependents		Blind - You			Form 760C or 760F		
Total (A)	1	Blind - Spouse			No Sales & Use Tax Du	e Indicator	Х
		Total (B)			Obtain Electronic 10990	G	
· · ·					ID Theft PIN st of my (our) knowledge, it is a true, ion provided is for a domestic accour		
Signature - You			Date		Phone - You		5714716715
Signature - Spouse			Date		Phone - Spouse		
Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA Date				041224	Phone - Preparer		6789659522
The Tax Department	may discuss r	ny/our return with my/our pr	eparer.	GLOBA	Preparer Information	7	P02082703

245 ROONEY CT

E BRUNSWICK

NJ 08816

Page 2 of 2

File by May 1, 2024 Include Page 1, Page 2 and all

supporting 760CG documents.

2023 Schedule INC/CG

034872258

Report all W-2s, 1099s & VK-1s with VA Withholding

SANCHIT

DHINGRA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					⊣
034872258	M	356.	911986543	30911986543F001	7251.

Total VA Withholding	SSN	VA Withholding
You	034872258	356.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

	r Nam	e DHI	VICR A														7	Social Se	curity Number
		Name	NGINA																al Security Number
																			-
Par	tl '	Tax Re	turn Inf	orma	tion												A Sp	oouse	B Yourself
1.	Fede	eral Adju	sted Gros	s Incor	ne (Forr	n 760C	G, Line	1; 760	PY, L	ine 1, co	olumns	A & B;	; For	rm 763, I	Line 1))			7251.
2.	Virgi	inia Adju	sted Gros	s Incor	ne (Forn	n 760C	G, Line	9; 760	PY, Lir	ne 10, c	olumn	s A & B;	; Foi	orm 763,	Line 9)			7251.
3.	Taxa	able Inco	me (Form	760C	G, Line 1	15; 760F	PY, Lin	e 16, co	olumns	s A & B;	Form	763, Lir	ne 1	17)					-1679.
4.	Virgi	inia Inco	me Tax (F	orm 76	OCG, Li	ne 18; 7	760PY,	Line 1	7, colu	ımns A 8	& B; Fo	orm 763	3 Lin	ne 18)					0.
5.	With	holding	(Form 760	CG, Li	ne 19a 8	& 19b; 7	760PY,	Lines '	19a &	19b; For	m 763	, Lines	19a	a & 19b)					356.
6.	Amo	ount you	Owe (Forr	n 7600	G, Line	35; For	rm 760I	PY, Lin	e 35; F	Form 76	3, Line	35)							
7.	Refu	und (For	n 760CG,	Line 3	6; 760P	Y, Line	36; For	m 763,	Line 3	36)									356.
Par			ation of																ts for the year ending
filing liable Virgi refur of the signa	number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 7 2 2 8 8 as my signature on my 2023 e-filed Virginia individual income tax return.																		
			TAXES				•	_				nter all	-		,		Ů		
		-			-					ER	O Fir	n Name	е						
	l will PIN	l enter m and you	y e-File Pl r return is	N as n filed us	ny signa sing the	ture on Practitio	my 202 oner PII	23 e-file N meth	ed Virg od. Th	inia indi he ERO	vidual must o	income complet	tax te Pa	return. art III bel	Check low.	this box	only if you	are entering	your own e-File
Your	Signa	ture												[Date _				
Spo	use's e	e-File Pl	N: check	one bo	x only														
	l aut	thorize th	ne ERO na	amed b	elow to	enter m	y e-File	PIN		Do no	ot ente	as my e r all ze	-		n my 2	.023 e-filo	ed Virginia i	ndividual ind	come tax return.
										ER	0 Firm	Name)						
			y e-File Pl r return is													this box	only if you	are entering	your own e-File
Spot	ıse's S	Signature													Date				
Par	t III (Certifi	cation a	nd A	uthent	icatio	n – Pr	ractiti	oner	PIN M	etho	d Only	y						
ERO	's EFII	N/PIN: E	Enter your	six-dig	it EFIN f	followed	d by you	ur five o	ligit se	elf-select	ed PIN	l. 2	2 2	2 2	4 9	6 0	8 2 7	7 1	
indic Hand a sig	ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																		
ERO	's Sign	nature _												[Date _	04-1	2-24		

1555

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

20**23** OMB No. 1545-0074

						0.11.2 1.101 10.10		, .	50 1101 111	nto or otapio in timo opasor
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	parate instructions.
Your first name	and m	iddle initial	Last na	ame				Y	our so	cial security number
SANCHIT			DHI	NGRA					034	87 2258
If joint return, s	pouse's	s first name and middle initial	Last na	ame				S	Spouse's	s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	F	Presider	ntial Election Campaign
		ARMSTRONG AVE					#207			nere if you, or your
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Stat	te	ZIP code			if filing jointly, want \$3 this fund. Checking a
HERNDON					VA		20171	t	ox belo	ow will not change
Foreign countr	y name			Foreign province/state/o	count	у	Foreign posta	l code y	our tax	or refund.
		7 0						211)		∐ You ☐ Spouse
Filing Status	SK	Single					ousehold (H	JH)		
Check only		Married filing jointly (even if only of	ne nad	income)		Ouglifuing		auaa (O	CC)	
one box.	lt.	Married filing separately (MFS) you checked the MFS box, enter the	nama	of your apougo. If you	ı obo		surviving sp			ld'a nama if tha
		alifying person is a child but not you			u che	cked the nor	1 01 Q33 00.	k, enter	trie Crii	o s name ii the
Digital		ny time during 2023, did you: (a) rec					-			
Assets		nange, or otherwise dispose of a digi					et)? (See inst	ructions	.)	☐ Yes ⊠ No
Standard	_	neone can claim: You as a de	•	•		a dependent				
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	u were a dual-status	allen					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	: Was bor	n before Jar	nuary 2,	1959	☐ Is blind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Chec	k the box	if qualit	fies for (see instructions):
If more	(1) F	irst name Last name		number		to you	Chil	d tax cred	dit	Credit for other dependents
than four										
dependents, see instruction	s									
and check	, —									
here L		T	4.1							<u> </u>
Income	1a	Total amount from Form(s) W-2, b	,	•					1a	· ·
Attach Form(s)	b	Household employee wages not re	1b 1c							
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a (see instructions)								
W-2G and	u	Taxable dependent care benefits from Form 2441, line 26								
1099-R if tax was withheld.	f	Employer-provided adoption bene							1e 1f	
If you did not										
get a Form	g h	Wages from Form 8919, line 6. Other earned income (see instructi	 ions)						1 <u>g</u> 1h	0
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	· · · ·			
	z	Add lines 1a through 1h				· · <u> </u>			1z	7,251.
Attach Sch. B			2a		b Ta	axable interest	t		2b	
if required.	3a	· –	3a		b 0	rdinary divide	nds		3b	
	4a	IRA distributions	4a			axable amoun			4b	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amoun	t		5b	
Single or	6a	Social security benefits	6a		b Ta	axable amoun	t		6b	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)		. 🗆		
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired,	check here		. 🗆	7	
Married filing jointly or	8	Additional income from Schedule	1, line 1	10					8	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	. This is your total inc	come				9	7,251.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26					10	
Head of household,	11	Subtract line 10 from line 9. This is	s your a	adjusted gross incor	me				11	7,251.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)				12	13,850.
any box under Standard	13	Qualified business income deducti	ion fror	n Form 8995 or Form	899	5-A			13	+
Deduction,	14	Add lines 12 and 13							14	· · · · · · · · · · · · · · · · · · ·
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t	axable incom	ne		15	0.

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 881	4 2 🗌 4972	3 🗌	16	0.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	0.
	19	Child tax credit or credit for other depende	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	0.
	23	Other taxes, including self-employment tax	•				+
	24	Add lines 22 and 23. This is your total tax				24	+
Payments	25	Federal income tax withheld from:					
. ayoc	а	Form(s) W-2			25a	944.	
	b	Form(s) 1099					
	C	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				250	944.
K have a	26	2023 estimated tax payments and amount				26	
If you have a \ \l qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28		
	29	American opportunity credit from Form 886	29				
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15					
	32	Add lines 27, 28, 29, and 31. These are you			undable credits	32	
	33	Add lines 25d, 26, and 32. These are your	-	-			+
Refund	34	If line 33 is more than line 24, subtract line				34	
Herana	35a	Amount of line 34 you want refunded to yo					
Direct deposit?	b	Routing number 0 5 1 0 0 0 0		c Type: X		avings	
See instructions.	d	Account number 4 3 5 0 4 8 4	viilgo				
	36	Amount of line 34 you want applied to you			36		
Amount	37	•			00		
You Owe	31	Subtract line 33 from line 24. This is the an For details on how to pay, go to <i>www.irs.gu</i>	37				
	38	Estimated tax penalty (see instructions) .					
Third Party		you want to allow another person to dis			38 See		
Designee		tructions				nplete below	. 🔀 No
2 00.900	De	signee's	Phone			al identificatio	
	naı		no.		numbe	. ,	
Sign		der penalties of perjury, I declare that I have examin					
Here		ief, they are true, correct, and complete. Declaration		,	ased on all information		, ,
	Yo	ur signature	Date	Your occupation			sent you an Identity PIN, enter it here
Joint return?				PROCUREMEN	NT MANAGER	(see inst.)	T IIV, OHIOI ICHOIC
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat		If the IRS s	ent your spouse an
Keep a copy for	-1-					Identity Pro	otection PIN, enter it here
your records.					(see inst.)		
		one no. (571) 471-6715	Email address	SANCHITDHIN	IGRA@GMAIL.COM		
Paid	Pre	parer's name Preparer's sign	ature		Date	PTIN	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRI	YA RAM SAO	GAR GUPTA	04/12/2024 F	02082703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC				Phone no.	(678) 965-9522
————	Fir	m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 03/07/24 PRO		Form 1040 (2023)