# 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 numb	er	
ABO:	-8972	2			
Spouse	's name	Spouse's soc	ial secu	rity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you a	re aut	horizing	.)
Enter	whole dollars only on lines 1 through 5.				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1		,997.
2	Total tax		2		,715.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,991.
4	Amount you want refunded to you		4	6	,276.
5 Doub	Amount you owe		5		- Luna )
Part	Taxpayer Declaration and Signature Authorization (Be sure you get a penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame				
return of to send for any Agent of payme authori payme business taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I (original or amended) I am now authorizing. I consent to allow my intermediate service provider, from 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 to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termit, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved into receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amende nic Funds Withdrawal Consent.	ansmitter, or electron rejection of the traction to debit the continuate the authorization requests must be not the processing of the payment. I furt	enic retreation ansmission of its dax prepentry to ation. The receive the electrical transfer acle	urn origina sion, (b) the lesignated aration so this according to the lesignate of the lesi	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	yer's PIN: check one box only				
×		rate mv PIN			as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.				
Yours	signature ▶ Date	<b>&gt;</b>			
C	acla DINI: aleast, and have only				
Spous	se's PIN: check one box only  I authorize to enter or gene	rata my DINI			00 1001
	ERO firm name	,	er five o	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.				
Spous	se's signature ▶ Date	<b>&gt;</b>			
	Practitioner PIN Method Returns Only—continue be	elow			
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 2 4 9 Don't ente	6 0 er all ze	8 2 7 ros	1 1
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual inco zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provider	submitting this retu	ırn in a	ccordance	
FR∩'s	s signature ► Date	•			
	ERO Must Retain This Form — See Instruction				

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		ırn	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 se	parate i	instructions.	
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity number	_
ABOLI			SAWA	NT							866	89	8972	
	pouse's	s first name and middle initial	Last nar										security numb	eı
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Fle	ection Campai	
12499 F(									237	- 1			ou, or your	gu
		ice. If you have a foreign address, also co	mplete sp	paces bel	low.	Sta	te	ZIP c			•	•	jointly, want \$	
RANCHO (	CORD	OVA				CA		957	42		•		nd. Checking a not change	a
Foreign country			F	oreign pr	rovince/state/				n postal c		your tax		•	
												Yo	ou 🗌 Spou	se
Filing Status	s 🗵	Single					Head of he	ouseh	old (HOH	<del>-</del> I)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)			_							
one box.	L	Married filing separately (MFS)					☐ Qualifying		0 1	,	,			
		you checked the MFS box, enter the			pouse. If you	u che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ialifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	d, award, or	payn	nent for prope	rty or	services	); or (	b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset					t)? (Se	ee instru	ction	s.)		es 🗵 No	
Standard	Son	neone can claim:   You as a de	pendent		Your spous	e as	a dependent							
Deduction	Ш:	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 bl	ind <b>Sp</b>	ouse	: Was bor	n befo	ore Janua	ary 2,	, 1959		s blind	
Dependent	s (see	instructions):		(2) 9	Social security	,	(3) Relationsh	<sub>ip</sub> (4	) Check t	he bo	ox if qualifies for (see instruction		see instructions	s):
If more	(1) F	irst name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other depender	nts
than four														
dependents, see instruction	e ——													
and check	, —													_
here L	]													
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		112,770	•
Attach Form(s)	b	Household employee wages not re	•								1b			_
W-2 here. Also	С.	Tip income not reported on line 1a	•		•						1c			_
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	ctions)				1d			_
1099-R if tax	e		e dependent care benefits from Form 2441, line 26						1e	_		_		
was withheld.	f	Employer-provided adoption bene	tits from	Form 8	839, line 29						1f			_
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			_
W-2, see	h	Other earned income (see instruct	,					i ·			1h		0	<u>-</u>
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)			<u>li</u>						112,770	
	<u>z</u>	Add lines 1a through 1h			· · · i	 L T					1z		112,770	<u>.                                    </u>
Attach Sch. B if required.	2a	· —	2a				axable interest				2b			_
	3a_		3a				rdinary divider				3b			_
Standard	4a	<del>-</del>	4a				axable amoun				4b			_
Deduction for—	5a		5a				axable amount				5b			_
Single or Married filing	6a	,	6a	nothad	chook boro		axable amount	ι			6b			_
separately, \$13,850	C 7	If you elect to use the lump-sum e		-		•	,			.				
Married filing	7 Ω	Capital gain or (loss). Attach Sche Additional income from Schedule		•	•					. ∟	] <u>7</u>		-19,773	_
jointly or Qualifying	8 9		•								9		92,997	
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche					; 				10		74,331	•
Head of	11	Subtract line 10 from line 9. This is									11		92,997	
household, \$20,800	12	Standard deduction or itemized	-	-	_						12		13,850	
If you checked any box under	13	Qualified business income deduct				-					13		<u> </u>	•
Standard	14						J-A				14		13,850	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		79 147	

Form 1040 (2023	3)						_		Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	12,715.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	12,715.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,715.	
	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 <b>total tax</b>					24	12,715.	
Payments	25	Federal income tax withheld	from:							
•	а	Form(s) W-2				<b>25a</b>   18	3,991.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	18,991.	
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	)22 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31				ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments	·			33	18,991.	
Refund	34	If line 33 is more than line 24						34	6,276.	
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	ck here	🗆	35a	6,276.	
Direct deposit?	b	Routing number 3 2 5	0 7 0 7	6 0	c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 6 5 7	2 5 8 2	7 0						
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe						
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.go	v/Payments or	see instructions .			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
<b>Third Party</b>		you want to allow another	•			_				
Designee							omplete		⊠ No	
		esignee's me		Phone no.			sonal ident ber (PIN)	ification		
Sign		nder penalties of perjury, I declare the	nat I have examine		accompanying sche		. ,	the best	of my knowledge and	
Sign		lief, they are true, correct, and com							,	
Here	Yo	our signature		Date	Your occupation		If th	e IRS sei	nt you an Identity	
							1		IN, enter it here	
Joint return?					HARDWARE E			inst.)	nst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	———Ph	one no. (503)380-042	 8	Email address	ABOLISAWAN7	16@GMATI C	MC			
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALIAM	02/16/2024	P0208	2703	Self-employed	
Preparer		m's name GLOBAL TAX				1 - 2 , 2 3 , 2 3 2 1			678)965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			ı's EIN	84-3171965	
		10106		2011 111			1		= 1010 (2222)	

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

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

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

866-89-8972

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	-19,773.
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 p8		
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 (	2	
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:			
•	Total discourse Addition Configuration	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	, ,	10 773
	1040, 1040-SR, or 1040-NR, line 8		10	-19,773.

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

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	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				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0-	
25 06	Total other adjustments. Add lines 24a through 24z			25	
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	nere and on	06	
				26	I- 4 (F 4040) 2222
	BAA	REV 02/	11/24 PRO	ocnedu	le 1 (Form 1040) 2023

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleE for instructions and the latest information. Your social security number

Attachment Sequence No. 13

ABOI	LI SAWANT						866	-89-897	2		
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.			<b>c</b> . See	instruc	tions. If you a	are an i	individual, r	eport far	m	
	Did you make any payments in 2023 that would require you									-	
В	f "Yes," did you or will you file required Form(s) 1099? .							<u>L</u>	es _	No	
1a	Physical address of each property (street, city, state, ZIF		<u> </u>								
Α	202, VIDYAVIHAR CHS BORIVALI EAST, MUMBA	AI MA	HARASI	ITRA :	IN 40	0066					
В											
С					1						
1b	Type of Property (from list below)  2 For each rental real estate prope above, report the number of fair	rental	al and <b>Days</b>			r Rental Days		sonal Use Days	C	QJV	
Α	gersonal use days. Check the Quif you meet the requirements to f			Α		365		0			
В	qualified joint venture. See instru			В							
С				С							
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desci					
						Properti	es:				
Incon				Α		В			С		
3	Rents received	3		6	70.						
4	Royalties received	4			-						
Expe		_									
5 6	Advertising	5 6			-						
7	Cleaning and maintenance	7		1,8	24						
8	Commissions	8		1,0	24.						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,4	50.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		4,5	26.						
15	Supplies	15		4,8	15.						
16	Taxes	16									
17	Utilities	17		5,0							
18	Depreciation expense or depletion	18		2,7	88.						
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		20,4	43.						
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 <b>Form 6198</b>	21		-19,7	73.						
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	19,77	73.)(			)(		)	
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope				23a		670	).			
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		788				
е	Total of all amounts reported on line 20 for all properties				23e	20	,443	_			
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		-				_	24			
25	Losses. Add royalty losses from line 21 and rental real estate							25 (	19,7	73.)	
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	-19,	773.	

## Form **4562**

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number ABOLI SAWANT Sch E 202, VIDYAVIHAR CHS 866-89-8972 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 80,000. 2,788. S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 2,788. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.