### 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

Submission Identification Number (SID)		•				
Taxpayer's name	Social securi	Social security number				
PRADEEP DUBHASI	509-37	-1488				
Spouse's name	Spouse's soo	ial securi	ty number			
Part I Tax Return Information — Tax Year Ending December 31, 202	3 (Enter year you a	re 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		384.		
2 Total tax		2		888.		
<ul><li>3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099</li><li>4 Amount you want refunded to you</li></ul>		3		684.		
5 Amount you owe		5	5,	796.		
Part II Taxpayer Declaration and Signature Authorization (Be sure you g	et and keep a cop	_	ur retur	n)		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Freturn (original or amended) I am now authorizing. I consent to allow my intermediate service provid to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I author Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financia authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel business days prior to the payment (settlement) date. I also authorize the financial institutions involtaxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	er, transmitter, or electroson for rejection of the tropize the U.S. Treasury account indicated in the tral institution to debit the oterminate the authorizalation requests must be used in the processing of to the payment. I furnitude of the transmitter of the	onic returnansmission its desax prepara entry to ation. To expression it has been acknown as the election of the election in the election acknown as the election acknown as the election acknown as the election acknown ackn	n originate on, (b) the signated Fration software this accouractory of the control of the contro	or (ERO) e reason inancial ware for int. This ancel) a than 2 ment of that the		
Taxpayer's PIN: check one box only  X	generate my PIN	1 4	8 8	as my		
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En En	ter five dig n't enter a		as my		
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN <b>and</b> your return is filed using the Practitioner I below.						
Your signature ▶	Date ►					
Spouse's PIN: check one box only						
· _	generate my PIN			as my		
ERO firm name		ter five dig		•		
signature on the income tax return (original or amended) I am now authorizing.		n't enter a				
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN <b>and</b> your return is filed using the Practitioner I below.						
Spouse's signature ►	Date ►					
Practitioner PIN Method Returns Only—continu	e below					
Part III Certification and Authentication — Practitioner PIN Method Only						
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 er all zero		1		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the	income tax return (origi am submitting this retu	nal or an Irn in acc	nended) I a			
ERO's signature ►	Date ►					
ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Requesting						

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	∕—Do not v	vrite 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	instructions.
Your first name	and m	iddle initial	Last r	ame						Your so	ocial sec	curity number
PRADEEP			DUB	HASI						509	37	1488
If joint return, s	pouse's	s first name and middle initial	Last r	name						Spouse	's social	l security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				А	pt. no.	Preside	ential Ele	: ection Campaigr
428 DOM	INIO	N OAK CIRCLE								1		ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	te	ZIP co	ode			jointly, want \$3 nd. Checking a
CARY						NC	7	275	19			not change
Foreign country	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your ta	x or refu	
Filing Status	, X	Single					Head of ho	ouseho	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	l income)								
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOH	l or QS	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital		ny time during 2023, did you: (a) rec										
Assets		nange, or otherwise dispose of a dig						t)? (Se	e instructio	ns.)	Y€	es 🗵 No
Standard Deduction		neone can claim:	•		•		a dependent					
Age/Blindness	s You	: Were born before January 2, 1	959	Are b	lind <b>Sp</b> o	ouse	:   Was bor	n befo	re January 2	2, 1959	□ Is	s blind
Dependent	s (see	instructions):		(2)	Social security	,	(3) Relationsh	ip (4)	) Check the b	ox if qual	ifies for (	(see instructions)
If more	(1) F	(1) First name Last name			number to you				Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instruction	e ——											
and check	. —											
here L											<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instrud	ctions)					. 1a	1	148,534.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							. 1k	)		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 10		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10	_	
1099-R if tax	е	Taxable dependent care benefits f			•					. 16		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	3839, line 29					. 11	_	
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 10		
W-2, see	h	Other earned income (see instruct	,					· ·		. 1h	1	0.
instructions.	j	Nontaxable combat pay election (s	see ins	tructions)	)		<u>li</u>					1/0 52/
All / 2 : -	<u>z</u>	Add lines 1a through 1h	 .		· · · ·	 				. 12	_	148,534.
Attach Sch. B if required.	2a	•	2a				axable interest			. 2t		
	<u>3a</u> 4a	_	3a 4a				rdinary divider axable amount					
Standard	<del>ч</del> а 5а	_	<del>4</del> а 5а				axable amount					
• Single or	6a	_										
Married filing	C	· -	<b>b</b> Taxable amount									
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,		[	<u> </u>		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•	•							-20,150.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		128,384.
don Trining Speaker,										. 10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		128,384.
\$20,800	12	Standard deduction or itemized								. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct					5-A			. 13		
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer							<u></u>			114,534.

Form 1040 (2023	3)									Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌			16	20,888.	
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	20,888.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	20,888.	
	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	20,888.	
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	26	5,684	ł.,		
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	26,684.	
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	m Schedule 8812	!		28					
	29	American opportunity credit	from Form 8863	8, line 8 .     .		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undabl	e credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	26,684.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		34	5,796.	
	35a	Amount of line 34 you want			is attached, che	ck here		. [	35a	5,796.	
Direct deposit?	b	Routing number 0 5 3				Check	king 🗌	Saving	s		
See instructions.	d	Account number 2 3 7	0 4 9 2	5 3 7 4	1 6						
	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 Designee		you want to allow another	•		n with the IRS?		Yes. C	omplet	e below.	X No	
Doorginoo	De	signee's						dentification			
	naı	me		no.			num	ber (PIN	)		
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and com								, ,	
TICIC	Yo	ur signature		Date	Your occupation					nt you an Identity PIN, enter it here	
Joint return?					LEAD DATA	SCIE	ENTIST	(s	ee inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation					f the IRS sent your spouse an dentity Protection PIN, enter it here (see inst.)			
	Ph	one no. (603)688-318	3	Email address	PRADEEPKUMAR.	IITBBS	@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	04/1	L6/2024	P020	82703	Self-employed	
Preparer Use Only	Firm's name GLOBAL TAXES LLC				-				Phone no. (678)965-9522		
Use Unity	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm						rm'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

PRADEEP DUBHASI

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.

Your social security number
509-37-1488

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. Att	ach Schedule E .	5	-20,150.
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		0_		
0	Total other income. Add lines to through the	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> . Ente 1040, 1040-SR, or 1040-NR, line 8		40	-20,150.
	1070, 10707011, ULIU4071111, IIII0 0		10	-ZU, ISU.

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 <b>adjustments to income</b> 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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number

	PRADEEP DUBHASI						509-	-37-1488	3
Pa	rt I Income or Loss From Rental Real Estate a								
	<b>Note:</b> If you are in the business of renting personal proprental income or loss from <b>Form 4835</b> on page 2, line 40	oerty, use n	Schedul	<b>e C</b> . See	e instru	ctions. If you	are an ir	ndividual, rep	oort farm
Α	Did you make any payments in 2023 that would require yo		Form(s)	10992.9	See in	structions			es 🕅 No
В									
						· · · ·			
1			<u> </u>						
<u>A</u>		TNAM A	ANDHRA	PRAD	ESH	IN 53000	2		
B									
<u>C</u>									1
1k	. ,,, , , , , , , , , , , , , , , , , ,	For each rental real estate property listed above, report the number of fair rental and				nir Rental Days	1	onal Use Days	QJV
A	mayanal was days. Charletta	personal use days. Check the QJV box			also I			0	<del>                                     </del>
	if you meet the requirements to	o file as	a	A B		365		0	
	augustad ioint vantura. Saa inst	tructions	3.	C					
	e of Property:				1				
	1 Single Family Residence 3 Vacation/Short-Term Re	ental	5 Land	4	7	Self-Rental			
	2 Multi-Family Residence 4 Commercial	orriar	6 Roya				ribe)		
						Propert	ies:		
	ome:			Α _	150	В			С
3 4		3		/	50.				
	Royalties received	4							
=xp⋅ 5	enses: Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1 7	80.				
8	Commissions	8			00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1.5	30.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		4,8	77.				
15	Supplies	15		5,0	60.				
16	Taxes	16							
17	Utilities	17			80.				
18	Depreciation expense or depletion	18		3,2	273.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		20,9	00.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I								
	result is a (loss), see instructions to find out if you mus file Form 6198			-20,1	50				
20		, 21		∠∪,⊥					
22	Deductible rental real estate loss after limitation, if any on <b>Form 8582</b> (see instructions)	<sup>/,</sup> 22	(	20,15	50 \	(		)(	١
238			I	20,1×	<b>23a</b>	\	750	, (	
	b Total of all amounts reported on line 4 for all royalty pro	•		•	23b		, 50	-	
	c Total of all amounts reported on line 12 for all propertie				23c				
	d Total of all amounts reported on line 18 for all propertie				23d		3,273		
	e Total of all amounts reported on line 20 for all propertie				23e		0,900		
24	·		de any lo	sses	<del></del>		. 2	_	
25	•		-		nter to	tal losses he	re <b>2</b>	5 (	20,150.)
26									
	here. If Parts II, III, and IV, and line 40 on page 2 do i						on		
	Schedule 1 (Form 1040), line 5. Otherwise, include this	amount	t in the to	tal on li	ine 41	on page 2	. 2	6	-20.150