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 securit	Social security number						
NITESH KUMAR	884-03-	884-03-9382						
Spouse's name	Spouse's soc	Spouse's social security number						
SHALINI SNEHA	764-69							
Part I Tax Return Information — Tax Year Ending December 31, 2023 (En	nter year you a	re auth	norizing.	.)				
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		1		,932.				
2 Total tax	2		,286.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	28	,024.				
4 Amount you want refunded to you		4						
5 Amount you owe	d keep a cop	5 s	ur rotu	262.				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen								
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, traito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for 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 payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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 Electronic Funds Withdrawal Consent.	r rejection of the trace U.S. Treasury and indicated in the tallitution to debit the inate the authorizar requests must be the processing of the payment. I furt	ansmiss and its do ax preparently to ation. To receive the ele her ack	sion, (b) the esignated aration soft this according revoke (ed no late ctronic paramowledge	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the				
Taxpayer's PIN: check one box only								
▼ I authorize GLOBAL TAXES LLC to enter or general authorize GLOBAL TAXES LLC	ate my PIN	9 3	8 2	as my				
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		igits, but all zeros	aomy				
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.								
Your signature ► Date I								
Spouse's PIN: check one box only								
	ate my PIN 9	3 0	0 7	00 mv				
ERO firm name	ato,	-	igits, but	as my				
signature on the income tax return (original or amended) I am now authorizing.			all zeros					
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.								
Spouse's signature ▶ Date I	•							
Practitioner PIN Method Returns Only—continue be	low							
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 Don't ente	6 0 er all zer	8 2 7 os	1				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incomauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this retu	rn in ac	ccordance					
ERO's signature ▶ Date ▶								
FRO 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

£104 (tment of the Treasury—Internal Revenue Servi		turn	202	3	OMB No. 1545	-0074	IRS Us	e Only-	–Do not v	rite or sta	ple in this	space.
For the year Ja	an. 1–	Dec.	31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate i	nstruction	ons.
Your first nam	ie and	d mic	Idle initial	Last n	ame							Your social security number			
NITESH				KUM	AR							884 03 9382			
	spous	se's	first name and middle initial	Last n	ame							Spouse's social security numb			
SHALINI SNE												764 69 3007			
								Α.	pt. no.				ection Ca	mpaign	
1401 HALPERN LN NW												Check here if you, or your			
			e. If you have a foreign address, also co	mplete	spaces be	spaces below. State ZIP of				ii code ·			spouse if filing jointly, want \$3		
KENNESA	W						GA	A	301	44		•		nd. Chec	•
Foreign country name						rovince/state/	count	ty	Foreig				box below will not change your tax or refund.		
													Yo	ou 🔲	Spouse
Filing Statu	ıs		Single					Head of he	ouseh	old (HO	H)				
-		_	Married filing jointly (even if only or	ne had	income)			_			,				
Check only one box.		_	Married filing separately (MFS)		,			☐ Qualifying	surviv	ina spa	ouse ((QSS)			
One box.			ou checked the MFS box, enter the	name	of vour s	pouse. If voi	ı che	, ,		0 .	,	,	ild's na	me if the	9
		-	lifying person is a child but not you		•										
				· ·											
Digital			y time during 2023, did you: (a) rece												.
Assets			ange, or otherwise dispose of a digi						et)? (Se	e instru	uction	IS.)	Y€	es X	No
Standard			eone can claim:					a dependent							
Deduction) <u> </u>	_ S	pouse itemizes on a separate return	n or yo	u were a	dual-status	alien	1							
Age/Blindnes	ss Y	ou:	☐ Were born before January 2, 1	959	Are b	lind Spc	use	: Was bor	n befo	re Janu	uary 2	, 1959		blind	
Dependent	ts (s	ee ii	nstructions):		(2) 9	Social security	,	(3) Relationsh	_{iin} (4) Check	the bo	x if qual	ifies for (see instru	uctions):
-			st name Last name		number to you			P	Child	tax cre	edit	Credit fo	r other de	pendents	
If more than four	_												П		
dependents,	_										$\overline{\sqcap}$			$\overline{\Box}$	
see instruction and check	ns —										$\overline{\sqcap}$			一一	
here] _														
Income	1	la	Total amount from Form(s) W-2, bo	ox 1 (se	ee instrud	ctions) .						1a		219,9	928.
moonic		b	Household employee wages not re	•		,						1b	,		
Attach Form(s) W-2 here. Also			Tip income not reported on line 1a			. ,						10	;		
attach Forms	•		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								10	_			
W-2G and			Taxable dependent care benefits from Form 2441, line 26								16	,			
1099-R if tax was withheld.		f	Employer-provided adoption benefits from Form 8839, line 29							11					
If you did not		g								10					
get a Form		h								1h			0.		
W-2, see instructions.			Nontaxable combat pay election (s	,)		1i							
		z	Add lines 1a through 1h									1z		219,9	928.
Attach Sch. B			1	2a			b T	axable interest	t .			2b	_		
if required.		Ba	· –	3a			b 0	rdinary divide	nds .			3b	,		
	$\overline{}$	la		4a				axable amoun							
Standard)			5a				axable amoun							
Deduction for— Single or	•			6a				axable amoun				6b			
Married filing separately,			If you elect to use the lump-sum el		method.	check here					. r				
\$13,850	7		Capital gain or (loss). Attach Sched				•	,			. F	7			
Married filing jointly or	8		Additional income from Schedule									8		-20,9	996.
Qualifying			Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		198,9	
surviving spouse, \$27,700	10		Adjustments to income from Sche		-							10		0 / .	
Head of household,	11		Subtract line 10 from line 9. This is									11		198,9	932
\$20,800	12	-	Standard deduction or itemized	-	-	_						12			700.
If you checked any box under	13	-	Qualified business income deducti				,	5-A				13	_	- ' '	
Standard Deduction,	14											14		27.	700.
see instructions.	15		Subtract line 14 from line 11. If zer					laxable incom	 16	-				171,2	

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	28,286.		
Credits	17	Amount from Schedule 2, lin	ie3					17			
	18	Add lines 16 and 17						18	28,286.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ie 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	28,286.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	28,286.		
Payments	25	Federal income tax withheld	from:								
_	а	Form(s) W-2				25a 28	3,024.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	28,024.		
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return			26			
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	!		28					
	29	American opportunity credit from Form 8863, line 8									
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	28,024.		
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34			
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here		35a			
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking	Savings				
See instructions.	d	Account number X X X									
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions					37	262.			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	•								
Designee							•		X No		
		signee's me		Phone no.			onal identi ber (PIN)	ification			
Sign		der penalties of perjury, I declare the	nat I have examined		accompanying sched		, ,	the best	of mv knowledge and		
_		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation	If the	If the IRS sent you an Identity				
						; ; ;			IN, enter it here		
Joint return?				DATA ENGINEER				e inst.)			
See instructions. Keep a copy for		ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here		
your records.								inst.)	30		
	———Ph	one no. (815)593-182	4	Email address	NITESH.NET		-				
D-14	Pre	eparer's name	Preparer's signat			Date	PTIN		Check if:		
Paid	SYA	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/09/2024 P0208						2703 Self-employed			
Preparer		Firm's name GLOBAL TAXES LLC Pho							one no. (678)965-9522		
Use Only			Y CT E BRU	NSWICK N	J 08816			ı's EIN	84-3171965		
	<u></u>	10106 1 1 11 11 11			-		1		= 1010 (*****)		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

NITESH KUMAR & SHALINI SNEHA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 884-03-9382

	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
	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	00.006
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-20,996.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (<u>)</u>	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (<u>)</u>	
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		
a	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		4	
•	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 . Ente		-	
	1040. 1040-SR. or 1040-NR. line 8		10	-20,996.

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-				
	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:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
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)	24h			
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	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
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 Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

Name	Name(s)) shown on return							Your socia	al security	number
Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report family needed to be in form 4836 on page 2, line 40 in Form 4876 on page 2, line 40 in For	NITE	SH KUMAR & SHA	ALINI SNEHA						884-0	3-9382	
No No No No No No No No		Note: If you are rental income or	in the business of renting personal proper r loss from Form 4835 on page 2, line 40.	ty, use	Schedule						
Type of Property Single Family Residence A Sure Avenue, Yapra Legislate property listed above, report the number of fair rental and personal use days. Check the QuV box only if you meet the requirements to file as a qualified joint venture. See instructions. Type of Property Single Family Residence A Commercial S Rents received A B C A Seff-Rental A B C A Seff-Rental S C C B Seff-Rental A B C C C C C C C C C C C C C C C C C C C											es 🛛 No
Type of Property Single Family Residence A Sure Avenue, Yapra Legislate property listed above, report the number of fair rental and personal use days. Check the QuV box only if you meet the requirements to file as a qualified joint venture. See instructions. Type of Property Single Family Residence A Commercial S Rents received A B C A Seff-Rental A B C A Seff-Rental S C C B Seff-Rental A B C C C C C C C C C C C C C C C C C C C	B I	f "Yes," did you or w	ill you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
A SURYA AVENUE, YAPRAL HYDERABAD TELANGANA IN 500087											
B						107					
C Th Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QAV box only 1 You meet the requirements to file as a qualified joint venture. See instructions.		SURIA AVENUE,	TAPRAL HIDERABAD TELANGAR	NA J	IN 2000	76 /					
Type of Property											
A 3		Torre of Duranesta	0 5 1 11 1 1 1				_				<u> </u>
A 3	ID						га				QJV
if you meet the requirements to file as a qualified joint venture. See instructions. C						Α			Da		
C		3						305			
Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 6 Royalties 8 Other (describe)			qualified joint venture. See instru	ıctions	3.						
1 Single Family Residence 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Nulti-Family Residence 4 Commercial 6 Royalties 8 Other (describe)		of Droporty									
2 Multi-Family Residence			ones 2 Vesetion/Short Term Ben	tol.	E Long	ı	7	Calf Dantal			
Name		0		ıaı					ibo)		
Rents received		Widiti-i airiliy Nesidei	ice 4 Commercial		U HOya	aities	0	Other (descri	ibe)		
3 613.								Propertie	es:		
## Royalties received ## ## ## ## ## ## ## ## ## ## ## ##	Incom	ne:				Α		В			С
Septenses:				3		6	13.				
S	4	Royalties received		4							
6 Auto and travel (see instructions) 7 Cleaning and maintenance. 7 7 2,401. 8 Commissions 8 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 11 2,350. 12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest 13 14 Repairs 14 4,231. 15 Supplies 15 3,652. 16 Taxes 16 Utilities 17 4,013. 18 Depreciation expense or depletion 18 4,962. 19 Other (list) 19 20 21,609. 20 Total expenses. Add lines 5 through 19 20 21,609. 21 Subtract line 20 from line 3 (rents) and/or 4 (royaties). If result is a (loss), see instructions) tile Form 6198 2 2 (20,996.) (22 (20,996.) (32 (20,996.	Exper	ises:									
7	5	Advertising		5							
Solution	6	Auto and travel (see	e instructions)	6							
9	7	•		7		2,4	01.				
10	8	Commissions .		8							
11	9	Insurance		9							
12	10	_									
13		Management fees		_		2,3	50.				
14				12							
15 Supplies	13	Other interest .		13							
16 Taxes		Repairs									
17 Utilities						3,6	52.				
Depreciation expense or depletion				_							
19 Other (list) 20 Total expenses. Add lines 5 through 19											
Total expenses. Add lines 5 through 19			se or depletion			4,9	62.				
Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198				_							
result is a (loss), see instructions to find out if you must file Form 6198	20	·	•	20		21,6	09.				
file Form 6198	21										
Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)						20. 2	0.				
on Form 8582 (see instructions)	00			21		-∠∪,9	90.				
Total of all amounts reported on line 3 for all rental properties	22				,	00 00	\	,		,	,
b Total of all amounts reported on line 4 for all royalty properties	00	·	-		[(∠U,99		((12	(
c Total of all amounts reported on line 12 for all properties			·				-		613.		
d Total of all amounts reported on line 18 for all properties						•					
Total of all amounts reported on line 20 for all properties			· · · · · · · · · · · · · · · · · · ·					А	062		
 Income. Add positive amounts shown on line 21. Do not include any losses						•					
 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on 			· · · · · · · · · · · · · · · · · · ·				23e	21			
Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on		•			-					/	20.026
here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on										(∠∪,996.
	26										
Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -20,996.									. 26		-20,996.