#### 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.

Submission Identification Number (SID)

Taxpay	er's name	Social se	curity numb	ber
HIM	77-594	б		
Spouse	's name	Spouse's	social secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r year yo	u are au	thorizing.)
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	42,550.
2	Total tax		. 2	3,350.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	6,579.
4	Amount you want refunded to you		. 4	3,229.
5	Amount you owe		. 5	
Dor	Townsyer Declaration and Signature Authenization (Resource you get and	kaan a a	any of y	(augustum)

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

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

	raumonze	GLUBAL	IAVES	ERO firm name	to enter or generate my PIN	E
$\mathbf{\nabla}$	l authorize	CTODAT	TAVEC	TTC	to optor or gonorato my DIN	1

7	5	9	4	6	
Ent don	as my				

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 signature 🕨	Date 🕨						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Prac	titioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9						

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 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/09/23 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		rn 20	22	OMB No. 1545	-0074	IRS Use O	nly—Do not	write or staple	in this space.
Filing Status Check only one box.		Single D Married filing jointly	_	d filing separately		, <u> </u>		, ,	sp	alifying sur ouse (QSS) 's name if t	Ũ
one box.		son is a child but not your dependent	,		1011001		QUU			o name n t	no quanying
Your first name	and m	iddle initial	Last nam	e					Your s	ocial securi	ity number
HIMANSHI			MISHF	2A					798-	-77-594	6
lf joint return, sp	oouse's	s first name and middle initial	Last nam	le					Spous	e's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructior	าร.			A	Apt. no.	Presid	lential Electi	ion Campaigr
75 HOCKA	NUM	BOULEVARD					2	2737		here if you	· ·
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ate	ZIP c	ode			ntly, want \$3 Checking a
VERNON R	OCK	VILLE			C	Г	060	66		elow will not	•
Foreign country	name		Fo	preign province/sta	te/coun	ity	Foreig	in postal cod	e your ta	ax or refund	l.
Digital		ny time during 2022, did you: (a) rece					-		. ,		
Assets		ange, gift, or otherwise dispose of a	-			-	asset)	? (See inst	tructions.	) <b>Yes</b>	X No
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate return				a dependent					
Age/Blindness	You	: 🗌 Were born before January 2, 1	958	Are blind S	pouse	: 🗌 Was bor	n befo	ore Januar	y 2, 1958	🗌 ls b	lind
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	ip (4	) Check the	box if qua	alifies for (see	e instructions):
If more	<b>(1)</b> F	irst name Last name		number		to you		Child tax	credit	Credit for o	ther dependents
than four											
dependents, see instructions	s ——										<u> </u>
and check	-								]		<u> </u>
here									<u> </u>		
Income	1a	Total amount from Form(s) W-2, be	`	,							42,550.
Attach Form(s)	b	Household employee wages not re					• •			b	
W-2 here. Also	c d	Tip income not reported on line 1a					• •			c d	
attach Forms W-2G and	d e	Medicaid waiver payments not rep Taxable dependent care benefits f					• •			e	
1099-R if tax	f	Employer-provided adoption bene		-			• •			e If	
was withheld.		Wages from Form 8919, line 6 .		-			• •			g	
If you did not get a Form	g h	Other earned income (see instructi			• •		• •			9 h	0.
W-2, see	i	Nontaxable combat pay election (s	,		• •	1i			·  -		
instructions.	z	Add lines 1a through 1h							1	z	42,550.
Attach Sch. B	2a	S I	2a		 b Т	axable interes	· ·			2 !b	12,550.
if required.	3a	· ·	3a			Ordinary divide				lb	
	4a		4a			axable amoun				b	
Standard	5a		5a			axable amoun				ib	
Deduction for –	6a		6a		bТ	axable amoun	t		. 6	ib	
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum elect	lection m	ethod, check he							
separately, \$12,950	7	Capital gain or (loss). Attach Sched								7	
Married filing	8	Other income from Schedule 1, lin								8	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your <b>total</b> i	incom	е				9	42,550.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, lir	ne 26					. 1	0	
Head of	11	Subtract line 10 from line 9. This is	s your <b>ad</b> j	usted gross inc	ome				. 1	1	42,550.
household, \$19,400	12	Standard deduction or itemized							. 1		12,950.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deducti				95-A			. 1	3	
any box under Standard	14	Add lines 12 and 13							. 1	4	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		enter -0 This is	s your	taxable incom	ie .		. 1		29,600.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		. 10	6	3,350.
Credits	17	Amount from Schedule 2, lir	ne3					. 1	7	
	18	Add lines 16 and 17						. 18	3	3,350.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	9	
	20	Amount from Schedule 3, lir	ne8					. 20	0	
	21	Add lines 19 and 20						. 2	1	
	22	Subtract line 21 from line 18						. 2	2	3,350.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 2	3	0.
	24	Add lines 22 and 23. This is	your total tax					. 2	1	3,350.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	6,5	79.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 25	d	6,579.
K	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			. 2	3	
If you have a <sup>1</sup> qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable cr	edits .	. 3	2	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments	· · · · ·			. 3	3	6,579.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>ove</b> i	rpaid .	. 34	1	3,229.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here .		35	a	3,229.
Direct deposit?	b	Routing number 0 2 1				Checking				
See instructions.	d	Account number 8 6 7	9 1 9 2	0 8						
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	v/Payments or	see instructions			. 3	7	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				🗌 ۱	es. Comp	olete belov	v. 🗙 No	0
		signee's		Phone			Personal number (	identificatio	on	
	nai			no.				. ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr								
Here		ur signature		Date	Your occupation				sent you ar	
	10	al oignataro		Duto					n PIN, enter	
Joint return?					INFORMATIC	N TECHN	IOLOGY	(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion			sent your s	
your records.								(see inst.)		N, enter it here
	Dh	(960)4040E6	2	Email address			T COM	(,		
		one no. (860)494–956 eparer's name	3 Preparer's signat		HIMANSHI28	Date		ΓΙΝ	Check	if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			ለጠውጥአ ጥአተተ አለ			208270		If-employed
Preparer				RAM SAGAR	GUPIA IALLAM	103/23/2	2023   PU			
Use Only		m's name GLOBAL TA m's address 245 ROONE	Y CT E BRU		J 08816					2171065
		m's address 245 ROOME		TIDMICK IN	08810			Firm's Ell		-3171965

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

BAA REV 03/09/23 PRO

Form **1040** (2022)

# Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

### **Required to be Automatically-Populated Fields**

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

#### Do not send this sheet with your return.

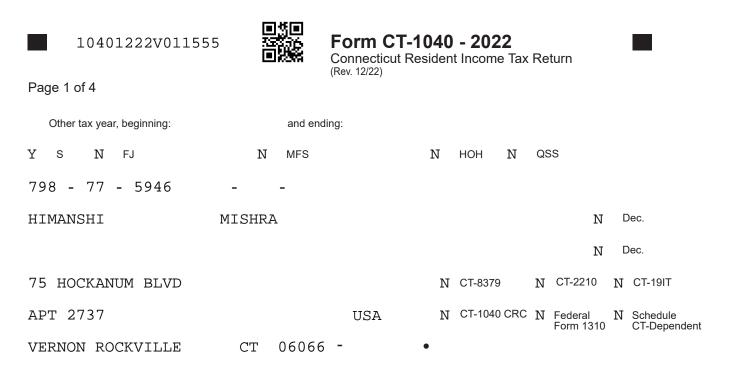
#### Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
- Send all completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, Schedule CT-Dependent, and Form CT-6251. Send all four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977 For refunds and tax returns without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

### Do not send this sheet with your return.



1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	42550
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2	3.	42550
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	42550
6. Income tax	6.	1644
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	1644
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	1644
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	1644
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	1644
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. Total tax: Add Line 14 and Line 15.	16.	1644



10401222V011555

Form CT-1040, Page 2 of 4	, Page 2 of 4
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Link         17.         1644           Forms W-2, W-2G, and 1099 information Col. A - Employer or Payer's Fed. D.#         Col. B - CT Wages, Tips, etc.         Col. C - CT Income Tax Withheld           18a.         94 - 33226476         422550         2263           18b.         0         0         0           18a.         0         0         0         0           19. Al 2022 estimated tax payments and any overpayments aplied from a prior year         19.         0         0           20. Barnent income tax credit (from Schedule CT-EFL, Line 10).         20a.         0         0           21. Total payments and refundbabe credits: add thans 18, 19.20, 20.20, 20.20, add 20.20.         21.         22.263           22. Overpayment: #f Line 21 is more than Line 17, Line 17 subtracted from Line 21.         22.         61.9           23. Amount of Line 22 you want applied to your 2023 estimated tax         23.         0           2			_		_
Forms W-2, W-26, and 1099 Information Col. A - Employer or Payer's Fed. D.#         Col. B - CT Wages, Tips, etc.         Col. C - CT Income Tax Withheld           18a.         94 - 3326476         42550         2263           18b.         0         0         0           18a.         0         0         0           19a. J. 2022 estimated tax payments and any overpayments applied from a prior year         19.         0           20a. Payments made with From CT-1040 EXT.         20.         0         0           20b. Claim of nght credit (from Schedule CT-EI, Line 1).         20a.         0         0           21. Total payments and refundable credits: Add Lines 19, 19.20, 20a. 20b and 20c.         21.         22.         619           23. Anount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)         24.         0           24. Anount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)         24.<	10401222V021555		• 7	98775946	
Col. A - Employer or Payer's Fed. ID #       Col. B - CT Wages. Tips. etc.       Col. C - CT income Tax Withheld         18a.       94       - 3326476       • 42550       2263         18b.       -       0       0         18a.       -       0       0         20. Payments made with Form CT-1040 EXT       20.       0         20. Barned income tax cell (from Schedule CT-EITC, Line 16).       20a.       0         20. Constrained and any overpayments applied from a prior year       19.       0         21. Total payments and efundable credits: Add Lines 16, 19, 20, 20a, 20a and 20a.       21.       22.       619         23. Amount of Line 22 you want applied a so UPT 2023 estimated tax       23.       0       24.       0         24. Amount of Line 22 you want applied a so UPT 2023 estimated tax       23.       619       19         24. Amount of Line 22 you want applied to your 2023 estimated tax       23.       619       19         25. Amount of Line 22 you want applied to your 2023 estimated	17. Amount from Line 16		17.	1644	
18a.       94 - 3326476       42550       2263         18b.       0       0         18c.       0       0         18c.       0       0         18c.       0       0         18d.       Additional Connecticut income tax withheld: Amounts in Column C.       18.       2263         19. All 2022 estimated tax payments and any overpayments applied from a prior year       19.       0       0         20a. Earned income tax withheld: CT-ETC, Line 19.       20a.       0       0       0         20a. Earned income tax ordefit (from Schedule CT-EFL (Line 19).       20a.       0       0       0         21.       C2263       0       0       0       0       0         21.       C2263       0       0       0       0       0         22.       0.019       0       0       0       0       0       0         23. Amount of Line 22 you want applied to your 2023 estimated tax       21.       226       0       0	Forms W-2, W-2G, and 1099 Information				
18b.       •       0       0         18c.       •       0       0         18d.       Additional Connecticut income tax withheld: Amounts in Column C.       18.       2263         0. Payments made with Form C1:040 EXT       20.       0       0         20a. Earned income tax credit (from Schedule CT-ETC, Line 1).       Schedule must be attached.       20c.       0         21.       Total payments and rofundable credits: Add Lines 16, 19, 20, 20a, 20b and 20c.       21.       2263       21         22.       Overpayment: fLine 21 is more than Line 71, Line 71 subtracted from Line 21.       22.       619         23. Amount of Line 22 you want applied to your 2023 estimated tax       223.       0       24.         24. Total contributions of truin to designated them Line 21.       226       619       19         19 you have not elected to direct deposit, a refund check will be issued and proces	Col. A - Employer or Payer's Fed. ID # Col. B -	CT Wages, Tips, etc.	Col. C - (	CT Income Tax Witl	hheld
18c.       -       •       0       0         18d.       -       •       0       0         18d.       -       •       0       0         18d.       Additional Connecticut withhold: Amounts in Column C.       18.       2263         18.       Additional Connecticut income tax withhold: Amounts in Column C.       18.       2263         20.       Expendits made with Form CT-1040 EXT       20.       0         20.       Exame finomes tax credit (from Schedule CT-ETC, Line 16).       20a.       0         20.       Chain of right credit (from Schedule CT-ETC, Line 16).       20b.       0         20.       Chain of right credit (from Schedule CT-ETC, Line 19). Schedule must be attached.       20c.       0         21.       Total payments and refundable credits: Add Lines 18, 19, 20, 20, 20b and 20c.       21.       2263         22.       Organyment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.       22.       619         23.       Amount of Line 22 you want applied as a CHC more Schedule CT-CHET, Line 4)       24.       0         24.       Total payments account outside the U.S.       25.       619         25.       Refund going to a bank account outside the U.S.       26.       0         26.       Total ano	18a. 94 - 3326476 •	42550		2263	
18d.       -       •       0       0         18e.       -       •       0       0         18f.       0       0         20. Payments made with Form C1-1040 EXT       20.       0         20. Carase-through entity tax credit: (from Schedule CT-FE, Line 1). Schedule must be attached.       20c.       0         21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.       21.       22.       619         22. Overpayment: If Line 21 is more than Line 17. Line 17 subtracted from Line 21.       22.       619         23. Amount of Line 22 you want applied as a CHET contribution (from Schedule 5, Line 70)       24a.       0         24. Amount of Line 23 value and tabeled as differed throm Line 22.       25.       619       19         24. Amount of Line 23 walue and tabeled as a CHET contribution (from Schedule 5, Line 70)       24a.       0       24a. </td <td>18b. – •</td> <td>0</td> <td></td> <td>0</td> <td></td>	18b. – •	0		0	
18e.       -       •       0       0         18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)       18f.       0         18f. Total Connecticut microme tax withhold: Amounts in Column C.       18.       2263         19. All 2022 estimated tax payments and any overpayments applied from a prior year       19.       0         20. Earned income tax ceril (from Schedule CT-ETC, Line 16).       20a.       0       0         20a. Earned income tax ceril (from Schedule CT-ETC, Line 19, 20, 20a, 20b and 20c.       21.       2263         21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.       21.       2263         21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.       21.       2263         23. Amount of Line 22 you want applied to your 2023 estimated tax       23.       0         24. Amount of Line 22 you want applied to rour 2023 estimated tax       25.       619         24. Total contributions of refund to designated charities (from Schedule CT-CHET, Line 4)       24.       0         25. Refund: Lines 23. 24, and 24a subtracted from Line 22.       25.       619         26. Refund going to bank account outside the U.S. 25d. N       27.       0       0         26. Refund going to bank account outside the U.S. 25d. N       28.       0       0       0	18c. – •	-		0	
18f. Additional Connecticut withholding (from Supplemental Schedule CT-1400WH, Line 3)       18f.       0         18. Total Connecticut income tax withhold: Amounts in Column C.       18,       2263         19. All 2022 estimated tax payments and any overpayments applied from a prior year       19,       0         20. Payments made with Form CT-104 0 EXT       20,       0         20a. Earned income tax credit (from Schedule CT-ETC, Line 16).       20a.       0         20b. Claim of right credit (trom Form CT-104 0 CK, Line 6).       20b.       0         20c. Payment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.       22.       619         23. Amount of Line 22 you want applied to your 2023 estimated tax       23       0         24. Amount of Line 22 you want applied to sour 2023 estimated tax       23       0         24. Anount of Line 22 you want applied to sour 2023 estimated tax       23       0         25. Rofund: Lines 23, 24, and 24s subtracted from Line 22.       25       619         17 you have not elected to direct deposit, a cfruid check will be issued and processing may be delayed.       26.       0         26a. Refund going to a bank account outside the U.S. 26d. N       26.       0       27.       0         27. Hiate: Ponalty entered. Line 21, Line 21, subtracted from Line 17.       26.       0       0       0	18d. – •	-		-	
18. Total Connecticut Income tax withheld: Amounts in Column C.       18.       2263         19. All 2022 estimated tax payments and any overpayments applied from a prior year       19.       0         20. Payments made with Form CT-1040 EXT       20.       0         20a. Earned income tax credit (from Schedule CT-EITC, Line 16).       20a.       0         21. Total payments and refundable credits: (from Schedule CT-EITC, Line 17, Schedule must be attached.       20c.       0         21. Total payments and refundable credits: (Add Lines 16, 19, 20, 20a, 20b and 20a.       21.       22.631         22. Overpayment: if Line 21 is more than Line 17, Line 17 subtracted from Line 21.       22.       619         23. Amount of Line 22 you want applied to your 2023 estimated tax       23.       0         24. Amount of Line 23 you want applied to your 2023 estimated tax       23.       0         25. Acting: Lines 23, 24, and 24a subtracted from Line 22.       619         26. Acting: Lines 23, 24, and 24a subtracted from Line 22.       619         26. Act type       Y       K       N       Sv. 256. Rout. #       021100361       25c. Acct. #       867919208         25d. Refund (pring to a bank account outside the U.S. 25d. N       26.       0       0       0         26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.       26.       0	18e. <b>-</b> •	0		0	
19. All 2022 estimated tax payments and any overpayments applied from a prior year       19.       0         20. Payments made with Form CT-1040 EXT       20.       0         20. Earned income tax credit (from Schedule CT-EITC, Line 16).       20a.       0         20. Total payments and effundable credit: (from Schedule CT-PE, Line 1). Schedule must be attached.       20c.       0         21. Total payments and refundable credit: Add Lines 18, 19, 20, 20a, 20b and 20c.       21.       2263         22. Overpayment: if Line 21 is more than Line 17, Line 17 subtracted from Line 21.       22.       619         23. Amount of Line 22 you want applied to your 2023 estimated tax       23.       0         24. Amount of Line 22 you want applied to gour 2023 estimated tax       23.       0         24. anotal contributions of refund to designated charities (from Schedule 5, Line 70)       24a.       0         25. Refund: Lines 23, 24, and 24a subtracted from Line 22.       [25.       619         17 you have not elected to direct deposit, a refund check will be issued and processing may be delayed.       25a.       619         26. Refund going to a bank account outside the U.S. 25d. N       26.       0       0         27. If late: Interest entered.       Line 26 multiplied by 10% (10).       27.       0         28. If late: Interest entered.       Line 26 multiplied by 10% (10).       28.	18f. Additional Connecticut withholding (from Supplemental	Schedule CT-1040WH, Li	ne 3) 18f.	0	
20. Payments made with Form CT-1040 EXT 20. 0 20a. Earned income tax credit (from Schedule CT-EITC, Line 16). 20b. 0 20c. Pass-through entity tax credit: (from Schedule CT-EITC, Line 16). 20b. 0 20c. Pass-through entity tax credit: (from Schedule CT-EITC, Line 1). Schedule must be attached. 20c. 0 21. Total payments and refundable credits: Add Lines 18, 19, 20, 20b, and 20c. 21. 2263 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22. 6119 23. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 24. 0 24a. Total contributions of refund to designated charities (from Schedule 5, Line 70) 24a. 0 25. Refund: Lines 23, 24, and 24a subtracted from Line 22. [25] 6119 26. Refund: Lines 23, 24, and 24a subtracted from Line 22. [25] 6119 27. 0 28. Acxt. type Y Ck. N Sv. 25b. Rout. # 021100361 25c. Acxt. # 867919208 26d. Refund going to a bark account outside the U.S. 25d. N 26. Refund: Unles 26 multiplied by 10% (10). 27. 0 28. If late: Interest entered. Line 27. Line 27. 0 29. 0 20. Comparison of the 27. 20. 0 20. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0 20. Total amount due: Add Lines 26 hinough 29. 0 20. Comparison of the 20 form Schedule 29. D 20. Outor the 20 form Schedule	18. Total Connecticut income tax withheld: Amounts in C	Column C.		18.	2263
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21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.       21.       2263         22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.       22.       619         23. Amount of Line 22 you want applied to your 2023 estimated tax       23.       0         24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)       24.       0         24a. Total contributions or refund to designated charities (from Schedule 5, Line 70)       24a.       0         25. Refund: Lines 23, 24, and 24a subtracted from Line 22.       25.       619         1f you have not elected to direct deposit, a refund check will be issued and processing may be delayed.       25a. Acct. type Y Ck. N Sv. 25b. Rott.#       021100361       25c. Acct.#       867919208         25d. Refund: Line 27. Standard to the 28.       M       26.       0       0         27. If fate: Penalty entered. Line 26 multiplied by 10% (.10).       27.       0       0         28. If fate: Interest entered.       Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).       28.       0       0         29. Interest on underpayment of estimated tax (from Form CT-2210)       29.       0       0       0         20. Total amount due: Add Lines 26 through 29.       30.       0       0       0       0					
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.       22.       619         23. Amount of Line 22 you want applied to your 2023 estimated tax       23.       0         24. Amount of Line 22 you want applied to your 2023 estimated tax       23.       0         24. Amount of Line 22 you want applied to designated charities (from Schedule 5, Line 70)       24a.       0         24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)       24a.       0         25. Refund: Lines 23, 24, and 24a subtracted from Line 22.       [25.]       619         If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.       25a.       619         25a. Acxt type       Y       Ck. N       Sv. 25b. Rout.#       021100361       25c. Acxt.#       867919208         25d. Refund going to a bank account outside the U.S. 25d. N       26.       0       0       0       0         26. If the: interest entered.       27.       0       28.       0					-
23. Amount of Line 22 you want applied to your 2023 estimated tax       [23.]       0         24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)       24.       0         24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)       24a.       0         24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)       24a.       0         25. Refund: Lines 23, 24, and 24a subtracted from Line 22.       [25.]       61.9         [f you have not elected to direct deposit, a refund check will be issued and processing may be delayed.       25a.       61.9         25a. Acct type       Y       Ck. N       Sv. 25b. Rout. #       0.21100361       25c. Acct. #       867919208         25d. Refund going to a bank account outside the U.S. 25d. N       26.       0       0       0       0         26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.       26.       0       0       0         27. If late: Interest entered.       Line 26 multiplied by number of months or fraction of a month late, then by 1% (01).       28.       0 </td <td></td> <td></td> <td>с.</td> <td></td> <td></td>			с.		
24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)       24.       0         24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)       24a.       0         25. Refund: Lines 23, 24, and 24a subtracted from Line 22.       [25.]       619         If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.       25a.       6119         25a. Acct type       Y       CK. N       Sv. 25b. Rout. #       021100361       25c. Acct. #       867919208         25d. Refund going to a bank account outside the U.S. 25d. N       26.       0       0       0         26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.       26.       0       0         27. If late: Penalty entered. Line 26 multiplied by 10% (.10).       27.       0       28.       0         29. Interest on underpayment of estimated tax (from Form CT-2210)       29.       0       0       0.00         Declaration: I declare under penalty of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. U nuderstand the penalty for willfully delivering a false return or document to DRS is a fine of not more than 50,00, or imprisonment for not more than 50,00, or othoth. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.       Date       Homelcel telephone number	22. Overpayment: If Line 21 is more than Line 17, Line 17 s	ubtracted from Line 21.		22.	619
24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)       24.       0         24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)       24a.       0         25. Refund: Lines 23, 24, and 24a subtracted from Line 22.       [25.]       619         If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.       25a.       6119         25a. Acct type       Y       CK. N       Sv. 25b. Rout. #       021100361       25c. Acct. #       867919208         25d. Refund going to a bank account outside the U.S. 25d. N       26.       0       0       0         26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.       26.       0       0         27. If late: Penalty entered. Line 26 multiplied by 10% (.10).       27.       0       28.       0         29. Interest on underpayment of estimated tax (from Form CT-2210)       29.       0       0       0.00         Declaration: I declare under penalty of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. U nuderstand the penalty for willfully delivering a false return or document to DRS is a fine of not more than 50,00, or imprisonment for not more than 50,00, or othoth. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.       Date       Homelcel telephone number	23. Amount of Line 22 you want applied to your 2023 esti	mated tax		23.	0
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If you have not elected to direct deposit, a refund check will be issued and processing may be delayed. 25a. Acct. type Y Ck. N Sv. 25b. Rout. # 021100361 25c. Acct. # 867919208 25d. Refund going to a bank account outside the U.S. 25d. N 26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26. 0 27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27. 0 28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 28. 0 29. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0 30. Total amount due: Add Lines 26 through 29. 30. 0.00 Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and bellef, it is true, complete, and correct. Lunderstand the penalty for willfully delivering a false return or document to DRS is a fine of not more than % years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge. Vour signature  • Paid preparer's signature • Date					
25a. Acct. type       Y       Ck.       N       Sv. 25b. Rout.#       021100361       25c. Acct.#       867919208         25d. Refund going to a bank account outside the U.S.       25d. N        0       0       0         26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.       26.       0       0       0         27. If late: Penalty entered. Line 26 multiplied by 10% (.10).       27.       0       0       0         28. If late: Interest entered.			essing may be		619
25d. Refund going to a bank account outside the U.S. 25d. N         26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.       26.       0         27. If late: Penalty entered. Line 26 multiplied by 10% (.10).       27.       0         28. If late: Interest entered.       0       27.       0         29. Interest on underpayment of estimated tax (from Form CT-2210)       29.       0         30. Total amount due: Add Lines 26 through 29.       30.       0.000         Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than five years, or both. The declaration of a paid preparer than the taxpayer is based on all information of which the preparer has any knowledge.       Paide       Home/cell telephone number         Vour signature       0       0       0.23.23       6789659522       Pol2082703         Paid preparer's signature       0       0.20821703       FEIN       Staff reployed         SYAM PRIYA RAM SAGAR GUPTA       TALL       843171965       Self-employed         SYAM PRIYA RAM SAGAR GUPTA TALL       843171965       Self-employed       N         Third Party Designee - Complete the following to authorize DRS to contact				-	
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.       26.       0         27. If late: Penalty entered. Line 26 multiplied by 10% (.10).       27.       0         28. If late: Interest entered.       27.       0         29. Interest on underpayment of estimated tax (from Form CT-2210)       29.       0         30. Total amount due: Add Lines 26 through 29.       30.       0.000         Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than 55,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •       •         •       •       •       •       •       •         •       •       •       •       •       •       •         •       •       •       •       •       •       •       •         • <td></td> <td>021100301</td> <td></td> <td>//1/200</td> <td></td>		021100301		//1/200	
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).       27.       0         28. If late: Interest entered.       Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).       28.       0         29. Interest on underpayment of estimated tax (from Form CT-2210)       29.       0         30. Total amount due: Add Lines 26 through 29.       30.       0.000         Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than 55,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.         •       •       •       Bate       Home/cell telephone number         •       •       •       •       •       •         •					
28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 28. 0 29. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0 30. Total amount due: Add Lines 26 through 29. 30. 0.000 Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements. Including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge. Your signature 0 Paid preparer's signature 1 Paid preparer's signature 0 Paid preparer's name SYAM PRIYA RAM SAGAR GUPT 0 SYAM PRIYA RAM SAGAR GUPTA TALL Firm's name, address and ZIP code GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWI NJ 08816 - N Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name Paid prepare is name Personal identification number (PIN) • • • • • • • • • • • • •					
Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 28. 0 29. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0 30. Total amount due: Add Lines 26 through 29. 30. 0.00 Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. 1 understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge. Your signature • Bate Home/cell telephone number • Bate Daytime telephone number • Paid preparer's signature • SYAM PRIYA RAM SAGAR GUPT • O32323 • 6789659522 P02082703 Pol2082703 Paid preparer's name State GLOBAL TAXES LLC • 245 ROONEY CT E BRUNSWI NJ 08816 - N Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name Telephone number • Designee's name Telephone number • Designee's name Telephone number • Date Paid Preparer's PIN • Date Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name Telephone number Personal identification number (PIN) • Designee's name Telephone number Personal identification number (PIN) • Designee's name Telephone number Personal identification number (PIN)				27.	0
29. Interest on underpayment of estimated tax (from Form CT-2210)       29.       0         30. Total amount due: Add Lines 26 through 29.       30.       30.       0.000         Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.         Your signature       0       0       0       0       0         •       0		$n$ th late then $h_{1}(10/(01))$		20	0
30. Total amount due: Add Lines 26 through 29.       30.       0.000         Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.         Your signature       Date       Home/cell telephone number         •       Bate       Date       Date         •       Date       Date       Date       Paid Preparer's PTIN         •       Synam       PRIYA RAM SAGAR GUPT       •0.32323       • 6789659522       P02082703         Paid preparer's name       FEIN       SYAM PRIYA RAM SAGAR GUPTA TALL       843171965         Firm's name, address and ZIP code       GLOBAL TAXES LLC       Self-employed         •       245 ROONEY CT       E BRUNSWI NJ 08816 -       N         Third Party Designee - Complete the following to authorize DRS to contact another person about this return.       Personal identification number (PIN)         •       Telephone number       Personal identification number (PIN)		• • • •			-
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including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$\$,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge. Your signature	Ŭ	amined this return and a	all accompanyin		
•         8604949563           Spouse's signature (if joint return)         Date         Date           •         •         •         •           Paid preparer's signature         •         •         •           •         •         •         •         •           •         •         •         •         •         •           •         •         •         •         •         •         •           •         •         •         •         •         •         •         •           •	including reporting and payment of any use tax due, ar correct. I understand the penalty for willfully delivering a imprisonment for not more than five years, or both. The information of which the preparer has any knowledge.	nd, to the best of my kno false return or documer declaration of a paid pre	owledge and be at to DRS is a fir	elief, it is true, co ne of not more tha n the taxpayer is l	mplete, and in \$5,000, or based on all
Paid preparer's signature     SYAM PRIYA RAM SAGAR GUPT     O32323     Telephone number     Paid Preparer's PTIN     P02082703     P02082703     P02082703     P02082703     FEIN     SYAM PRIYA RAM SAGAR GUPTA TALL     Syam	•				
Paid preparer's signature       Date       Telephone number       Paid Preparer's PTIN         • SYAM PRIYA RAM SAGAR GUPT       • 032323       • 6789659522       P02082703         Paid preparer's name       • 6789659522       P02082703         SYAM PRIYA RAM SAGAR GUPTA TALL       843171965         Firm's name, address and ZIP code       GLOBAL TAXES LLC       Self-employed         • 245 ROONEY CT       E BRUNSWI NJ 08816 -       N         Third Party Designee - Complete the following to authorize DRS to contact another person about this return.       Personal identification number (PIN)         •       •       •       •	Spouse's signature (if joint return)			Daytime telephone nur	nber
• SYAM PRIYA RAM SAGAR GUPT       • 032323       • 6789659522       P02082703         Paid preparer's name       FEIN         SYAM PRIYA RAM SAGAR GUPTA TALL       843171965         Firm's name, address and ZIP code       GLOBAL TAXES LLC       Self-employed         • 245 ROONEY CT       E BRUNSWI NJ 08816 -       N         Third Party Designee - Complete the following to authorize DRS to contact another person about this return.       Personal identification number (PIN)         •       •       •       •	Deta	-	or	Deid Broppror's DTIN	
Paid preparer's name       FEIN         SYAM PRIYA RAM SAGAR GUPTA TALL       843171965         Firm's name, address and ZIP code       GLOBAL TAXES LLC       Self-employed         • 245 ROONEY CT       E BRUNSWI NJ 08816 -       N         Third Party Designee - Complete the following to authorize DRS to contact another person about this return.       Personal identification number (PIN)         •       •       •       •					03
Firm's name, address and ZIP code       GLOBAL       TAXES       LLC       Self-employed         •       245       ROONEY       CT       E       BRUNSWI       NJ       08816 -       N         Third Party Designee - Complete the following to authorize DRS to contact another person about this return.         Designee's name       Image: Complete the following to authorize the following the following to authorize the following to authorize the following the		52525 07090	559522		00
• 245 ROONEY CT       E BRUNSWI NJ 08816 -       N         Third Party Designee - Complete the following to authorize DRS to contact another person about this return.       Personal identification number (PIN)         •       •       •       •	SYAM PRIYA RAM SAGAR GUPTA	FALL		8431719	65
Direction     Direction     Direction       Third Party Designee - Complete the following to authorize DRS to contact another person about this return.       Designee's name     Telephone number       •     •       •     •	Firm's name, address and ZIP code GLOBAL TAXES LI	LC		Self-employed	
Designee's name Telephone number Personal identification number (PIN)	• 245 ROONEY CT E BRUI	NSWI NJ 08816	-	N	
	•	lephone number		tion number (PIN)	
	•		•		
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Schedule 1 - Modifications to Federal Adjusted Gross Income			
31. Interest on state and local government obligations other than Connect		31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or		government	
obligations		32.	0
33. Taxable amount of lump-sum distributions from qualified plans not incl	uded in fe	ederal adjusted	
gross income		33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if greater t	than zero. 34.	0
35. Loss on sale of Connecticut state and local government bonds		35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property	placed in	service during this year. 36.	0
36a. 80% of Section 179 federal deduction.		36a.	0
37. Other - specify ●		37.	0
20 Total additional Add Lines 24 through 27		20	0
38. Total additions: Add Lines 31 through 37.		38.	0
39. Interest on U.S. government obligations	C	39. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
40. Exempt dividends from certain qualifying mutual funds derived from U	-	5	0
41. Social Security benefit adjustment (from Social Security Benefit Adjust	iment vvo		0
42. Refunds of state and local income taxes		42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuiti	es	43.	0
44. Military retirement pay		44.	0
45. 50% of income received from Connecticut Teachers' Retirement Syste		45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if less tha	n zero. 46.	0
47. Gain on sale of Connecticut state and local government bonds		47.	0
48. CHET contributions made in 2022 or			
an excess carried forward from a prior year Acct. #:		48.	0
48a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in nree	ceding four years. 48a.	0
	ack in pres	48b.	0
48b. 100% of pension or annuity income.			0
49. Other - specify ●		49.	
50. Total subtractions: Add Lines 39 through 49.		50.	0
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdiction	5		
51. Modified Connecticut adjusted gross income		51.	0
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code 52.			
53. Non-Connecticut income included on Line 51 and reported on a			
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0	0
		Ū	Ū
54. Line 53 divided by Line 51	54.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
59. Total credit: Add Line 58, all columns.		59.	0
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### Schedule 3 - Property Tax Credit

<i>Qualifying Property</i> Name of Connecticut Tax Town or District Description of Property Date(s) Paid	Primary Resider • •	ice	• •	Auto 1	• •		Auto 2		
Amount Paid	• 60.	0	• 61.	0	• 62.		0		
63. Total property tax paid: Add Lines 60,	61, and 62.				63.		0		
64. Maximum property tax credit allowed					64.	•	300		
65. Lesser of Line 63 or Line 64.						•	0		
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.						•	0.00		
67. Line 65 multiplied by Line 66.					67.	•	0		
68. Line 67 subtracted from Line 65.					68.		0		
Schedule 4 - Individual Use Tax									
69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)					69a.		0		
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)				69b.		0			
69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)				69c.		0			
69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)				69d.		0			
<ul> <li>69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.</li> <li>Schedule 5 - Contributions to Designated Charities</li> <li>70a. AR</li> </ul>		69. <b>•</b>		0					
		70a.		0					
70b. OT					70b.		0		
70c. ES/W					70c.		0		
70d. BCR					70d.		0		
70e. SNS				70e.		0			
70f. MR					70f.		0		
70g. CBS					70g.		0		
70h. MHCIA					70h.		0		
70. <b>Total Contributions:</b> Add Lines 70a through 70h. Taxpayer email					70.		0		

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