<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
PRAMIT MUKE					C					652	63	4246
If joint return, spouse's first name and middle initial Last name Sp										security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.			ection Campaigr
		MBY STREET				1			110	1		ou, or your jointly, want \$3
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta		ZIP c				nd. Checking a
PORTLANI				E a una income		OF		972				not change
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	yn postal code	your tax	k or refu Γ Υα	_
		Single					Head of h	ouoob				
Filing Status		] Married filing jointly (even if only o	ne hac	lincome				ousen	olu (HOH)			
Check only one box.		Married filing separately (MFS)	ic nac	rincomc)				surviv	/ing spouse	(OSS)		
one box.	lf v	ou checked the MFS box, enter the	name	of your s	pouse. If voi	u che			• •	. ,	ild's na	me if the
		alifying person is a child but not you										
	<u> </u>											
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig						-				es 🛛 No
Standard		eone can claim:  You as a de					a dependent					
Deduction		Spouse itemizes on a separate retur	•		•		•					
Age/Blindness		. Were born before January 2, 1		Are bl		ouse	_	n hofe	ore January	2 1050		s blind
Dependents			333		· · ·			14				(see instructions):
-		irst name Last name		(2) :	Social security number	/	(3) Relationsh to you	ip (	Child tax c			or other dependents
lf more than four												
dependents,												
see instructions and check	s ——											
here	]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	1	65 <b>,</b> 569.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	)	
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstruction	ns)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	_		
1099-R if tax	е	Taxable dependent care benefits f						• •		. 1e	-	
was withheld.	f	Employer-provided adoption bene						• •		. <u>1</u> f	_	
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. <u>1</u> g		0.
W-2, see	h	Other earned income (see instructions)         .								. 1h	1	0.
instructions.	i	Add lines 1a through 1h	see ins	structions)		• •	· ·			. 1z		65,569.
Attach Sch. B	z 2a		2a		· · ·	 <b>ь</b> т	axable interest	• •	• • •	· 12		
if required.	2a 3a		2a 3a				Drdinary divider			. <u>26</u>		
	 4a		4a				axable amoun			. 4b		
Standard	5a		5a				axable amoun			. 5b		
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	6a		6a				axable amoun			. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lectior	method,	check here				[			
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							7					
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule								. 8		-7,750.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	8. This is y	our <b>total ind</b>	come	<b>e</b>			. 9		57,819.
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
Head of household,	11	Subtract line 10 from line 9. This is	your	adjusted	gross incor	me				. 11		57,819.
\$20,800 If you checked T	12	Standard deduction or itemized								. 12		13,850.
any box under Standard	13	Qualified business income deduct	on fro	m Form 8	995 or Form	n 899	95-A			. 13		
Deduction, see instructions.	14	Add lines 12 and 13	•••							. 14		13,850.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	ourt	taxable incom	ie .		. 15	5	43,969.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	5,057.
Credits	17	Amount from Schedule 2, lin	e3				· · [·	17	
	18	Add lines 16 and 17					· · ·	18	5 <b>,</b> 057.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		· · ·	19	
	20	Amount from Schedule 3, lin	e8					20	1,537.
	21	Add lines 19 and 20						21	1,537.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,520.
	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 <b>total tax</b>					24	3,520.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 7	,141.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	7,141.
If you have a	26	2023 estimated tax payment	s 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 fror	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	e15			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 <b>to</b>	tal payments			[;	33	7,141.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,621.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗌 🛛	85a	3,621.
Direct deposit?	b	Routing number 0 1 1	Savings						
See instructions.	d	Account number 4 6 6	0 0 3 9	1 2 7 4	4 2				
	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, ge	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 <b>Yes.</b> Co	omplete belo	ow.	X No
	De nai	signee's		Phone no.			onal identificat per (PIN)	tion	
Ciara		der penalties of perjury, I declare th	at I have examined		accompanying sche		( )	nest of	f my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IR	S sent	t you an Identity
							Protection	on PIN	N, enter it here
Joint return?				OPERATIONS ENGINEER (Se					
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	Date	Spouse's occupat	ion			t your spouse an ction PIN, enter it here	
your records.							(see inst		tion Pin, enter it here
	Ph	one no. (857) 222-283	1	Email address	011	DACMATT COM	`		
		one no. (857) 222-2833 eparer's name	⊥ Preparer's signat		FRAMILIZOL	2@GMAIL.COM Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM					P020827		Self-employed
Preparer				IVIN DAGAR	GOLIA IAUUAM	01/20/2024			678) 965-9522
Use Only			Y CT E BRU	NOWICK N	J 08816		Firm's E		
Co to warne in a		1040 for instructions and the late		TIONICI IN					84-3171965 Form <b>1040</b> (2023)
GO IO WWW.IIS.go	JVIPOM	no40 for instructions and the late	st innonnation.		BAA	REV 01/21/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

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

ation. Attachment Sequence No. 01 Your social security number

 
 Department of the Treasury Internal Revenue Service
 Go to www.irs.gov/Fo

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

PRAM	IIT MUKHERJEE	652-	63-424	6
Par	t 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. Attach Sche		5	-7,750.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss		)	
b	Gambling			
с	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555		)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
ĥ	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 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
ο	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
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		)	
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:			
	8z			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here an			
	1040, 1040-SR, or 1040-NR, line 8		10	-7,750.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

Part	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee				
	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				
-	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:		• •	 	
 a		24a			
-	Deductible expenses related to income reported on line 81 from the	210			
N		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	- 10		-	
Ŭ	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		-	
e	Repayment of supplemental unemployment benefits under the Trade	2.10		-	
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
q	Contributions by certain chaplains to section 403(b) plans	24g		-	
	Attorney fees and court costs for actions involving certain unlawful	2-TY		 -	
	discrimination claims (see instructions)	24h			
:		2411		-	
	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	24i			
:	Housing deduction from Form 2555	24i 24j			
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			
ĸ		24k			
-	Other adjustments. List type and amount:	24N		-	
z	Other aujustitients. List type and antount.	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>			 23	
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA		01/21/24 P		le 1 (Form 1040) 202

# **Additional Credits and Payments**

OMB No. 1545-0074 20

3

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

	Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.						
Name		ecurity number					
PRA Pai	MIT MUKHER	JEE fundable Credits		652-6	53-42	246	
					4		
1	C C	· ·	1				
2	Form 2441	child and dependent care expenses from Form 2441			2		
3	Education of	credits from Form 8863, line 19			3	1,537.	
4	Retirement	savings contributions credit. Attach Form 8880			4		
5a	Residential	clean energy credit from Form 5695, line 15			5a		
b	Energy effic	ient home improvement credit from Form 5695, line 32			5b		
6	Other nonre	efundable credits:					
а	General bus	siness credit. Attach Form 3800	6a				
b	Credit for p						
С	Adoption cr						
d	Credit for th	ne elderly or disabled. Attach Schedule R	6d				
е	Reserved for	or future use	6e				
f	Clean vehic	le credit. Attach Form 8936	6f				
g	Mortgage ir	nterest credit. Attach Form 8396	6g				
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i				
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to ho	olders of tax credit bonds. Attach Form 8912	6k				
I	Amount on	Form 8978, line 14. See instructions	61				
m	Credit for p	reviously owned clean vehicles. Attach Form 8936 .	6m				
z	Other nonre	efundable credits. List type and amount:					
			6z				
7		nonrefundable credits. Add lines 6a through 6z			7		
8	Add lines 1 1040-NR, lii	through 4, 5a, 5b, and 7. Enter here and on Form 1		SR, or	0	1 505	
	1040-INI I, III			 (cc	8	1,537. ed on page 2)	

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II 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	D-SR, or 1040-NR,	15	
	BAA REV	01/21/24 PRO	Schedu	ule 3 (Form 1040) 2023

SCHEDULE E	
(Form 1040)	

#### Supplemental Income and Loss

OMB No. 1545-0074

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

Depa Inter

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

2023
Attachment Sequence No. 13

	Revenue Service	Go to www.irs.gov/ScheduleE f	ior instru	ictions a	nd the la	atest in	formation.		Attachme	ent e No. <b>13</b>
ame(s)	shown on return							Your soc	ial security n	umber
RAM	IT MUKHERJEE	JEE 652-63-								
Part		r Loss From Rental Real Estate a	ind Roy	yalties						
	Note: If you a	are in the business of renting personal prop e or loss from <b>Form 4835</b> on page 2, line 40	erty, use	Schedul	e C. See	e instru	ctions. If you	are an indi	ividual, repo	rt farm
A D		payments in 2023 that would require yo		Form(s)	10992 5	See ing	structions			
		r will you file required Form(s) 1099?								
1a	-	s of each property (street, city, state, Z		,						
Α	5/1203, SAP	PHIRE HEIGHTS KANDIVALI EA	AST M	IUMBAI	, MAHA	RASH	TRA IN 4	00101		
B										
С										
1b	Type of Property (from list below)	2 For each rental real estate prop above, report the number of fai				Fa	ir Rental Days		nal Use ays	QJV
Α	3	personal use days. Check the C			Α		365		0	
B	5	if you meet the requirements to	o file as	a	B		505			
C		qualified joint venture. See instr	ructions	5.	C					
	of Property:				Ū					
•	Single Family Res	idence 3 Vacation/Short-Term Re	ental	5 Lan	h	7	Self-Rental			
	Multi-Family Resid			6 Roy			Other (desc			
- 1				0 1109	41100	5				
							Proper			
com					A	11.0	В			С
3		· · · · · · · · · · · · · · · ·	3		.7	10.			<u> </u>	
4		ed	4						<u> </u>	
xpen										
5	-		5						<u> </u>	
6		see instructions)	6						<u> </u>	
7	•	intenance	7		1,3	10.			<u> </u>	
8			8						<u> </u>	
9			9						<u> </u>	
0	• ·	professional fees	10						<u> </u>	
11	-	S	11		9	914.			<u> </u>	
2	00	t paid to banks, etc. (see instructions)	12						<u> </u>	
3			13						<u> </u>	
4			14			51.			<u> </u>	
5			15		1,4	80.			<u> </u>	
16			16						<u> </u>	
17			17		2,1	.05.			<u> </u>	
8		ense or depletion	18						<u> </u>	
9					•	<u> </u>			<u> </u>	
20		Add lines 5 through 19	20		8,4	60.			+	
21		from line 3 (rents) and/or 4 (royalties). If								
		see instructions to find out if you must								
			21		-7,7	50.			<u> </u>	
22		l real estate loss after limitation, if any, ee instructions)	, 22	(	7,75	50.)	(	)	)(	
3a	Total of all amou	nts reported on line 3 for all rental prop	perties			23a		710.		
b	Total of all amou	nts reported on line 4 for all royalty pro	perties			23b				
С		nts reported on line 12 for all properties				23c				
d		nts reported on line 18 for all properties				23d				
е		nts reported on line 20 for all properties				23e		8,460.		
24		sitive amounts shown on line 21. Do no						. 24		
5		Ity losses from line 21 and rental real esta		-		nter to	tal losses he	ere <b>25</b>	(	7,750.
25 26	Losses. Add roya Total rental real		ate losse . Combi	es from lii ine lines	ne 22. E 24 and	l 25. E	nter the res	ere 25 sult	(	7,75

26

. -7,750. -7,750.

Form **8863** 

Internal Revenue Service
Name(s) shown on return

AUTIO

#### Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

	2023								
		Attachment Sequence No. <b>50</b>							
Your social security number									
653	2	63	4246						

PRAMIT MUKHERJEE

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,					
	or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form					
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter instead	3			-	
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education					
_		4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6		5			-	
0	Equal to or more than line 5, enter 1.000 on line 6			)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro			}	6	
	at least three places)			)	-	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th			I meet the		
	conditions described in the instructions, you can't take the refundable Americ	an op	portu	nity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ldots$ .				7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter					
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part					_	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•		,	9	
10	After completing Part III for each student, enter the total of all amounts from a					7
44	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 Enter the smaller of line 10 or \$10,000				10 11	7,686.
11 12	Multiply line 11 by 20% (0.20)				12	1,537.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or				12	1,007.
15	qualifying surviving spouse	13		90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form			,	-	
14	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter instead	14		57,819.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on					
	line 18, and go to line 19	15		32,181.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or					
	qualifying surviving spouse	16		10,000.	-	
17	If line 15 is:			,		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				4.7	1 000
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)			( · · ·	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			, stions)	18	1,537.
10	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit	•		,	10	±, JJ / •
19	instructions) here and on Schedule 3 (Form 1040), line 3				19	1,537.
For Pa		 AA	-	REV 01/21/2	-	Form <b>8863</b> (2023)
		AA				

Form 8863 (2023)			Page <b>2</b>
Name(s) shown on return	Your social	security	number
PRAMIT MUKHERJEE	652	63	4246

CAUT	Complete Part III for each student for whom credit or lifetime learning credit. Use addition	-	-		
Part	<b>III</b> Student and Educational Institution Informatio	n. See	instructions.		
20	Student name (as shown on page 1 of your tax return)	21	Student social security number (as s your tax return)	hown	on page 1 of
	PRAMIT MUKHERJEE	652-63-4246			
22	Educational institution information (see instructions)		052-05-4240	-	
	Name of first educational institution	b.	Name of second educational institut	ion (if	anv)
	University of the Cumberlands			- (	<b>J</b> /
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> <li>6188 College Station Drive</li> </ol>	(1	Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	WILLIAMSBURG KY 40769				
(2	2) Did the student receive Form 1098-T X Yes □ No from this institution for 2023?	(2	Did the student receive Form 1098 from this institution for 2023?	B-T	] Yes 🗌 No
(	<b>3)</b> Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes X No 7 checked?	(3	Did the student receive Form 1098 from this institution for 2022 with to 7 checked?		] Yes 🗌 No
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4	Enter the institution's employer ide if you're claiming the American opp checked "Yes" in (2) or (3). You can 1098-T or from the institution.	oortuni	ity credit or if you
	61-0470593				
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?		The set of the student of the stude	— Go	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Y		— <b>Sto</b> this stu	<b>p!</b> Go to line 31 udent.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	ХY	es — <b>Stop!</b> To to line 31 for this student. No	— Go	to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?				nplete lines 27 ) for this student.
CAUT	You <b>can't</b> take the American opportunity credit and the l you complete lines 27 through 30 for this student, don't			t in the	e same year. If
	American Opportunity Credit				
27	Adjusted qualified education expenses (see instructions). Do			27	
28				28	
29 20	Multiply line 28 by 25% (0.25)	 		29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts t			30	
	Lifetime Learning Credit			50	
31	Adjusted qualified education expenses (see instructions). Inc	lude th	e total of all amounts from all Parts		
	III, line 31, on Part II, line 10			31	7,686.

# 2023 Form OR-40 Oregon Department of Revenue Oregon Individual Income Tax Return for Full-year Residents Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)		Space for 2-D barcode-do not write in box below
Amended return. If amending for an NOL tax year (YYYY) NOL, tax year the NOL was generated: Calculated with "as if" federal return Short-year tax election	Extension filed Form OR-24 Form OR-243 Federal Form 8379 Federal Form 8886 Disaster relief	
First name	Initia	al Date of birth (MM/DD/YYYY)
PRAMIT Last name		08/15/1994
MUKHERJEE Social Security number (SSN)		
652-63-4246	First time using th	nis SSN (see instructions) Applied for ITIN Deceased
Spouse first name	Initia	al Spouse date of birth (MM/DD/YYYY)
Spouse SSN		
	First time using th	his SSN (see instructions) Applied for ITIN Deceased
Current mailing address		
2112 NW QUIMBY STREET AF	т 410	State ZIP code
PORTLAND Country		OR 97210 Phone
USA		857-222-2831
Filing Status (check only one box)		
1. X     Single     2.     Married fi       4.     Head of household (with qualifying of household (with qualify)))).	ling jointly 3. dependent) 5.	Married filing separately (enter spouse information <b>above</b> ) Qualifying surviving spouse
150-101-040 (Rev. 08-23-23, ver. 01)	1555	REV 01/03/24 PRO 00462301011555

Page 2 of 8 • Use UPPERCASE letters. • Use	se blue or black ink. • Print actual size (100	%). • Don't submit photocopies or use staples.
Last name		SSN
MUKHERJEE Note: Reprint page 1 if you make changes to this p	age.	652-63-4246
Exemptions		. 1
6a. Credits for yourself		6a. 1
Check boxes that apply: X Regular	Severely disabled	Someone else can claim you as a dependent
6b. Credits for your spouse		6b.
Check boxes that apply: Regular	Severely disabled	Someone else can claim you as a dependent
Dependents		
List your dependents in order from youngest to olde schedule with your return.	st. If you have more than three depend	dents, complete Schedule OR-ADD-DEP. Include the
Dependent 1: First name	Initial Dependent 1: Last name	
Dependent 1: Date of birth (MM/DD/YYYY) Depende	ent 1: SSN	Code *
		Dependent 1: Check if child has a qualifying disability
Dependent 2: First name	Initial Dependent 2: Last name	F
Dependent 2: Date of birth (MM/DD/YYYY) Depende	ent 2: SSN	Code *
		Dependent 2: Check if child has a qualifying disability
Dependent 3: First name	Initial Dependent 3: Last name	
		Code *
Dependent 3: Date of birth (MM/DD/YYYY) Depende	nt 3: SSN	Dependent 3: Check if child has a qualifying disability
*Dependent relationship code (see instructions).		
6c. Total number of dependents		
6d. Total number of dependent children with a qualit	fying disability (see instructions)	
6e. Total exemptions. Add lines 6a through 6d		1 Total 6e.
150-101-040 (Rev. 08-23-23, ver. 01)	1555 REV 01/03/24 PRO	00462301021555

	Page 3 of 8	Use UPPERCAS	E letters. • Use blue or	black ink. • Print actual size (	100%). • Don't submit photoco	pies or use staples.
Last n	name				SSN	
Note Taxa	KHERJEE : Reprint page 1 if you ible income Federal adjusted gros			<b>040-SR, or</b>	652-63-4246	<u>  </u>
8.						57,819.00
						57,819.00
	t <b>ractions</b> 2023 federal tax liabili	ty <b>(see instru</b> e	ctions)	1	0.	3,520.00
11.	Social Security amour	nt on federal F	orm 1040 or 1040-SF	R, line 6b1	1.	
12.	Oregon income tax re	fund included	in federal income	1	2.	
13.	Total subtractions from	m Schedule O	R-ASC, line B7	EC	3.	Υ
14.	Total subtractions. Ac	ld lines 10 thro	ough 13	1	4.	F 3,520.00
15.	Income after subtract	ions. Line 9 mi	nus line 14	1	5.	54,299.00
Ded	uctions					,
16.	Oregon itemized dec					
	Schedule OR-A, line 2	23. If you are n	ot itemizing your ded	uctions, enter 0 1	6.	0.00
17.	Standard deduction.	Enter your sta	undard deduction	1	7.	2,605.00
	You were: 1	7a. 65	or older 17b.	Blind Your spouse wa	s: 17c. 65 or o	der 17d. Blind
		Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of household
				\$2,605 or \$0 an claim you as a dependent.	\$5,210	\$4,195
18.	Enter the larger of line	e 16 or 17			8.	2,605.00
19.	Oregon taxable incom line 15, enter 0			s more than	9.	51,694.00
	150-101-040 (Rev. 08-23-23, ve	er. 01)	1555	REV 01/03/24 PRO	<b>                       </b>	301031555

	Page 4 of 8	Use UPPERCASE lett	ters. • Use blue or black	ink. • Print actual size (10	0%). • Don't submit photocopie	s or use staples.
Last n	name				SSN	
	HERJEE	you make changes t	o this page.		652-63-4246	
	gon tax Tax (see instruction	าร)				4,238.00
	Check the appropr	iate box if you're usin	g an alternative meth	od to calculate your tax	:	
	20a. Sched	ule OR-FIA-40 20	0b. Worksheet	FCG 20c.	Schedule OR-PTE-FY	
21.	Interest on certain	installment sales				
22.	Total tax recapture	s from Schedule OR- <i>i</i>	ASC, line C5			
23.	Total additions to ta	ax. Line 21 plus line 2	2			
24.	Total tax before cre	edits. Add lines 20 an	d 23			4,238.00
		f the amount on line 7		multiply your total	)NL	236.00 F
26.	Political contributio	on credit. <b>See limits i</b>	n instructions			
27.	Total standard cree	dits from Schedule Of	R-ASC, line D16			
28.	Total standard cred	lits. Add lines 25 thro	ugh 27			236.00
29.		d credits. Line 24 min		more than 29.		4,002.00
30.	•	credits used this year ore than line 29 (see \$		SC, line E9. structions)		
31. 1	Tax after standard a	nd carryforward credit	ts. Line 29 minus line	30 31		4,002.00
	_		N	TC	MA	
	150-101-040 (Rev. 08-23-23	3, ver. 01)	1555 F	REV 01/03/24 PRO	0046230	01041555

	Page 5 of 8	Use UPPERCASE letters.     Use	e blue or black ink. • F	Print actual size (100%). • D	on't submit photocopies or use	staples.
Last r	name			SSN		
	KHERJEE <b>:: Reprint page 1 if</b>	you make changes to this pa	age.	652	-63-4246	
-	ments and refund					5 046 00
32.	Oregon income tax	withheld. Include a copy of y	our Forms W-2 an	<b>d 1099</b> 32.		5,246.00
33.	Amount applied fro	m your prior year's tax refund				
34.	Estimated tax payn	nents for 2023. Include all est	timated payments y	/ou made		
		including any extension pay				
	Do not include the	amount on line 33				
35.	Tax payments from	a pass-through entity				
36.	Earned income cre	dit (see instructions)				
37.	Oregon Kids Credit	(see instructions)				
38.	(see instructions).	olus credit). Enter your kicker ( f you elect to donate your ki I, enter 0 and see line 55	cker to the			1,803.00
						F
39.	Total refundable cr	edits from Schedule OR-ASC,	line F7			
40.	Total payments and	d refundable credits. Add lines	32 through 39			7,049.00
Тах	to pay or refund					
41.		<b>ax.</b> If line 31 is <b>less</b> than line 4 31				3,047.00
						-,
42.		s <b>more</b> than line 40, you have 40		40		
	Line ST minus line	+0				
4.0				40		
43.	Penalty and Interes	t for filing or paying late (see in	nstructions)			
44.	Interest on underpa	ayment of estimated tax. Inclu	de Form OR-10			
	Exception number	from Form OR-10, line 1 44	a. Check	box if you annualized:	44b.	
	150-101-040 (Rev. 08-23-23		1555 REV 01	/03/24 PRO	00462301051	555

	Page 6 of 8	Use UPPERCASE letters.     Use	e blue or black ink. • Print ac	tual size (100%). • Don't submit photoc	opies or use staples.
Last r	name			SSN	
	KHERJEE <b>:: Reprint page 1 if</b> ;	you make changes to this p	age.	652-63-4246	
	to pay or refund Total penalty and ir	(continued) nterest due. Add lines 43 and	44		A
46.		penalty and interest.	This is the amount you	<b>u owe</b> . 46.	
47.		<b>penalty and interest.</b> 45	This is your r	efund. 47.	3,047.00
48.		n the portion of line 47 you wa			
49.	Charitable checkof	f donations from Schedule OF	R-DONATE, line 30		
50.	Political party \$3 cł	neckoff			
	Party code:	50a. You	50b. Spouse		V
51.	Oregon 529 college	e savings plan deposits from S	Schedule OR-529, line 5		F
52.		through 51. Line 52 can't be r			
53.	Net refund. Line 47	7 minus line 52	This is your net r	<b>efund</b> . 53.	3,047.00
	ct deposit	of your refund, see instruction	s. Check the box if the fina	al deposit destination is outside the	United States:
54.					
	Type of account:	Account inform	action		
	X Checking or	Routing number	hauon:	Account number	
	Savings		011000138	466003912742	
Kick	er donation				
55.	If you elect to dona	te your kicker to the State Sc	hool Fund, check this box.	55a.	
	Complete the kicke amount here	er worksheet in the instruction	s and enter the This election is irrevoo	bable. 55b.	
	150-101-040 (Rev. 08-23-23	s, ver. 01)	1555 REV 01/03/24	0046	2301061555

Page 7 of 8	Use UPPERCASE I	etters. • Use blue or	black ink. • Print actual s	size (100%)	. • Don't submi	t photocopies or use sta	iples.
Last name				S	SN		
MUKHERJEE			OT	6	52-63-4	4246	
Note: Reprint page 1 if y Sign here. Under penalt			information in this retu	Irn and any	y attachments	s is true, correct and o	complete.
Your signature							
Х							
Date (MM/DD/YYYY)							
Spouse signature							
Х							
Date (MM/DD/YYYY)							
Signature of preparer othe	r than taxpayer						
XSYAM PRIYA H	RAM SAGAR	GUPTA TAL	LAM				
Date (MM/DD/YYYY)		Preparer phone			Prepare	r license number	
01/26/2024		678-965-	9522				
Preparer first name	E 1	Initial	Preparer last name				
SYAM	$\Box = I$	P	RAM SAGAR	GUPTA	TALLAN		
Preparer address	_					F	:
245 ROONEY C	Г						
City					State	ZIP code	
E BRUNSWICK					NJ	08816	
Signing this return does not the Tax Information Author	• • • •	•			•	or more information, s	see the instructions for

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

Pay the amount due (shown on line 45)

- Online: www.oregon.gov/dor.
- By mail: Payable to the Oregon Department of Revenue. Write "2023 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, don't include Form OR-40-V payment voucher.

#### Mail your return

• Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:

- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- 2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
  - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
  - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460

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REV 01/03/24 PRO
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	Page 8 of 8	• Use UPPERCASE letters.	<ul> <li>Use blue or black ink.</li> </ul>	<ul> <li>Print actual size (10</li> </ul>	00%). • Don't submit photocopies or u	se staples.
Last name					SSN	
MUKHEF	RJEE				652-63-4246	
Note: Repr	rint page <b>1 if</b> y	ou make changes to th	is page.			
Amended statement. Complete this section only if you're amending your 2023 return or filing with a new SSN.						

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

# **E-FILE ONLY**,



