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



£1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545-	0074	IRS Use Only	—Do not v	write or staple ir	n this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing	I .		, 20		parate instr	
Your first name	and m	iddle initial	Last na	ame						Your so	ocial security	number
SAROJ KI	JMAR		SING	ЭH						691	04 28	30
		s first name and middle initial	Last na								's social seci	
FNU			PRIY	ZANKA	KUMARI					882	43 18	310
	(numbe	er and street). If you have a P.O. box, see	•		1(011111(1			Α	pt. no.		ential Electio	
	-	AND AVENUE									here if you, o	
		ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te	ZIP co	ode		if filing joint	
MELISSA						ТХ	ζ	754	54		o this fund. C low will not a	•
Foreign countr	y name			Foreign p	rovince/state/c				n postal code		x or refund.	, iai ige
											You	Spouse
Filing Status	s [Single	-				☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had i	income)					, ,			
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name o	of your s	pouse. If you	che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name i	f the
		alifying person is a child but not you										
Distribut	Λ+ α	ny time during 2023, did you: (a) rec	oivo (ac	a rowar	d award or r	201/12	mont for proper	h, or	convicaci: or	(b) coll		
Digital Assets		nange, or otherwise dispose of a dig				-		•		. ,	Yes	⊠ No
Standard		neone can claim: You as a de					a dependent	,. (0	70 II 10 II 40 II 0	10.)		
Deduction	_	Spouse itemizes on a separate retur	•		•		•					
				_ word u	duai Status t	211011	<u>' </u>					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	lind Spo	use	: U Was borr		ore January 2		Is blir	
Dependent				(2)	Social security		(3) Relationship) (4) Check the b		1	
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit for other	er dependents
than four	ANA	AIKA SINGH		883	-22-9799	9	Daughter		×			
dependents, see instruction	s											
and check	, —								<u> </u>		<u> </u>	
here L												
Income	1a	Total amount from Form(s) W-2, b	,		,							6 , 030.
Attach Form(s)	b	Household employee wages not re	•		. ,							
W-2 here. Also	С.	Tip income not reported on line 1a	•		,					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	,	ıstru	ictions)			. 10		
1099-R if tax	e	Taxable dependent care benefits f				•				. 16		
was withheld.	Ť	Employer-provided adoption bene	etits tron	n Form 8	8839, line 29	•				. 11		
If you did not get a Form	g					•				. 10	_	
W-2, see	h	Other earned income (see instruct	,			•		 I		. 1h	ו	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		٠	<u>li</u>				10	6,030.
A	<u>z</u>	Add lines 1a through 1h	 Oo		· · · · ·	L T	ovelele let en '			. 12		0,030.
Attach Sch. B if required.	2a	. –	2a				axable interest	de		. 2t		
	3a_		3a				ordinary dividen			. 3b		75.
Standard	4a	-	4a				axable amount			. 4k		
Deduction for—	5a	-	5a				axable amount			. 5b		
 Single or Married filing 	6a	,	6a	mothad			axable amount			. 6k	,	
separately, \$13,850	C 7	If you elect to use the lump-sum e			•		,		L	- -		
 Married filing 	7	Capital gain or (loss). Attach Sche							L			
jointly or Qualifying	8	Add lines 17, 2h, 3h, 4h, 5h, 6h, 7								. 8 . 9	_	0. 6,105.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•								U, 1UJ.
 Head of 	10	Adjustments to income from Sche								. 10		6 105
household, \$20,800	<u>11</u> 12	Subtract line 10 from line 9. This is Standard deduction or itemized	-							. 11 . 12		6,105.
If you checked				`		,						2,483.
any box under Standard	13	Qualified business income deduct			SSO OF FORM	099	IJ-A			. 13		2 /02
Deduction, see instructions.	14	Add lines 12 and 13	 ro or les							. 14		2,483.

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	9,595.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	9,595.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.	
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21	2,000.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,595.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	8.	
	24	Add lines 22 and 23. This is	your total tax					24	7,603.	
Payments	25	Federal income tax withheld	l from:							
_	а	Form(s) W-2				25a	906			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	9,906.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. Eic.	28	Additional child tax credit from	m Schedule 8812	·		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	9,906.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	2,303.	
	35a	Amount of line 34 you want			is attached, chec	k here	🗆	35a	2,303.	
Direct deposit?	b	Routing number 3 2 5			c Type: 🛛	Checking	Savings	3		
See instructions.	d	Account number 8 2 9	6 5 0 7	2 5						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See		•		
Designee		structions				. 🗌 Yes. C	omplete	e below.	⋉ No	
		signee's		Phone				ntification		
		me	hat I have evenine	no.			ber (PIN)		of my line wiledge and	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here	Vo	ur signature		Date	Your occupation		l If t	 he IRS se	nt you an Identity	
	10	ui signature		Date	Tour occupation				PIN, enter it here	
Joint return?					SOFTWARE E	NGINEER	(se	e inst.)		
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an	
Keep a copy for your records.					HOME MAKED		- 1	entity Prot e inst.)	ection PIN, enter it here	
			7	Empil address	HOME MAKER		(00			
		one no. (503) 388-135 eparer's name	Preparer's signat	Email address	DGPSAROJ@G	Date Date	PTIN		Check if:	
Paid		•	'		רווסתו האודדאיי			02702	Self-employed	
Preparer								82703		
Use Only				INCLITOR N.T. 0001.C				Phone no. (678) 965-9522		
	Fir	m's address 245 ROONE	Y CT E BRU	INSWICK N	η ηαατρ		Fir	m's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Part I Additional Income 1 Taxable refunds, credits, or offsets of state and local income taxes	Name	Name(s) shown on Form 1040, 1040-SR, or 1040-NR						
1 Taxable refunds, credits, or offsets of state and local income taxes 2 Alimony received b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C 3 Other gains or (losses). Attach Form 4797 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 0. 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation Other income: a Net operating loss b Gambling C cancellation of debt d Foreign earned income exclusion from Form 2555 Bd () e Income from Form 8853 Be Income from Form 8889 g Alaska Permanent Fund dividends h Jury duty pay Prizes and awards j Activity not engaged in for profit income k Stock options 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 m Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion from an ABLE account (see instructions) Section 951(a) inclusion (see instructions) Sec	SARC	J KUMAR SINGH & FNU PRIYANKA KUMARI		691-0	04-283	30		
2a Alimony received b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C	Par	t I Additional Income						
2a Alimony received b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C	1	Taxable refunds, credits, or offsets of state and local income taxes			1			
b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C	2a				2a			
3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 0. 6 Farm income or (loss). Attach Schedule F. 7 Unemployment compensation 7 Other income: a Net operating loss b Gambling c Cancellation of debt d Foreign earned income exclusion from Form 2555 e Income from Form 8853 f Income from Form 8853 f Income from Form 8899 g Alaska Permanent Fund dividends b Jury duty pay i Prizes and awards j Activity not engaged in for profit income k Stock options 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 m Olympic and Paralympic medals and USOC prize money (see instructions) s Section 951A(a) inclusion (see instructions) p Section 461(I) excess business loss adjustment T axable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form U-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated z Other income. List type and amount: 8	b	Date of original divorce or separation agreement (see instructions):						
4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 8 Other income: Net operating loss Sea () Gambling Cancellation of debt 6 Foreign earned income exclusion from Form 2555 8 Be 8 Income from Form 8853 9 Alaska Permanent Fund dividends 9 Jury duty pay 1 Prizes and awards 1 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 8 Molympic and Paralympic medals and USOC prize money (see instructions) 9 Section 951(a) inclusion (see instructions) 9 Section 951(a) inclusion (see instructions) 9 Section 461(f) excess business loss adjustment 9 Q Taxable distributions from an ABLE account (see instructions) 1 Pension or annuity from an nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated 2 Other income. List type and amount: 4 Ol. 5 One Attach Schedule E 5 O. 6 O 7 Olympic sad () 8 Ad (3	Business income or (loss). Attach Schedule C			3			
6 Farm income or (loss). Attach Schedule F. 7 Unemployment compensation	4				4			
7 Unemployment compensation	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	Ε.	5	0.			
8 Other income: a Net operating loss	6	Farm income or (loss). Attach Schedule F			6			
a Net operating loss b Gambling c Cancellation of debt d Foreign earned income exclusion from Form 2555 e Income from Form 8853 f Income from Form 8889 g Alaska Permanent Fund dividends b Jury duty pay i Prizes and awards j Activity not engaged in for profit income k Stock options l 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 m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) p Section 951(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment g Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated c Other income. List type and amount: 8a () 8b () 8b ()	7	Unemployment compensation			7			
b Gambling c Cancellation of debt d Foreign earned income exclusion from Form 2555 e Income from Form 8853 f Income from Form 8889 g Alaska Permanent Fund dividends b Jury duty pay i Prizes and awards j Activity not engaged in for profit income k Stock options l 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 m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951A(a) inclusion (see instructions) p Section 951A(a) inclusion (see instructions) p Section 461() excess business loss adjustment g Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated c Other income. List type and amount: Set	8	Other income:						
c Cancellation of debt d Foreign earned income exclusion from Form 2555 e Income from Form 8853	а	Net operating loss	8a (
d Foreign earned income exclusion from Form 2555	b	Gambling	8b					
e Income from Form 8853 f Income from Form 8889	С							
f Income from Form 8889	d		8d ()				
g Alaska Permanent Fund dividends	е							
h Jury duty pay	f							
i Prizes and awards	g	Alaska Permanent Fund dividends	8g					
j Activity not engaged in for profit income	h							
k Stock options	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	j							
for profit but were not in the business of renting such property	k		8k					
m Olympic and Paralympic medals and USOC prize money (see instructions)	I	Income from the rental of personal property if you engaged in the rental						
instructions)			81					
n Section 951(a) inclusion (see instructions)	m							
o Section 951A(a) inclusion (see instructions)		,						
p Section 461(I) excess business loss adjustment	n				_			
r Scholarship and fellowship grants not reported on Form W-2					-			
r Scholarship and fellowship grants not reported on Form W-2	•				-			
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	•				-			
t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan			8r		-			
t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	S		0- (,				
a nongovernmental section 457 plan			85 (,	4			
 Wages earned while incarcerated	τ		0.					
z Other income. List type and amount:								
			du					
	Z	Other income. List type and amount:	0-					
	9	Total other income. Add lines 8a through 8z	OZ		9			

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

10

10

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses	-	11	_
12	Certain business expenses of reservists, performing artists, and fee-basis government	nent		_
	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		9a	_
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	 _
21	Student loan interest deduction		21	_
22	Reserved for future use		22	
23	Archer MSA deduction	🛂	23	 _
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l 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			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	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 here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	1	26	_

SCHEDULE 2 (Form 1040)

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Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAROJ KUMAR SINGH & FNU PRIYANKA KUMARI 691-04-2830 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE 4 5 Social security and Medicare tax on unreported tip income. 5 Attach Form 4137 Uncollected social security and Medicare tax on wages. Attach 6 6 7 Total additional social security and Medicare tax. Add lines 5 and 6 . . . 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 8. 9 Household employment taxes. Attach Schedule H 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 11 11 12 Net investment income tax. Attach Form 8960 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15

Recapture of low-income housing credit. Attach Form 8611

(continued on page 2)

Schedule 2 (Form 1040) 2023

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

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
	see instructions	17b	-		
	Additional tax on HSA distributions. Attach Form 8889	17c	_		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
q	Recapture of a charitable contribution deduction related to a				
	fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred				
	compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z		18		
9	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	es. Enter here and	04	l	•
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21		8.

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on	Form	1 1040 or 1040-SR			Yours	social	security number
SAROJ KUM	AR	SINGH & FNU PRIYANKA KUMARI			691-	-04-	-2830
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see instructions)	1				
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2					
Expenses	3	Multiply line 2 by 7.5% (0.075)	3				
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4		
Taxes You	5	State and local taxes.					
Paid	a	State and local income taxes or general sales taxes. You may include					
		either income taxes or general sales taxes on line 5a, but not both. If					
		you elect to include general sales taxes instead of income taxes,					
		check this box	5a	1,468	3.		
	k	State and local real estate taxes (see instructions)	5b	8 , 873	3.		
	C	State and local personal property taxes	5с				
	C	Add lines 5a through 5c	5d	10,341	L.		
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10 000			
	6	Other taxes. List type and amount:	36	10,000) - ·		
	U		6				
	7	Add lines 5e and 6			7	,	10 000
Interest					- '		10,000.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your		instructions and check this box					
mortgage interest		Home mortgage interest and points reported to you on Form 1098.					
deduction may be limited. See	•	See instructions if limited	8a	32,483	,		
instructions.	L		- Ou	32,400	,		
	L	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address	8b				
		Points not reported to you on Form 1098. See instructions for special					
	•	rules	8c				
	c	Reserved for future use	8d				
		Add lines 8a through 8c	8e	32,483	3.		
		Investment interest. Attach Form 4952 if required. See instructions	9	02,100			
	10	Add lines 8e and 9			10	ว	32,483.
Gifts to	11						· ·
Charity		instructions	11				
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,					
made a gift and got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12				
see instructions.	13	Carryover from prior year	13				
		Add lines 11 through 13			14	4	
Casualty and		Casualty and theft loss(es) from a federally declared disaster (other			d		
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1					
		instructions			15	5	
Other	16	Other—from list in instructions. List type and amount:					
Itemized							
Deductions					16	3	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	enter	this amount o	n		
Itemized		Form 1040 or 1040-SR, line 12			17	7	42,483.
Deductions	18	If you elect to itemize deductions even though they are less than your	stanc	lard deductior	۱,		
		check this box		Г			

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

SARC)J KUMAR SINGH & FNU PRIYANKA KUMARI						691-0)4-2830	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			c . See	instru	ctions. If you ar	e an ind	lividual, repo	ort farm
A I	Did you make any payments in 2023 that would require you	to file	Form(s) 1	10002 S	eoo inc	etructions		□ Vo	e X No
	f "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZII			• •	· ·		• •	10.	<u> </u>
			,						
A_	28/12, DAYANAND ROAD, A-ZONE DURGAPUR WE	EST E	BENGAL	IN 7	1320	4			
В									
С					_				
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair				Fa	ir Rental Days		nal Use ays	QJV
Α	personal use days. Check the Qu			Α		365		0	
B	if you meet the requirements to	file as	a	В		363		0	
C	qualified joint venture. See instru	uctions	S.	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Lanc	1	7	Self-Rental			
	Multi-Family Residence 4 Commercial	itai	6 Roya			Other (descri	he)		
	Width Farmy Hooldenee F Commercial		O HOYE						
						Propertie	s:		
Incon				Α		В			С
3	Rents received	3		9	34.				
<u> 4</u>	Royalties received	4							
Expe		_							
5	Advertising	5							
6	Auto and travel (see instructions)	7		2,3	F 2				
7 8	Cleaning and maintenance	8		2,3	52.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2 6	85.				
12	Mortgage interest paid to banks, etc. (see instructions)	12		2,0	00.				
13	Other interest	13							
14	Repairs	14		3.8	98.				
15	Supplies	15			65.				
16	Taxes	16							
17	Utilities	17		3,2	51.				
18	Depreciation expense or depletion	18			24.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		19,0	75.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-18 , 1	41.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(0.)	()()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		934.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d		324.		
е	Total of all amounts reported on line 20 for all properties				23e	19,	075.		
24	Income. Add positive amounts shown on line 21. Do not		•				24		
25	Losses. Add royalty losses from line 21 and rental real estat							(0.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a						1 26		0.

Form **5329**

Department of the Treasury Internal Revenue Service

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/Form5329 for instructions and the latest information.

20**23**

Attachment Sequence No. 29

OMB No. 1545-0074

Name of individual subject to additional tax. If married filing jointly, see instructions. Your social security number 691-04-2830 SAROJ KUMAR SINGH Home address (number and street), or P.O. box if mail is not delivered to your home Apt. no. Fill in Your Address Only City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces if You Are Filing This below. See instructions. Form by Itself and Not If this is an amended return, check here With Your Tax Return Foreign postal code Foreign country name Foreign province/state/county If you only owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions. Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions. Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions. 1 75. 2 Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: 2 75. 3 3 Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 . . . 4 8. Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions. Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts. Complete this part Part II if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLE account. Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account 5 5 6 Distributions included on line 5 that are not subject to the additional tax (see instructions) 6 7 7 8 Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8. 8 Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2023 than is allowable or you had an amount on line 17 of your 2022 Form 5329. 9 Enter your excess contributions from line 16 of your 2022 Form 5329. See instructions. If zero, go to line 15 If your traditional IRA contributions for 2023 are less than your maximum 10 allowable contribution, see instructions. Otherwise, enter -0- 10 11 2023 traditional IRA distributions included in income (see instructions) . . . 11 12 2023 distributions of prior year excess contributions (see instructions) . . . 13 13 14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0- 14 15 15 Total excess contributions. Add lines 14 and 15 16 16 Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 17 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 17 Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2023 than is allowable or you had an amount on line 25 of your 2022 Form 5329. Enter your excess contributions from line 24 of your 2022 Form 5329. See instructions. If zero, go to line 23 18 18 If your Roth IRA contributions for 2023 are less than your maximum allowable 19 19 20 2023 distributions from your Roth IRAs (see instructions) 21 21 22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-. 22 23 23 24 24 25 Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 25

Form 5329 (2023) Page **2**

Part \				tributions to Coverdell ESAs. Con an is allowable or you had an amount	•			•
26				of your 2022 Form 5329. See instruction				
27	If the	contributio	ns to your Coverdell E	SAs for 2023 were less than the				
			-	uctions. Otherwise, enter -0	27			
28	2023	distributions	from your Coverdell ESA	as (see instructions)	28			
29	Add I	ines 27 and 2	28				. 29	
30	Prior	year excess	contributions. Subtract li	ne 29 from line 26. If zero or less, ente	r -0		. 30	
31	Exces	ss contribution	ons for 2023 (see instruct	ions)			. 31	
				nd 31				
			` ,	er of line 32 or the value of your Coverde				l
Part \	_			in 2024). Include this amount on Schedu ibutions to Archer MSAs. Comple	-			nlover contributed
rare				nan is allowable or you had an amount	•	•	•	
34		-		of your 2022 Form 5329. See instruction				
				or 2023 are less than the maximum		,0 100	30 01	
			•	herwise, enter -0	35			
				from Form 8853, line 8				
							. 37	1
				ne 37 from line 34. If zero or less, ente			-	
		-		ions)				
			,	nd 39				
				smaller of line 40 or the value of y				
	Dece	mber 31, 20	23 (including 2023 contri	butions made in 2024). Include this a	mount on S	Schedul	e 2	
_								
Part V				tributions to Health Savings Ac	•	•	•	
			n your behalf, or your en ne 49 of your 2022 Form	nployer contributed more to your HS 5329.	As for 202	23 than	is allowal	ole or you had ar
42	Enter	the excess	contributions from line 48	of your 2022 Form 5329. If zero, go to	o line 47		. 42	
				2023 are less than the maximum				
				herwise, enter -0	43			
				rm 8889, line 16	44			
		ines 43 and	-				. 45	1
46	Prior	year excess	contributions. Subtract lin	ne 45 from line 42. If zero or less, ente	r -0		. 46	
		-		ions)				
48	Total	excess cont	ributions. Add lines 46 ar	nd 47			. 48	
49	Addit	ional tax. E	nter 6% (0.06) of the sm a	aller of line 48 or the value of your H	SAs on Dec	cember	31,	
				2024). Include this amount on Schedule				
Part V	1	Additional	Tax on Excess Contr	ibutions to an ABLE Account. C	omplete th	is part if	contribut	ions to your ABLE
		account for 2	2023 were more than is a	llowable.	•	-		·
50	Exces	ss contribution	ons for 2023 (see instruct	ions)			. 50	
51	Addit	ional tax. E	Enter 6% (0.06) of the s	maller of line 50 or the value of yo	ur ABLE a	account	on	
	Dece	mber 31, 202	23. Include this amount o	n Schedule 2 (Form 1040), line 8			. 51	
Part I	X	Additional	Tax on Excess Accur	nulation in Qualified Retirement	Plans (In	cluding	g IRAs).	Complete this par
		if you did no	t receive the minimum re	quired distribution from your qualified	retirement	plan.		
52	Minin	num required	d distribution for 2023 (see	e instructions)			. 52	
53	Amou	ınt actually c	listributed to you in 2023	(see instructions)			. 53	
54	Subtr	act line 53 fr	om line 52. If zero or less	, enter -0			. 54	
55	Addit	tional tax. S	ee instructions for how to	o calculate the additional tax. If you q	ualify for th	ne 10%	tax	
	rate c	n excess ac	cumulations in at least or	ne qualified retirement plan, check this	box.			
	Includ	de this amou	nt on Schedule 2 (Form 1	040), line 8 or Form 1041, Schedule G	i, line 8 .		. 55	
		nly if You nis Form	Under penalties of perjury, I dec belief, it is true, correct, and com	clare that I have examined this form, including according plete. Declaration of preparer (other than taxpayer) is	ompanying atta s based on all i	achments, and achments, and achments are achieved as a comment of the comment of	and to the be of which prep	est of my knowledge and parer has any knowledge
by Itse	If and	Not With						
Your T			Your signature			Date		
		Print/Type pre		Preparer's signature	Date		hook D:f	PTIN
Paid Prepa	arer	. 74- 19-01				I	heck if elf-employed	
Use (Firm's name				Firm's El	N	
5 55 (- · · · y	Firm's address				Phone no	D	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2023

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number SAROJ KUMAR SINGH & FNU PRIYANKA KUMARI 691-04-2830 Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 126,105. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0. c Enter the amount from line 15 of your Form 4563 2c Add lines 2a through 2c 2d3 3 126,105. 4 Number of qualifying children under age 17 with the required social security number 5 5 2,000. Number of other dependents, including any qualifying children who are not under age 6 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 8 Add lines 5 and 7 8 2,000. 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 11 0. Is the amount on line 8 more than the amount on line 11? . . . 12 2,000. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. 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 13 9,595. Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents 2,000. 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 additional child tax credit

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** 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.

BAA

Schedule 8812 (Form 1040) 2023

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 tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.	()	. 5:
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	S Of P	uerto 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	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
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.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
25 26	Enter the larger of line 20 or line 25	26	
20	Next, enter the smaller of line 26 on line 27.	20	
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	
	This is your manifolds child that create. Effect this unfount on Point 1979, 1979-1979, or 1979-1979, fille 20.	-/	

Form **8606**

Department of the Treasury Internal Revenue Service

Nondeductible IRAs

Attach to 2023 Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8606 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 48

Name. If married, file a separate form for each spouse required to file 2023 Form 8606. See instructions.

SAROJ KUMAR SINGH

Fill in Your Address
Only if You Are
Filing This Form by Itself and Not With Your Tax Return

Foreign country name

Foreign province/state/county

Your social security number

691-04-2830

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

Foreign province/state/county

Foreign postal code

Part I

Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2023.
- You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2023 **and** you made nondeductible contributions to a traditional IRA in 2023 or an earlier year. For this purpose, a distribution does not include a rollover (other than certain qualified disaster distribution repayments from 2023 Form(s) 8915-F), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023 and you made nondeductible contributions to a traditional IRA in 2023 or an earlier year.

	·		
1	Enter your nondeductible contributions to traditional IRAs for 2023, including those made for 2023 from January 1, 2024, through April 15, 2024. See instructions	1	
2	Enter your total basis in traditional IRAs. See instructions	2	
3	Add lines 1 and 2	3	
	In 2023, did you take a distribution from traditional, traditional SEP, or traditional SIMPLE IRAs, or make a Roth, Roth SEP, or Roth SIMPLE IRA conversion? No —— Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes —— Go to line 4.		
4	Enter those contributions included on line 1 that were made from January 1, 2024, through April 15, 2024	4	
5	Subtract line 4 from line 3	5	
6	Enter the value of all your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31, 2023, plus any outstanding rollovers. Subtract certain repayments of qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions)	6	
7	Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2023. Do not include rollovers (other than repayments of qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions)); qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023. Also, enter this amount on line 16	8	
9	Add lines 6, 7, and 8		_
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"		
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount on line 17		
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA		
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2023 and earlier years .	14	
15a	Subtract line 12 from line 7	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions). Also, enter this amount on 2023 Form(s) 8915-F, line 18, as applicable (see instructions)	15b	
С	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2023 Form 1040, 1040-SR, or 1040-NR, line 4b	15c	
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59% at the time of the distribution. See instructions.		
			0000

Form 8606 (2023) Page **2**

Part			onversions From Traditio MPLE IRAs	nal, Traditional SEP, or Tradition	nal SIMPLE IR	As to Roth	n, Roth SEP, or
			e this part if you converted pa P, or Roth SIMPLE IRA in 202	art or all of your traditional, traditional 3.	SEP, and tradition	onal SIMPLE	IRAs to a Roth,
16	from tr	aditiona	al, traditional SEP, and tradi	rom line 8. Otherwise, enter the net a tional SIMPLE IRAs to Roth, Roth S	EP, or Roth SIN	/IPLE	
17				from line 11. Otherwise, enter your ba			
18				e 16. If more than zero, also include			
Part				EP, or Roth SIMPLE IRAs			
	di 89	stributio 915-F (s	on does not include a rollove	distribution from a Roth, Roth SEP, or r (other than a repayment of a qualified aritable distribution, one-time distributions).	d disaster distrib	ution from 2	023 Form(s)
19	includir	ng any d	qualified first-time homebuye	from Roth, Roth SEP, and Roth Sor distributions, and any qualified disaster.	ster distributions	from	75.
20				ee instructions). Do not enter more the homebuyer distributions			
21							75.
22	Enter y zero, st						
23				, enter -0- and skip lines 24 and 25. I structions)			75.
24				litional, traditional SEP, and tradition a Roth, Roth SEP, or Roth SIMPLE IR			
25a				, enter -0- and skip lines 25b and 25c			75.
b	8915-F	(see in	structions). Also, enter this a	o qualified disaster distributions, if ar mount on 2023 Form(s) 8915-F, line	 19, as applicable 	(see	0.
С	Taxabl	e amou	unt. Subtract line 25b from lir	ne 25a. If more than zero, also include	this amount on	2023	
if You This F and N	lere On Are Fili orm by ot With	ng Itself		at I have examined this form, including accompanyi tion of preparer (other than taxpayer) is based on all			
Tax R	eturn		Your signature		Date)	
Paid Prep	aror	Print/Typ	pe preparer's name	Preparer's signature	Date	Check if if self-employed	PTIN
Use (Firm's n	ame			Firm's EIN	
	Of the	Firm's a	Phone no.				
							- OCOC (0000)

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

SAR	OJ KUMAR SINGH & FNU PRIYANKA KUMARI	691-04-283	0		
Prepare	r's name	Preparer tax identifica	ation numb	oer	
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you?	by the taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you n	nust do both of	X		
	 the following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer 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) an 	·			
	status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent int	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	ment, you must 7, a copy of any 5 prepare Form provided by the			
	the amount(s) of the credit(s)	-	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)		×		
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				
	correct Schedule C (Form 1040)?				

orm 88	867 (Rev. 11-2023)			Page 2											
Part	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 and does not have a qualifying child, go to question 10.)	Yes	No	N/A											
b	has supported the child the entire year?														
С	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	Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)														
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	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?	×													
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?	×													
Part			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?	alified	Yes	No											
Part			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 HO	l filing	status											
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respoint your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing											
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable											
	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 880 Document Retention.	37 instru	uctions	under											
	1. A copy of this Form 8867.														
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.														
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the											
	A record of how, when, and from whom the information used to prepare this form and the applical obtained.	ble work	ksheet(s) was											
	5. A record of any additional information you relied upon, including questions you asked and the taxpetermine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpetermine that taxpeter is a second of the taxpeter is a second of taxpeter	oayer's int(s) of	respon the cre	ses, to dit(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 certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No											

Form **8582**

Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

Name(s) shown on return Identifying number SAROJ KUMAR SINGH & FNU PRIYANKA KUMARI 691-04-2830 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . 1d **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d -18,141.Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -18,141.If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 4 4 5 Enter \$150,000. If married filing separately, see instructions 6 Enter modified adjusted gross income, but not less than zero. See instructions 6 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions 9 0. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 11 0. Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c)

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	See instruc	tions.			. 490 =	
_	Name of activity		Currer		Prior years (c) Unallowed loss (line 2c)		Overall gain or loss				
			(a) Net income (line 2a)				Net loss ne 2b)	(d) Gain		(e) Loss	
28/12, DAYANAND ROAD, A-ZONE			0.		18,141.					18,141.	
·	·				•						
		+									
Total. Enter	on Part I, lines 2a, 2b, and 2c		0.		18,141.						
Part VI	Use This Part if an Amou	nt Is				ee instruc	tions.				
	Name of activity	an to	rm or schedule d line number be reported on ee instructions)	(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
		+									
Total						1.00					
Part VII	Allocation of Unallowed I	_oss	ses. See instr	uction	S.						
	Name of activity		Form or schedul and line number to be reported or (see instructions		(a) Loss		(b) Ratio		(c	(c) Unallowed loss	
28/12, DAYANAND ROAD, A-ZONE			E Ln 22		18,141.		1.00000000			18,141.	
	,									- ,	
Total						18,141.		1.00	00		
Part VIII	Allowed Losses. See instr	ucti	ons.							18,141.	
Name of activity			Form or sched and line numb to be reported (see instruction		(a) Loss		(b) Unallowed loss		((c) Allowed loss	
28/12, DAYANAND ROAD, A-ZONE			E Ln 22		18,141.		18,141.		0.		
Total			ı			1 2 1 // 1		10 1/11		0	