

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2023 or fiscal year (enter month and year ended)

Form header section containing personal information: Your first name and middle initial (ANGAD), Last name (SINGH), Your social security number (346-29-9531), Spouse's social security number, Home address (21 PATERSON STREET), City (JERSEY CITY), State (NJ), ZIP code (07307), Foreign country name, Foreign province/state/county, Foreign postal code, and checkboxes for You and Spouse.

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

[X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part II on page 2 to explain any changes.

Table with 4 columns: Line number, Description, A. Original amount reported or as previously adjusted (see instructions), B. Net change - amount of increase or (decrease) - explain in Part II, C. Correct amount. Rows include Income and Deductions (lines 1-5), Tax Liability (lines 6-11), Payments (lines 12-17), and Refund or Amount You Owe (lines 18-23).

Complete and sign this form on page 2.

**Part I Dependents**


Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

|           |  | A. Original number of dependents reported or as previously adjusted | B. Net change— amount of increase or (decrease) | C. Correct number |
|-----------|--|---|---|-------------------|
| <b>24</b> | Reserved for future use . . . . .  | <b>24</b>   |   |                   |
| <b>25</b> | Your dependent children who lived with you . . . . .                             | <b>25</b>   | 0   | 0                 |
| <b>26</b> | Reserved for future use . . . . .  | <b>26</b>   |   |                   |
| <b>27</b> | Other dependents . . . . .   | <b>27</b>   | 0   | 0                 |
| <b>28</b> | Reserved for future use . . . . .  | <b>28</b>   |   |                   |
| <b>29</b> | Reserved for future use . . . . .  | <b>29</b>   |   |                   |
| <b>30</b> | List <b>ALL</b> dependents (children and others) claimed on this amended return. |   |   |                   |

| Dependents (see instructions):   |                |           |                            | (d) Check the box if qualifies for (see instructions): |                          |                             |
|--|----------------|-----------|----------------------------|--|--------------------------|-----------------------------|
| If more than four dependents, see instructions and check here <input type="checkbox"/> | (a) First name | Last name | (b) Social security number | (c) Relationship to you                                | Child tax credit         | Credit for other dependents |
|  |                |           |                            |  | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |  | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |  | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |  | <input type="checkbox"/> | <input type="checkbox"/>    |

**Part II Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

|                               |  |   |                       |   |   |
|-------------------------------|--|---|-----------------------|---|---|
| <b>Sign Here</b>              | <b>Remember to keep a copy of this form for your records.</b>  |   |                       |   |   |
|                               | Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge. |   |                       |   |   |
|                               | Your signature   |  | Date                  | Your occupation   | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
|                               |  | 03/28/24  | BUSINESS INTELLIGENCE |   |   |
|                               | Spouse's signature. If a joint return, <b>both</b> must sign.  | Date  | Spouse's occupation   | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |   |
|                               |  |   |                       |   |   |
|                               | Phone no. (551) 226-2909   | Email address   |                       |   |   |
| <b>Paid Preparer Use Only</b> | Preparer's name  | Preparer's signature  | Date                  | PTIN  | Check if:   |
|                               | SYAM PRIYA RAM SAGAR GUPTA   | SYAM PRIYA RAM SAGAR GUPTA  | 03/28/2024            | P02082703   | <input type="checkbox"/> Self-employed                                    |
|                               | Firm's name  | Firm's address  |                       | Phone no.   | Firm's EIN  |
|                               | GLOBAL TAXES LLC   | 245 ROONEY CT E BRUNSWICK NJ 08816  |                       | (678) 965-9522  |   |

# Smart Worksheets From 2023 Federal Tax Return

Form 1040X: Amended Tax Return -- Smart Worksheet

**Form 1040-X Special Situations Smart Worksheet**

If filing Form 1040-X for one of the following reasons, check the related box:

|   |  |                          |
|---|--|--------------------------|
| 1 | Net operating loss (NOL) carryback included in adjusted gross income . . . . .   | <input type="checkbox"/> |
| 2 | General business credit carryback included in credits . . . . .  | <input type="checkbox"/> |
| 3 | Other carryback claim included in the return . . . . .   | <input type="checkbox"/> |
| 4 | Filing pursuant to section 301.9100-2 . . . . .  | <input type="checkbox"/> |
| 5 | Combat-injured veteran claiming a refund for incorrectly taxed disability compensation . . . . .                                 | <input type="checkbox"/> |
| 6 | Active duty reservists claiming a refund of the 10% additional tax paid on an early distribution from a qualified plan . . . . . | <input type="checkbox"/> |

Checking any of the above boxes will print text at the top of the 1040-X, per the IRS instructions.

If the IRS instructs you to print some other text at the top of Form 1040-X, enter that text here:  
AMENDMENT TAX RETURN TAX YEAR 2023

Form 1040X: Amended Tax Return -- Smart Worksheet

**Amendment Year Smart Worksheet**

Tax year being amended . . . . .  2023     2022     2021     2020     2019  
 or  
 Superseded

Form 1040X: Amended Tax Return -- Smart Worksheet

**Original 2023 Return Information Smart Worksheet**

**Original return filing status**

Single                       Married filing joint return                       Married filing separate return  
 Qualifying surviving spouse     Head of household

**1040X line number**

6 Tax. Enter method used to figure tax: QDCGTW

16 Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 . . . . . \_\_\_\_\_

Form 1040X: Amended Tax Return -- Smart Worksheet

**Original 2023 Return Overpayment Smart Worksheet**

A Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). . . . . 2,708.

Form 1040X: Amended Tax Return -- Smart Worksheet

|  |   |
|--|---|
| <b>Part II</b>   | <b>Form 1040-X Electronic Filing Part III Smart Worksheet</b> |
| <i>The direct deposit information on lines 31 through 33 applies <b>only</b> to electronically filed amended returns.<br/>Amended returns filed by mail are not eligible for direct deposit.</i> |   |
| 31   | Routing number . . . . . <u>021202337</u>                     |
|  | Type:   |
| 32   | <input checked="" type="checkbox"/> Checking                  |
|  | <input type="checkbox"/> Savings                              |
| 33   | Account number . . . . . <u>520055358</u>                     |

Form 1040X: Amended Tax Return -- Smart Worksheet

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| <b>Filing Address Smart Worksheet</b> |                                   |
| Send Form 1040X to:                   | <u>Department of the Treasury</u> |
|                                       | <u>Internal Revenue Service</u>   |
|                                       | <u>Kansas City, MO 64999-0052</u> |
|                                       | _____                             |
|                                       | _____                             |
|                                       | _____                             |