IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social security number						
PUS	HKAR BOOSA		127-63-6243					
Spouse	's name		Spouse's social security number					
Par	Tax Return Information — Tax Year Ending December 31,	2023 (Enter	year you are	e auth	orizing.)			
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	43,142.			
2	Total tax		[2	3,293.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		[3	6,120.			
4	Amount you want refunded to you		[4	2,827.			
5	Amount you owe		[5	<u>.</u>			

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
17 1	I dddiionzo		

3	6	2	4	3	
Ent don	as my				

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's si	gnature 🕨 🛛 Da	ate 🕨	•				 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN	J/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 _	6 nter a	 	2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature Date Date									
ERO Must Retain This Don't Submit This Form to the									
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)						

For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			2023, ending	g .		, 20	See se	parate inst	ructions
Your first name			Last			~				cial securit	
	and m	Iddle Initial							-		
PUSHKAR	00160's	s first name and middle initial	BOC Last				127 Spouse		243 curity numbe		
n joint return, s	00036 3		Lasti	lane					opouse		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				Apt. no.	Preside	ntial Flection	on Campaigr
1012 SW		, ,								here if you,	
		ce. If you have a foreign address, also co	omplete	spaces below.	5	State	ZIP c	ode	spouse	if filing join	ntly, want \$3
BENTONVI	LLE					AR	727	/12		o this fund. ow will not	Checking a
Foreign country	name			Foreign provin	ce/state/co	unty	Foreig	gn postal code		k or refund.	-
										🗌 You	Spouse
Filing Status		Single				Head of I	nouseh	old (HOH)			
Check only] Married filing jointly (even if only o	ne hao	d income)							
one box.		Married filing separately (MFS)				Qualifying	-	- ·			
		you checked the MFS box, enter the			se. If you c	checked the HO	H or Q	SS box, ente	er the ch	ild's name	if the
	qu	alifying person is a child but not you	ur dep	endent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	is a reward, av	vard, or pa	ayment for prop	erty or	services); or	(b) sell,		
Assets		ange, or otherwise dispose of a dig			•	• • •	-			Ves	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	epende	ent 🗌 You	ir spouse a	as a dependent					
Deduction		Spouse itemizes on a separate retur	rn or ye	ou were a dua	I-status ali	ien					
Age/Blindness	You	Were born before January 2, 1	959	Are blind	Spou	se: 🗌 Was bo	orn bef	ore January	2 1959	🗌 ls bl	ind
Dependents				<u> </u>				I) Check the b			
•	•	irst name Last name			Il security nber	(3) Relations to you		Child tax o			her dependents
If more than four	.,									[
dependents,											
see instructions and check	s —									[
here										[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruction	s)				. 1a	1	50,402.
	b	Household employee wages not re	eporte	d on Form(s) V	V-2				. 1b)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see i	instructions)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	oorted	on Form(s) W	-2 (see ins	tructions)			. 1d	I	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from F	orm 2441, line	26 .				. 1e	,	
was withheld.	f	Employer-provided adoption bene	efits fro	om Form 8839	, line 29				. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .							. 1g	1	
get a Form W-2, see	h	Other earned income (see instruct	tions)				· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	structions) .		1	i				
	z	Add lines 1a through 1h	···		· · ·				. 1z	: [50,402.
Attach Sch. B	2a	· · -	2a			Taxable interes			. 2b		
if required.	<u>3a</u>		3a			Ordinary divide			. 3b		
Standard	4a		4a			Taxable amou			. 4b		
Deduction for –	5a		5a			Taxable amou			. 5b		
Single or Married filing	6a	, _	6a			Taxable amou	nt		. 6b	•	
separately, \$13,850	_c	If you elect to use the lump-sum e						l	\exists		
Married filing	7	Capital gain or (loss). Attach Sche		•			• •	l			7 0 6 0
jointly or Qualifying	8	Additional income from Schedule							. 8		-7,260.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		43,142.
Head of	10	Adjustments to income from Sche					• •		. 10		40 140
household, 20,800	11	Subtract line 10 from line 9. This is					• •		. 11		<u>43,142.</u>
If you checked	12	Standard deduction or itemized					• •		. <u>12</u> . 13		13,850.
any box under Standard	13 14	Qualified business income deduction from Form 8995 or Form 8995-A .								-	12 050
Deduction, see instructions.	14 15				 This is you		 ne		. 14		<u>13,850.</u> 29,292.
	10	Subtract line 14 from line 11. If zer		ess, enter -U	THIS IS YOU		ne .		. 15	2	<u>57,474.</u>

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check if any	from Form	n(s): 1 🗌 881	4 2 4972	3 🗌		16	3,293.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	3,293.
	19	Child tax credit or credit for other	dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zer	o or less,	enter -0-				22	3,293.
	23	Other taxes, including self-employ	ment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your t	otal tax					24	3,293.
Payments	25	Federal income tax withheld from:							
,	а	Form(s) W-2				25a	5,120.		
	b	Form(s) 1099				25b		-	
	С	Other forms (see instructions) .				25c		-	
	d	Add lines 25a through 25c						25d	6,120.
	26	2023 estimated tax payments and						26	
If you have a L qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from Sch				28		-	
	29	American opportunity credit from I				29		-	
	30	Reserved for future use		-		30			
	31	Amount from Schedule 3. line 15				31		-	
	32	Add lines 27, 28, 29, and 31. Thes				-		32	
	33	Add lines 25d, 26, and 32. These a	,	•			• •	33	6,120.
Defund	34	If line 33 is more than line 24, subt						34	2,827.
Refund	35a	Amount of line 34 you want refund				, .	· ·	35a	2,827.
Direct deposit?	b	Routing number 1 1 1 0 (_	Checking		554	2,027.
See instructions.	u b	Account number 4 8 8 0 8					Savings		
	а 36	· · · · · · · · · · · · · · · · · · ·							
A		Amount of line 34 you want applie	-			36		-	
Amount You Owe	37	Subtract line 33 from line 24. This For details on how to pay, go to <i>w</i>						07	
rou Owe	00					1 1	••••	37	
	38	Estimated tax penalty (see instruct	,			38			
Third Party		you want to allow another perso			n with the IRS?		omplete	bolow	× No
Designee		signee's		· · · · · Phone			sonal ident		
	nai			no.			iber (PIN)	lication	
Sign	Un	der penalties of perjury, I declare that I ha	ve examine	d this return and	accompanying sche	edules and statemer	its, and to	the best	of my knowledge and
Here	bel	ief, they are true, correct, and complete. I	Declaration	of preparer (othe	than taxpayer) is b	ased on all informat	on of whic	h prepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If th	e IRS sei	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE			e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both m	ust sign.	Date	Spouse's occupat	tion			nt your spouse an action PIN, enter it here
your records.							inst.)	ection Fin, enter it here	
	Ph	one no. (940)304-6782		Email address			` MC		
		(arer's signat	1	FUSHNAKBUL)SA@GMAIL.C Date			Check if:
Paid		M PRIYA RAM SAGAR GUPTA SYA	0		גיייריזי) סגי			2702	Self-employed
Preparer				A RAM SAC	MAR GUPIA	04/04/2024	P0208		
Use Only		m's name GLOBAL TAXES			T 00016				678)965-9522
		m's address 245 ROONEY CT		MONTCK NO			Firm	n's EIN	84-3171965
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the latest infor	mation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
PUSHKAR BOOSA		127-63	-6243
	••		

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	-7,260.
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		
-	Olympic and Paralympic medals and USOC prize money (see	OI	-	
m	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Section 461(I) excess business loss adjustment	8p	-	
a a	Taxable distributions from an ABLE account (see instructions)	8g	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
-	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-7,260.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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)		-	
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	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

(Form	1040)	(From I	rental real estate	e, royalties, partners	hips, S	corporat	ions, es	tates,	trusts, REMI	Cs, etc.)	୭୮	23
	nent of the Treasury			Attach to Form 1040,							Attachm	ent do
	Revenue Service		Go to www.i	rs.gov/ScheduleE fo	r instru	uctions ar	nd the la	itest in	formation.	Name and		ce No. 13
• •) shown on return										al security r	number
	IKAR BOOSA	<u>ar aa</u>	- Erem Dent	al Deal Estate an		voltioo				127-0	3-6243	
Part	Note: If yo	ou are in t	he business of re	al Real Estate an enting personal proper 35 on page 2, line 40.			e C. See	instruc	ctions. If you	are an indi [,]	vidual, repo	ort farm
				at would require you								
BI	f "Yes," did you	or will y	ou file required	I Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1 a	Physical add	ress of e	ach property (s	treet, city, state, ZI	P code	e)						
Α	2-4-118/8	9SOUTH	ISWRAOOPNAG	GA UPPAL, HYDER	RABAI) TELAI	NGANA	IN S	500039			
В												
C										1		
1b	Type of Prope (from list below		above, report	tal real estate prope t the number of fair	rental	and		Fa	ir Rental Days	Persor Da		QJV
Α	2			days. Check the Q			Α		365		0	
В				ne requirements to t t venture. See instru			В					
С			quaimed joint				С					
	of Property:											
	Single Family R Multi-Family Re			on/Short-Term Ren hercial	ital	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
	-					-			Propert			
Incom	le.						Α		B			С
3		4			3			10.				•
4					4		-					
Exper												
5					5							
6	-				6							
7					7		1,4	25.				
8	•				8							
9					9							
10	Legal and othe	er profes	sional fees .		10							
11	Management f	ees .			11		1,2	60.				
12	Mortgage inter	rest paid	to banks, etc.	(see instructions)	12							
13	Other interest				13							
14	Repairs				14		1,9					
15					15		2,2	00.				
16					16							
17					17		8	50.				
18		expense	or depletion .		18							
19	Other (list)	- A -I -I -I'			19							
20			•	19	20		7,6	/0.				
21				d/or 4 (royalties). If nd out if you must								
	file Form 6198				21		-7,2	60				
22				er limitation, if any,	21		, , 2					
22	on Form 8582	(see ins	tructions)		22	(7,26	50.))	()
23a				3 for all rental prope				23a		410.		
b				for all royalty prop				23b				
С				12 for all properties				23c				
d				18 for all properties				23d				
e				20 for all properties				23e		7,670.		
24 05				n on line 21. Do no t		-		• •		. 24	1	
25				and rental real estat							(7,260.)
26				income or (loss). 10 on page 2 do no								

Supplemental Income and Loss

SCHEDULE E

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2023

26

.

-7,260.

OMB No. 1545-0074