## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Spouse's social security number    Part   Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)   Enter whole dollars only on lines 1 through 5.   Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   Adjusted gross income	Submission Identification Num	per (SID)			•		
Spouse's social security number	Taxpayer's name			Social security	y numb	er	
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)  Enter whole dolars only on lines 1 through 5.  Note: Form 1040-SS lifers use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1	GAURAV SHRIVASTAVA			087-79-	-4728	8	
Enter whole dollars only on lines 1 through 5.  Note: Form 100-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 1 97, 175. 2 Total tax 2 13, 639. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 15, 529. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you own refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount refunded to the test part and you 9 Amount refunded to the test part you 9 Amount 9 Amo	Spouse's name			Spouse's soci	ial secu	ırity number	
Enter whole dollars only on lines 1 through 5.  Note: Form 100-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 1 97, 175. 2 Total tax 2 13, 639. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 15, 529. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you own refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount refunded to the test part and you 9 Amount refunded to the test part you 9 Amount 9 Amo	Part I Tax Return Info	rmation — Tax Year Ending Dec	ember 31, 2023 (Ente	ı r year you aı	re aut	thorizing.	)
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2 13, 639.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 15, 529.  4 Amount you want refunded to you . 4 1, 850.  5 Amount you want refunded to you . 4 1, 850.  5 Amount you owe . 4 1, 850.  6 Amount you want refunded to you . 4 1, 850.  6 Amount you want refunded to you . 4 1, 850.  7 Amount you want refunded to you . 4 1, 850.  8 Amount you want refunded to you . 4 1, 850.  8 Amount you want refunded to you . 4 1, 850.  8 Amount you want refunded to you . 4 1, 850.  9 Amount you want refunded to you . 4 1, 850.  10 Amount you want refunded to you return)  10 Drober penalties of peripuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of your delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury familiar length in this that is an ACH electronic funds withdrawal (freet dealing with the amounts in Processing for refund or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury familiar length to the financial institution account indicated in the tax preparation software for supprient, I must contact the U.S. Treasury familiar length to the financial institution account indicated in the tax preparation software for supprient, I must contact the U.S. Treasury familiar length to the terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury familiar length to the terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury familiar length to the transmission, (b) the reson of the sector of the payment (settlement) date. I also authorize the financial institutions invoked in the processing of the electronic payment of the payment (settlement) date. I also authorize the financial institutions invoked in the processing of the electronic payment of the processing of the electronic payment of the processing of the electronic payment of the section of the processing of	Note: Form 1040-SS filers use	line 4 only. Leave lines 1, 2, 3, and 5 l	blank.				
A mount you want refunded to you  A mount you owe  Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Lorder penalities of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or amended in more want to the IRS in a consense of any return. If applicable, I authorize the U.S. Treasmy and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for orany debt in the electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for orany debt in the electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for orange of any return. If applicable, I authorize the U.S. Treasmy Financial Agent to the reminate the authorization. To revoke (cenace) is a payment, I must contact the U.S. Treasmy Financial Agent to the symmetral (settlement) data. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PiN) below is my signature end the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authoriz	1 Adjusted gross income				1		
Amount you want refunded to you  Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perlipy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of review of the process of the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (e) an activative declare that the amounts in Part I above are the mounts from the income tax return (original or amended) I am now authorizing, and to the best of send my return to the IRS and to receive from the IRS (e) an activative declare that the amounts in Part I above are the transmission, (b) the reason of the processor of the processor of the received or the transmission (b) the reason of the processor of the processing of the electronic payment of the payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment of the payment of the payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (settlement) date. I have been declared to the payment of the received not later than 2 business days prior to t							
S Amount you owe    S					-		
Under penalties of porjury. I deciden that I have examined a copy of the income tex return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is fine, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is fine, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return foriginal or amended I am now authorizing, and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, lauthorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for payment of my deederal texes owed on this return and/or a payment of estimated tax, and the financial Institution account indicated in the tax preparation software for payment of the declared text of the payment of the second officer until I notify the U.S. Treasury Financial Agent to terminacial smit the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminacial smit the authorization. To revoke (cancel) a payment, and the second officer until I notify the U.S. Treasury Financial Agent to terminacial Agent to terminacial smit the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminacial Agent to terminacial Agent to the payment of the electronic payment of the trace or confidential information necessary to answer inquiries and resolutions involved in the processing of the electronic payment of the trace of the electronic payment of the trace of the U.S. Treasury Financial Agent to terminacial Agent to the refuse of the electron					-	1	<u>,890.</u>
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I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.	my knowledge and belief, it is trureturn (original or amended) I am n to send my return to the IRS and t for any delay in processing the return to initiate an ACH electronic payment of my federal taxes owed authorization is to remain in full for payment, I must contact the U.S. business days prior to the payment taxes to receive confidential information personal identification number (PIN Electronic Funds Withdrawal Constant).	e, correct, and complete. I further declare ow authorizing. I consent to allow my interport or eceive from the IRS (a) an acknowledge urn or refund, and (c) the date of any refur funds withdrawal (direct debit) entry to the on this return and/or a payment of estimatorce and effect until I notify the U.S. Treatorce and effect until I n	e that the amounts in Part I about the amounts in Part I about the service provider, transmement of receipt or reason for rejud. If applicable, I authorize the Use financial institution account industed tax, and the financial institution sury Financial Agent to terminate sury Financial Agent to terminate 4537. Payment cancellation requancial institutions involved in the difference of the payment (original or amended) I are the first transmitted.	we are the amounter, or electron of the trans. S. Treasury are icated in the table to the authorization of the authorization of the electron of the electron of the processing	ounts for ic retains missing its continuous preparation. The receivement of the element of the e	rom the incurr original sision, (b) the designated caration sofoo revoke (control of the control	come tax tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the eable, my
Spouse's PIN: check one box only  I authorize  ERO firm name signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature   Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature   ERO Must Retain This Form — See Instructions	I will enter my PIN as if you are entering you	my signature on the income tax return	n (original or amended) I am n	ow authorizir	ng. Ch	neck this b	
I authorize	Your signature ▶		Date ▶ _				
I authorize	Spouse's PIN: check one box	only					
ERO firm name signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.    Don't enter all zeros	• —	•	to enter or generate	my PIN			as my
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Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions	I will enter my PIN as if you are entering you	my signature on the income tax return	n (original or amended) I am n	ow authorizir	ng. Ch	neck this b	
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶  ERO Must Retain This Form — See Instructions	Spouse's signature ►						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature   Date   ERO Must Retain This Form — See Instructions							
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authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.  ERO's signature ►  Date ►  ERO Must Retain This Form — See Instructions	ERO's EFIN/PIN. Enter your si	x-digit EFIN followed by your five-digi	it self-selected PIN. 2 2				1
ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated	cated above for the taxpayer(s) indicated	above. I confirm that I am subm	nitting this retu	rn in a	accordance	
ERO Must Retain This Form — See Instructions	ERO's signature ▶		Date ►				
			orm - See Instructions				

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury—Internal Revenue Servi		urn	20 <b>2</b>	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	Ť	See se	oarate	instructions.
Your first name	and m	iddle initial	Last nar	ast name							Your social security number		
GAURAV			SHRI	VASTAV	/A						087	79	4728
	pouse's	s first name and middle initial	Last nar										security number
		er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.	- 1			ection Campaign
148 LINI						04-	4-		.04				ou, or your jointly, want \$3
, , ,	ost otti	ce. If you have a foreign address, also co	impiete sp	paces belo	W.	Sta		ZIP c			•	•	nd. Checking a
EDISON Familia assumts			1.		vinas/stats/	NJ			20450				not change
Foreign countr	упатте			-oreign pro	vince/state/o	Couri	.y	Foreig	ın postal c	oue	your tax		
Filing Status	s 🗵	Single					☐ Head of h	useh	old (HOH	— ∃)			
Check only		Married filing jointly (even if only o	ne had ir	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)		
	If y	you checked the MFS box, enter the	name o	of your spo	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
		ialifying person is a child but not you											
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward,	award, or	payn	nent for prope	rty or	services	); or (	(b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fina	ancial intere	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	□ Ye	es 🗵 No
Standard	Som	neone can claim:   You as a de	pendent	: <u> </u>	our spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	nd <b>Spc</b>	ouse	: Was bor	n befo	ore Janua	ary 2	, 1959		s blind
Dependent	s (see	instructions):		(2) Sc	cial security	,	(3) Relationsh	nip (4	) Check t	he bo	x if quali	fies for	(see instructions):
If more	(1) F	irst name Last name		r	number		to you		Child t	ax cre	edit	Credit fo	or other dependents
than four									[				
dependents, see instruction	۰								[				
and check	·												
here													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		97,175.
Attach Form(s)	b	Household employee wages not re	•	•	•						1b		
W-2 here. Also	С	·	ncome not reported on line 1a (see instructions)								1c		
attach Forms W-2G and	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
1099-R if tax	е	Taxable dependent care benefits f				-					1e		
was withheld.	f	Employer-provided adoption bene	fits from	i Form 88	39, line 29						1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g	- 1	
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1i</u>						07 175
		Add lines 1a through 1h			· · · ·						1z		97,175.
Attach Sch. B if required.	2a	· —	2a				axable interest				2b		
ii required.	3a_		3a				rdinary divide						
Standard	4a		4a				axable amoun						
Deduction for—	5a	<del>-</del>	5a				axable amoun						
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b		
separately,	_ c	If you elect to use the lump-sum e				`	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7		
jointly or Qualifying	8	Additional income from Schedule									8		07 175
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	-	97 <b>,</b> 175.
\$27,700 • Head of	10	Adjustments to income from Sche									10		07 175
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		97,175.
If you checked	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deducti									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13					 avable incom				14		13,850.

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	13,639.		
Credits	17	Amount from Schedule 2, lin	ie 3					17			
	18	Add lines 16 and 17						18	13,639.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ie 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,639.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	13,639.		
<b>Payments</b>	25	Federal income tax withheld	from:								
-	а	Form(s) W-2				<b>25a</b> 15	5,529				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	15,529.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26			
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	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, lin									
	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 <b>to</b>	tal payments				33	15,529.		
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	1,890.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	1,890.		
Direct deposit?	b	Routing number 0 2 1									
See instructions.	d	Account number 4 8 3	0 8 3 1	6 2 4 4	1 3						
	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	below.	<b>⋈</b> No		
		esignee's		Phone Personal id							
		me		no.			ber (PIN)	41 14			
Sign		der penalties of perjury, I declare to lief, they are true, correct, and com									
Here	Vo	ur signature		Date	Your occupation		16+1	 na IRS sa	nt you an Identity		
	10	ui signature		Date	Tour occupation				PIN, enter it here		
Joint return?					IT PROFESS	IONAL	(se	e inst.)			
See instructions.		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation	on			nt your spouse an		
Keep a copy for your records.							ntity Prot e inst.)	ection PIN, enter it here			
	Ph	one no. (201) 657-271	5	Email address	GAURAV.SHRIVA	STAVA@YMAIL.C	OM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
	SYA	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/04/2024 P0208							Self-employed		
Preparer Use Only	Firm's name GLOBAL TAXES LLC Pho							one no.	one no. (678) 965-9522		
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								84-3171965		



Office of Processing and Taxpayer Services W A Harriman Campus, Albany NY 12227-0865

## New York State requires this income tax return to be filed electronically.

## Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

## Preparers who file paper returns are subject to penalties.

## Avoid penalties and e-file this return.

### Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- No charge for e-filing: New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- Faster tax refunds: New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- Most New Yorkers enjoy the benefits of e-filing.

## Questions?

Visit our website for more information about New York's e-file mandate.



box):

Department of Taxation and Finance

Married filing separate return (enter both spouses' Social Security numbers above)

Head of household (with qualifying person)

Qualifying surviving spouse

# Nonresident and Part-Year Resident

**Income Tax Return** New York State • New York City • Yonkers • MCTMT 23 For the year January 1, 2023, through December 31, 2023, or fiscal year beginning ....... and ending ...... For help completing your return, see the instructions, Form IT-203-I. Your Social Security number Your first name and middle initial Your last name (for a **joint return**, enter spouse's name on line below) Your date of birth (mmddyyyy) GAURAV SHRIVASTAVA 05181985 087794728 Spouse's Social Security number Spouse's first name and middle initial Spouse's last name Spouse's date of birth (mmddyyyy) Mailing address (see instructions) (number and street or PO Box) New York State county of residence Apartment number 148 LINDA LN 104 NR School district name City, village, or post office State ZIP code Country EDISON NJ 088204509 UNITED STATES NR Taxpayer's permanent home address (see instructions) (no. and street or rural route) Apartment no. City, village, or post office School district code number ZIP code State Country Taxpayer's date of death Spouse's date of death D Single A Filing status Married filing joint return (enter both spouses' Social Security numbers above) (mark an X in one

	taxpayer's federal return?
D1	Did you have a financial account located foreign country?
III V	S PROGRA SULESCO PER

**B** Did you itemize your deductions on your 2023

C can you be claimed as a dependent on another

federal income tax return? ...... Yes

3

	Decedent
	information
)2	(1) Did you or your spouse maintain living quarters
	in Yonkers for any part of 2023?Yes No
	If Yes:
	(2) Number of months <b>you</b> lived in Yonkers in 2023
	(3) Number of months <b>your spouse</b> lived in Yonkers in 2023
	(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023Yes No
Ε	New York City part-year residents only (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)
	(1) Number of months <b>you</b> lived in NY City in 2023
	(2) Number of months <b>your spouse</b> lived in NY City in 2023
F	in NY City in 2023  Enter your 2-character special condition code(s) if applicable
G	New York State part-year residents
	Enter the date you moved into or out of NYS (mmddyyyy)
	On the last day of the tax year (mark an <b>X</b> in one box):
	1) Lived in NYS
	Lived outside NYS; received income from NYS sources during nonresident period
	3) Lived outside NYS; received no income from

H Did you or your spouse maintain

(if Yes, complete Form IT-203-B)

living quarters in NYS in 2023?.....Yes

#### I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an **X** in the box.



REV 01/17/24 PRO

087794728

#### Federal amount **New York State amount** Federal income and adjustments Whole dollars only Whole dollars only 97175.00 1 Wages, salaries, tips, etc. 97175.00 1 1 2 Taxable interest income ..... .00 2 .00 3 3 Ordinary dividends ..... .00 .00 Taxable refunds, credits, or offsets of state and local 4 4 .00 income taxes (also enter on line 24) ..... .00 5 Alimony received ..... 5 .00 5 .00 6 Business income or loss (submit a copy of federal Sch. C, Form 1040) 6 .00 6 .00 7 .00 7 .00 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) Other gains or losses (submit a copy of federal Form 4797) 8 .00 8 .00 9 9 Taxable amount of IRA distributions. Beneficiaries: mark **X** in box .00 .00 Taxable amount of pensions/annuities. Beneficiaries: mark **X** in box 10 .00 10 .00 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) 11 .00 11 .00 12 Rental real estate included in line 11 (federal amount) 12. **13** Farm income or loss (submit a copy of federal Sch. F, Form 1040) 13 13 .00 .00 Unemployment compensation..... 14 .00 14 .00 Taxable amount of Social Security benefits (also enter on line 26) 15 .00 15 .00 16 Other income | Identify: 16 .00 16 .00 Add lines 1 through 11 and 13 through 16 ..... 17 97175.00 97175.00 17 Total federal adjustments to income Identify: 18 .00 18 .00 19 19 97175.00 19 Federal adjusted gross income (subtract line 18 from line 17) ... 97175.00 **New York additions** 20 Interest income on state and local bonds and obligations 20 20 (but not those of New York State or its localities) ..... .00 .00 21 Public employee 414(h) retirement contributions .......... 21 .00 21 .00 **22** Other (Form IT-225, line 9) ..... 22 .00 22 .00 97175.00 97175.00 23 Add lines 19 through 22 ..... 23 23 **New York subtractions** 24 Taxable refunds, credits, or offsets of state and 24 .00 24 local income taxes (from line 4) ..... .00 25 Pensions of NYS and local governments and the 25 25 .00 federal government ..... .00 **26** Taxable amount of Social Security benefits (from line 15) 26 .00 26 .00 Interest income on U.S. government bonds ..... 27 .00 27 .00 Pension and annuity income exclusion ..... 28 28 .00 .00 Other (Form IT-225, line 18) ..... 29 29 .00 30 30 Add lines 24 through 29 ..... .00 30 .00 97175.00 97175.00 New York adjusted gross income (subtract line 30 from line 23) 31





32 Enter the amount from line 31, *Federal amount* column .....

97175.00

0.00

4783.00

Name(s) as shown on page 1		Enter your Social Security number		IT-203 (2023) Page 3 of 4
GAURAV SHRIVASTAVA		087794728		REV 01/17/24 PRO
Standard deduction or itemized deduction				
33 Enter your standard deduction or your itemized ded	duction (f	rom Form IT-196).		
Mark an <b>X</b> in the appropriate box:	: 🔀 s	tandard – or – 🔲 Itemized	33	<b>00.</b> 0008
34 Subtract line 33 from line 32 (if line 33 is more than line	32, leave l	blank)	34	89175.00
35 Dependent exemptions (enter the number of dependent	s listed in l	tem I; see instructions)	35	000.00
36 New York taxable income (subtract line 35 from line 34	4)		36	89175 <b>.00</b>
Tax computation, credits, and other taxes				
37 New York taxable income (from line 36)			37	89175 <b>.00</b>
38 New York State tax on line 37 amount		ľ	38	4783.00
39 New York State household credit			39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 3	88, leave bl	ank)	40	4783.00
41 New York State child and dependent care credit			41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 4	10, leave bl	ank)	42	4783.00
43 New York State earned income credit			43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more tha  45 Income  New York State amount from line 3		eave blank)[	44	4783.00 Round result to 4 decimal places
percentage 97175.00		97175.00 =	45	
46 Allocated New York State tax (multiply line 44 by the deci	imal on line	45)	46	4783.00
47 New York State nonrefundable credits (Form IT-203-ATT	T, line 8)		47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 4	16, leave bl	ank)	48	4783.00
49 Net other New York State taxes (Form IT-203-ATT, line 3.	3)		49	.00
50 Total New York State taxes (add lines 48 and 49)			50	4783.00
New York City and Yonkers taxes, credits, and surcha	rges, and	MCTMT		
51 Part-year New York City resident tax (Form IT-360.1) .	51	.00		See instructions to compute
52 Part-year resident nonrefundable New York City				New York City and Yonkers
child and dependent care credit	52	.00		taxes, credits, and
52a Subtract line 52 from 51	52a	.00		surcharges.
52b MCTMT net earnings				
base for Zone 1 <b>52b</b>	.00			
52c MCTMT net earnings				
base for Zone 2 <b>52c</b>	.00			
52d MCTMT for Zone 1	52d	.00		0
52e MCTMT for Zone 2		.00		See instructions to compute the MCTMT for each zone.
<b>52f</b> Total MCTMT (add lines 52d and 52e)	52f	.00		LITE WICE INTERIOR EACH ZOITE.



56

53 Yonkers nonresident earnings tax (Form Y-203) .....

(Form IT-360.1) .....

**54** Part-year Yonkers resident income tax surcharge



53

54

Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54)

Sales or use tax (Do not leave blank.)

Voluntary contributions (Form IT-227, Part 2, line 1) .....

Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,

.00

.00

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<b>1099-R</b> our	NO
turn.	IAH
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savings	SIGN
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<b>59</b> E	Enter amount from line 58					59		4783.00
Pav	yments and refundable credits							
60 60a 61 62 63 64 65	Part-year NYC school tax credit (fixed amount) (also complete E on front) NYC school tax credit (rate reduction amount) Other refundable credits (Form IT-203-ATT, line 17) Total New York State tax withheld Total New York City tax withheld Total Yonkers tax withheld	.00 .00 .00 4817.00 .00		Form(s) I and subm return.  Do not se Form W-2	ole, complete T-2 and/or IT-1099-R it them with your end federal with your return. 4817.00			
_	ur refund, amount you owe, and account information	-						
68 68a	Amount overpaid (if line 66 is more than line 59, subtract line Amount of line 67 available for refund (subtract line 69 from TIP: Use this amount to check your refund status online. Amount of line 68 that you want to deposit into a NYS 529 account Total refund after NYS 529 account deposit (subtract line 68).	m line 6 t (Form 17	57) T-195, line 4) (	(also sui	bmit Form IT-195)			34 .00 34 .00 .00 34 .00
69	Mark one refund choice: Amount of line 67 that you want applied to your 2024 estimated tax (see instructions)  Amount you owe (if line 66 is less than line 59, subtract line 66 funds withdrawal, mark an X in the box and fill in I	o check (fill in lil 69	king or ine 73) - 0	pay b	paper check .00 y electronic		Refund? I easiest, fa refund.	Direct deposit is the stest way to get your
71	or money order you <b>must</b> complete Form IT-201-V and Estimated tax penalty (include this amount on line 70,					70		.00
72	or reduce the overpayment on line 67)  Other penalties and interest  Account information for direct deposit or electronic funds of the funds for your payment (or refund) would come from (or refund)	. <b>72</b> withdra		unt ou	.00 .00		proper as return.	uctions for the sembly of your
	73a Account type: X Personal checking - or - Per	rsonal s	savings - o	r-	Business ch	neckir	ng <b>- or -</b>	Business savings
	<b>73b</b> Routing number 021000322 <b>73c</b>	<b>c</b> Accc	ount number		48	308	33162443	3
74	Electronic funds withdrawal	Date			Amour	nt		.00
des	Third-party signee? (see instr.)  S No X Email:		Desiç (	gnee's   )	phone number			Personal identification number (PIN)
▼ P	Paid preparer must complete ▼ Preparer's NYTPRIN NY ex parer's signature Preparer's printed name	YTPRIN xcl. code	0   9	Your :	▼ Taxpa	yer(	s) must si	gn here ▼
Firm' GL(	ress Employer ider	TIN or SS 208270	SN 03 n number	IT	occupation PROFESSIO se's signature and			return)

See instructions for where to mail your return.

Email: GAURAV.SHRIVASTAVA@YMAIL.COM

Daytime phone number ( 201)657 2715



E BRUNSWICK NJ 08816 Email: SYAM@GTAXFILE.COM

245 ROONEY CT



Date

Date 04042024



Department of Taxation and Finance

## **Summary of W-2 Statements**

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1			Employer's information yer's name						
	, pumbo-		OSYS LIMITED						
<b>Box a Employee's</b> Social Security or this W-2 Record	, number		yer's address (number and st	reet)					
087794728			0 N GLENVILLE	,	150				
3ox b Employer identification numl	ber (FIN)	City	O IN GURINATUR	אות כ		State	ZIP code	Country	
	~CI (LIIV)		HARDSON			TX	75082	Country	
581760235									
Sox 1 Wages, tips, other compens		Box 12a /		Cod	e	Вох	14a Amount	1	Description
97175.	.00		27.00	С				31.00	NY SDI
Sox 8 Allocated tips		Box 12b /	Amount	Cod	е	Box	14b Amount		Description
	.00		4893.00	D	D			399.00	NY PFL
Sox 10 Dependent care benefits		Box 12c /	Amount	Cod	е	Box	14c Amount		Description
	.00		.00					.00	
ox 11 Nonqualified plans		Box 12d /		Cod	e e	Вох	14d Amount		Description
	.00		.00					.00	
ox 13 Statutory employee	Retirer	ment plan	Third-party sick pa  Box 16a NYS wages, tips	<b>'</b> Ш		Box 1	7a NYS income tax	withheld	Corrected (W-2c)
	c 15a	NIY		7175	00	201		4817.00	
NY	State	IN				Pov 1			
Other state information: Box	(15b	NT   T	Box 16b Other state wage			DUX 1	<b>7b</b> Other state incom		
othe	er state	NJ	9	9357	.00			.00	
IYC and Yonkers  Information (see instr.):  Localii	ty a	I8 Local w		ocality a	Box	19 Loca	income tax withheld	.00 Locality a	
N-2 Record 2  Box a Employee's Social Security or this W-2 Record		Emplo	Employer's information yer's name yer's address (number and st	reet)					
<b>Box b</b> Employer identification number	ber (EIN)								
		City				State	ZIP code	Country	
		City				State	ZIP code	Country	
ox 1 Wages, tips, other compens		City Box 12a	Amount	Cod			ZIP code	Country	Description
			Amount .00	Cod				Country	Description
	sation		.00	Cod	e	Вох			Description Description
ox 8 Allocated tips	sation	Box 12a /	.00	Cod	e	Вох	14a Amount		
ox 8 Allocated tips	sation .00	Box 12a /	.00 Amount	Cod	e e	Вох	14a Amount	.00	
ox 8 Allocated tips ox 10 Dependent care benefits	sation .00	Box 12a /	.00 Amount .00 Amount	Cod Cod Cod	e e	Вох	14a Amount 14b Amount	.00	Description
ox 8 Allocated tips  ox 10 Dependent care benefits	.00 .00	Box 12a /	.00 Amount .00 Amount .00	Codd Codd Codd	e e e	Вох	14a Amount 14b Amount	.00	Description  Description
ox 8 Allocated tips  ox 10 Dependent care benefits  ox 11 Nonqualified plans	.00	Box 12a /	.00 Amount .00 Amount .00 Amount	Codd Codd Codd Codd	e e e	Вох	14a Amount 14b Amount 14c Amount	.00	Description
ox 8 Allocated tips  ox 10 Dependent care benefits  ox 11 Nonqualified plans	.00 .00	Box 12a /	.00 Amount .00 Amount .00	Codd Codd Codd Codd	e e e	Вох	14a Amount 14b Amount 14c Amount	.00	Description  Description
ox 8 Allocated tips  ox 10 Dependent care benefits  ox 11 Nonqualified plans  ox 13 Statutory employee	.00 .00 .00 .00 .00 .00 .00 .00 .00	Box 12a /	.00 Amount .00 Amount .00 Amount	Codd Codd Codd	e e e	Вох	14a Amount 14b Amount 14c Amount	.00.	Description  Description
ox 8 Allocated tips  ox 10 Dependent care benefits  ox 11 Nonqualified plans  ox 13 Statutory employee	.00 .00 .00 .00	Box 12a / Box 12b / Box 12c / Box 12d /	.00 Amount .00 Amount .00 Amount .00 Third-party sick pa	Cod Cod Cod y L Cod , etc.	e e e	Вох	14a Amount  14b Amount  14c Amount  14d Amount	.00.	Description  Description  Description
Sox 8 Allocated tips  Sox 10 Dependent care benefits  Sox 11 Nonqualified plans  Sox 13 Statutory employee  IY State information:  Box  NY  Other state information:  Box	sation .00 .00 .00 .00 .00	Box 12a / Box 12b / Box 12c / Box 12d /	.00 Amount .00 Amount .00 Amount .00 Third-party sick pa	Codd Codd Codd y y , etc.	e e e e e e e e e	Box Box Box 1	14a Amount  14b Amount  14c Amount  14d Amount	.00 .00 .00 withheld	Description  Description  Description
ox 8 Allocated tips  ox 10 Dependent care benefits  ox 11 Nonqualified plans  ox 13 Statutory employee  IY State information:  Box NY  Other state information:  Box other  Other  IYC and Yonkers	sation .00 .00 .00 Retirer c 15a State c 15b er state	Box 12a // Box 12b // Box 12c // Box 12d //	.00 Amount .00 Amount .00 Amount .00 Third-party sick pa Box 16a NYS wages, tips	Codd Codd Codd y y , etc.	e e e e e e e e e e e e e e e e e e e	Box Box Box 1	14a Amount  14b Amount  14c Amount  14d Amount  7a NYS income tax	.00 .00 .00 withheld .00 e tax withheld .00	Description  Description  Description
Box 10 Dependent care benefits  Box 11 Nonqualified plans  Box 13 Statutory employee  NY State information:  Box  Other state information:  Box	sation .00 .00 .00 Retirer c15a State c15b er state Box 1	Box 12a // Box 12b // Box 12c // Box 12d //	Amount .00 Amount .00 Amount .00 Third-party sick pa Box 16a NYS wages, tips Box 16b Other state wage ages, tips, etc.	Codd Codd Codd y y , etc.	e e e e e e e e e e e e e e e e e e e	Box Box Box 1	14a Amount  14b Amount  14c Amount  14d Amount  7a NYS income tax  7b Other state incom	.00 .00 .00 withheld .00 e tax withheld .00	Description  Description  Corrected (W-2c)







#### 2023 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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**NJ-1040** 2023 Page 1

040MP01230

Your Social Security Number (required) 087794728

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint Filers enter first name and middle initial of each.}\ Enter\ spouse's / CU\ partner's\ last\ name\ ONLY\ if\ different.)$ 

SHRIVASTAVA GAURAV

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number)

148 LINDA LN APT 104

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ {\rm O\ 9\ 0\ 6} \end{array}$ 

City, Town, Post Office State ZIP Code EDISON NJ 08820

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No If joint return, does your spouse want to designate \$1? Spouse/CU Partner Yes No

#### **Direct Deposit Information**

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	4
dd2.	Account type (C for checking, S for savings)	dd2.	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4.	Routing number	dd4.	
dd5.	Account number	dd5.	



# **NJ-1040** 2023

Name(s) as shown on Form NJ-1040 SHRIVASTAVA GAURAV

Your Social Security Number 087794728

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Page 2

Part-	year res	idents, provide months/days	you were	a New Jersey resid	ent during 2023:	3: Fiscal year filers only:						
Fron	1:	To:					Enter mon	th of you	year end	2	024	
	ng Statu n only on											
1.	×	Single										
2.		Married/CU Couple, filing	joint retu	rn								
3.		Married/CU Partner, filing	separate 1	return								
4.		Head of Household				Enter spouse's/CU partner's SSN						
5.		Qualifying Widow(er)/Surv	viving CU	J Partner								
		Indicate the year of your sp	ouse's/C	U partner's death:	2021	2022						
	Regul Senior Blind/ Vetera Qualit Other Deper	s that apply. You must enter a tota ar r 65+ (Born in 1958 or earlier) Disabled	× e instruc	Self Self Self Self Storium	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		Domestic Partner	1	x \$1,000 = x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =			
14. a. b.	Last N	ident Information. Provide th	tial		· 		Social Security Number		Birth Year	Ne	o Health Insurance	
e. d.												

Your Social Security Number 087794728

1555

**NJ-1040** 2023 Page 3

040MP03230

15. Wago, salaries, Cip., and other campleyoe congressation (State wages from Box 1 of enclosed W-2(a)) (Sex instructions)					
10.   Tax-comprintencer income (Einclance Schodule) (See instructions) Do not include on line 16   17   17   17   17   17   17   17	15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	99357	•
17.   Dividends   17.   18.   17.   18.   17.   18.   19.   18.   19.   18.   19.   18.   19.   19.   18.   19.	16a.		16a.		•
18	16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a			•
19,   18   18   18   18   18   18   18   1	17.	Dividends	17.		•
20.   Exclubable pensions, annalities, and IRA distributions/withdrawnals (See instructions)   20.	18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		•
20.   First Industrie Persion, ministy, and IRA discribution/withdrawnals   20.   1.   2.   2.   2.   2.   2.   2.   2	19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		•
21   Distributive Share of Partnership Income (Schedule NJ-BUS-I, Part II, line 4) (Enclose Schedule NJ-R-1 or fideral Schedule K-1)   22	20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.		•
22   Net pro ruits share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Einclose Schedule NJ-BUS-1, Part IV, line 4)   22   23   24   24   24   24   24   24	20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		•
2.3.         Net gains or income from rents, royaltics, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)         23.         1	21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
24	22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		•
25.   Allimony and separate maintenance payments received   26.   04her (Enclose documents) (See instructions)   27.   999357   27.	23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
26.   Cheer (Enclosed documents) (See instructions)	24.	Net gambling winnings (See instructions)	24.		•
27.         Total Income (Add lines 15, 16a, 17 through 26a, and 21 through 26)         28.         99357         2           28.         Pension/Retirement Exclusion (See instructions)         28a.         2         2           28.         Pension/Retirement Exclusion (See worksheet D and instructions pages 19-20)         28b.         28c.         2           28.         Total Exclusion Amount (Add lines 28a and 28b)         28c.         2         99357         2           29.         New Jersey Gross Income (Subtract line 28e from line 27) (See instructions)         30.         1000         2           31.         Medical Expenses (See Worksheet F and instructions)         31.         1000         3           32.         Allmony and separate maintenance payments (See instructions)         33.         3         1000         3           33.         Qualified Conservation Contribution         36.         34.         2         3         3         3         4 <t< td=""><td>25.</td><td>Alimony and separate maintenance payments received</td><td>25.</td><td></td><td>•</td></t<>	25.	Alimony and separate maintenance payments received	25.		•
28a.         Pension Retirement Exclusion (See instructions)         28b.         .           28b.         User Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)         28b.         .           28b.         User Retirement Income Exclusion (See Worksheet D and instructions)         28b.         .         .           28b.         New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)         29         99357         .           30b.         Exemption Amount (Enter amount from line 13. Part-year residents see instr.)         30.         10000         .           31c.         Medical Expenses (See Worksheet F and instructions)         31.         .         .         .         .           32c.         Alimony and separate maintenance payments (See instructions)         33.         .	26.	Other (Enclose documents) (See instructions)	26.		
286.   Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)   286.   2	27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	99357	
28.	28a.	Pension/Retirement Exclusion (See instructions)	28a.		
29.   New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)   29.   99357   30.   Exemption Amount (Enter amount from line 13, Part-year residents see instr.)   30.   10000   2.	28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		
30.         Exemption Amount (Enter amount from line 13. Part-year residents see instr.)         30.         1000 0         1         4         1         4         1         4         1         1         4         1         4         1         2         1         3         1         4         2         2         3         2         1         3         3         2         2         2         3	28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		
31.   Medical Expenses (See Worksheet F and instructions)   31.   32.   32.   33.   32.   33.   33.   33.   33.   33.   33.   34.   34.   34.   34.   35.   34.   35.   34.   35.	29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	99357	
32.   Alimony and separate maintenance payments (See instructions)   32.   33.   34.   34.   34.   34.   34.   34.   34.   34.   34.   34.   34.   34.   34.   34.   35.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   37.   3	30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	
33.   Qualified Conservation Contribution   33.   34.   34.   34.   34.   34.   34.   34.   35.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   37	31.	Medical Expenses (See Worksheet F and instructions)	31.		
Health Enterprise Zone Deduction   34.   34.   34.   34.   34.   34.   34.   34.   34.   34.   34.   34.   34.   35.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   36.   37a.   37a.   37a.   37b.   37b.	32.	Alimony and separate maintenance payments (See instructions)	32.		
Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)   36.   37.   38.   38.   37.   38.   3	33.	Qualified Conservation Contribution	33.		
36. Organ/Bone Marrow Donation Deduction (See instructions)         36.         .         .           37a. NJBEST Deduction         37a.         .         .           37b. NJCLASS Deduction         37b.         .         .           37c. NJ Higher Ed. Tuition Deduction         37c.         .         .           38. Total Exemptions and Deductions (Add lines 30 through 37c)         38.         1 000 0.         .           38. Total Exemptions and Deductions (Add lines 29)         40a.         3 348 5.         .           40a. Total Property Taxes (18% of Reni) Paid (See instructions page 25)         40a.         3 348 8.         .           40b. Indicate your residency status during 2023 (fill in only one)         Homeowner         Tenant         Both           41. Property Tax Deduction (From Worksheet H) (See instructions)         41.         98 35 7 .         .           42. New Jersey Taxable Income (Subtract line 41 from line 39)         42.         98 35 7 .         .           43. Tax on amount on line 42 (Tax Table page 52)         43.         41 40 .         .           44. Credit For Income Taxes Pathel Income (Subtract line 44 from line 49)         45.         91 .         .           45. Balance of Tax (Subtract line 44 from line 43)         45.         91 .         .           46. Sheltered Workshop	34.	Health Enterprise Zone Deduction	34.		
NUBERT Deduction	35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	
37b.   NICLASS Deduction   37b.	36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		
No Higher Ed. Tuition Deduction   37c.   3	37a.	NJBEST Deduction	37a.		
38. Total Exemptions and Deductions (Add lines 30 through 37c)         38. 1000 9.         38. 1000 9.         39. 98 35 7.         2.         39. 98 35 7.         2.         40a. 3348 9.         3348 9.         3.348 9.         2.         348 3.         341 40 9.         2.         38357 9.         2.         4.         4049 9.         2.         328 2.         4.         4049 9.         2.         4.         4049 9.         2.         4.         4.         40	37b.	NJCLASS Deduction	37b.		
39.         Taxable Income (Subtract line 38 from line 29)         39.         98 35 7         4           40a.         Total Property Taxes (18% of Rent) Paid (See instructions page 25)         40a.         33 48         2           40b.         Indicate your residency status during 2023 (fill in only one)         Homeowner         Tenant         Both           41.         Property Tax Deduction (From Worksheet H) (See instructions)         41.	37c.	NJ Higher Ed. Tuition Deduction	37c.		
40a.         Total Property Taxes (18% of Rent) Paid (See instructions page 25)         40a.         3348         -           40b.         Indicate your residency status during 2023 (fill in only one)         Homeowner         Tenant         Both           41.         Property Tax Deduction (From Worksheet H) (See instructions)         41.         98357         -           42.         New Jersey Taxable Income (Subtract line 41 from line 39)         42.         98357         -           43.         Tax on amount on line 42 (Tax Table page 52)         43.         4140         -           44.         Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)         44.         4049         -           45.         Balance of Tax (Subtract line 44 from line 43)         45.         91         -           46.         Sheltered Workshop Tax Credit         45.         91         -           47.         Gold Star Family Counseling Credit (See instructions)         47.         48.         49.           48.         Credit for Employer of Organ/Bone Marrow Donor (See instructions)         48.         49.         49.           49.         Total Credits (Add lines 46 through 48)         49.         49.         49.         49.           50.         Balance of Tax After Credits (	38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	
Homeowner   Tenant   Both   Fenant   Repair   Tenant   Both   Fenant   Fe	39.	Taxable Income (Subtract line 38 from line 29)	39.	98357	
41. Property Tax Deduction (From Worksheet H) (See instructions)       41.	40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	3348	
42.       New Jersey Taxable Income (Subtract line 41 from line 39)       42.       98 35 7       43.       41 40       4         43.       Tax on amount on line 42 (Tax Table page 52)       43.       41 40       .         44.       Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)       44.       40 49       .         45.       Balance of Tax (Subtract line 44 from line 43)       45.       91       .         46.       Sheltered Workshop Tax Credit       46.       -       .         47.       Gold Star Family Counseling Credit (See instructions)       47.       -         48.       Credit for Employer of Organ/Bone Marrow Donor (See instructions)       48.       -       -         49.       Total Credits (Add lines 46 through 48)       49.       -       -         50.       Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry       50.       91       .         51.       Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0       51.       0       .         52.       Interest on Underpayment of Estimated Tax       52.       -       .         53.       Interest on Underpayment of Estimated Tax       52.       -       .	40b.	Indicate your residency status during 2023 (fill in only one)  Homeowner  Tenant	Both		
43.Tax on amount on line 42 (Tax Table page 52)43.41 40.44.Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)44.40 49.Enter Code3245.Balance of Tax (Subtract line 44 from line 43)45.91.46.Sheltered Workshop Tax Credit4647.Gold Star Family Counseling Credit (See instructions)4748.Credit for Employer of Organ/Bone Marrow Donor (See instructions)4849.Total Credits (Add lines 46 through 48)4950.Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry50.91.51.Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 051.0.52.Interest on Underpayment of Estimated Tax52Fill in if Form NJ-2210 is enclosed	41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.		
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code  45. Balance of Tax (Subtract line 44 from line 43) 46. Sheltered Workshop Tax Credit 47. Gold Star Family Counseling Credit (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 49. Total Credits (Add lines 46 through 48) 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 52. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	98357	
Enter Code  45. Balance of Tax (Subtract line 44 from line 43)  46. Sheltered Workshop Tax Credit  47. Gold Star Family Counseling Credit (See instructions)  48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)  49. Total Credits (Add lines 46 through 48)  50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry  51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0  52. Interest on Underpayment of Estimated Tax  Fill in if Form NJ-2210 is enclosed	43.	Tax on amount on line 42 (Tax Table page 52)	43.	4140	
45. Balance of Tax (Subtract line 44 from line 43) 46. Sheltered Workshop Tax Credit 46. Sheltered Workshop Tax Credit 47. Gold Star Family Counseling Credit (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 48. Total Credits (Add lines 46 through 48) 49. Total Credits (Add lines 46 through 48) 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 52. Interest on Underpayment of Estimated Tax 53. Fill in if Form NJ-2210 is enclosed	44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	4049	
46. Sheltered Workshop Tax Credit 47. Gold Star Family Counseling Credit (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 48. Total Credits (Add lines 46 through 48) 49. Total Credits (Subtract line 49 from line 45) If zero or less, make no entry 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 52. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed		Enter Code		32	
47. Gold Star Family Counseling Credit (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 49. Total Credits (Add lines 46 through 48) 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 51. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed 53. Fill in if Form NJ-2210 is enclosed	45.	Balance of Tax (Subtract line 44 from line 43)	45.	91	
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 49. Total Credits (Add lines 46 through 48) 49. 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 51. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed 52. Fill in if Form NJ-2210 is enclosed	46.	Sheltered Workshop Tax Credit	46.		
49. Total Credits (Add lines 46 through 48) 49. So. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 51. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed 52. Fill in if Form NJ-2210 is enclosed	47.	Gold Star Family Counseling Credit (See instructions)	47.		
50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry  51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0  52. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0  51. 0  52. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	49.	Total Credits (Add lines 46 through 48)	49.		
52. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed  52.	50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	91	
Fill in if Form NJ-2210 is enclosed	51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	_	
	52.	Interest on Underpayment of Estimated Tax	52.		
53a. Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions) 53a.		Fill in if Form NJ-2210 is enclosed			
	53a.	Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.		

## NJ-1040 2023



#### Name(s) as shown on Form NJ-1040 SHRIVASTAVA GAURAV

Your Social Security Number 087794728

1555

Page 4

53b.	If you indicated at line 53a that someone in your tax household does not	have health insurance, fill in to allow		53b.	
	Get Covered New Jersey to assist with obtaining coverage (See instruction	ons)			
53c.	Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule NJ-HCC an	ıd fill in	53c.	0.
54.	Total Tax Due (Add lines 50 through 53c)			54.	91 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year	ar residents, see instructions)		55.	
56.	Property Tax Credit (See instructions page 24)			56.	50 .
57.	New Jersey Estimated Tax Payments/Credit from 2022 tax return			57.	
58.	New Jersey Earned Income Tax Credit (See instructions)			58.	
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See	e instructions)		59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-245	50) (See instructions)		60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-	-2450) (See instructions)		61.	
62.	Wounded Warrior Caregivers Credit (See instructions)			62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)	)		63.	
64.	Child and Dependent Care Credit (See instructions)			64.	
	Fill in if you are a CU couple claiming the Child and Dependent Care Cr	edit			
65.	New Jersey Child Tax Credit (See instructions)			65.	
	Number of dependents age 5 or younger on 12/31/2023				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)			66.	50 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line	e 54 and enter the amount you owe		67.	41 .
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Sub	otract line 54 from line 66 and enter the overpa	ayment	68.	
69.	Amount from line 68 you want to credit to your 2024 tax			69.	
70.	Contribution to N.J. Endangered Wildlife Fund			70.	
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse			71.	
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund			72.	
73.	Contribution to N.J. Breast Cancer Research Fund			73.	
74.	Contribution to U.S.S. New Jersey Educational Museum Fund			74.	
75.	Other Designated Contribution (See instructions)	Enter 0	Code	75.	
76.	Other Designated Contribution (See instructions)	Enter C	Code	76.	
77.	Other Designated Contribution (See instructions)	Enter 0	Code	77.	•
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 throu	gh 77)		78.	
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)			79.	41 .
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68	8)		80.	

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA

P02082703

State of New Jersey – TGI
You can also make a payment on our website:
nj.gov/taxation

envelope and mail to: State of New Jersey Division of Taxation

Firm's Name
GLOBAL TAXES LLC

Firm's Federal Employer Identification Number

84-3171965

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:

e labels provided with the envelope and mail to New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the

Revenue Processing Center - Payments PO Box 111

Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:

Division Use: 1\_\_\_\_\_\_ 2\_\_\_\_\_ 3\_\_\_\_\_ 4\_\_\_\_\_ 5\_\_\_\_\_ 6\_\_\_\_\_ 7\_\_\_\_\_\_

Name(s) as shown on Form NJ-1040	Social Security Number
SHRIVASTAVA GAURAV	087-79-4728

Schedule NJ-BUS-2 (Form NJ-1040) New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2023

		Column A			Column B			
Part I Income (Loss)		Reportable Regular Business Income		Alternative Business Income (Loss)				
1.	Net Profits From Business	1a.	0.		1b.	0.		
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	0.		
5.	Loss Carryforward From Tax Year 2022				5b.	( 17,350.	)	
6.	Totals	6a.	0.		6b.	-17,350.		
Part	II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.					
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.					
9.	Business Increment (Subtract line 8 from line 7)	9.	0.					
10.	Adjustment Percentage	10.	(	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.					
Part	III Loss Carryforward to Tax Year 2024							
12.	Loss Carryforward to Tax Year 2024				12.	( 17,350.	)	

#### Instructions

Line 1a.	Enter the amount from line 18, Form NJ-1040.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 2a.	Enter the amount from line 21, Form NJ-1040.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 3a.	Enter the amount from line 22, Form NJ-1040.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 4a.	Enter the amount from line 23, Form NJ-1040.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 5b.	Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040).
Line 6a.	Enter the total of lines 1a through 4a.
Line 6b.	Enter the total of lines 1b through 5b, netting gains with losses.
Line 7.	Enter the amount from line 6a of this schedule.
Line 8.	Enter the amount from line 6b of this schedule. If loss, enter zero here.
Line 9.	Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
Line 10.	The adjustment percentage for Tax Year 2023 is 50% (0.50).

Line 11.

Line 12.

If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.

## **REQUIRED**

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040	Social Security Number
SHRIVASTAVA GAURAV	087-79-4728
Schedule NJ-HCC Health	Care Coverage 2023
If your income on line 29 is at or below the filing three	eshold (see instructions), do not complete this schedule.
Part I	
Did you and, if applicable, all members of your tax household, 2023? (See instructions for line 53c, NJ-1040.) Part-year residues of yes. You do not owe a shared responsibility pay	
schedule with your return.	ment. I ill ill the oval at line 336, N3-1040, and enclose this
No. Continue to Part II.	
If you or any member of your tax household does not <b>current</b> ! NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ	
Part II	
	. , , , , , , , , , , , , , , , , , , ,
Jan I	eb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Name Social Security Number	
Exemption number:	Check box if this individual has more than one exemption number
Jan I	eb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Name Social Security Number	
Exemption number:	Check box if this individual has more than one exemption number
Jan   I	eb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Name Social Security Number	
Exemption number:	Check box if this individual has more than one exemption number
	eb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Name Social Security Number	
Exemption number:	Check box if this individual has more than one exemption number
Jan   I	eb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Name Social Security Number	January P. May Gar. Tag Gop Got 1167 Boo
Exemption number:	Check box if this individual has more than one exemption number

GAURAV SHRIVASTAVA 087-79-4728 1

## Additional Information From 2023 New Jersey Tax Return

Form NJ-1040: Income Tax Resident Return -- Smart Worksheet Rent Paid

**Itemization Statement** 

Description	Amount
RENT (\$1550*12M)	18,600
Total	18,600