

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) ▶

| | |
|---------------------------------|--|
| Taxpayer's name DHANAJI LADE | Social security number 873-16-0443 |
| Spouse's name PRAJAKTA KADAM | Spouse's social security number 728-25-8758 |

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

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 | 81,907. |
| 2 | Total tax | 6,312. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 5,329. |
| 4 | Amount you want refunded to you | |
| 5 | Amount you owe | 983. |

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

Under penalties of perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 6 | 0 | 4 | 4 | 3 |
|---|---|---|---|---|

 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 ▶ Dhanaji Lade Date ▶ 04/16/2023

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 5 | 8 | 7 | 5 | 8 |
|---|---|---|---|---|

 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.

Spouse's signature ▶ Prajakta Kadam Date ▶ 04/16/2023

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 | 6 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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 Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

| IF you live in... | THEN use this address to send in your payment... |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2022

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

| | |
|--|-------------|
| Enter the amount of your payment ▶ | 983. |
|--|-------------|

REV 03/22/23 PRO 1555

DHANAJI LADE
PRAJAKTA KADAM
775 CHESTNUT RIDGE RD A202
MORGANTOWN WV 26505

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

873160443 AP LADE 30 0 202212 610

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, address, and social security numbers for both filers.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for name, social security number, relationship, and tax credit options.

Main income table with rows 1a through 15, detailing various income sources, deductions, and final taxable income of 56,007.

| | | | | |
|------------------------|-----------|--|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 6,312. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 6,312. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 6,312. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 6,312. |

| | | | | |
|-----------------|-----------|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 5,329. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 5,329. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 5,329. |

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|------------|--|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | | | | | | | | | | | | | | | | | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | | | | | | | | | | | | | | | | | |
| Direct deposit? See instructions. | b | Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X | X | X | X | X | X | X | X | X | X | | | | | | | | |
| X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | |
| | d | Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | | | | | | | | | | | | | | | | | |

| | | | | |
|-----------------------|-----------|---|-----------|------|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | 983. |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | | | | | | | |
|---|-------------------------------------|---|---|--|--|--|--|--|--|
| Your signature | Date | Your occupation POSTDOCTORAL ASSOCIATE | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | |
| | | | | | | | | | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation RESEARCH ASSISTANT | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | |
| | | | | | | | | | |
| Phone no. (313) 230-8374 | Email address LADEDHANAJI@GMAIL.COM | | | | | | | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 04/16/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. (678) 965-9522 |
| Firm's EIN | | | | 84-3171965 |

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 DHANAJI LADE

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 873-16-0443

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|----|--|----|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 | 7,300. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 7,300. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 | 120. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 | |
| 8 | Add lines 6 and 7 | 8 | 120. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 | 120. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 120. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 0. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|--|-----|--|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|----|--|----|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 | |

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 PRAJAKTA KADAM

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 728-25-8758

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|----|--|----|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 | 7,300. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 7,300. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 | 7,180. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 | |
| 8 | Add lines 6 and 7 | 8 | 7,180. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 | 50. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 50. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 7,130. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|--|-----|--|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|----|--|----|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 | |



LADE DHANAJI
 Name
 775 CHESTNUT RIDGE RD APT A202
 Address
 MORGANTOWN WV 26505
 City State Zip

INDIVIDUAL ESTIMATED INCOME TAX PAYMENT

WV/IT-140ES
 rL063 v.12

| | | | | | |
|------------|--|-------------------|------|-------------------|----------|
| Account #: | | Taxable Year End: | 2023 | Payment Due Date: | 04182023 |
|------------|--|-------------------|------|-------------------|----------|

| | | | |
|------------------------------|-----------|----------------------------------|-----------|
| Your Social Security Number: | 873160443 | Spouse's Social Security Number: | 728258758 |
|------------------------------|-----------|----------------------------------|-----------|

| | |
|------------------------|--------|
| Part 1: Payment | |
| Amount of This Payment | 169.00 |

| | |
|--|--|
| Part 2: Change of Address | |
| Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/> | |
| Name(s): | |
| Mailing Address: | |
| City: | |
| State and Zip Code: | |

1555 REV 01/20/23 PRO

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 342 , Charleston, WV 25322-0342
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



T 0 0 9 0 9 1 8 0 1



LADE DHANAJI
 Name
 775 CHESTNUT RIDGE RD APT A202
 Address
 MORGANTOWN WV 26505
 City State Zip

INDIVIDUAL ESTIMATED INCOME TAX PAYMENT

WV/IT-140ES
 rL063 v.12

| | | | | | |
|------------|--|-------------------|------|-------------------|----------|
| Account #: | | Taxable Year End: | 2023 | Payment Due Date: | 06152023 |
|------------|--|-------------------|------|-------------------|----------|

| | | | |
|------------------------------|-----------|----------------------------------|-----------|
| Your Social Security Number: | 873160443 | Spouse's Social Security Number: | 728258758 |
|------------------------------|-----------|----------------------------------|-----------|

| | |
|------------------------|--------|
| Part 1: Payment | |
| Amount of This Payment | 169.00 |

| | |
|--|--|
| Part 2: Change of Address | |
| Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/> | |
| Name(s): | |
| Mailing Address: | |
| City: | |
| State and Zip Code: | |

1555 REV 01/20/23 PRO

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 342 , Charleston, WV 25322-0342
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



T 0 0 9 0 9 1 8 0 1



LADE DHANAJI
 Name
 775 CHESTNUT RIDGE RD APT A202
 Address
 MORGANTOWN WV 26505
 City State Zip

INDIVIDUAL ESTIMATED INCOME TAX PAYMENT

WV/IT-140ES
 rL063 v.12

| | | | | | |
|------------|--|-------------------|------|-------------------|----------|
| Account #: | | Taxable Year End: | 2023 | Payment Due Date: | 09152023 |
|------------|--|-------------------|------|-------------------|----------|

| | | | |
|------------------------------|-----------|----------------------------------|-----------|
| Your Social Security Number: | 873160443 | Spouse's Social Security Number: | 728258758 |
|------------------------------|-----------|----------------------------------|-----------|

| | |
|------------------------|--------|
| Part 1: Payment | |
| Amount of This Payment | 169.00 |

| | |
|--|--|
| Part 2: Change of Address | |
| Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/> | |
| Name(s): | |
| Mailing Address: | |
| City: | |
| State and Zip Code: | |

1555 REV 01/20/23 PRO

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 342 , Charleston, WV 25322-0342
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



T 0 0 9 0 9 1 8 0 1



LADE DHANAJI
 Name
 775 CHESTNUT RIDGE RD APT A202
 Address
 MORGANTOWN WV 26505
 City State Zip

INDIVIDUAL ESTIMATED INCOME TAX PAYMENT

WV/IT-140ES
 rL063 v.12

| | | | | | |
|------------|--|-------------------|------|-------------------|----------|
| Account #: | | Taxable Year End: | 2023 | Payment Due Date: | 01162024 |
|------------|--|-------------------|------|-------------------|----------|

| | | | |
|------------------------------|-----------|----------------------------------|-----------|
| Your Social Security Number: | 873160443 | Spouse's Social Security Number: | 728258758 |
|------------------------------|-----------|----------------------------------|-----------|

| | |
|------------------------|--------|
| Part 1: Payment | |
| Amount of This Payment | 169.00 |

| | |
|--|--|
| Part 2: Change of Address | |
| Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/> | |
| Name(s): | |
| Mailing Address: | |
| City: | |
| State and Zip Code: | |

1555 REV 01/20/23 PRO

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 342 , Charleston, WV 25322-0342
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



T 0 0 9 0 9 1 8 0 1

Do I need to use a payment voucher?

1. If you owe tax on your Personal Income Tax return, send the payment voucher to us with your payment. You must pay the amount you owe by April 15, to avoid interest and penalties.
2. If your return shows a refund or no tax due, there is no need to use the payment voucher.

How do I prepare my payment?

1. Make your check or money order payable to the West Virginia State Tax Department. **Do not send cash!**
2. If your name and address are not printed on your check or money order, write them on it.
3. Write your Social Security Number (SSN), daytime phone number, and "Form IT-140V" on your payment.

How do I prepare the payment voucher?

1. Enter your SSN in the first block, top line, and the first four letters of your last name in the second block top line.
2. If a joint return, enter your spouse's SSN on the second line.
3. Enter the amount you are paying in the third block, top line.
4. Enter your name(s) and address on the last three lines.
5. Mark the Amended box if payment is associated with an amended tax return to ensure the proper direction and processing. Failure to do so could result in the assessment of late payment penalties.

How do I send my payment and the payment voucher?

1. Detach the payment voucher by cutting along the dotted line below.
2. DO NOT attach the payment voucher or your payment to your return or to each other.
3. Mail your payment and payment voucher to the following address:

West Virginia State Tax Department
Tax Account Administration Division
P.O. Box 11385
Charleston, WV 25339-1385

| | | | | | | |
|--|---|-------------------------------|-------------------------------------|--|-----------------------|--|
| REV WV IT-140V 11/20 EPV | | STATE OF WEST VIRGINIA | | INDIVIDUAL INCOME TAX ELECTRONIC PAYMENT VOUCHER | | |
| Please print or type | Your Social Security Number 873160443 | | <input type="checkbox"/> Amended | Period Ending 12312022 <small>MMDDYYYY</small> | | |
| | Spouse's SSN 728258758 | | | Name Control LADE | | |
| | Your First Name DHANAJI | | Spouse's First Name PRAJAKTA | | Last Name LADE | |
| | Mailing Address 775 CHESTNUT RIDGE RD APT A202 | | | | | |
| | City MORGANTOWN | | State WV | | Zip Code 26505 | |
| <p>AMOUNT OF PAYMENT</p> <p>\$ <u>676.00</u></p> <p>Do not send cash! Make your check or money order payable to the West Virginia State Tax Department and write your social security number and "Form IT-140V" on your check or money order. Mail your payment to:</p> <p>West Virginia State Tax Department Tax Account Administration Division P.O. Box 11385 Charleston, WV 25339-1385</p> | | | | | | |

NOTE: Electronic filers *must* inform taxpayers that full payment of taxes due must be submitted by April 15th to avoid interest and penalties



| | | | | | | | |
|------------------------|------------------------------|-----------------------------------|------------------------|-----------------------------------|-----------|-----------------------------------|----------------|
| SOCIAL SECURITY NUMBER | 873160443 | Deceased <input type="checkbox"/> | Date of Death* | **SPOUSE'S SOCIAL SECURITY NUMBER | 728258758 | Deceased <input type="checkbox"/> | Date of Death* |
| LAST NAME | LADE | SUFFIX | | YOUR FIRST NAME | DHANAJI | MI | |
| SPOUSE'S LAST NAME | KADAM | SUFFIX | | SPOUSE'S FIRST NAME | PRAJAKTA | MI | |
| FIRST LINE OF ADDRESS | 775 CHESTNUT RIDGE RD APT A2 | | SECOND LINE OF ADDRESS | | | | |
| CITY | MORGANTOWN | STATE | WV | ZIP CODE | 26505 | | |
| TELEPHONE NUMBER | 3132308374 | EMAIL | LADEDHANAJI@GMAIL. | | | EXTENDED DUE DATE | MM/DD/YYYY |

* ONLY INCLUDE A DECEASED TAXPAYER AND THEIR DATE OF DEATH IF IT OCCURRED IN THIS TAX YEAR. FOR THE NEXT TWO YEARS, PLEASE LIST THEM BELOW ON THE SURVIVING SPOUSE EXEMPTION.

AMENDED RETURN NONRESIDENT SPECIAL NONRESIDENT/PART YEAR RESIDENT FORM WV-8379 FI LED AS AN INJURED SPOUSE

FILING STATUS (CHECK ONE) 1 SINGLE 2 HEAD OF HOUSEHOLD 3 MARRIED, FILING JOINT 4 MARRIED, FILING SEPARATE 5 WIDOW(ER) WITH DEPENDENT CHILD
**Enter spouse's SS# and name in the boxes above

EXEMPTIONS

(a) **YOURSELF** To claim an exemption for yourself, enter 1. If someone can claim you as a dependent, leave box (a) blank. (a) **1**

(b) **SPOUSE** To claim an exemption for your spouse, enter 1. They may not be claimed as an exemption by anyone else. (b) **1**

(c) **DEPENDENTS** List your dependents. If over four dependents, continue on Schedule DP on page 11. **Enter total number of dependents** (c) **2**

| Dependent First name | Dependent Last name | Social Security Number | Date of Birth (MM DD YYYY) |
|----------------------|---------------------|------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

(d) **SURVIVING SPOUSE** (See page 21) Decedents SSN: _____ Year Spouse Died: _____ (d)

(e) **Total Exemptions** (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e) **2**

| | | | |
|--|---|-------|-----|
| 1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-A | 1 | 81907 | .00 |
| 2. Additions to income (line 58 of Schedule M)..... | 2 | | .00 |
| 3. Subtractions from income (line 49 of Schedule M)..... | 3 | | .00 |
| 4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3)..... | 4 | 81907 | .00 |
| 5. Low-Income Earned Income Exclusion (see worksheet on page 25)..... | 5 | | .00 |
| 6. Total Exemptions as shown above on Exemption Box (e) <u>2</u> x \$2,000 | 6 | 4000 | .00 |
| 7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO | 7 | 77907 | .00 |
| 8. Income Tax Due (Check One) | 8 | 3940 | .00 |

Tax Table Rate Schedule Nonresident/Part-year resident calculation schedule

TAX DEPT USE ONLY

PAY PLAN COR SCTC NRSR HEPTC

MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN (W-2s, 1099s, Etc.)



T 0 4 0 2 0 2 2 0 1

| | | | | | | | |
|--|---|---------------------------------|-----------|--|----|------|-----|
| PRIMARY LAST NAME | L ADE | SOCIAL SECURITY NUMBER | 873160443 | 8. Total Taxes Due (line 8 from previous page) | 8 | 3940 | .00 |
| 9. Credits from Tax Credit Recap Schedule (see schedule on page 5) | | | | | 9 | | .00 |
| 10. Line 8 minus 9. If line 9 is greater than line 8, enter 0 | | | | | 10 | 3940 | .00 |
| 11. Overpayment previously refunded or credited (amended return only) | | | | | 11 | | .00 |
| 12. Penalty Due from Form IT-210 <input type="checkbox"/> CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here | | | | | 12 | | .00 |
| 13. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 41). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE | | | | | 13 | | .00 |
| 14. Add lines 10 through 13. This is your total amount due | | | | | 14 | 3940 | .00 |
| 15. West Virginia Income Tax Withheld (See instructions page 22) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate) | | | | | 15 | 3264 | .00 |
| 16. Estimated Tax Payments and Payments with Schedule 4868 | | | | | 16 | 0 | .00 |
| 17. Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1) | | | | | 17 | | .00 |
| 18. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-A) | | | | | 18 | | .00 |
| 19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1 and Class II receipt) | | | | | 19 | | .00 |
| 20. Amount paid with original return (amended return only) | | | | | 20 | | .00 |
| 21. Payments and Refundable Credits (add lines 15 through 20) | | | | | 21 | 3264 | .00 |
| 22. Balance Due (line 14 minus line 21). If Line 21 is greater than line 14, complete line 23 PAY THIS AMOUNT | | | | | 22 | 676 | .00 |
| 23. Line 21 minus line 14. This is your overpayment | | | | | 23 | | .00 |
| 24. Indicate donations from line 23. Enter below and enter the sum of columns 24A, 24B, and 24C on Line 24 | | | | | | | |
| 24A. CHILDREN'S TRUST FUND | 24B. WV DEPT. OF VETERANS ASSISTANCE | 24C. STATE VETERANS CEMETERY | | | 24 | | .00 |
| 25. Amount of Overpayment to be credited to your 2023 estimated tax | | | | | 25 | | .00 |
| 26. Refund due to you (line 23 minus line 24 and line 25)..... REFUND | | | | | 26 | | .00 |

Direct Deposit of Refund

CHECKING SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

I authorize the Tax Division to discuss my return with my preparer YES NO

Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of mv knowledge and belief, it is true, correct and complete.

| | | | | |
|--|------|--------------------------------------|--|------------------|
| Your Signature | Date | Spouse's Signature | Date | Telephone Number |
| <input type="checkbox"/> Preparer: Check HERE if client is requesting NOT to efile | | 843171965 SYAM PRIYA RAM SAGAR GUPTA | 04162023 | 6789659522 |
| | | Preparer's EIN | Signature of preparer other than above | Date |
| | | | | Telephone Number |

SYAM PRIYA RAM SAGAR GUPTA TALLAM GLOBAL TAXES LLC

| | |
|---|--|
| Preparer's Printed Name | Preparer's Firm |
| FOR REFUND, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 1071 CHARLESTON, WV 25324-1071 | FOR BALANCE DUE, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 3694 CHARLESTON, WV 25336-3694 |

Payment Options: Returns filed with a balance of tax due may pay through any of the following methods:
• Check or Money Order payable to the WV Tax Division - Enclose check or money order with your return.
• Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".
• Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax



T 0 4 0 2 0 2 2 0 2

(Enclose all pages of the IT-210 with your Personal Income Tax Return)

PART I: ALL FILERS MUST COMPLETE THIS PART

| | | | |
|---|---|------|-----|
| 1. Enter your 2022 tax as shown on line 8 of Form IT-140..... | 1 | 3940 | .00 |
| 2. Enter the credits against your tax from your return..... | 2 | | .00 |
| 3. Tax after credits (subtract line 2 from line 1)..... | 3 | 3940 | .00 |
| 4. Tax withheld..... | 4 | 3264 | .00 |
| 5. Subtract line 4 from line 3..... | 5 | 676 | .00 |

IF LINE 5 IS LESS THAN \$600, DO NOT COMPLETE THIS FORM. YOU ARE NOT SUBJECT TO THE PENALTY.

| | | | |
|--|---|------|-----|
| 6. Multiply line 3 by ninety percent (.90)..... | 6 | 3546 | .00 |
| 7. Enter the tax after credits from your 2021 return (see instructions)..... | 7 | 0 | .00 |
| 8. Enter the smaller of line 6 or line 7 (if line 7 is zero and line 3 is more than \$5,000, enter the amount shown on line 6).. | 8 | 0 | .00 |

- 9. If you are requesting a waiver of the penalty calculated, check here and attach your written request (see form on page 49).....
- 10. If you are a qualified farmer (see instructions for income on page 30), check here.....
- 11. If you used Part IV to apply the tax withheld to the period when the corresponding income was actually received rather than in equal amounts on the payment due dates, check here.....

REFER TO THE INSTRUCTIONS ON PAGE 30 THROUGH 32 TO DETERMINE YOUR OPTIONS FOR CALCULATING THE AMOUNT OF UNDERPAYMENT PENALTY. INCLUDE ALL PAGES OF THIS FORM WITH YOUR PERSONAL INCOME TAX RETURN.



PART II: IF YOU ARE USING THE ANNUALIZED INCOME WORKSHEET TO COMPUTE YOUR UNDERPAYMENT AND PENALTY, COMPLETE THE WORKSHEET BELOW.

| ANNUALIZED INCOME WORKSHEET | 1/1/22 – 3/31/22 | 1/1/22 – 5/31/22 | 1/1/22 – 8/31/22 | 1/1/22 – 12/31/22 |
|--|------------------|------------------|------------------|-------------------|
| 1. Federal adjusted gross income year-to-date..... | .00 | .00 | .00 | .00 |
| 2. Annualized amounts..... | 4 | 2.4 | 1.5 | 1 |
| 3. Annualized income (line 1 X line 2)..... | .00 | .00 | .00 | .00 |
| 4. Modifications to income (see instructions)..... | .00 | .00 | .00 | .00 |
| 5. West Virginia adjusted gross income (combine lines 3 and 4) | .00 | .00 | .00 | .00 |
| 6. Exemption allowance..... | .00 | .00 | .00 | .00 |
| 7. West Virginia taxable income (see instructions) | .00 | .00 | .00 | .00 |
| 8. Annualized tax..... | .00 | .00 | .00 | .00 |
| 9. Credits against tax..... <small>DO NOT INCLUDE TAX WITHHELD OR ESTIMATED PAYMENTS!</small> | .00 | .00 | .00 | .00 |
| 10. Subtract line 9 from line 8 (if less than zero, enter zero) | .00 | .00 | .00 | .00 |
| 11. Applicable percentage..... | 22.5% | 45% | 67.5% | 90% |
| 12. Multiply line 10 by line 11..... | .00 | .00 | .00 | .00 |
| 13. Add the amounts in all previous columns of line 19 | | .00 | .00 | .00 |
| 14. Subtract line 13 from line 12 (if less than zero, enter zero) | .00 | .00 | .00 | .00 |
| 15. Enter ¼ of line 8, Part I, of Form IT-210 in each column..... | .00 | .00 | .00 | .00 |
| 16. Enter the amount from line 18 of the previous column of this worksheet..... | | .00 | .00 | .00 |
| 17. Add lines 15 and 16 and enter total..... | .00 | .00 | .00 | .00 |
| 18. Subtract line 14 from line 17 (if less than zero, enter zero) | .00 | .00 | .00 | |
| 19. Enter the smaller of line 14 or line 17 here and on Form IT-210, Part IV, line 1..... | .00 | .00 | .00 | .00 |

NOTE: The sum of all columns for line 19 should equal line 8, Part I, of IT-210.



PART III SHORT METHOD

**Read the instructions on pages 31 to see if you can use the short method.
If you checked BOX 11 of PART I or annualized in PART II skip this part and go to PART IV.**

| | | | |
|---|---|--|-----|
| 1. Enter the amount from line 8 of Part I of IT-210..... | 1 | | .00 |
| 2. Enter the amount from line 4, Part I..... | 2 | | .00 |
| 3. Enter the total, if any, of the estimated payments made..... | 3 | | .00 |
| 4. Add lines 2 and 3..... | 4 | | .00 |
| 5. Total underpayment for the year (subtract line 4 from line 1). If zero or less, stop here. No penalty due..... | 5 | | .00 |
| 6. Multiply line 5 by 0.05194..... | 6 | | .00 |
| 7. If the amount on line 5 was paid on or after April 18, 2023, enter zero. If paid prior to April 18, 2023 line 5 X number of days paid before April 18, 2023 X 0.000212 | 7 | | .00 |
| 8. Penalty due (subtract line 7 from line 6). Enter here and on the PENALTY DUE line of your personal income tax..... | 8 | | .00 |

PART IV REGULAR METHOD

| SECTION A – FIGURE THE UNDERPAYMENT | | | | | |
|---|----------------|----------------|----------------|----------------|-----|
| | (a) 4/15/22 | (b) 6/15/22 | (c) 9/15/22 | (d) 1/18/23 | |
| 1. If you are using the annualized method, enter the amounts from line 19 of the Annualized Income Worksheet; otherwise, enter 1/4 of line 8 of PART I in each column..... | 1 | .00 | .00 | .00 | .00 |
| 2. Estimated tax paid and tax withheld (see instructions). For column (a) only, enter the amount from line 2 on line 6. If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe any penalty..... | 2 | .00 | .00 | .00 | .00 |

NOTE: Complete Lines 3 through 9 before going to the next column.

| | | | | | |
|--|---|-----|-----|-----|-----|
| 3. Enter the amount, if any, from line 9 of the previous column..... | 3 | | .00 | .00 | .00 |
| 4. Add lines 2 and 3..... | 4 | | .00 | .00 | .00 |
| 5. Add lines 7 and 8 of the previous column..... | 5 | | .00 | .00 | .00 |
| 6. Subtract line 5 from line 4. If zero or less, enter zero. For column (a) only, enter the amount from line 2..... | 6 | .00 | .00 | .00 | .00 |
| 7. If line 6 is zero, subtract line 4 from line 5. Otherwise, enter zero..... | 7 | .00 | .00 | .00 | .00 |
| 8. UNDERPAYMENT. If line 1 is equal to or more than line 6, subtract line 6 from line 1, enter the result here and go to line 3 of the next column. Otherwise, go to line 9..... | 8 | .00 | .00 | .00 | .00 |
| 9. OVERPAYMENT. If line 6 is more than line 1, subtract line 1 from line 6, enter the result here and go to line 3 of the next column..... | 9 | .00 | .00 | .00 | .00 |

SECTION B – FIGURE THE PENALTY

NOTE: Complete Lines 10 through 12 for each column before going to the next column

| | (a) 4/15/22 | (b) 6/15/22 | (c) 9/15/212 | (d) 1/18/23 | |
|--|----------------|----------------|-----------------|----------------|-----|
| 10. Number of days FROM the date shown at the top of the column TO the date the amount on line 8 was paid, or 4/15/2023, whichever is earlier..... | 10 | | | | |
| 11. Daily penalty rate for each quarter..... | 11 | 0.000212 | 0.000212 | 0.000212 | |
| 12. Penalty due for each quarter (line 8 x 10 x 11)..... | 12 | .00 | .00 | .00 | |
| 13. Penalty due (add all amounts on line 12). Enter here and on the PENALTY DUE line of your personal income tax return (line 12) | 13 | | | | .00 |

