Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)					
Taxpaye	er's name	Social securi	ty numl	per		
RAV	INDER GODHA	830-04	-870	6		
Spouse	's name	Spouse's soo	ial sec	urity numb	er	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (En	 ter year you a	re au	thorizino	(.r	
	whole dollars only on lines 1 through 5.	,			<i>y-</i> /	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	7	3,74	45.
2	Total tax		2		8,48	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1:	1,03	37.
4	Amount you want refunded to you		4		2,55	57.
_ 5	Amount you owe		5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of y	our ret	urn)	
return (to send for any Agent t paymer authori paymer busines taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I all (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trand my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account int of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming the unit I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residus prior to the payment (settlement) date. I also authorize the financial institutions involved in the contact that I 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)	smitter, or electrorejection of the trace U.S. Treasury a indicated in the trution to debit the nate the authorizate quests must be the processing of e payment. I furl	onic re- ransmind its of ax preparents on the control of the contr	turn origin ssion, (b) designated paration so to this acc To revoke ved no la ectronic p knowledg	ator (the red Final oftware count. (cand ter the payment	ERO) eason ancial re for . This cel) a nan 2 ent of
	nic Funds Withdrawal Consent. yer's PIN: check one box only				1	
X		te my PIN	8 '	7 0 6] as	s my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En		digits, but er all zeros	as	oiiiy
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Your s	signature ▶ Date ▶					
Spous	se's PIN: check one box only	_			,	
	I authorize to enter or genera	te my PIN			as	s my
	ERO firm name	,	ter five	digits, but	_	,y
	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 an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Spous	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	ow				
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 Don't ent	6 6 er all 76		8 9	
authori	y 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 suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	e tax return (origi bmitting this retu	nal or urn in a	amended) accordanc		
ERO's	s signature ► Date ►	•				
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	o Do So				

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



1040		artment of the Treasury—Internal Revenue Serv		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	·Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See ser	oarate i	instructions.	_
Your first name	and m	iddle initial	Last na	 name							Your social security number			
RAVINDE	R		GODH	A							830	04	8706	
		s first name and middle initial	Last na										security numb	e
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.	\perp	Preside	ntial Fle	ection Campai	
704, RII										- 1			ou, or your	9.
		ice. If you have a foreign address, also co	mplete s	paces belo	OW.	Sta	te	ZIP c	ode		•	•	jointly, want \$	
GREENSBO	ORO					NC	1	274	55		•		nd. Checking a not change	a
Foreign country			F	oreign pro	ovince/state/	count	у	_	n postal c		your tax		•	
												Yo	ou Spous	se
Filing Status	s 🗵	Single					Head of he	ouseh	old (HOF	H)				
Check only	L	☐ Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying		0 .	`	,			
		you checked the MFS box, enter the			ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ialifying person is a child but not you	ur depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	nent for prope	rty or	services)); or (l	b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse					et)? (Se	ee instru	ctions	s.)	Y€	es 🔀 No	
Standard		neone can claim: U You as a de	•				a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Uas bor	rn befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) Social security (3) Relationship (4) Check the bo				he box	k if quali	fies for (see instructions	s):		
If more	(1) F	irst name Last name			number		to you		Child to	ax cre	dit	Credit fo	or other depender	nts
than four														
dependents, see instruction	s —													
and check	, —								L	<u> </u>			<u> </u>	_
here L	<u> </u>			<u> </u>					L			1		
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		85,363	<u>.</u>
Attach Form(s)	b	Household employee wages not re	•		` '						1b			_
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•		•						1c			_
W-2G and	d	Medicaid waiver payments not rep		` '	` `	nstru	ctions)				1d			_
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e			_		
was withheld.	f		ents from	ı Form 80	339, line 29						1f			_
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		0 .	_
W-2, see	h :	Other earned income (see instruct Nontaxable combat pay election (s	,					i ·			1h			<u>. </u>
instructions.	i	Add lines 1a through 1h	see msu	uctions)							1z	1	85,363	
A# 0 D	<u>z</u> 2a	ı	2a		· · · i	 Ь.Т	 axable interest				2b			<u>.</u>
Attach Sch. B if required.	2a 3a	· –	3a				rdinary divide				3b			_
	<u>3a</u>		4a				axable amoun				4b			_
Standard	-та 5а		та 5а				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 (check here					. r				_
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7					
Married filing jointly or	8	Additional income from Schedule		•	•						8		-11,618	_
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-								9		73,745	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10			_
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11		73,745	_		
\$20,800	12	Standard deduction or itemized	•		_						12		13,850	
If you checked any box under	13	Qualified business income deduct				-					13			Ė
Standard Deduction,	14										14		13,850	_
see instructions.	15	Subtract line 14 from line 11. If zer									15		50 805	_

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	8,480.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	8,480.
	19	Child tax credit or credit for	other dependen	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	8,480.
	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	8,480.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 11	1,037		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	11,037.
If you have a	26	2023 estimated tax paymen	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	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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,037.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	2,557.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	2,557.
Direct deposit?	b	Routing number 0 5 3			,, <u> </u>	Checking	Savings		
See instructions.	d	Account number 2 3 7	0 4 6 6	7 0 0 5	5 0				
	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						37	
	38	Estimated tax penalty (see in	_	-		38		0.	
Third Party		you want to allow another							
Designee		,	•				omplete	below.	⋉ No
3	De	Designee's				onal iden	tification		
	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to								
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com			, , ,		,		,
Here		•	picto. Decidiation	· · · · ·	, , , i	sea on an imormati			, ,
	Your signature		Date	Your occupation		If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?					SOFTWARE E		e inst.)	,	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation				nt your spouse an
Keep a copy for your records.								ntity Prote inst.)	ection PIN, enter it here
	Phone no. (336)814-7778 Email address RAVINDER.GODHA@GMAIL.COM								
Paid	Pr	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	VEN	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC						one no. ((678)965-9522
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							n's EIN	88-2145487

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

RAVINDER GODHA

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 soci	ial security number
830-04	-8706

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. Atta		5	-11,618.
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		
į	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		
	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	0- (
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	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		9	
.0	1040 1040-SR or 1040-NR line 8	i nore and on rollin	10	-11 618

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.

2023
Attachment
Sequence No. 13

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.

Your social security number

RAV	INDER GODHA						830-0	4-8706			
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			c . See	instru	ctions. If you are	e an indi	vidual, rep	ort farm		
	Did you make any payments in 2023 that would require you										
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No		
1a	Physical address of each property (street, city, state, ZIF	ode	e)								
Α	PADMAVATHINAGAR COLONY HYDERABAD TELAN	IGANA	N 50	0070							
В											
С											
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and				Persor Da	QJV			
Α	personal use days. Check the Q			Α		365		0			
В	if you meet the requirements to f qualified joint venture. See instru			В							
С	qualified joint venture. Occ motiva	10110110	,.	С							
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Lanc 6 Roya			Self-Rental Other (describ	ne)				
			,.								
				_		Propertie	s:				
Incon				A	1.0	В			С		
3 4	Rents received	3		5	10.						
Expe	Royalties received	4									
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,2	50						
8	Commissions	8			50.						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		9	80.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		3,4	70.						
15	Supplies	15		2,8	50.						
16	Taxes	16									
17	Utilities	17		3,5	78.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		12,1	28.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-11,6	18.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,61	8.)	()	()		
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		510.				
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	12,	128.				
24	Income. Add positive amounts shown on line 21. Do not		-				24				
25	Losses. Add royalty losses from line 21 and rental real estate						25	(11,618.)		
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-11,618.		