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

	5										
Submission I	dentification Number (SID)										
Taxpayer's name		Social secu	Social security number								
RAJALAKS	SHMI SEGARAN	640-9	6-184	6							
Spouse's name				urity numbe	r						
Doubl	Tou Debugg Information Tou Very Finding Decomber 24	/F		Ale e viete e							
		(Enter year you	are au	tnorizing	.)						
	dollars only on lines 1 through 5. I 040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
	ted gross income		1 1	64	1,688.						
-	tax		2		5,489.						
	al income tax withheld from Form(s) W-2 and Form(s) 1099		3),254.						
4 Amou	nt you want refunded to you		4	l	3,765.						
	nt you owe		5								
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a co	py of y	our retu	ırn)						
return (original to send my ret for any delay in Agent to initiat payment of my authorization is payment, I mu business days taxes to receipersonal identi	e and belief, it is true, correct, and complete. I further declare that the amounts in Par or amended) I am now authorizing. I consent to allow my intermediate service provider, turn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason in processing the return or refund, and (c) the date of any refund. If applicable, I authorize an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorded rederal taxes owed on this return and/or a payment of estimated tax, and the financial is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to teat contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellating prior to the payment (settlement) date. I also authorize the financial institutions involved we confidential information necessary to answer inquiries and resolve issues related the infication number (PIN) below is my signature for the income tax return (original or amend ds Withdrawal Consent.	transmitter, or elect for rejection of the te the U.S. Treasury punt indicated in the institution to debit the erminate the author ion requests must d in the processing to the payment. I fi	tronic rei transmis and its of tax prep ne entry ization. To be recei of the el urther ac	turn origina ssion, (b) the designated paration so to this accor- To revoke ved no lat ectronic par knowledge	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the						
	PIN: check one box only	Г									
	thorize GLOBAL TAXES LLC to enter or ger	nerate my PIN	6 1 8	3 4 6	as my						
	ERO firm name lature on the income tax return (original or amended) I am now authorizing.	, i		digits, but er all zeros	ao my						
	I enter my PIN as my signature on the income tax return (original or amended) ou are entering your own PIN and your return is filed using the Practitioner PIN ow.										
Your signatur	re▶Da	te ▶									
Spouse's Pli	N: check one box only										
· —	thorize to enter or ger	nerate my PINI			as my						
	ERO firm name	,	nter five	digits, but	asiny						
sign	ature on the income tax return (original or amended) I am now authorizing.	C	lon't ente	er all zeros							
	I enter my PIN as my signature on the income tax return (original or amended) ou are entering your own PIN and your return is filed using the Practitioner PIN ow.										
Spouse's sig	nature ► Da	te ▶									
	Practitioner PIN Method Returns Only—continue	below									
Part III	Certification and Authentication — Practitioner PIN Method Only										
ERO's EFIN	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't e	6 0		7 1						
authorized to	ne above numeric entry is my PIN, which is my signature for the electronic individual indifile for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are fully the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provides	come tax return (or m submitting this re	ginal or eturn in a	amended)							
ERO's signat	ure ▶ Da	te ▶									
	ERO Must Retain This Form — See Instruction										
	Don't Submit This Form to the IRS Unless Requester	d 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	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	instructions.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number
RAJALAK	SHMI		SEGA	RAN							640	96	1846
		s first name and middle initial	Last nar										security numbe
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campaigi
9835 FR	EDER	ICKSBURG ROAD						4	114	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete sp	paces bel	ow.	Sta	te	ZIP c			•	_	jointly, want \$3
SAN ANTO	OINC					TX	Σ	782	40		•		nd. Checking a not change
Foreign countr			F	oreign pr	rovince/state/				ın postal c		your tax		ınd.
Filing Status	<u> </u>	Single					Head of h	ouseh	old (HOF	H)			
_	• <u> </u>	Married filing jointly (even if only o	ne had ir	ncome)				0000	0.0. (0 .	.,			
Check only one box.	Ē	Married filing separately (MFS)		,			☐ Qualifying	surviv	ina spol	use (C	OSS)		
OHE BOX.	If v	you checked the MFS box, enter the	name o	f vour si	oouse. If voi	ı che	, ,		0 1	`	,	ld's na	me if the
		ualifying person is a child but not you			•								
Digital		ny time during 2023, did you: (a) rec											
Assets	excl	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	e instru	ction	s.)	Y	es 🗵 No
Standard	Son	neone can claim: 🗌 You as a de	pendent	: 🔲	Your spous	e as	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 bl	ind Sp	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for ((see instructions)
If more		First name Last name		(,, :	number		to you	'	Child t	ax cre	dit	Credit fo	or other dependents
than four									[
dependents,									[
see instruction and check	5								[
here									[
Income	1a	Total amount from Form(s) W-2, b	•		•						1a		78,277.
Attach Form(s)	b	Household employee wages not re	eported (on Form	(s) W-2 .						1b		
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						1c		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f	_	
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	,					ή.			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>						
	z	Add lines 1a through 1h			· · ;						1z		78,277.
Attach Sch. B	2 a	· –	2a				axable interes				2b		
if required.	3a_	· · ·	3a				rdinary divide				3b		
Standard	4a	-	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b		
separately,	C	If you elect to use the lump-sum e				•	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7		10 500
jointly or Qualifying	8	Additional income from Schedule	-								8		-13,589.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		64,688.
\$27,700 • Head of	10	Adjustments to income from Sche									10	_	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		64,688.
If you checked	12	Standard deduction or itemized		•		-					12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.
	7 7 7	SUBTROOT UPO 1/1 trom Upo 11 It 70	OF LCCC	Ontor		CALIF 1	TOVODIO IDOOM	•~					511 X X X

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	6,489.		
Credits	17	Amount from Schedule 2, lir	ne 3					17			
	18	Add lines 16 and 17							6,489.		
	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	6,489.		
	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	6,489.		
Payments	25	Federal income tax withheld	from:								
-	а	Form(s) W-2				25a 10	,254				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	10,254.		
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					
attach Sch. Elc.	28	Additional child tax credit from	m Schedule 8812	2		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	ayments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,254.		
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	3,765.		
	35a	Amount of line 34 you want			is attached, chec	k here	🗆	35a	3,765.		
Direct deposit?	b	Routing number 3 1 4			c Type: 🔀	Checking	Savings	s			
See instructions.	d	Account number 0 0 2	7 5 8 8	8 3 1							
	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	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		instructions						e below.	⋈ No		
		esignee's	Phone			dentification					
		me		no.	. ,		ber (PIN)				
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,		
Here		our signature	,	Date	Your occupation				nt you an Identity		
	10	our signature		Date	Tour occupation				PIN, enter it here		
Joint return?				PROGRAM MA		ee inst.)					
See instructions.		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	on			nt your spouse an		
Keep a copy for your records.						- 1	entity Prote e inst.)	ection PIN, enter it here			
	Ph	one no. (210)956-922	2	Email address	RAJISEGARA	N@GMAIL.C	MC				
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:		
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/12/2024	P020	82703	Self-employed		
Preparer	Fir	Firm's name GLOBAL TAXES LLC Phor						one no. (o. (678)965-9522		
Use Only	Fir	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 Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

RAJA	6-18	346			
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	Ε.	5	-13,589.
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	0 4			
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	0-			
9	Total other income Add lines 8a through 8z	8z		9	
J	. 10181 UNDELLIGUITE. AUG 11165 08 111100011 07				

10

10

-13,589.

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.

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

RAJ.	ALAKSHMI SEGARAN						640-96-1846						
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 a	ıre ar	ı individu	ıal, rep	ort farm			
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	naa2 9	Saa ing	etructions				e X N			
	If "Yes," did you or will you file required Form(s) 1099?												
	Physical address of each property (street, city, state, ZIF			• •	<u> </u>						_		
1a			<u> </u>										
<u>A</u> _	13/11,13TH BLOCK,2ND ST THIRUNAGAR,CHE	ENNAI	TAMII	NAD	U IN	600049							
В													
С					_				1				
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fair Rental Days			Personal Use Days			QJV		
Α	personal use days. Check the Qu					365		Dayo	0				
В	if you meet the requirements to f			В		303			0				
С	qualified joint venture. See instru	ictions	S.	C									
Туре	of Property:				1	l							
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental							
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (descr	ibe)						
						Properti							
Incoi	ne.			Α		В	cs.			С			
3	Rents received	3			10.								
4	Royalties received	4											
Expe	nses:												
5	Advertising	5											
6	Auto and travel (see instructions)	6											
7	Cleaning and maintenance	7		1,6	25.								
8	Commissions	8											
9	Insurance	9											
10	Legal and other professional fees	10											
11	Management fees	11		1,4	60.								
12	Mortgage interest paid to banks, etc. (see instructions)	12											
13	Other interest	13		2 0	4.4								
14	Repairs	14			44.								
15 16	Supplies	15 16		4,0	70.								
17	Taxes	17		3,1	0.0								
18	Depreciation expense or depletion	18		J, 1									
19	Other (list)	19											
20	Total expenses. Add lines 5 through 19	20		14,0	99.								
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	-	-13,5	89.								
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(13,58	39.)	()()		
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		51	.0.					
b	Total of all amounts reported on line 4 for all royalty prop				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	14	,09						
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 (13,589	.)		
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						- 1	26		-13.58	9		