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

Subm	ission Identification Number (SID)		-		
Taxpaye	er's name	Social securit	y numl	per	
APA	RAJITA SINGH	773-22-	-584	6	
Spouse	's name	Spouse's soc	ial secu	urity numb	er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (En	 ter year you a	re au	thorizing	g.)
Enter	whole dollars only on lines 1 through 5.			`	<u> </u>
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1		3,055.
2	Total tax		2	2	2,009.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		4,618.
4	Amount you want refunded to you		4		2 , 609.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend				
to send for any Agent to payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transdomy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a 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 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 in so days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the lalid identification number (PIN) below is my signature for the income tax return (original or amended) and Funds Withdrawal Consent.	rejection of the treation of the trace. U.S. Treasury andicated in the taution to debit the late the authorizate the authorizate quests must be he processing of a payment. I furt	ansmised the control of the control	ssion, (b) designate paration s to this acronic revoke ved no la ectronic reknowledge	the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the
					٦
	ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or genera:	2	5 8	3 4 6	
×	I authorize GLOBAL TAXES LLC to enter or general serior to enter or general serior ser	ř Ent		digits, but	
	signature on the income tax return (original or amended) I am now authorizing.	doi	rt ente	r all zeros	i
	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 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 general	te mv PIN			as my
	ERO firm name	-	er five	digits, but	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	i
	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 and your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	III Certification and Authentication — Practitioner PIN Method Only				
FRO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0	8 2	7 1
	= IIIV IIII Elitor your ow digit Elitt to no nod by your into digit com colocted i inti	Don't ent			
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized 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	bmitting this retu	rn in a	accordano) I am now ce with the
ERO's	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



1040		artment of the Treasury-Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	ace.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instruction	ns.
Your first name	ΓA		Last na	Н							773	22	5846	
ii joint return, s	pouse	s first name and middle initial	Lastria	me							Spouse	s social	security no	ımber
	•	umber and street). If you have a P.O. box, see instructions.							Apt. no.	- 1	Presidential Election Campa Check here if you, or your			
		ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Stat	te	ZIP c			spouse	if filing	jointly, war	nt \$3
BENTONV		,	•			AR	•	727	12		•		nd. Checkii not change	•
Foreign countr			F	oreign pro	ovince/state/				n postal c		your tax		nd.	pouse
Filing Status Check only one box.	☐ ☐	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 c	of your sp	ouse. If you	u che	☐ Head of hea	surviv	ving spoi	use (0	,	ld's na	me if the	
Digital Assets		ny time during 2023, did you: (a) reconnange, or otherwise dispose of a digi										Y€	es 🗵 N	0
Standard Deduction	_	neone can claim:	•		•		a dependent							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd Spo	ouse:	: Uwas bor	n befo	ore Janu	ary 2,	, 1959	ls	s blind	
Dependent	s (see	(see instructions):		(2) Social security (3) Relationship		nip (4) Check t	he bo	x if quali	fies for (see instruct	tions):		
If more	(1) F	irst name Last name			ax cre	edit	Credit fo	r other depe	ndents					
than four														
dependents, see instruction	e —													
and check here	j —													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruct	ions) .						1a		145,72	27.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions	s)						1c	:		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s)	W-2 (see i	nstru	ctions)				1d			
W-2G and 1099-R if tax	е		Taxable dependent care benefits from Form 2441, line 26							1e				
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 instructi	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	ructions)			1i						_	
	z	Add lines 1a through 1h									1z		145,72	27.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		1,69	98.
if required.	3a		3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod, c	heck here	(see i	instructions)			. \square				
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D if	required	. If not requ	uired,	check here				7			
 Married filing jointly or 	8	Additional income from Schedule									8		-14,37	70.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is yo	ur total inc	come					9		133,05	55.
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26							10			
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a c	djusted g	ross incor	ne					11		133,05	55.
\$20,800 If you checked	12	Standard deduction or itemized									12		13,85	
any box under	13	Qualified business income deducti	ion from	Form 89	95 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		13,85	50.
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or les	e antar -(This is y	our +	avahla incom				15		119 20	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	22,009.	
Credits	17	Amount from Schedule 2, lin	ie 3					17		
	18	Add lines 16 and 17						18	22,009.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	22,009.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	22,009.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 24	1,618.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	24,618.	
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	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	s, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 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	24,618.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,609.	
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	2,609.	
Direct deposit?	b	Routing number 1 2 5				Checking	Savings			
See instructions.	d	Account number 1 3 8	1 2 9 8	1 2 0 7	7 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				
Third Party	Do	you want to allow another				See				
Designee		,	•				omplete	below.	⋈ No	
•		esignee's	Phone			identification				
		me		no.			ber (PIN)			
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com								
Here			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , I	, , , I				, ,	
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?				IT WORKER				(see inst.)		
See instructions.		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			
	Ph	one no. (206) 532-945	0	Email address	APARAJITASING	H1995@GMAIL.C	OM			
Poid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/15/2024	P0208	<u>327</u> 03	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no.	(678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

APARAJITA SINGH

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
	773_22	_5016

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	ach Schedule E .	5	-14,370.
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 (4	
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:	0_		
0	Total other income. Add lines to through 07	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8	nere and on Form	10	-14,370.
	10-10, 10-10 OII, OI 10-10 III III III O		IU	1 17,070.

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 B (Form 1040)

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleB for instructions and the latest information. OMB No. 1545-0074

Your social security number

Attachment Sequence No. 08

773-22-5846 APARAJITA SINGH **Amount** Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions 1,675. GOLDMAN SACHS BANK USA and the 23. GOLDMAN SACHS BANK USA Instructions for Form 1040, line 2b.) Note: If you received a Form 1099-INT. 1 Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 1,698. 2 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 1,698. Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR. line 2b 4 Note: If line 4 is over \$1,500, you must complete Part III. **Amount** List name of payer: Part II **Ordinary Dividends** (See instructions and the Instructions for Form 1040, 5 line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign Accounts** Yes No and Trusts 7a At any time during 2023, did you have a financial interest in or signature authority over a financial Caution: If account (such as a bank account, securities account, or brokerage account) located in a foreign required, failure to X file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 penalties. and its instructions for filing requirements and exceptions to those requirements X Additionally, you If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the may be required financial account(s) is (are) located: to file Form 8938, Statement of Specified Foreign During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a Financial Assets.

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

See instructions.

X

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.

Your social security number

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

OMB No. 1545-0074

APA	RAJITA SINGH						773-2	2-5846	i
Pai									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	instru	ctions. If you	are an indi	vidual, rep	ort farm
_		to file	Farm(a) 1	0000	`oo ina	tructions			es 🛛 No
A B	Did you make any payments in 2023 that would require you								
	If "Yes," did you or will you file required Form(s) 1099? .								25 NO
1a	Physical address of each property (street, city, state, ZIF	ode code	2)						
Α	F NO 301 ARTI ENCLAVE NEW A G COOPERAT	IVE	COLONY	Y KAD	RU,	RANCHI,	JHARKHA	ND, I	N 834002
В									
C									
1b		erty list	ed		Fa	ir Rental	Persor	nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ıys	QUV
A	personal use days. Check the Quif you meet the requirements to f			Α		365		0	
B	qualified joint venture. See instru			В					
C				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
						Propert	ies:		
Inco	me:			Α		В			С
3	Rents received	3		7	10.				
4	Royalties received	4							
Ехре	enses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		8	90.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	40.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,8	55.				
15	Supplies	15		4,1	60.				
16	Taxes	16							
17	Utilities	17			40.				
18	Depreciation expense or depletion	18		3,0	95.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15,0	80.				
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			110	70				
•	file Form 6198	21		- 14 , 3	/∪.				
22	Deductible rental real estate loss after limitation, if any,		,	1 1 2 -	, ,	,		,	`
00	on Form 8582 (see instructions)	22	[14,37		(710	()
23a	·				23a		710.		
b	, , , , ,				23b				
C	·				23c		3 005		
d	·				23d		3,095. 5,080.		
e 24					23e	Τ;	. 24		
24 25	Income. Add positive amounts shown on line 21. Do not Losses. Add royalty losses from line 21 and rental real estate		-		 ntorto	tal locace ha		/	1/ 370 \
								\	14,370.)
26	Total rental real estate and royalty income or (loss). Where If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 10/10) line 5. Otherwise include this ar						000		_1/ 370