

For calendar year 2023 or tax year beginning _____, 2023, ending _____, 20 _____

Your first name, middle initial, and last name: DHIRAJ K HALDER Your Social Security Number: 605-93-9741
 Spouse's first name, middle initial and last name: AMRITA HALDER CHAKRABORTY Spouse's Social Security Number: 975-99-5481
 Home address, City, State, ZIP: 1125 SE OLSON DRIVE, 308 WAUKEE IA 50263

Part I Tax Return Information

1. Federal total income (IA 1040, line 1).....	1.	<u>125,431</u>
2. Total Tax (IA 1040, line 7).....	2.	<u>5,085</u>
3. Iowa Income Tax Withheld (IA 1040, line 28).....	3.	<u>6,262</u>
4. Amount to be Refunded (IA 1040, line 32).....	4.	<u>1,297</u>
5. Total Amount Due (IA 1040, line 37).....	5.	_____

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To cancel a payment, I must contact IDR at 515-281-3114 or idref@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: CHASE BANK

Routing Number

1	2	3	2	7	1	9	7	8
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

6	5	5	1	5	3	5	9	8											
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Type of Account: Savings Checking

Will this payment come from an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2023 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature Date _____ Spouse Signature - If a joint return, both must sign. Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>84-3171965</u>
Address, City, State, ZIP <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>				Phone Number (678) <u>965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>02/14/2024</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>84-3171965</u>
Address, City, State, ZIP <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>				Phone Number (678) <u>965-9522</u>

Step 1: You must fill in your Social Security Number (SSN)

For fiscal or short year filers
 ▶ to ▶
M M D D Y Y Y Y M M D D Y Y Y Y

Check the box if this is an amended return ▶

Last Name	First Name	MI	Social Security Number (SSN)
▶ HALDER	▶ DHIRAJ	▶ K	▶ 6 0 5 9 3 9 7 4 1
Spouse's Last Name	Spouse's First Name	MI	Spouse's Social Security Number (SSN)
▶ HALDER CHAKRABORTY	▶ AMRITA	▶	▶ 9 7 5 9 9 5 4 8 1

Current mailing address (number, street, apartment, lot, or suite number) or PO Box
 ▶ 1125 SE OLSON DRIVE, 308

City	State	ZIP
▶ WAUKEE	▶ I A	▶ 5 0 2 6 3

County No.	School District No.
▶ 2 5	▶ 6 8 2 2

Use Residence as of 12/31/23:

Step 2: Filing status from federal 1040. Mark one box only

- ▶ 1. Single: Were you claimed on another person's Iowa return?
- ▶ 2. Married filing jointly
- ▶ 3. Married filing separately. Enter your spouse's information above. Spouse's net income:
- ▶ 4. Head of household. Enter qualifying person's information on Page 2
- ▶ 5. Qualifying surviving spouse with dependent child. Enter dependent's information on Page 2.

Yes	No
▶ <input type="checkbox"/>	▶ <input type="checkbox"/>
▶ 3	00

Step 3: Exemptions

- a. Personal Credit: Enter 1 (enter 2 if filing status 2 or 4)
- b. Enter 1 for each taxpayer 65 or older and/or 1 for each taxpayer who is blind
- Check if:** You are 65 or older ▶ You are blind ▶ Spouse is 65 or older ▶ Spouse is blind ▶
- c. Dependents: Enter 1 for each dependent. List dependents below
- d. Total. Add lines a, b and c

Enter Dollars and Cents

▶ 2 x \$40 =	▶ 80 00
▶ x \$20 =	▶ 00
▶ 1 x \$40 =	▶ 40 00
▶	▶ 120 00



Taxpayer's Name
 D K HALDER & A HALDER CHAKRABORTY

Taxpayer's SSN
 6 0 5 9 3 9 7 4 1

Dependent's first name	Dependent's last name	Dependent's SSN	Relationship to you
▶ ANANYA	▶ HALDER	▶ 9 7 5 9 9 5 4 9 0	▶ DAUGHTER
▶	▶	▶	▶
▶	▶	▶	▶

Step 4: Iowa Taxable Income

- 1. Federal total income.....
- 2. Federal taxable income.....
- 3. Net Iowa modifications from IA 1040 Schedule 1, line 22.....
- 4. Iowa taxable income. Add lines 2 and 3.....

Enter Dollars and Cents

▶ 1	125,431 00
▶ 2	97,731 00
▶ 3	1,630 00
▶ 4	99,361 00

Step 5: Tax, Nonrefundable Credits, and Checkoff contributions

Check if using alternate tax (line 5), tax reduction calculation (line 12), or low-income exemption

- 5. Iowa Tax from tax rate schedule or alternate tax.....
- 6. Iowa lump-sum tax. See instructions.....
- 7. Total Tax. Add lines 5 and 6.....
- 8. Total exemption credit amount from Step 3.....
- 9. Tuition and textbook credit for dependents K-12.....
- 10. Volunteer firefighter/EMS/reserve peace officer credit.....
- 11. Total Credits. Add lines 8, 9, and 10.....
- 12. BALANCE. Subtract line 11 from line 7. If less than zero, enter zero.....
- 13. Nonresident or part-year resident credit. Include IA 126.....
- 14. BALANCE. Subtract line 13 from line 12.....
- 15. Out-of-State tax credit. Include IA 130.....
- 16. BALANCE. Subtract line 15 from line 14.....
- 17. Other nonrefundable Iowa credits. Include IA 148.....
- 18. BALANCE. Subtract line 17 from line 16.....
- 19. School district surtax or EMS surtax. Multiply line 18 by the percentage from table.....
- 20. Total state tax and local surtax.....
- 21. Contributions will reduce your refund or add to the amount you owe.

▶	
▶ 5	5,085 00
▶ 6	00
▶ 7	5,085 00
▶ 8	120 00
▶ 9	00
▶ 10	00
▶ 11	120 00
▶ 12	4,965 00
▶ 13	00
▶ 14	4,965 00
▶ 15	00
▶ 16	4,965 00
▶ 17	00
▶ 18	4,965 00
▶ 19	0 00
▶ 20	4,965 00

Fish/Wildlife
 State Fair
 Firefighters/Veterans
 Child Abuse Prevention

▶ 21	00
▶ 22	4,965 00

22. TOTAL STATE TAX, LOCAL TAX, AND CONTRIBUTIONS. Add lines 20 and 21.....



Taxpayer's Name
D K HALDER & A HALDER CHAKRABORTY

Taxpayer's SSN
6 0 5 9 3 9 7 4 1

Step 6: Refundable Credits and Payments

Enter Dollars and Cents

- 23. Iowa Fuel Tax Credit. Include IA 4136 Iowa Fuel Tax Credit
- 24. Check one: Child and Dependent Care Credit OR
Early Childhood Development Credit
- 25. Iowa Earned Income Tax Credit
- 26. Other refundable credits. Include IA 148
- 27. Composite and PTET credit. Include IA Schedule CC
- 28. Iowa income tax withheld
- 29. Estimated and other payments made for tax year 2023
- 30. TOTAL. Add lines 23 through 29

▶ 23		00
▶ 24		00
▶ 25		00
▶ 26		00
▶ 27		00
▶ 28	6,262	00
▶ 29		00
▶ 30	6,262	00

Step 7: Refund

- 31. If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34
- 32. Amount of line 31 to be REFUNDED
 - a. Routing Number ▶ 1 2 3 2 7 1 9 7 8
 - b. Account Number ▶ 6 5 5 1 5 3 5 9 8
- 33. Amount of line 31 to be applied to your 2024 estimated tax

▶ 31	1,297	00
▶ 32	1,297	00
▶ 33		00

c. Account Type Checking Savings

Step 8: Amount due

- 34. If line 30 is less than line 22, subtract line 30 from line 22
- 35. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F.
Check if annualized income (IA 2210AI) or farmer/fisher (IA 2210F) method used
- 36. Penalty and Interest

36a. Penalty	00
36b. Interest	00

 Enter total here
- 37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36

▶ 34		00
▶ 35		00
▶ 36		00
▶ 37		00



Taxpayer's Name

D K HALDER & A HALDER CHAKRABORTY

Taxpayer's SSN

6 0 5 9 3 9 7 4 1

IA 1040 Schedule 1

Enter Dollars and Cents

Iowa Modifications to Federal Total Income	A Additions	B Subtractions
1. Interest	▶ 1 00	▶ 00
2. Dividends.....	▶ 2 00	▶ 00
3. RESERVED FOR FUTURE USE	▶ 3	
4. RESERVED FOR FUTURE USE	▶ 4	
5. Social Security Benefits.....	▶ 5	▶ 00
6. Active Duty Military Pay.....	▶ 6	▶ 00
7. IRA/Pension/Railroad Retirement Income.....	▶ 7	▶ 00
8. Railroad Unemployment Income	▶ 8	▶ 00
9. Bonus Depreciation/Section 179 expenses.....	▶ 9 00	▶ 00
10. Federal Net Operating Loss prior to 1/1/23. Include IA 124	▶ 10 00	
11. Other Income.....	▶ 11 00	▶ 00
12. Total modifications to federal total income. Add lines 1 through 11.....	▶ 12 00	▶ 00
13. Net modifications to federal total income. Subtract line 12 column B from A.....		▶ 13 00
Iowa Modifications to Federal Taxable Income		
14. Federal income tax refund or overpayment received in 2023 ..	▶ 14 4,630 00	
15. Health insurance deduction. See instructions	▶ 15	▶ 00
16. Capital Gains Deduction. Include IA 100.....	▶ 16	▶ 00
17. Iowa Net Operating Loss prior to 1/1/23. Include IA 124.....	▶ 17	▶ 00
18. Federal tax paid for prior years	▶ 18	▶ 0 00
19. Other Adjustments.....	▶ 19 00	▶ 3,000 00
20. Total modifications to federal taxable income. Add lines 14 through 19	▶ 20 4,630 00	▶ 3,000 00
21. Net modifications to federal taxable income. Subtract line 20 column B from A		▶ 21 1,630 00
Net Modifications		
22. Net Iowa Modifications. Add lines 13 and 21. Enter here and IA 1040, line 3.....		▶ 22 1,630 00



Taxpayer's Name

D K HALDER & A HALDER CHAKRABORTY

Taxpayer's SSN

6 0 5 9 3 9 7 4 1

Third Party Disclosure Designee. Do you want to allow an individual to discuss this return with the Department? See instructions.

Designee's Name

Mailing address

City State ZIP

Email

ID Number (optional)

Designee's phone number

Step 9: I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete. Paper-filed returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Sign Here Your Signature

Date

Check if deceased:

Sign Here Spouse's Signature

Date

Check if deceased:

Taxpayer's phone number

Taxpayer's email address

Your Driver License or State Issued ID number

Spouse's Driver License or State Issued ID number

Paid Preparer Use

Preparer's Signature

Date

Preparer's PTIN, STIN, or SSN

Firm's FEIN

Preparer's phone number

This return is due April 30, 2024. Sign, enclose W-2s, and verify SSNs
MAILING ADDRESS: Iowa Income Tax Document Processing
PO BOX 9187, Des Moines IA 50306-9187
Make checks payable to Iowa Department of Revenue



Attach to return

Name D K HALDER & A HALDER CHAKRABORTY	Social Security No. 605-93-9741
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	You or Joint
a Accrual method	
b RESERVED FOR FUTURE USE	
c RESERVED FOR FUTURE USE	
d RESERVED FOR FUTURE USE	
e RESERVED FOR FUTURE USE	
f Claim of right deduction may be taken on IA 1040, Schedule 1, line 19, or you can calculate the tax reduction as a credit claimed on IA 1040, line 26, but not both	
g College Savings Iowa or Iowa Advisor 529 Plan contributions, up to \$3,785 per beneficiary	3,000.
h Disability income exclusion - Include Form IA 2440	
i RESERVED FOR FUTURE USE	
j First-time homebuyer savings account qualifying contributions up to \$2,181 per account holder. For joint account holders filing married filing jointly you may claim up to \$4,363	
k RESERVED FOR FUTURE USE	
l RESERVED FOR FUTURE USE	
m RESERVED FOR FUTURE USE	
n RESERVED FOR FUTURE USE	
o RESERVED FOR FUTURE USE	
p Injured veterans program, contributions to (do not put on IA Sch. A)	
q Injured veterans program, (only grants from)	
r In-home health care	
s Iowa Veterans Trust Fund	
t Military exemptions, not already excluded (see detailed IA 1040 instructions online)	
u RESERVED FOR FUTURE USE	
v Organ transplant expenses	
w Partnership income and/or S corporation income: Modifications that decreased the income	
x Segal Americorps Education Award Payments	
y RESERVED FOR FUTURE USE	
z RESERVED FOR FUTURE USE	
aa Victim compensation awards	
bb Wages paid to certain individuals	
cc RESERVED FOR FUTURE USE	
dd RESERVED FOR FUTURE USE	
ee Educator expenses	0.
ff RESERVED FOR FUTURE USE	
gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions online)	
hh Rapid Response to State Disasters	
ii Iowa ABLE savings plan trust, up to \$3,785 per beneficiary	
jj RESERVED FOR FUTURE USE	
kk Federal, state or local grant to communications service provider	
ll Any qualifying COVID-19 grant identified in Iowa Admin Code 701-302.86 to the extent included on Schedule C, line 1	
mm RESERVED FOR FUTURE USE	
nn Enter, to the extent included for federal purposes, the amount of education savings accounts payment used for qualifying expenses.	
oo Farm tenancy income exclusion, include IA 125	
pp Student loan repayments by employers	
Totals	3,000.