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

Taxpayer's name	Social security number				
RAJESH P CHITUPE	335-08-8113				
Spouse's name	Spouse's social security number				
APARNA R CHITUPE	359-08-9314				
Part I Tax Return Information – Tax Year Ending December 31, 2023 (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	1 169,757.				
2 Total tax	2 19,249.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 18,122.				
4 Amount you want refunded to you	4				
5 Amount you owe	5 1,127.				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	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 receive to reason for rejection of the transmission. (b) the reason					

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

	1 authorize	GIODAI	IANDO	ERO firm name	to enter of generate my Fin	Er
Y	I authorize	CLOBAL.	TAYES	LLC	to enter or generate my PIN	0

					as my
8	8	1	1	3	
					8 8 1 1 3 Enter five digits, but don't enter all zeros

Enter five digits, but don't enter all zeros

as mv

8 9 3 1 4

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.

Date

Your signature 🕨

Spouse's PIN: check one box only

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

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 >								
Practitioner PIN Method Returns Only—continue	bel	ow						
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		0 all zei	 2	7 1	-

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

ERO's signature >		Date 🕨	
	ust Retain This Form — See his Form to the IRS Unless I		
For Paperwork Reduction Act Notice, see your tax	return instructions. BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-0	074	IRS Use Only	–Do not v	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, ending , 20 Se					See separate instructions.		
Your first name	and m	iddle initial	Last na						Your social security number			
RAJESH	Ρ		CHIT	UPE						335	08	8113
	pouse's	s first name and middle initial	Last na									security number
APARNA F	ર		CHIT	UPE						359	08	9314
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.	Preside	ntial Ele	ection Campaign
212 WYNI	DHARI	BOR CT						2	324			ou, or your
City, town, or p	City, town, or post office. If you have a foreign address, also complete s				low.	Sta	te 2	ZIP co	ode			jointly, want \$3
Wentzvil	le					MC		633	85			nd. Checking a not change
Foreign country	/ name		F	Foreign pi	rovince/state/o	count	ty I	Foreig	n postal code		k or refu	
											Yo	ou Spouse
Filing Status	; [] Single					Head of ho	useho	old (HOH)			
Check only	X	Married filing jointly (even if only o	ne had i	ncome)								
one box.] Married filing separately (MFS)					Qualifying s		0 1	` '		
		ou checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	or QS	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for propert	y or s	services); or	(b) sell,		
Assets		ange, or otherwise dispose of a dig						-			🗌 Ye	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	i were a	dual-status a	alien	l					
Age/Blindness	s You:	: 🗌 Were born before January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was born	befo	re January 2	2, 1959	🗌 Is	s blind
Dependents (see instructions):			(2) S	Social security		(3) Relationship	, (4)				see instructions):	
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four	SII	DDHANT R CHITUPE			-82-122		Son					<u>×</u>
dependents, see instructions	s <u>ARJ</u>	RJUN R CHITUPE		853	-40-661	1	Son		<u> </u>			<u> </u>
and check	ı —											
here	10	Total amount from Form(a) W/ 0, b	av 1 (aa		tiono)					10		
Income	1a ⊾	Total amount from Form(s) W-2, b Household employee wages not re	`		,					. 1a . 1b	-	196,170.
Attach Form(s)	b C	Tip income not reported on line 1a								. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep				-				. 1d		
W-2G and	u o	Taxable dependent care benefits f				13110		• •		. 1e	-	
1099-R if tax was withheld.	f	Employer-provided adoption bene				•••		• •		. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g	-	
get a Form	h	Other earned income (see instruct								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				 1 i	.				
	z	Add lines 1a through 1h								. 1z		196,170.
Attach Sch. B	2a		2a			bТ	axable interest			. 2b	-	2.
if required.	3a	Qualified dividends	3a		625.	bС	ordinary dividend	ds .		. 3b)	640.
	4a	IRA distributions	4a			bТ	axable amount			. 4b		
Standard Deduction for –	5a	Pensions and annuities	5a			bТ	axable amount			. 5b		
Single or	6a	Social security benefits	6a			bТ	axable amount			. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lection r	method,	check here ((see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	f required	d. If not requ	ired	, check here		[7		-3,000.
Married filing jointly or	8	Additional income from Schedule	1, line 1	0						. 8		-17,555.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is y	our total inc	ome	e			. 9		176,257.
\$27,700	10	Adjustments to income from Sche	dule 1, l	line 26						. 10		6,500.
Head of household,	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incon	ne				. 11		169,757.
 \$20,800 If you checked Γ 	12	Standard deduction or itemized	deducti	ions (fro	m Schedule	A)				. 12	2	27,700.
any box under Standard	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A			. 13	•	
Deduction,	14	Add lines 12 and 13								. 14	_	27,700.
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 Th					-0 This is y	our 1	taxable income	. (. 15	5	142,057.

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

Form **1040** (2023)

Form 1040 (2023	8)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	21,824.
Credits	17	Amount from Schedule 2, lin	e3				-	17	
	18	Add lines 16 and 17						18	21,824.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,500.
	20	Amount from Schedule 3, lin	e8					20	75.
	21	Add lines 19 and 20						21	2,575.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	19,249.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	19,249.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25 a 1	8 , 122.	,	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	3)			25c			
	d	Add lines 25a through 25c						25d	18,122.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	18,122.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a	
Direct deposit?	b	Routing number X X X			, , , , <u> </u>		Savings		
See instructions.	d	Account number X X X	X X X X	X X X X	X X X X X	XX			
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	1,127.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee		structions					Complete		× No
	De nai	signee's ne		Phone no.			sonal ident ber (PIN)	ification	
Sian		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	the best	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		lf th	ie IRS se	nt you an Identity
		0			•				PIN, enter it here
Joint return?					EMPLOYED			e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEI	R		e inst.)	ection Fin, enter it here
	Ph	one no. (404) 990-239	1	Email address	-	UPE@GMAIL.C	OM I		
		eparer's name	⊥ Preparer's signat		INCEDIT I	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			GAR GUPTA	03/30/2024	P0208	12703	Self-employed
Preparer		m's name GLOBAL TAX		I IULI OA		100,00,2024	<u> </u>		(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	T 08816			n's EIN	(0,0)303 3322
Go to www.ire or		11040 for instructions and the late		1.0.1.1.01/ 11			1.00		Form 1040 (2023)
20 10 mm.n3.90			e. mornation.		BAA	REV 03/07/24 PRO			101111010(2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 202 23

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
RAJESH P & AP	ARNA R CHITUPE	335-08	-8113

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-17,594.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
-	Substitute Payment from 1099-Misc 39.	8z 39.		
9	Total other income. Add lines 8a through 8z		9	39.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040, 000, and 1040, ND, line 2			
	1040, 1040-SR, or 1040-NR, line 8		10	-17,555.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis g			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	6,500.
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)			
Î	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect			
	tax law violations			
i	Housing deduction from Form 2555			
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
Ň	1041)			
z	Other adjustments. List type and amount:			
-	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter he	ere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	6,500.
	BAA REV 03/07/2	24 PRO	Schedule	e 1 (Form 1040) 2023

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 2 (

1

3

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

Departm Internal	AS	ttachment equence No. 03				
	. ,	1040, 1040-SR, or 1040-NR				ecurity number
Par	ESH P & APAR	idable Credits		335-0	08-81	113
1	Foreign tax cre	edit. Attach Form 1116 if required			1	75.
2	Credit for child Form 2441	d and dependent care expenses from Form 2441,	ine 11. A	Attach	2	
3	Education crec	lits from Form 8863, line 19			3	
4	Retirement sav	rings contributions credit. Attach Form 8880			4	
5a	Residential clea	an energy credit from Form 5695, line 15			5a	
b	Energy efficien	t home improvement credit from Form 5695, line 32			5b	
6	Other nonrefun	idable credits:				
а	General busine	ess credit. Attach Form 3800 6a	a			
b	Credit for prior	year minimum tax. Attach Form 8801	D			
С	Adoption credi	t. Attach Form 8839 66				
d	Credit for the e	elderly or disabled. Attach Schedule R	1			
е	Reserved for fu	uture use	•			
f	Clean vehicle c	credit. Attach Form 8936 6	F			
g	Mortgage inter	est credit. Attach Form 8396	9			
h	District of Colur	mbia first-time homebuyer credit. Attach Form 8859	า			
i	Qualified electr	ric vehicle credit. Attach Form 8834 6	i			
j	Alternative fuel	vehicle refueling property credit. Attach Form 8911 6	i			
k	Credit to holde	ers of tax credit bonds. Attach Form 8912 6	(
I	Amount on For	rm 8978, line 14. See instructions 6				
m	Credit for previ	iously owned clean vehicles. Attach Form 8936 . 6n	n			
z	Other nonrefun	ndable credits. List type and amount:				
		62	z			
7	Total other nor	nrefundable credits. Add lines 6a through 6z			7	
8		rough 4, 5a, 5b, and 7. Enter here and on Form 104	0, 1040-8	SR, or		
	1040-NR, line 2	20		•••	8	75.
				(CC	ontinu	ied on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	Other Payments and Refundable Credits			÷
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	
			-	Form 1040) 20

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

-61

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

Attachment Sequence No. 12

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

RAJESH P & APARNA R CHITUPE

Your social security number 335-08-8113

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting ye	our gain /	or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pa	rom	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
whol	le dollars.	((*******,	line 2, column (with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	38.	35.		0.	3.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	(28,252.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-28,249.		

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	2,984.	3,014.		3.	-27.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions				13	
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	0			15	-7,047.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -35,296.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

-orm **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



Name(s) shown on return

Social security number or taxpayer identification number

335-08-8113

RAJESH P & APARNA R CHITUPE

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(c) (d) Cost or other basis Date sold or Proceeds See the Note below See the separate instructions		Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(d) Cost or other basis Proceeds See the Note below If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	17.	16.			1.		
STASH CAPITAL	01/01/23	12/31/23	21.	19.	W	0.	2.		
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	38.	35.		0.	3.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2
New (A) shows an extern New and OON as the second dest(for the second state of forther second the state	Capiel acquisity number or texpoyer identification num	har

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RAJESH P & APARNA R CHITUPE Social security number or taxpayer identification number 335-08-8113

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
ROBINHOOD SECURITIES LLC	11/01/21	10/17/23	2,961.	2,977.			-16.		
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/23	0.	2.			-2.		
STASH CAPITAL	11/06/21	05/09/23	23.	35.	W	3.	-9.		
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		2,984.	3,014.		3.	-27.			

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 03/07/24 PRO

	EDULE E 1040)							OMB No. 1545-0074					
(FOUI	1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						2023					
	nent of the Treasury Revenue Service			ttach to Form 1040,					formation		Attachm	ient 12	
) shown on return		Go to www.irs.gov/ScheduleE for instructions and the latest information.						al security i	ce No. 13			
RAJE		ΛΟΝΙΛ	R CHITUPE								8-8113	lumber	
Part				Real Estate an	d Do	valtios					0-0113		
Fait	Note: If yo	ou are in	the business of ren	ting personal proper on page 2, line 40.			C. See	instruc	ctions. If you a	are an indi	vidual, repo	ort farm	
Α [would require you	to file	Form(s) 1	099? S	ee ins	tructions .		. 🗌 Ye	s 🛛 No	
B	f "Yes," did you	or will	you file required I	Form(s) 1099?							. 🗌 Ye	s 🗌 No	
1a				eet, city, state, ZIF									
Α	1			ERABAD TELANG			052						
B		INDAIN	COLONI HIDI	INADAD IBDANG		11 500	0.52						
 1b	Type of Prope	rtv 2	For each renta	l real estate prope	rtv list	ed		Fa	ir Rental	Persor	nal Use		
1.0	(from list below			the number of fair				iu	Days		iys	QJV	
Α	3			lays. Check the Q			Α		365	0			
В				e requirements to f venture. See instru			В						
С			quaimed joint	venture. See instru	CLIOITS	.	С						
Туре	of Property:	-											
	Single Family R			n/Short-Term Ren	tal	5 Land			Self-Rental				
2	Multi-Family Re	sidenc	e 4 Comme	ercial		6 Roya	lties	8	Other (desc	ribe)			
									Propert	ies:			
Incom	ne:						Α		. В			С	
3	Rents received	ł			3		9	39.				-	
4	Royalties rece	ived.			4								
Exper													
5	Advertising				5								
6	Auto and trave	el (see in	nstructions) .		6								
7	Cleaning and r	nainter	nance		7		1,42	21.					
8					8								
9					9								
10	-	•	ssional fees .		10								
11	•				11		1,5	63.					
12	00	•	d to banks, etc. (,	12								
13					13		4 0	1 5					
14 15					14		4,2						
15 16					15 16		4,0	55.					
17					17		2,9	56					
18			or depletion		18		4,42						
19	Other (list)				19								
20	` ′		lines 5 through 19)	20		18,5	33.					
21			0	or 4 (royalties). If			,						
	result is a (loss	s), see		d out if you must	21	-	-17,5	94.					
22	Deductible rer	ital real	estate loss after structions)	limitation, if any,	22		17,59		,)	(
23a				 for all rental prope				4.)∥ 23a		989.	\		
23a b			•	for all royalty prop				23b					
c			•	2 for all properties			t	23c					
d			•	3 for all properties			1	23d	4	1,423.			
е			•) for all properties				23e		3,583.			
24			•	on line 21 Do not	inclus	do any loc	1			24			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

17,594.

-17,594.

)

25

26

-17,594.

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2023 Attachment Sequence No. 47

Name(s	s) shown on return	Your	social s	security number
RAJE	SH P & APARNA R CHITUPE	335-	-08-	8113
Pa	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	169,757.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563 2c			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d	. [3	169,757.
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000		5	2,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	dent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	. [7	500.
8	Add lines 5 and 7	.	8	2,500.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \$		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?	.	12	2,500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cr	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	H	13	21,749.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. [14	2,500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	nal ch	ild ta	x credit
	on Form 1040, 1040 SP, or 1040 NP, line 29, Complete your Form 1040, 1040 SP, or 1040 N	D the	anah 1	in 27

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023			Page 2
Part	II-A Additional Child Tax Credit for All Filers			
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.			
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A	and II-B. Enter -0- on line	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child ta and U.P. Exter 0, on line 27		160	0
b 17 18a b 19 20	and II-B. Enter -0- on line 27	x \$1,600. kip Parts II-A and II-B. u used for line 4. 18a 19 Part II-B and enter the	16a 16b 17 20	0.
	Otherwise, go to line 21.	from fine 17 on fine 27.		
Part		Bona Fide Resident	s of I	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	22	-	
23	Add lines 21 and 22	23		
24	 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 	24		
25			25	
25 26	Subtract line 24 from line 23. If zero or less, enter -0- Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. 		25 26	
Part	II-C Additional Child Tax Credit			
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or	1040-NR, line 28	27	
	BAA REV 03/07/24	PRO Sch	edule 8	3812 (Form 1040) 2023

Form 8606
Department of the Treasury

Nondeductible IRAs

OMB No. 1545-0074 23 2

Attach to 2023 Form 10	040, 1040-SR, or 1040-NR.
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لمرا مرالد ام . . .

Internal I	Revenue Service	Go to www.irs.gov/Form860	6 for ins	structions and the latest informati	on.		Sequence No. 48
Name. If	f married, file a sepa	rate form for each spouse required to file 2023 Fo	orm 8606	. See instructions.	Yo		security number
RAJE	SH P CHIT	JPE			3.	35-08	-8113
	Your Address	Home address (number and street, or P.O. box i	if mail is r	not delivered to your home)		1	Apt. no.
Filing	f You Are This Form by	City, town or post office, state, and ZIP code. If	you have	a foreign address, also complete the spa	aces below (se	e instruc	tions).
	and Not With Fax Return	Foreign country name		Foreign province/state/county	For	eign pos	tal code
Part		uctible Contributions to Traditio ditional SIMPLE IRAs	onal IR	As and Distributions From	Traditiona	al, Tra	ditional SEP,
	Complete	e this part only if one or more of the fol	llowing	apply.			
	 You too contribu (other t one-tim You co 	de nondeductible contributions to a tra- ik distributions from a traditional, traditi utions to a traditional IRA in 2023 or an nan certain qualified disaster distribution e distribution to fund an HSA, converse inverted part, but not all, of your tradition MPLE IRAs in 2023 and you made nor	tional S n earlier on repa sion, rec onal, tra	EP, or traditional SIMPLE IRA in year. For this purpose, a distrib yments from 2023 Form(s) 8915 characterization, or return of cer aditional SEP, and traditional SIM	ution does i-F), qualifie tain contrib MPLE IRAs	not inc ed char outions. to Rot	lude a rollover itable distribution, h, Roth SEP, or
		•					
1	•	ndeductible contributions to traditiona		-			6 500
n	•	, 2024, through April 15, 2024. See ins I basis in traditional IRAs. See instruct				1	6,500.
2 3	•					3	6,500.
3						3	0,000.
		ou take a distribution fromaditional SEP, or traditional	No —	Enter the amount from line 3			
		s, or make a Roth, Roth SEP,		Do not complete the rest of	Part I.		
		PLE IRA conversion?	Yes —	— Go to line 4.			
			mada fi	rom lonuon 1 2024 through An	-15 000 <i>4</i>	4	
4		tributions included on line 1 that were	madein		rii 15, 2024		
5	Subtract line 4					5	
6	2023, plus any	e of all your traditional, traditional SEP, outstanding rollovers. Subtract certai Form(s) 8915-F (see instructions).	in repay	ments of qualified disaster dist			
7		ributions from traditional, traditional S			00 D o mol	-	
7	•	rs (other than repayments of qualified					
		structions)); qualified charitable distril		-	• • •		
		o a Roth, Roth SEP, or Roth SI		•			
		ions of traditional IRA contributions (s				7	
•		•		,			
8		mount you converted from traditional P, or Roth SIMPLE IRAs in 2023. Also,	,				
•				1 1		8	
9		and 8				-	
10	places. If the r	by line 9. Enter the result as a decin esult is 1.000 or more, enter "1.000"		10 ×			
11	converted to I	by line 10. This is the nontaxable p Roth, Roth SEP, or Roth SIMPLE IRAS	s. Also,	enter this amount			
12	Multiply line 7	by line 10. This is the nontaxable po t convert to a Roth, Roth SEP, or Roth	ortion o	f your distributions			
13	•	nd 12. This is the nontaxable portion o				13	
14		3 from line 3. This is your total basis i	-			14	6,500.
15a		2 from line 7			-	15a	0,000.
b		unt on line 15a attributable to qualified					
D	8915-F (see in	structions). Also, enter this amount on	n 2023 I	Form(s) 8915-F, line 18, as appl	icable (see		
С		Int. Subtract line 15b from line 15a. If 1 40-SR, or 1040-NR, line 4b				15c	
		be subject to an additional 10% tax of the distribution. See instructions.	on the	amount on line 15c if you were	under age		

Form 86	506 (2023)								Page Z
Part			onversions From Trad MPLE IRAs	tional, Traditional SEP, o	or Traditional SIN	MPLE IRAs to	Roth,	Roth SEF	۶, or
			e this part if you converte P, or Roth SIMPLE IRA in	d part or all of your traditiona 2023.	I, traditional SEP, a	nd traditional S	MPLE	IRAs to a R	oth,
16	from ti	aditiona	al, traditional SEP, and the	nt from line 8. Otherwise, en raditional SIMPLE IRAs to F	Roth, Roth SEP, or	Roth SIMPLE	16		
17	If you	complet	ed Part I, enter the amou	nt from line 11. Otherwise, e	enter your basis in t	the amount on	17		
18	Form 1	040, 10	40-SR, or 1040-NR, line 4	line 16. If more than zero, a			18		
Part	C d 8	complete istributio 915-F (s	e this part only if you took on does not include a rolle	h SEP, or Roth SIMPLE I a distribution from a Roth, F over (other than a repayment d charitable distribution, one- instructions).	oth SEP, or Roth S of a qualified disas	ter distribution	from 20)23 Form(s)	
19	includi	ng any o	qualified first-time homeb	ons from Roth, Roth SEP, a uyer distributions, and any q	ualified disaster dis	tributions from	19		
20	by the	total of	all your prior qualified firs	s (see instructions). Do not t-time homebuyer distribution	ns		20		
21				ess, enter -0			21		
22	•			Roth SIMPLE IRA contribut		•	22		
23	Subtra	ct line 2		ess, enter -0- and skip lines		than zero, you	23		
24	rollove	rs from	qualified retirement plans	traditional, traditional SEP, a to a Roth, Roth SEP, or Roth	n SIMPLE IRA. See	instructions .	24		
25a				ess, enter -0- and skip lines 2 le to qualified disaster distril			25a		
b	8915-F	; (see in	structions). Also, enter th	is amount on 2023 Form(s) 8	915-F, line 19, as a	applicable (see	25b		
c	Form 1	040, 10	40-SR, or 1040-NR, line	n line 25a. If more than zero, 4b			25c		
if You This F and N	Are Fili Form by lot With	ng Itself	Under penalties of perjury, I decla is true, correct, and complete. De	re that I have examined this form, includ claration of preparer (other than taxpaye	ding accompanying attachr er) is based on all informati	nents, and to the bes on of which preparer	t of my kr has any k	nowledge and be nowledge.	elief, it
Tax R	eturn		Your signature		1	Date			
Paid Prep	arer	Print/Ty	pe preparer's name	Preparer's signature	Date	Check self-en	if if iployed	PTIN	
Use		Firm's n				Firm's			
	.,	Eirm'o o	ddroop			Dhono	20		

BAA

Firm's address

REV 03/07/24 PRO

Form **8606** (2023)

Phone no.

Form 888 Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2023

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	Attachment Sequence No. 52
	ber of HSA beneficiary.
ises hav	e HSAs, see instructions

Name(s)	shown on Form 1040, 1040-SR, or 1040-NR S	ocial security num	ber of	HSA beneficiary.
RAJE		335-08-		s, see instructions. 3
Befor	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, if r	equii	red.
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separat			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du See instructions	ıring 2023. □	Self	f-only 🛛 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those mature unextended due date of your tax return that were for 2023. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 (family coverage). All others , see the instructions for the amount to enter	\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	[5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to en		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family under an HDHP at any time during 2023, enter your additional contribution amount. See inst		7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023	7,750.		
10	Qualified HSA funding distributions . . .			
11	Add lines 9 and 10		11	7,750.
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), Pa		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	have separa	ate H	SAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	1	4a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	4b	
с	Subtract line 14b from line 14a	-	40 4c	
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, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f	nclude this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here	al 20%		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on liare subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	ne 16 that le 2 (Form	7b	
Part		he instructio		
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,		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu	le 2 (Form		
	1040), Part II, line 17d	:	21	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 03/07/24 PRO BAA

Form **8889** (2023)

-	8867	
Form		

(Rev. November 2023)

Paid Preparer's Due Diligence Checklist Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS,

OMB No. 1545-0074

For t	ax year
20	23

Department of the Treasury Internal Revenue Service	0-PR, or 1040-SS. mation.	Attachment Sequence No. 70						
Taxpayer name(s) shown on	return	Taxpayer identification number						
RAJESH P & AF	ARNA R CHITUPE	335-08-8113						
Preparer's name	Preparer tax identification number							
SYAM PRIYA RAM	I SAGAR GUPTA	P02082703						

Due Diligence Requirements Part I

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). AOTC HOH **D** . . alata the

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	X		N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 			
4	status and to figure the amount(s) of any credit(s)	×	×	
a b	Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	the amount(s) of the credit(s)			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	X		
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?			

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	 more than one person (tiebreaker rules)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.) 	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part			o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HOH	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);			

- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certit	fy tl	hat	all	of	the	ar	ISW	ers	on	thi	s F	orn	ו 88	867	are	, to) the	e be	est	of	yo	ur ŀ	kno	wle	edg	e, i	true	e, c	cori	rect	t, a	nd	Yes	No	
	complete?																																	X		

REV 03/07/24 PRO

Form **8867** (Rev. 11-2023)

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Section A 7 MACRS deductions for assets placed in service in tax years beginning before 2023									
7 MACRS deductions for assets placed in service in tax years beginning before 2023				,		/			
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c 7-year property							1		
d 10-year property									
e 15-year property									
f 20-year property 25 yrs. S/L g 25-year property 01/23 126,931. 27.5 yrs. MM S/L 4,42 property 39 yrs. MM S/L 5/L 5/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 0a Class life 5/L 5/L 5/L b 12-year 12 yrs. S/L 5/L <							1		
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here and on the appropriate lines of your return. Partnerships and S corporations _ see instructions . 22 4, 42							21		
			•						
		• •		•	· ·	ee instructions .	22	4,423	

23	For assets shown above and placed in service during the	ne c	curr	ent	∶у∈	ear,	en	ter	ine	
	portion of the basis attributable to section 263A costs .									23

For Paperwork Reduction Act Notice, see separate instructions.

2	Form 10-1040 For Calendar Year January 1 - December 31, 2023	
^rin í	t in BLACK ink only and DO NOT STAPLE.	
	Amended Return Composite Return (For use by S corporations or Partnerships)	
	Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 486	68).
	Department of Social Services Application of Eligibility form attached.	
f filiı	ng a fiscal year return enter the beginning and ending dates here.	
isca	al Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) Vendor Code Department Use Only	
Filing Status	Single Claimed as a Dependent X Married Filing Combined Married Filing Married Filing Separately Head of Household Qualifying Widow(er)	
_	Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated S	pouse
Yor	urself Spouse Vourself Spouse Vourself Spouse Vourself Spouse Vourself Spouse Vourself Spouse Vourself Spouse	se
		ceased
		1 2023
	335 - 08 - 8113 359 - 08 - 9314	
d)	First Name M.I. Last Name S	Suffix
Naille	RAJESH P CHITUPE	
	Spouse's First Name M.I. Spouse's Last Name S	Suffix
	APARNA R CHITUPE	
	In Care Of Name (Attorney, Executor, Personal Representative, etc.)	
	Present Address (Include Apartment Number or Rural Route)	
	212 WYNDHARBOR CT APT 2324	
222	City, Town, or Post Office State ZIP Code	
Address	WENTZVILLE MO 63385 -	
	County of Residence	

Kansas City Regional Law Enforcement Memorial W SAL. LIFE Missourt LEAD General Revenue Workers K Law Soldiers Enforcement Memorial Memorial Military Museum Foundation Fund in St. Louis Fund Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Childhood Lead Testing Fund Missouri Military Family Relief Fund Workers' General Revenue Fund Organ Donor Program Fund Children's Trust Fund Veterans Trust Fund Memorial Fund Missouri Medal of Honor Fund

REV 02/08/24 PRO

IN

				Yourself (Y)		Sp	ouse (S)	
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	86975	00	1S	82782	00
	2.	Total additions (from <u>Form MO-A</u> , Part 1, Line 7)	2Y		00	2S		00
Income	3.	Total income - Add Lines 1 and 2	3Y	86975	00	3S	82782.	00
	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		00	4S		00
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	86975	00	55	82782	00
	6.	Total Missouri adjusted gross income - Add columns 5Y and 5S	S	6	169	9757.00		
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	51]%[75	49	%
	8.	Pension, Social Security and Social Security Disability exemption Section D)	•		3, 	8		00
	9.	Tax from federal return		9 1924	9.00			
	10.	Other tax from federal return		10 7	5.0	2		
	11.	Total tax from federal return. Do not enter federal income tax with	neld.	11 1932	4.00	0		
	12.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage		12 0.00	%)		
uctions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less 35 \$25,001 to \$50,000 25 \$50,001 to \$100,000 15 \$100,001 to \$125,000 5 \$125,001 or more 0	5% 5% 5% %	centage:				
and Ded	13.	Federal income tax deduction – Multiply Line 11 by the percenta amount not to exceed \$5,000 for an individual or \$10,000 for co	-			13	0.	00
Exemptions and Deducti	14.	Missouri standard deduction or itemized deductions. (If itemizing • Single or Married Filing Separate-\$13,850 • Head of Hous • Married Filing Combined or Qualifying Widow(er)-\$27,700	,	14	27700.	00		
	15.	Additional Exemption for Head of Household and Qualifying Wid		15		00		
	16.	Long-term care insurance deduction		16		00		
	17.	Health care sharing ministry deduction		17		00		
	18.	Active Duty Military income deduction		18		00		
	19.	Inactive Duty Military income deduction				19		00
	20.	Bring jobs home deduction				20		00
	21.	Farmland sold, rented, leased, or crop-shared to a beginning fa of Lines 21A, 21B, and 21C on Line 21				21		00
	21	A. Sold \$ 21B. Rented/ \$	00	21C. Crop- Share \$. 00		

			1					
	22.	First time home buyers deduction. A.	В.			22		. 00
T	23.	Long term dignity savings account deduction				23		. 00
tinued	24.	Foster parent tax deduction				24		. 00
is Con	25.	Total deductions - Add Lines 8 and 13 through 24				25	27700	. 00
Deductions Continued	26.	Subtotal - Subtract Line 25 from Line 6				26	142057	. 00
De	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	72449	. 00	27S	69608	. 00
	28.	Enterprise zone or rural empowerment zone income modification	28Y		. 00	28S		. 00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	72449	. 00	29S	69608	. 00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	3402	. 00	30S	3261	. 00
	31.	Resident credit - Attach <u>Form MO-CR</u> and other states' income tax return(s)	31Y		. 00	31S		. 00
Тах	32.	Missouri income percentage - Enter 100% if not completing <u>Form MO-NRI</u> . Attach Form MO-NRI and federal return if app	olicable.	32Y 1	00 %	6 325	100]%
	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	3402		33S	3261	00
				5102				
	34.	Other taxes - Select box and attach federal form indicated.	<u> </u>					
	34.				23322	031555		
	34.	Other taxes - Select box and attach federal form indicated.	34Y		23322			. 00
		Other taxes - Select box and attach federal form indicated.	34Y 35Y	3402	23322	031555	3261	
	35.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611)	35Y	3402	23322	031555 34S		. 00
	35. 36.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S	35Y	3402	23322	031555 34S 35S 36	3261 6663	. 00
	35. 36. 37.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099	35Y	3402	23322	031555 34S 35S 36 37	3261	. 00
	35. 36. 37.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from	35Y	3402 2 applied to 2023	23322 . 00 . 00	031555 34S 35S 36	3261 6663	. 00
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	Sk	ip Lines 46 through 48 if you are not filing an amended return.
	46.	Amount paid on original return.
	47.	Overpayment as shown (or adjusted) on original return
Amended Return		Indicate Reason for Amending
		A. Federal audit Enter date of IRS report (MM/DD/YY)
		B. Net Operating Loss carryback
		C. Investment tax credit carryback Enter date of federal amended return, if filed. (MM/DD/YY)
		D. Correction other than A, B, or C
	48.	Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47. Enter on Line 48.
	49.	If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference. 49 627 00
	50.	Amount of Line 49 to be applied to your 2024 estimated tax
	51.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.
	51;	Children's . 00 S1b. Trust Fund . 00 S1b. Trust Fund . 00 S1c. Trust Fun
	51	Workers' Workers' . 00 S1f. Testing Fund . 00 S1f. Testing Fund Kansas City Ka
Refund	51	Organ Donor Regional Law Military Milssouri Enforcement Museum in Medal of Medal of Medal of Medal of Medal of
Ŕ	51	Additional Fund M. Code Amount . 00 Additional Additional Fund Amount . 00 Additional Fund Amount . 00 . 00
		Total Donation - Add amounts from Boxes 51a through 51n and enter here
	52.	Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632
	53.	REFUND - Subtract Lines 50, 51, and 52 from Line 49 and enter here 53 627 00



	54.	If Line 36 is larger than Line 4 Amount of UNDERPAYMENT				54		. 00			
oue	55.				alty amount here			. 00			
Amount Due			re a farmer exempt from		-						
Ā	56	AMOUNT DUE - Add Lines 54	l and 55								
	00.	If you pay by check, you autho		Revenue to process th	ne check						
		electronically. Any returned ch	eck may be presented a	again electronically		56		. 00			
	of r the bas imp una alie	der penalties of perjury, I declare my knowledge and belief it is true, Department of Revenue with my sed on all information of which bosed on any individual who authorized aliens as defined und ens. I am aware of any applicable <u>5Mo</u> .	correct, and complete. B signature as required un he or she has knowledg files a frivolous return er federal law and that I	y signing or entering m der <u>Section 143.561, F</u> ge. As provided in <u>Cha</u> I also declare unde am not eligible for any	y name in the "Sig <u>RSMo.</u> Declaration apter 143, RSMo r penalties of p tax exemption, cr	nature" fiel n of prepare <u>o.</u> , a penal [:] erjury that redit, or aba	d(s) below, I a er (other than ty of up to \$5 t I employ n atement if I e	am providing taxpayer) is 500 shall be to illegal or employ such			
		Inature	Da	ate (MM/DD	/YY)						
e											
	Sp	ouse's Signature (If filing combined,	Da	ate (MM/DD	/YY)						
	E-r	nail Address	L	aytime Teler	bhone						
Signature				4049902391							
Sigi	Preparer's Signature						Date (MM/DD/YY)				
		YAM PRIYA RAM SAGA				03	30	24			
		eparer's FEIN, SSN, or PTIN	AK GULIA			reparer's Te		24			
		02082703				6789659522					
		eparer's Address				tate	ZIP Code				
		45 ROONEY CT E BRU	INCLUTOR				08816				
	2	45 ROUNEI CI E BRU	JNSWICK			ŊJ	00010				
	or Dic an	uthorize the Director of Revenu any member of the preparer's f d you pay a tax return preparer t Internal Revenue Service prepa eparer's name, address, and pho	irm	out the preparer failed nber? If you marked y	to sign the return es, please insert	or provide		No No			
				rtment Use Only							
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	A	FA	E10 DE	L F							
	il to:	Missouri Department of Rev P.O. Box 3370 Jefferson City, MO 65105-3 Phone: (573) 751-7200	enue Missouri Depa P.O. Box 322 370 Jefferson City Phone: (573	y, MO 65105-3222) 751-3505	Fax: (573) 52 Email: <u>incon</u> Submission o Email: <u>incon</u> Inquiry and c	netaxproc of Individu ne@dor.m	essing@doi ual Income T io.gov				
lf ye indi	es, vis vidua	erved on active duty in the it <u>dor.mo.gov/military/</u> to see the s ls. A list of all state agency resourc penefits.mo.gov/state-benefits/.	ervices and benefits we offe	er to all eligible military				N REV 02/08/24 PRO			

5 Visit <u>dor.mo.gov/taxation/individual/tax-types/income/</u> for additional information.