# 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

|  | 1.07.07.000  |  |   |   |   |
|--|--|--|---|---|---|
| Submi  | ssion Identification Number (SID)  |  |   |   |   |
| Taxpaye  | r's name   | Social securit   | y numb  | per   |   |
| VINI   | EET DAHAD  | 898-51-  | -542°   | 7   |   |
| Spouse'  |  | Spouse's soc   |   |   | r   |
| Part   | Tax Return Information — Tax Year Ending December 31, 2023 (Ente   | <br>er year you a  | ro aut  | thorizina   | 1   |
|  | whole dollars only on lines 1 through 5.   | er year you a  | re au   | unonzing.   | .)  |
|  | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |  |   |   |   |
| 1  | Adjusted gross income  |  | 1   | 88  | ,635.   |
| 2  | Total tax  |  | 2   |   | ,758.   |
| 3  | Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  | 3   |   | ,491.   |
| 4  | Amount you want refunded to you  |  | 4   |   | ,733.   |
| 5  | Amount you owe   |  | 5   |   | 7733.   |
| Part   |  | keep a cop   | y of y  | our retu  | rn)   |
| my known return ( to send for any Agent t paymer authoriz paymer busines taxes t persona | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abore original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfully my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the loo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into financial 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 terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent. | ove are the amonitter, or electro-<br>jection of the tr<br>J.S. Treasury and dicated in the training to debit the tet the authorizations must be processing of payment. I furt | ounts for its cax prepartion. The receive the elements of the | rom the in-<br>turn original<br>ssion, (b) the<br>designated<br>paration solute<br>to this accor<br>or revoke (<br>ved no late<br>ectronic parknowledge | come tax<br>tor (ERO)<br>ne reason<br>Financial<br>ftware for<br>ount. This<br>(cancel) a<br>er than 2<br>ayment of<br>e that the |
| Taxpa  | yer's PIN: check one box only  |  |   |   |   |
| X  |  | mv PIN   | 5 4   | 1 2 7   | as my   |
|  | ERO firm name signature on the income tax return (original or amended) I am now authorizing.   | ř Ent  |   | digits, but<br>r 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.   |  |   |   |   |
| Your s   | ignature ▶ Date ▶  | 04.14.2024   |   |   |   |
| Spous  | e's PIN: check one box only  |  |   |   |   |
| Г  | I authorize to enter or generate   | my PIN   |   |   | as my   |
|  | ERO firm name  | -  | er five   | digits, but   | ao my   |
|  | signature on the income tax return (original or amended) I am now authorizing.   | do   | n't ente  | r 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.   |  |   |   |   |
| Spous  | e's signature ▶ Date ▶   |  |   |   |   |
|  | Practitioner PIN Method Returns Only—continue below  | v  |   |   |   |
| Part   | Certification and Authentication — Practitioner PIN Method Only  |  |   |   |   |
| ERO's  | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2  | 2 4 9 Don't ente   | 6 0<br>erallze  | 8 2 7   | 1   |
| authori  | that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Providers of  | mitting this retu  | rn in a   | accordance  |   |
| 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               | 20 <b>2</b>   | 3      | OMB No. 1545    | -0074   | IRS Use     | Only-           | -Do not w  | rite or sta    | aple in this spac          | æ.         |
|---|----------------|--|---|-------------------|---------------|--------|-----------------|---------|-------------|-----------------|------------|----------------|----------------------------|------------|
| For the year Jai                              | n. 1–Dec       | c. 31, 2023, or other tax year beginning   |   | ·                 | , 2023, end   | ling   |                 |         | , 20        |                 | See se     | oarate i       | instructions               |            |
| Your first name                               | and m          | iddle initial  | Last nar  | me                |               |        |                 |         |             |                 | Your so    | cial sec       | urity numbe                | r          |
| VINEET  |                |  | DAHA  | .D                |               |        |                 |         |             |                 | 898        | 51             | 5427                       |            |
|   | pouse's        | s first name and middle initial  | Last nar  |                   |               |        |                 |         |             |                 | Spouse'    | s social       | security nun               | nbei       |
| Home address                                  | (numbe         | er and street). If you have a P.O. box, see  | instruction   | ons.              |               |        |                 | A       | pt. no.     |                 | Preside    | ntial Ele      | ection Campa               | aign       |
| 2501 BI                                       | LL M           | OSES PKWY  |   |                   |               |        |                 | 3       | 326         | - 1             |            |                | ou, or your                | Ū          |
| City, town, or p                              | ost offi       | ce. If you have a foreign address, also co   | mplete s  | paces belov       | w.            | Sta    | te              | ZIP c   | ode         |                 |            | •              | jointly, want              |            |
| DALLAS  |                |  |   |                   |               | TX     |                 | 752     | 34          |                 | •          |                | nd. Checking<br>not change | jа         |
| Foreign countr                                | y name         |  | F   | oreign prov       | vince/state/o | count  | у               | Foreig  | ın postal c |                 | your tax   |                | ınd.                       | use        |
| Filing Status<br>Check only<br>one box.       | ☐<br>☐<br>If y | Single  Married filing jointly (even if only or  Married filing separately (MFS)  you checked the MFS box, enter the lalifying person is a child but not you | name o  | of your spo       | •             |        | ☐ Head of ho    | surviv  | ring spou   | use (0<br>enter | the chi    | ld's na        | me if the                  |            |
| Digital<br>Assets                             |                | ny time during 2023, did you: (a) reconnange, or otherwise dispose of a dig  |   |                   |               |        |                 |         |             |                 |            | □ Ye           | es 🗵 No                    |            |
| Standard Deduction                            | _              | neone can claim:   | •   |                   |               |        | a dependent     |         |             |                 |            |                |                            |            |
| Age/Blindnes                                  | s You          | : Were born before January 2, 1  | 959   | Are blin          | d <b>Spo</b>  | use    | : Uwas bor      | n befo  | re Janua    | ary 2,          | , 1959     | ls             | s blind                    |            |
| Dependent                                     | s (see         | instructions):   |   | <b>(2)</b> So     | cial security | ,      | (3) Relationsh  | ip (4   | ) Check t   | he bo           | x if quali | fies for (     | see instructio             | ns):       |
| If more                                       | (1) F          | irst name Last name  |   | number            |               | to you |                 | Child t | ax cre      | edit            | Credit fo  | r other depend | lents                      |            |
| than four                                     |                |  |   |                   |               |        |                 |         |             |                 |            |                |                            |            |
| dependents, see instruction                   | s —            |  |   |                   |               |        |                 |         |             |                 |            |                |                            |            |
| and check<br>here                             | ,<br>1 —       |  |   |                   |               |        |                 |         | [           |                 |            |                |                            |            |
| Income  | 1a             | Total amount from Form(s) W-2, b   | ox 1 (see   | ı<br>e instructio | ons)          |        |                 |         |             |                 | 1a         |                | 101,073                    | 3.         |
|   | b              | Household employee wages not re  | •   |                   | ,             |        |                 |         |             |                 | 1b         |                |                            |            |
| Attach Form(s)<br>W-2 here. Also              | С              | . ,  | Tip income not reported on line 1a (see instructions) |                   |               |        |                 |         |             |                 |            |                |                            |            |
| attach Forms                                  | d              | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  |   |                   |               |        |                 |         |             |                 | 1d         |                |                            |            |
| W-2G and                                      | е              | Taxable dependent care benefits from Form 2441, line 26  |   |                   |               |        |                 |         |             | 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 instruct  | ions) .   |                   |               |        |                 |         |             |                 | 1h         | - 1            |                            | 0.         |
| W-2, see instructions.                        | i              | Nontaxable combat pay election (s  | ,   | uctions)          |               |        | 1i              |         |             |                 |            |                |                            |            |
|   | z              | Add lines 1a through 1h  |   |                   |               |        |                 |         |             |                 | 1z         |                | 101,073                    | 3.         |
| Attach Sch. B                                 | <u>-</u><br>2a | 1  | 2a  |                   | i i           | b Т:   | axable interest | t .     |             |                 | 2b         |                |                            |            |
| if required.                                  | 3a             |  | 3a  |                   |               |        | rdinary divide  |         |             |                 | 3b         |                | 3.                         | 1.         |
|   | 4a             |  | 4a  |                   |               |        | axable amoun    |         |             |                 | 4b         |                |                            |            |
| Standard                                      | 5a             |  | 5a  |                   |               |        | axable amoun    |         |             |                 | 5b         |                |                            |            |
| Deduction for— Single or                      | 6a             |  | 6a  |                   |               |        | axable amoun    |         |             |                 | 6b         |                |                            |            |
| Married filing                                | C              | If you elect to use the lump-sum e   |   | nethod. ch        |               |        |                 |         |             | . Ė             |            |                |                            |            |
| separately,<br>\$13,850                       | 7              | Capital gain or (loss). Attach Sche  |   | •                 |               | •      | ,               |         |             | . F             | 7          |                |                            |            |
| <ul> <li>Married filing jointly or</li> </ul> | 8              | Additional income from Schedule  |   |                   | •             |        |                 |         |             |                 | 8          |                | -12,469                    | <u>.</u>   |
| Qualifying                                    | 9              | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  | -   |                   |               |        |                 |         |             |                 | 9          |                | 88,635                     |            |
| surviving spouse,<br>\$27,700                 | 10             | Adjustments to income from Sche  |   | •                 |               |        |                 |         |             |                 | 10         |                |                            |            |
| <ul> <li>Head of<br/>household,</li> </ul>    | 11             | Subtract line 10 from line 9. This is  |   |                   |               |        |                 |         |             |                 | 11         |                | 88,635                     | 5.         |
| \$20,800                                      | 12             | Standard deduction or itemized   | -   | -                 |               |        |                 |         |             |                 | 12         |                | 13,850                     |            |
| If you checked<br>any box under               | 13             | Qualified business income deduct   |   | •                 |               |        | 5-A             |         |             |                 | 13         |                |                            | 0.         |
| Standard<br>Deduction,                        | 14             | Add lines 12 and 13  |   |                   |               |        |                 |         |             |                 | 14         |                | 13,850                     | ) <b>.</b> |
| see instructions.                             | 15             | Subtract line 1/1 from line 11. If zer   | o or loca   | ontor O           | This is v     | our t  | avabla incom    |         |             |                 | 15         |                | 7/ 785                     |            |

| 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                  | 11,758.             |
| Credits   | 17                                 | Amount from Schedule 2, lir                                | те 3                    |                   |                   |  | _<br>                   | 17                  |                     |
|   | 18                                 | Add lines 16 and 17  |                         |                   |                   |  |                         | 18                  | 11,758.             |
|   | 19                                 | Child tax credit or credit for                             | other dependent         | 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                  | 11,758.             |
|   | 23                                 | Other taxes, including self-e                              | mployment tax,          | from Schedule     | 2, line 21 .      |  |                         | 23                  | 0.                  |
|   | 24                                 | Add lines 22 and 23. This is                               | your <b>total tax</b>   |                   |                   |  |                         | 24                  | 11,758.             |
| <b>Payments</b>                                       | 25                                 | Federal income tax withheld                                |                         |                   |                   |  |                         |                     |                     |
|   | а                                  | Form(s) W-2  |                         |                   |                   | 25a  | 14 <b>,</b> 491         |                     |                     |
|   | b                                  | Form(s) 1099   |                         |                   |                   | 25b  |                         |                     |                     |
|   | С                                  | Other forms (see instruction                               | s)                      |                   |                   | 25c  |                         |                     |                     |
|   | d                                  | Add lines 25a through 25c                                  |                         |                   |                   |  |                         | 25d                 | 14,491.             |
| If you have a   | 26                                 | 2023 estimated tax paymen                                  | ts and amount a         | pplied from 20    | 22 return         | .,   |                         | 26                  |                     |
| qualifying child, attach Sch. EIC.                    | 27                                 | Earned income credit (EIC)                                 |                         |                   | No .              | 27   |                         |                     |                     |
| allacii Scii. Elc.                                    | 28                                 | Additional child tax credit from                           | m Schedule 8812         |                   |                   | 28   |                         |                     |                     |
|   | 29                                 | American opportunity credit                                | from Form 8863          | 8, 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    | syments and ref   | undable credit   | s.,                     | 32                  |                     |
|   | 33                                 | Add lines 25d, 26, and 32. T                               | hese are your <b>to</b> | tal payments      |                   |  |                         | 33                  | 14,491.             |
| 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>overpai</b>  | i                       | 34                  | 2,733.              |
|   | 35a                                | Amount of line 34 you want                                 | 🗆                       | 35a               | 2,733.            |  |                         |                     |                     |
| Direct deposit?                                       | b                                  | Routing number 1 1 1                                       |                         |                   | <b>c</b> Type:    | ] Checking [   | Saving                  | s                   |                     |
| See instructions.                                     | d                                  | Account number 8 5 5                                       | 2 3 3 7                 | 1 5 9             |                   |  |                         |                     |                     |
|   | 36                                 | Amount of line 34 you want                                 | applied to your         | 2024 estimate     | ed tax            | 36   |                         |                     | ļ                   |
| Amount<br>You Owe                                     | 37                                 | Subtract line 33 from line 24 For details on how to pay, g |                         |                   |                   |  |                         | 37                  |                     |
|   | 38                                 | Estimated tax penalty (see in                              | nstructions) .          |                   |                   | 38   |                         |                     |                     |
| <b>Third Party</b>                                    | Do                                 | you want to allow another                                  | person to disc          | cuss this retur   | n with the IRS?   | See  |                         |                     | _                   |
| Designee  | ins                                | structions   |                         |                   |                   | 🗌 Yes.   | Complete                | e below.            | × No                |
|   |                                    | signee's<br>me   |                         | Phone no.         |                   |  | rsonal ide<br>mber (PIN |                     |                     |
| Sign  |                                    | der penalties of perjury, I declare t                      | hat I have examined     |                   | accompanying sche |  |                         |                     | of my knowledge and |
| _   |                                    | lief, they are true, correct, and com                      |                         |                   |                   |  |                         |                     | , ,                 |
| Here  | Yo                                 | ur signature   |                         | Date              | Your occupation   | lf t   | the IRS se              | ent you an Identity |                     |
|   |                                    | -  |                         |                   | -                 |  |                         |                     | PIN, enter it here  |
| Joint return?   |                                    |  |                         |                   | ASSISTANT P       |  | GEK ,                   | ee inst.)           |                     |
| See instructions.<br>Keep a copy for<br>your records. | Sp                                 | ouse's signature. If a joint return, I                     | Date                    | Spouse's occupat  | Ide               | If the IRS sent your spouse an dentity Protection PIN, enter it here (see inst.) |                         |                     |                     |
|   | Ph                                 | one no. (469)271-240                                       | 4                       | Email address     | VINIT.DAHA        | D27@GMAIL.   | СОМ                     |                     |                     |
| Paid  | Pre                                | eparer's name  | Preparer's signat       | ure               |                   | Date   | PTIN                    |                     | Check if:           |
| Preparer  | SYA                                | M PRIYA RAM SAGAR GUPTA                                    | SYAM PRIY               | A RAM SAG         | GAR GUPTA         | 04/14/202  | 1 P020                  | 82703               | Self-employed       |
| Use Only  | Firm's name GLOBAL TAXES LLC Phone |  |                         |                   |                   |  |                         |                     | (678)965-9522       |
| ————  | Fin                                | m's address 245 ROONE                                      | Y CT E BRU              | NSWICK N          | 08816             |  | Fir                     | m's EIN             | 84-3171965          |
|   |                                    |  |                         |                   |                   |  |                         |                     |                     |

#### SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

VINEET DAHAD

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. <b>01</b> |
|---|----------|------------------------|
|   | Your soc | ial security number    |
|   | 898-51   | -5427                  |

| Par | 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. Atta |                  | 5  | -12,469. |
| 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               |    |          |
| I   | 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               |    |          |
|     | Wages earned while incarcerated  | 8u               |    |          |
| Z   | Other income. List type and amount:  |                  |    |          |
| _   | Table Harden Add Para Call and D   | 8z               |    |          |
| 9   | Total other income. Add lines 8a through 8z                                    |                  | 9  |          |
| 10  | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter | nere and on Form | 40 | 12 460   |
|     | 1040, 1040-SR, or 1040-NR, line 8  | <u> </u>         | 10 | -12,469. |

Schedule 1 (Form 1040) 2023 Page **2** 

| Par | t II Adjustments to Income  |         |            |              |     |   |
|-----|---|---------|------------|--------------|-----|---|
| 11  | Educator expenses   |         |            | . 11         | 1   | _ |
| 12  | Certain business expenses of reservists, performing artists, and fee-   |         |            |              |     |   |
|     | officials. Attach Form 2106   |         |            | . 12         | 2   |   |
| 13  | Health savings account deduction. Attach Form 8889  |         |            | . 13         | 3   |   |
| 14  | Moving expenses for members of the Armed Forces. Attach Form 3903   |         |            | . 14         | 4   |   |
| 15  | Deductible part of self-employment tax. Attach Schedule SE  |         |            |              | 5   |   |
| 16  | Self-employed SEP, SIMPLE, and qualified plans  |         |            | . 16         | 6   |   |
| 17  | Self-employed health insurance deduction  |         |            | . 17         | 7   |   |
| 18  | Penalty on early withdrawal of savings  |         |            |              | 3   |   |
| 19a | Alimony paid  |         |            |              | a   |   |
| b   | Recipient's SSN   |         |            |              |     |   |
| С   | Date of original divorce or separation agreement (see instructions):  |         |            |              |     |   |
| 20  | IRA deduction   |         |            |              | _   |   |
| 21  | Student loan interest deduction   |         |            |              |     | _ |
| 22  | Reserved for future use   |         |            |              |     |   |
| 23  | Archer MSA deduction  |         |            | . 23         | 3   |   |
| 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   |   | 24f     |            |              |     |   |
| g   |   | 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  |         |            |              |     |   |
|     | <del>-</del>  | 24i     |            |              |     |   |
| j   | •   | 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  |         |            |              | 5   |   |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10 | . Enter | r here and | on <b>26</b> |     |   |
|     | 1 OHH 1070, 1070-011, 01 1070-1111, IIIIC 10  |         |            | .   20       | י ע |   |

#### **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

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

Attachment Sequence No. 13

| Name(s) | s) shown on return   |                    |                  |                |         | ,                             | Your social    | security | number   |
|---------|--|--------------------|------------------|----------------|---------|-------------------------------|----------------|----------|----------|
| VINE    | EET DAHAD  |                    |                  |                |         |                               | 898-51         | -5427    |          |
| Part    | Note: If you are in the business of renting personal pro-<br>rental income or loss from Form 4835 on page 2, line    | operty, use<br>40. | Schedule         |                |         |                               |                |          |          |
|         | Did you make any payments in 2023 that would require   |                    |                  |                |         |                               |                |          |          |
| B I     | f "Yes," did you or will you file required Form(s) 1099?   |                    |                  |                |         |                               |                | ☐ Ye     | s 🗌 No   |
| 1a      | Physical address of each property (street, city, state   | , ZIP code         | e)               |                |         |                               |                |          |          |
|         | OPP JDCC BANK, RING ROAD JALGAON MAH.  |                    | <u> </u>         | 12500          | 1       |                               |                |          |          |
| B       | OPP UDCC BANK, KING KOAD JALGAON MARK  | TINGATA            | CA IN 5          | 12300          |         |                               |                |          |          |
|         |  |                    |                  |                |         |                               |                |          |          |
| 1b      | Type of Property (from list below)  2 For each rental real estate property above, report the number of               |                    |                  |                | Fa      | ir Rental<br>Days             | Persona<br>Day |          | QJV      |
| A       | gersonal use days. Check the   |                    |                  | Α              |         | 365                           |                | 0        |          |
| В       | if you meet the requirements   |                    |                  | В              |         | - 303                         |                |          |          |
|         | qualified joint venture. See in  | structions         | i.               | C              |         |                               |                |          |          |
|         | of Property:   |                    |                  |                |         |                               |                |          |          |
| 1       | Single Family Residence 3 Vacation/Short-Term I<br>Multi-Family Residence 4 Commercial                               | Rental             | 5 Land<br>6 Roya |                |         | Self-Rental<br>Other (descril |                |          |          |
|         |  |                    |                  |                |         | Propertie                     | s:             |          |          |
| Incom   |  |                    |                  | Α              |         | В                             |                |          | С        |
| 3       | Rents received   | -                  |                  | 5              | 48.     |                               |                |          |          |
| 4       | Royalties received   | 4                  |                  |                |         |                               |                |          |          |
| Exper   |  |                    |                  |                |         |                               |                |          |          |
| 5       | Advertising  |                    |                  |                |         |                               |                |          |          |
| 6       | Auto and travel (see instructions)   |                    |                  |                |         |                               |                |          |          |
| 7       | Cleaning and maintenance   |                    |                  | 1,7            | 63.     |                               |                |          |          |
| 8       | Commissions  | 8                  |                  |                |         |                               |                |          |          |
| 9       | Insurance  | 9                  |                  |                |         |                               |                |          |          |
| 10      | Legal and other professional fees  |                    |                  |                |         |                               |                |          |          |
| 11      | Management fees  |                    |                  | 1,1            | 64.     |                               |                |          |          |
| 12      | Mortgage interest paid to banks, etc. (see instructions  |                    |                  |                |         |                               |                |          |          |
| 13      | Other interest   | 13                 |                  |                |         |                               |                |          |          |
| 14      | Repairs  |                    |                  |                | 11.     |                               |                |          |          |
| 15      | Supplies   | -                  |                  | 1,8            | 73.     |                               |                |          |          |
| 16      | Taxes  | 16                 |                  |                |         |                               |                |          |          |
| 17      | Utilities  | 17                 |                  | 2,3            |         |                               |                |          |          |
| 18      | Depreciation expense or depletion  |                    |                  | 3,7            | 82.     |                               |                |          |          |
| 19      | Other (list)   | 19                 |                  |                |         |                               |                |          |          |
| 20      | Total expenses. Add lines 5 through 19   | 20                 |                  | 13,0           | 17.     |                               |                |          |          |
| 21      | Subtract line 20 from line 3 (rents) and/or 4 (royalties) result is a (loss), see instructions to find out if you mu | ust                |                  |                |         |                               |                |          |          |
|         | file <b>Form 6198</b>  |                    |                  | -12 <b>,</b> 4 | 69.     |                               |                |          |          |
| 22      | Deductible rental real estate loss after limitation, if ar on <b>Form 8582</b> (see instructions)                    |                    | (                | 12,46          | 9.)     | (                             | )(             |          |          |
| 23a     | Total of all amounts reported on line 3 for all rental pr  | operties           |                  |                | 23a     |                               | 548.           |          |          |
| b       | Total of all amounts reported on line 4 for all royalty p  | -                  |                  |                | 23b     |                               |                |          |          |
| С       | Total of all amounts reported on line 12 for all propert   | ties               |                  |                | 23c     |                               |                |          |          |
| d       | Total of all amounts reported on line 18 for all propert   | ties               |                  |                | 23d     | 3,                            | 782.           |          |          |
| е       | Total of all amounts reported on line 20 for all propert   | ties               |                  |                | 23e     | 13,                           | 017.           |          |          |
| 24      | Income. Add positive amounts shown on line 21. Do  | not includ         | de any lo        | sses           |         |                               | 24             |          |          |
| 25      | Losses. Add royalty losses from line 21 and rental real e  | state losse        | s from lin       | ie 22. Ei      | nter to | tal losses here               | 25 (           |          | 12,469.  |
| 26      | Total rental real estate and royalty income or (los  |                    |                  |                |         |                               |                |          |          |
|         | here. If Parts II, III, and IV, and line 40 on page 2 do<br>Schedule 1 (Form 1040), line 5. Otherwise, include thi   | not appl           | y to you,        | also e         | nter th | nis amount or                 |                |          | -12,469. |

## Form **8995**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

VINEET DAHAD

16

17

### Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

Your taxpayer identification number

898-51-5427

| busine<br>passe<br>Use th | You can claim the qualified business income deduction <b>only</b> if you have qualifiess, real estate investment trust dividends, publicly traded partnership income, difference through from an agricultural or horticultural cooperative. See instructions. In this form if your taxable income, before your qualified business income deduction ointly), and you aren't a patron of an agricultural or horticultural cooperative. | or a | domestic produ                    | ction a | ctivities deduction                 |
|---------------------------|--|------|-----------------------------------|---------|-------------------------------------|
| 1                         | (a) Trade, business, or aggregation name   | ie   | (b) Taxpayer dentification number | (c)     | Qualified business income or (loss) |
| i_                        |  |      |                                   |         |                                     |
| ii                        |  |      |                                   |         |                                     |
| iii                       |  |      |                                   |         |                                     |
| iv                        |  |      |                                   |         |                                     |
| v                         |  |      |                                   |         |                                     |
| 2                         | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)   | 2    |                                   |         |                                     |
| 3                         | Qualified business net (loss) carryforward from the prior year   | 3    | (                                 | )       |                                     |
| 4                         | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-   | 4    |                                   |         |                                     |
| 5                         | Qualified business income component. Multiply line 4 by 20% (0.20)   |      |                                   | 5       |                                     |
| 6                         | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)   | 6    | 2                                 |         |                                     |
| 7                         | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year   | 7    |                                   | )       |                                     |
| 8                         | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-   | 8    | 2                                 |         |                                     |
| 9                         | REIT and PTP component. Multiply line 8 by 20% (0.20)  |      | 1                                 | 9       | 0.                                  |
| 10                        | Qualified business income deduction before the income limitation. Add lines 5 ar   | nd 9 |                                   | 10      | 0.                                  |
| 11                        | Taxable income before qualified business income deduction (see instructions)   | 11   | 74,785                            |         |                                     |
| 12                        | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)   | 12   | 29                                |         |                                     |
| 13                        | Subtract line 12 from line 11. If zero or less, enter -0   | 13   | 74,756                            | •       |                                     |
| 14                        | Income limitation. Multiply line 13 by 20% (0.20)  |      |                                   | 14      | 14,951.                             |
| 15                        | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)   |      |                                   | 15      | 0.                                  |

Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-...

Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than

0.)

0.)

16

17

## Form **8582**

**Passive Activity Loss Limitations** 

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number 898-51-5427

| VINI   | EET DAHAD   |                       |                           |                                | 898                                       | 3-51    | -5427           |  |  |  |
|--------|---|-----------------------|---------------------------|--------------------------------|---|---------|-----------------|--|--|--|
| Pai    | t I 2023 Passive Activity Los   | S                     |                           |                                | ·   |         |                 |  |  |  |
|        | Caution: Complete Parts IV ar   | nd V before compl     | eting Part I.             |                                |   |         |                 |  |  |  |
|        | al Real Estate Activities With Active Pance for Rental Real Estate Activities |                       |                           | ive participation, s           | see <b>Special</b>                        |         |                 |  |  |  |
| 1a     | Activities with net income (enter the a                                       | mount from Part I     | V, column (a)) .          | 1a                             | 0.  |         |                 |  |  |  |
| b      | Activities with net loss (enter the amo                                       |                       |                           |                                | 12,469.)                                  |         |                 |  |  |  |
| С      |   |                       |                           |                                |   |         |                 |  |  |  |
| d      |   |                       |                           |                                |   |         |                 |  |  |  |
| All Ot | her Passive Activities  |                       |                           |                                |   |         |                 |  |  |  |
| 2a     | Activities with net income (enter the a                                       | mount from Part V     | , column (a)) .           | 2a                             |   |         |                 |  |  |  |
| b      | Activities with net loss (enter the amo                                       |                       |                           |                                | )   |         |                 |  |  |  |
| С      | Prior years' unallowed losses (enter the                                      |                       |                           |                                | )   |         |                 |  |  |  |
| d      | Combine lines 2a, 2b, and 2c  |                       |                           |                                |   | 2d      |                 |  |  |  |
| 3      | Combine lines 1d and 2d and subtra  |                       |                           |                                |   |         |                 |  |  |  |
| 3      | zero or more, stop here and include   |                       |                           |                                |   |         |                 |  |  |  |
|        | prior year unallowed losses entered   |                       |                           |                                |   |         |                 |  |  |  |
|        | normally used   |                       |                           |                                |   | 3       | -12,469.        |  |  |  |
|        | If line 3 is a loss and: • Line 1d is a                                       | loss, go to Part II.  |                           |                                |   |         | •               |  |  |  |
|        |   | loss (and line 1d is  | zero or more), sk         | ip Part II and go to           | o line 10.                                |         |                 |  |  |  |
| Cauti  | on: If your filing status is married filing                                   | •                     | •                         |                                |   | vear    | do not complete |  |  |  |
|        | . Instead, go to line 10.   | , , ,                 | ,                         | ,                              | J   |         |                 |  |  |  |
| Par    | t II Special Allowance for Rei  | ntal Real Estate      | <b>Activities With</b>    | <b>Active Particip</b>         | ation                                     |         |                 |  |  |  |
|        | Note: Enter all numbers in Par  | t II as positive amo  | ounts. See instruc        | tions for an exam <sub>l</sub> | ole.                                      |         |                 |  |  |  |
| 4      | Enter the <b>smaller</b> of the loss on line 1                                | d or the loss on lir  | ne 3                      |                                |   | 4       | 12,469.         |  |  |  |
| 5      | Enter \$150,000. If married filing separ                                      | rately, see instructi | ons                       | 5   1                          | 150,000.                                  |         | ·               |  |  |  |
| 6      | Enter modified adjusted gross income  | -                     |                           |                                | 101,104.                                  |         |                 |  |  |  |
|        | Note: If line 6 is greater than or equal                                      |                       |                           |                                | •   |         |                 |  |  |  |
|        | on line 9. Otherwise, go to line 7.   | , ,                   |                           |                                |   |         |                 |  |  |  |
| 7      | Subtract line 6 from line 5   |                       |                           | 7                              | 48,896.                                   |         |                 |  |  |  |
| 8      | Multiply line 7 by 50% (0.50). <b>Do not</b> e                                | nter more than \$25   | ,000. If married filing   | ng separately, see             | •   | 8       | 24,448.         |  |  |  |
| 9      | Enter the <b>smaller</b> of line 4 or line 8. If                              |                       |                           |                                |   | 9       | 12,469.         |  |  |  |
| Par    | Total Losses Allowed  | •                     | ·                         |                                |   |         | ,               |  |  |  |
| 10     | Add the income, if any, on lines 1a an  | nd 2a and enter the   | total                     |                                |   | 10      | 0.              |  |  |  |
| 11     | Total losses allowed from all passiv  | e activities for 20   | <b>23.</b> Add lines 9 an | d 10. See instruct             | ions to find                              |         |                 |  |  |  |
|        | out how to report the losses on your t  | ax return             |                           |                                |   | 11      | 12,469.         |  |  |  |
| Par    | Complete This Part Before   | e Part I, Lines 1     | <b>a, 1b, and 1c.</b> S   | ee instructions.               |   |         |                 |  |  |  |
|        |   | Currer                | nt year                   | Prior years                    | Ove                                       | rall da | ain or loss     |  |  |  |
|        | Name of activity  |                       |                           | ,                              |   |         |                 |  |  |  |
|        |   | (a) Net income        | (b) Net loss              | (c) Unallowed                  | (d) Gair                                  | า       | (e) Loss        |  |  |  |
|        |   | (line 1a)             | (line 1b)                 | loss (line 1c)                 | (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 |         |                 |  |  |  |
| OPP    | JDCC BANK, RING ROAD  | 0.                    | 12,469.                   |                                |   |         | 12,469.         |  |  |  |
|        |   |                       |                           |                                |   |         |                 |  |  |  |
|        |   |                       |                           |                                |   |         |                 |  |  |  |
|        |   |                       |                           | l                              |   |         | l               |  |  |  |

12,469.

0.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2** 

| Part V Complete This Part Bef                | ore P    | art I, Lines 2   | a, 2b,                 | <b>and 2c.</b> S   | ee instruc          | tions.        |                       |          | •  |  |
|--|----------|--|------------------------|--------------------|---------------------|---------------|-----------------------|----------|--|--|
| Name of activity                             |          | Currer   | nt year                |                    | Prior y             | ears          | Overa                 | ll ga    | ain or loss                              |  |
| Name of activity                             | (a       | Net income (line 2a)   |                        | Net loss<br>ne 2b) | (c) Unall loss (lin |               | (d) Gain              |          | (e) Loss                                 |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
| Total. Enter on Part I, lines 2a, 2b, and 2c |          |  |                        |                    |                     |               |                       |          |  |  |
| Part VI Use This Part if an Amo              | unt Is   | s Shown on F   | Part II.               | Line 9. S          | ee instruc          | tions         |                       |          |  |  |
| Coo mio i air ii air / iiiic                 |          | rm or schedule   | <u> </u>               |                    |                     |               |                       |          |  |  |
| Name of activity                             | ar<br>to | nd line number<br>be reported on<br>ee instructions)           | (a                     | ) Loss             | <b>(b)</b> Ra       | ntio          | (c) Special allowance |          | (d) Subtract column (c) from column (a). |  |
| OPP JDCC BANK, RING ROAD                     |          | E Ln 22  |                        | 12,469.            | 1.0000              | 0000          | 12,46                 | 9.       | 0.                                       |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
| Total  Part VII Allocation of Unallowed      | Los      | <br><b>sas</b> Saa instr                                       |                        | 12,469.            | 1.00                | )             | 12,46                 | 9.       | 0.                                       |  |
| Anocation of offanowed                       | LUS      |  |                        |                    |                     |               |                       |          |  |  |
| Name of activity                             |          | Form or sche<br>and line nun<br>to be reporte<br>(see instruct | umber<br>ted on (a) Lo |                    | Loss (              |               | (b) Ratio             |          | (c) Unallowed loss                       |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
| Total  |          |  |                        |                    |                     |               | 1.00                  |          |  |  |
| Part VIII Allowed Losses. See ins            |          |  |                        |                    |                     |               | 1100                  | <u> </u> |  |  |
| Name of activity                             |          | Form or sche<br>and line nun<br>to be reporte<br>(see instruct | nber<br>ed on          | (a) l              | _oss                | <b>(b)</b> Ur | nallowed loss         | (        | c) Allowed loss                          |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
|  |          |  |                        |                    |                     |               |                       |          |  |  |
| Total  |          |  |                        |                    |                     |               |                       |          |  |  |