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 secur	ity numl	ber			
VIV	IN MOHAN	015-04	-427	1			
Spouse'	's name	Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	Vear vou s	re au	thorizina	1		
	whole dollars only on lines 1 through 5.	year you a	ale au	uionzing.)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1 1	121	,864.		
2	Total tax		2		,323.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,249.		
4	Amount you want refunded to you		4		,926.		
5	Amount you owe		5				
Part		кеер а сор	y of y	our retu	rn)		
my know return (to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the unitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the transfer of the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the patch of the transfer of the income tax return (original or amended) I and the With the U.S. Treasury Financial or amended) I and the With the U.S. Treasury Financial or amended) I and the With the U.S. Treasury for the income tax return (original or amended) I and the With the U.S. Treasury for the income tax return (original or amended) I and the With the U.S. Treasury for the income tax return (original or amended) I and the With the U.S. Treasury for the income tax return (original or amended) I and the With the U.S. Treasury for the income tax return (original or amended) I and the With the U.S. Treasury for the income tax return (original or amended) I and the With the U.S. Treasury for the income tax return (original or amended) I and the With the U.S. Treasury for the income tax return (original or amended) I and the With the U.S. Treasury for the income tax return (original or amended) I and the U.S. Treasury for the income tax return (original or amended) I and the U.S.	re are the amitter, or election of the tast. Treasury a cated in the tast of the authorizations must be processing cayment. I full	counts fronic re- ransmin and its cax prepare entry ation. The entry ation of the election at	from the inc turn original ssion, (b) the designated paration soft to this accordance To revoke (ved no late lectronic paracknowledge	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the		
	nic Funds Withdrawal Consent. Nyer's PIN: check one box only						
X		my PINI 4	4 2	2 7 1	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	astriy		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.						
Your s	signature ▶ Date ▶						
Snous	se's PIN: check one box only						
Ороцо	I authorize to enter or generate	my PIN			as my		
_	ERO firm name	_	ter five	digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	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 en	cer an Ze	03			
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc.	itting this ret	urn in a	accordance			
ERO's	s signature ► Date ►						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To I	Do So					

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



£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		turn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	vrite or staple in this s	space.
For the year Ja	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ing	<u>'</u>		, 20		parate instruction	
Your first name and middle initial Last n					Your social security						ocial security nun	nber
VIVIN			MOH	AN						015	04 4271	
If joint return, s	spouse'	s first name and middle initial	Last na	ame						Spouse	's social security	numbe
Home address	: (numb	er and street). If you have a P.O. box, see	inetruct	tions					Apt. no.	Dunnida	ential Election Co	
		ELONA AVE	HISHUCI	110115.				'	ιρι. no.	ł	ential Election Ca here if you, or yo	. •
		ice. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP c	ode		if filing jointly, w	
FAYETTE		-	·			AF		727	0.3		this fund. Checlow will not chan	_
Foreign countr				Foreign p	rovince/state/o				n postal code	1	x or refund.	ye
, and the second										,	You :	Spouse
Filing Status	s 🗵	Single					☐ Head of ho	useh	old (HOH)	•		
Check only		Married filing jointly (even if only o	ne had	income)			_					
one box.		Married filing separately (MFS)					Qualifying s	urviv	ing spouse	(QSS)		
	If y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if the)
	qι	ualifying person is a child but not you	ır depe	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a rewar	d, award, or	payr	ment for propert	y or	services); or	(b) sell,		
Assets	excl	nange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial intere	est ir	n a digital asset	? (Se	ee instructio	ns.)	☐ Yes 🗵	No
Standard		neone can claim: 🗌 You as a de	pender	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	1					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	use	: Was born	befo	ore January 2	2, 1959	☐ Is blind	
Dependent	s (see	instructions):		(2)	Social security		(3) Relationship	, (4) Check the b	ox if qual	ifies for (see instru	ıctions)
If more	(1) First name Last name			number to you				Child tax c	redit	Credit for other dep	pendents	
than four												
dependents, see instruction	ne ——											
and check _												
here L												
Income	1a	Total amount from Form(s) W-2, b	•		•						·	149.
Attach Form(s)	b	Household employee wages not re	•		` '							
W-2 here. Also	С	Tip income not reported on line 1a	•		,	,					;	
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	,	nstru	ıctions)			. 10		
1099-R if tax	е	Taxable dependent care benefits		•						. 16		
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	3839, line 29					. 11		
If you did not get a Form	g	Wages from Form 8919, line 6.								. 10	3	
W-2, see	h	Other earned income (see instructions)							. <u>1</u>	1	0.	
instructions.	i	Nontaxable combat pay election (see ins	tructions))		<u>li</u>				126	1 40
	<u>z</u>	Add lines 1a through 1h	. i		· · · ·					. 1z		149.
Attach Sch. B if required.	2a	'	2a				axable interest			. 2t		
ii required.	<u>3a</u> _		3a				Ordinary dividen					
Standard	4a	_	4a				axable amount					
Deduction for—	5a	_	5a				axable amount			. 5k		
 Single or Married filing 	6a	,	6a				axable amount			. 6k	D	
separately,	c If you elect to use the lump-sum election method, check here (see instructions)						╣					
\$13,850 Married filing	7							- 7 - 0		205		
jointly or Qualifying	8 Additional income from Schedule 1, line 10						. 8					
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9	<u> </u>	204.	
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		2.64
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11		
 If you checked 	12	Standard deduction or itemized		•		,				. 12		850.
any box under Standard	13	Qualified business income deduct				899	ъ-А			. 13) F ()
Deduction, see instructions.	14	Add lines 12 and 13								. 14		350.

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 1	6	19,323.	
Credits	17	Amount from Schedule 2, lin					 .	. 1	7		
	18	Add lines 16 and 17						. 1	8	19,323.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 1	9		
	20	Amount from Schedule 3, lin	ne 8					. 2	20		
	21	Add lines 19 and 20						. 2	21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 2	22	19,323.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 2	23	0.	
	24	Add lines 22 and 23. This is	your total tax					. 2	24	19,323.	
Payments	25	Federal income tax withheld	l from:								
-	а	Form(s) W-2				25a	22,2	49.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						. 2	5d	22,249.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			. 2	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, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable cre	dits .	. 3	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 3	33	22,249.	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							3	34	2,926.	
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							☐ 3	5a	2,926.	
Direct deposit? See instructions.	b	Routing number 0 7 5			c Type: 🔀	Checking	Sav	ings			
See instructions.	d	Account number 5 1 2	5 5 0 1	6 8							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 3	37		
	38	Estimated tax penalty (see in	_	-		38					
Third Party											
Designee	instructions							lete belo	w.	X No	
	Designee's Phone Personal ic name no. number (PI						ion				
Sign			hat I have examined		accompanying sched	dules and stat			est o	of my knowledge and	
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to tibelief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which										
Here	Yo	ur signature	Date	Your occupation	If the IRS	If the IRS sent you an Identity					
					/00				otection PIN, enter it here ee inst.)		
Joint return? See instructions.		ouse's signature. If a joint return, I	hath must sign	Date	SENIOR MAN Spouse's occupation			`		nt your spouse an	
Keep a copy for your records.		ouse's signature. If a joint return, i	ootii mast sign.	Date	Spouse's occupan	OII			Prote	ection PIN, enter it here	
	Ph	one no. (405) 714-471	2	Email address	VIVINM1994	@GMAIL.	COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PT	IN	Ī	Check if:	
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY.	A RAM SAC	GAR GUPTA	04/14/2	024 P0	208270)3	Self-employed	
Use Only	Firm's name GLOBAL TAXES LLC P						Phone n	o. (678) 965-9522		
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's E	N	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

VIVIN MOHAN

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.

	Sequence No. 01
Your soc	ial security number
015-04	-4271

Par	t I 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		
4	Other gains or (losses). Attach Form 4797	4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			-14,285.
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	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			
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form	۱	1
	1040, 1040-SR, or 1040-NR, line 8	<u> </u>	10	-14,285.

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.

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

VIVI	N MOHAN			015-04-4271							
Part		Loss From Rental Real Estate an re in the business of renting personal proper	d Roy	/alties	C . See	instru	ctions. If you a	are an indiv	ridual, rep	ort farm	
	rental income	or loss from Form 4835 on page 2, line 40.									
		ayments in 2023 that would require you								s 🛚 No	
B I	f "Yes," did you or	will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No	
1a	Physical address of each property (street, city, state, ZIP code)										
Α	10/2 SRI BAI	LASUBRAMANIA ANNA NAGAR, PEE	CLAME	DU COI	[MBAT	ORE :	IN 641004	4			
В											
С											
1b	Type of Property (from list below)	2 For each rental real estate prope above, report the number of fair i	rty liste rental a	ed and	ind Days			Person Day	QJV		
Α	3	personal use days. Check the Qu			Α		365		0		
В		if you meet the requirements to f qualified joint venture. See instru			В						
С		quaimed joint venture. Gee instru	ictions.	•	С						
Туре	of Property:										
	Single Family Resid		tal	5 Lanc			Self-Rental				
2	Multi-Family Reside	ence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
							Properti				
Incom	ne:				Α		В			С	
3			3		6	74.					
4		1	4								
Exper											
5			5								
6		ee instructions)	6								
7	Cleaning and main	ntenance	7		2,5	47.					
8	Commissions .		8								
9	Insurance		9								
10	Legal and other pr	rofessional fees	10								
11	Management fees		11		2,1	60.					
12		paid to banks, etc. (see instructions)	12								
13	Other interest .		13								
14	•		14			94.					
15			15		2,1	58.					
16			16								
17			17			41.					
18		ense or depletion	18		2,8	59.					
19	Other (list)	ad lines 5 through 10	19		1.4.0	F 0					
20	•	add lines 5 through 19	20		14,9	59.					
21		om line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must									
	file Form 6198 .	•	21		-14 , 2	85					
22		real estate loss after limitation, if any,	-1		,-	30.					
		e instructions)	22	(14,28	35.)	()	(,	
23a	•	its reported on line 3 for all rental prope				23a	\	674.	·		
b		its reported on line 4 for all royalty property				23b					
C		its reported on line 12 for all properties				23c		$\neg \neg$			
d		ts reported on line 18 for all properties				23d	2	2,859.			
е		ts reported on line 20 for all properties				23e		,959.			
24		itive amounts shown on line 21. Do not		de any lo	sses			. 24			
25	Losses. Add royalt	ty losses from line 21 and rental real estate	e losse	s from lin	e 22. E	nter to	tal losses her	e 25	(14,285.	
26		estate and royalty income or (loss).									
		I, and IV, and line 40 on page 2 do no									
	Schadula 1 (Form	10/10) line 5. Otherwise include this ar	mount	in the to	tal on li	na /11	on nage ?	06		_1/ 205	