

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name

ANCY JOHNSON

Social security number

658-61-9025

Spouse's name

Spouse's social security number

## Part I 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.

1	Adjusted gross income	1	63,735.
2	Total tax	2	6,280.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,815.
4	Amount you want refunded to you	4	2,535.
5	Amount you owe	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties 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 belief, 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 originator (ERO) to send my return to the IRS 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, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. 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 for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC

ERO firm name

to enter or generate my PIN

1 9 0 2 5

Enter five digits, but don't enter all zeros

as my

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.

Your signature ▶

Date ▶

2/27/2024

### Spouse's PIN: check one box only

I authorize

ERO firm name

to enter or generate my PIN

Enter five digits, but don't enter all zeros

as my

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 ▶

Date ▶

### 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.

2 2 2 4 9 6 0 8 2 7 1

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  
Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20

Your first name and middle initial <b>ANCY</b>		Last name <b>JOHNSON</b>		Your social security number <b>658   61   9025</b>	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	

Home address (number and street). If you have a P.O. box, see instructions.  
**3445 GEMSTONE DR** Apt. no. **538**

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code  
**COLUMBUS** **IN** **47201**

Foreign country name Foreign province/state/county Foreign postal code

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
Check only one box.  
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** Someone can claim:  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Income</b> Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)		<b>1a</b>	75,233.
	<b>b</b> Household employee wages not reported on Form(s) W-2		<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions)		<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26		<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29		<b>1f</b>	
	<b>g</b> Wages from Form 8919, line 6		<b>1g</b>	
	<b>h</b> Other earned income (see instructions)		<b>1h</b>	0.
	<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>		
	<b>z</b> Add lines 1a through 1h		<b>1z</b>	75,233.
	<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>2b</b> Taxable interest	<b>2b</b>
	<b>3a</b> Qualified dividends	<b>3a</b> 18.	<b>b</b> Ordinary dividends	<b>3b</b> 18.
	<b>4a</b> IRA distributions	<b>4a</b>	<b>b</b> Taxable amount	<b>4b</b>
	<b>5a</b> Pensions and annuities	<b>5a</b>	<b>b</b> Taxable amount	<b>5b</b>
	<b>6a</b> Social security benefits	<b>6a</b>	<b>b</b> Taxable amount	<b>6b</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>			
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	<b>7</b>		
<b>8</b> Additional income from Schedule 1, line 10		<b>8</b>	-11,516.	
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		<b>9</b>	63,735.	
<b>10</b> Adjustments to income from Schedule 1, line 26		<b>10</b>		
<b>11</b> Subtract line 10 from line 9. This is your adjusted gross income		<b>11</b>	63,735.	
<b>12</b> Standard deduction or itemized deductions (from Schedule A)		<b>12</b>	13,850.	
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A		<b>13</b>		
<b>14</b> Add lines 12 and 13		<b>14</b>	13,850.	
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		<b>15</b>	49,885.	

Attach Sch. B if required.

**Standard Deduction for—**  
• Single or Married filing separately, \$13,850  
• Married filing jointly or Qualifying surviving spouse, \$27,700  
• Head of household, \$20,800  
• If you checked any box under Standard Deduction, see instructions.

Tax and Credits

Table with 4 columns: Line number, Description, Amount, Total. Rows 16-24.

Payments

Table with 4 columns: Line number, Description, Amount, Total. Rows 25-33.

If you have a qualifying child, attach Sch. EIC.

Refund

Table with 4 columns: Line number, Description, Amount, Total. Rows 34-36.

Amount You Owe

Table with 4 columns: Line number, Description, Amount, Total. Rows 37-38.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [ ] Yes. Complete below. [X] No

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Preparer's name: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Signature, Date: 02/23/2024, PTIN: P02082703, Firm's name: GLOBAL TAXES LLC, Firm's address: 245 ROONEY CT E BRUNSWICK NJ 08816, Phone no.: (678) 965-9522, Firm's EIN: 84-3171965

Paid Preparer Use Only

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. 01

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

Your social security number  
658-61-9025

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-11,516.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	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 . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(f) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-11,516.



**Part II Adjustments to Income**

11	Educator expenses . . . . .		11
12	Certain business expenses of reservists, performing artists, and fee-basis government 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 . . . . .		
	c Date of original divorce or separation agreement (see instructions): . . . . .		20
20	IRA deduction . . . . .		21
21	Student loan interest deduction . . . . .		22
22	Reserved for future use . . . . .		23
23	Archer MSA deduction . . . . .		23
24	Other adjustments:		
	a Jury duty pay (see instructions) . . . . .	24a	
	b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	24b	
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	24c	
	d Reforestation amortization and expenses . . . . .	24d	
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	24e	
	f Contributions to section 501(c)(18)(D) pension plans . . . . .	24f	
	g Contributions by certain chaplains to section 403(b) plans . . . . .	24g	
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	24h	
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	24i	
	j Housing deduction from Form 2555 . . . . .	24j	
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	24k	
	z Other adjustments. List type and amount: . . . . .	24z	
25	Total other adjustments. Add lines 24a through 24z . . . . .		25
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		26

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

2023 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

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

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

Your social security number 658-61-9025

Name(s) shown on return ANCY JOHNSON

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions.
B If "Yes," did you or will you file required Form(s) 1099? See instructions.

1a Physical address of each property (street, city, state, ZIP code) THEJUS HOUSE, VAIKOM P.O VAIKOM, KOTTAYAM KERALA IN 686141

Table with columns: 1b Type of Property, 2 Fair Rental Days, Personal Use Days, QJV. Rows A, B, C.

- Type of Property: 1 Single Family Residence, 2 Multi-Family Residence, 3 Vacation/Short-Term Rental, 4 Commercial, 5 Land, 6 Royalties, 7 Self-Rental, 8 Other (describe)

Main income/expense table with columns: Income, Expenses, Properties (A, B, C). Rows 3-26.

For Paperwork Reduction Act Notice, see the separate instructions.

# Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.  
 Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

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

Social security number of HSA beneficiary.  
 If both spouses have HSAs, see instructions.  
 658-61-9025

ANCY JOHNSON

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

		<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .		
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	0.	
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3,850.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .	0.	
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	3,850.	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .	3,850.	
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .	0.	
8	Add lines 6 and 7 . . . . .	3,850.	
9	Employer contributions made to your HSAs for 2023 . . . . .	1,000.	
10	Qualified HSA funding distributions . . . . .		
11	Add lines 9 and 10 . . . . .	1,000.	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	2,850.	
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	0.	

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions) . . . . .		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .		
c	Subtract line 14b from line 14a . . . . .		
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .		

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	
19	Qualified HSA funding distribution . . . . .	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	

**2023**

**Indiana Full-Year Resident  
Individual Income Tax Return**

Due April 15, 2024

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box if amending

Your Social Security Number  658  61  9025

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  ANCY Initial  Last name  JOHNSON Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)

3445 GEMSTONE DR 538

Place "X" in box if you are married filing separately.

City  COLUMBUS

State  IN

ZIP/Postal code  47201

Foreign country 2-character code (see instructions)

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on Jan. 1, 2023.

County where you lived  03 County where you worked  99

County where spouse lived  County where spouse worked

**Round all entries**

- |  |                         |                            |                         |
|--|-------------------------|----------------------------|-------------------------|
| 1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 _____ <b>Federal AGI</b> | <input type="text"/> 1  | <input type="text"/> 63735 | <input type="text"/> 00 |
| 2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 _____ <b>Indiana Add-Backs</b>   | <input type="text"/> 2  | <input type="text"/>       | <input type="text"/> 00 |
| 3. Add line 1 and line 2 _____   | <input type="text"/> 3  | <input type="text"/> 63735 | <input type="text"/> 00 |
| 4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ <b>Indiana Deductions</b>   | <input type="text"/> 4  | <input type="text"/>       | <input type="text"/> 00 |
| 5. Subtract line 4 from line 3 _____   | <input type="text"/> 5  | <input type="text"/> 63735 | <input type="text"/> 00 |
| 6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 _____ <b>Indiana Exemptions</b>                         | <input type="text"/> 6  | <input type="text"/> 1000  | <input type="text"/> 00 |
| 7. Subtract line 6 from line 5 _____ <b>Indiana Adjusted Gross Income</b>  | <input type="text"/> 7  | <input type="text"/> 62735 | <input type="text"/> 00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) _____                        | <input type="text"/> 8  | <input type="text"/> 1976  | <input type="text"/> 00 |
| 9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) _____                                     | <input type="text"/> 9  | <input type="text"/> 1098  | <input type="text"/> 00 |
| 10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) _____   | <input type="text"/> 10 | <input type="text"/>       | <input type="text"/> 00 |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ <b>Indiana Taxes</b>  | <input type="text"/> 11 | <input type="text"/> 3074  | <input type="text"/> 00 |



12. Enter credits from Schedule 5, line 13 (enclose schedule)
13. Enter offset credits from Schedule 6, line 8 (enclose schedule)
14. Add lines 12 and 13 \_\_\_\_\_ **Indiana Credits**
15. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes**
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16
18. Subtract line 17 from line 16 \_\_\_\_\_ **Overpayment**

19. Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).
- Enter your county code  county tax to be applied \$
- Spouse's county code  county tax to be applied \$
- Indiana adjusted gross income tax to be applied \$
- Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)
20. Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A

- a. Enter Code A if annualizing. Enter Code F if Farmer or Fisherman
21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund**

22. **Direct Deposit** (see instructions)
- a. Routing Number
- b. Account Number
- c. Type:  Checking  Savings  Hoosier Works MC
- d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions)
24. Penalty if filed after due date (see instructions)
25. Interest if filed after due date (see instructions)
26. **Amount Due:** Add lines 23, 24 and 25 \_\_\_\_\_ **Amount You Owe**

Do not send cash. Make your check or money order payable to:  
Indiana Department of Revenue. See instructions if paying with a credit card.

**Sign and date this return after reading the Authorization statement on Schedule 7. Remember to enclose Schedule 7.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

- Mail payments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





Name(s) shown on Form IT-40

ANCY JOHNSON

Your Social Security Number

658

61

9025

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000

1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 5  x \$1000  
You **MUST** enclose Schedule IN-DEP.

2  .00

3. You may claim an additional exemption for each qualifying dependent child:

- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
- who was under the age of 19 by Dec. 31, 2023; or
- who is a full-time student who was under the age of 24 by Dec. 31, 2023; and
- who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 6.  x \$1500

3  .00

4. Place "X" in box(es) below if, by Dec. 31, 2023

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000

4  .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500

5  .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6  x \$3000  
You **MUST** enclose Schedule IN-DEP-A.

6  .00

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 **Total Exemptions**

7 1000 .00



Name(s) shown on Form IT-40

ANCY JOHNSON

Your Social Security Number

658

61

9025

Round all entries

1. Indiana state tax withheld: See instructions _____	1	2338	.00
2. Indiana county tax withheld: See instructions _____	2	1250	.00
3. Pass Through Entity Tax Credit _____	3		.00
4. Estimated tax paid for 2023: include any extension payment made with Form IT-9 _____	4		.00
5. Unified tax credit for the elderly _____	5		.00
6. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	6		.00
7. Lake County residential income tax credit _____	7		.00
8. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	8		.00
9. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	9		.00
10. Headquarters relocation credit (refundable portion - see instructions) _____	10		.00
11. Adoption Credit _____	11		.00
12. Reserved for future use _____	12		.00
13. Add lines 1 through 12. Enter total here and on Form IT-40, line 12 _____ <b>Total Credits</b>	13	3588	.00

**Schedule IN-DONATE**

**Important:** The amount on line 2 cannot exceed the amount on Form IT-40, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)			
a. Enter fund name _____	code no.		1a _____ .00
b. Enter fund name _____	code no.		1b _____ .00
c. Enter fund name _____	code no.		1c _____ .00
2. Add lines 1a through 1c. Enter total here and on Form IT-40, line 17	<b>Total Donations</b>	2	_____ .00



23123111030

Name(s) shown on Form IT-40

ANCY JOHNSON

Your Social Security Number

658 61 9025

**1. Federal filing information**

Are you filing a federal income tax return for 2023? Place "X" in appropriate box. Yes  No

**2. Out-of-state income:** Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

\$  .00

State where spouse worked

Spouse's income

\$  .00

**3. Extension of time to file**

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

**4. Farm/Fishing income**

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.   
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

**6. Date of death**

If any individual listed at the top of the IT-40 died during 2023, enter date of death (MM/DD).

Taxpayer's date of death   2023 Spouse's date of death   2023

**Authorization: Sign Form IT-40 after reading the following statement.**

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

**7. Your daytime**

telephone number  9376544255

**Your**

email address

ANCYJ1103@GMAIL.COM

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

ZIP Code

**Paid Preparer: Firm's Name** (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN

P02082703

Address

245 ROONEY CT

City

E BRUNSWICK

State

NJ

ZIP Code

08816

Preparer's

signature  SYAM PRIYA RAM SAGAR GUPTA

### County Tax Schedule for Full-Year Indiana Residents

# 2023

Your Social Security Number

Name(s) shown on Form IT-40  
ANCY JOHNSON

658 61 9025

- |   | Column A - Yourself | Column B - Spouse's |
|---|---------------------|---------------------|
| 1. Enter the amount from IT-40, line 7. <b>Note:</b> If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____   | 1A 62735.00         | 1B .00              |
| 2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2023 _____   | 2A .0175000         | 2B .                |
| 3. Multiply line 1 by the rate on line 2 (leave blank if less than zero)  | 3A 1098.00          | 3B .00              |
| 4. Add lines 3A and 3B. Enter the total here. <b>Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.</b> Otherwise, enter the total here and on line 7 below (see instructions) _____ | 4 1098.00           | 5 .00               |
| 5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____  | 6 .00               | 7 1098.00           |
| 6. Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here _____   |                     |                     |
| 7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____  |                     |                     |







**Part IV. Declaration**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2023 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

I  
N  
D  
I  
A  
N  
A

Your PIN: Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 

1	9	0	2	5
---	---	---	---	---

 as my signature on my tax year 2023 electronically filed income tax return.  
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below.

Your signature ► *Angela...* Date 2/27/2024

Spouse's PIN: Check one box only

I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--

 as my signature on my tax year 2023 electronically filed income tax return.  
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below.

Your signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Part V. Practitioner Certification and Authentication - Practitioner PIN Method ONLY**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ► \_\_\_\_\_ Date \_\_\_\_\_

Part IV. Declaration

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2023 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

I  
N  
D  
I  
A  
N  
A

Your PIN: Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 1 9 0 2 5 as my signature on my tax year 2023 electronically filed income tax return. Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below.

Your signature ► [Signature] Date 2/27/2024

Spouse's PIN: Check one box only

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2023 electronically filed income tax return. Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below.

Your signature ► \_\_\_\_\_ Date \_\_\_\_\_

Part V. Practitioner Certification and Authentication - Practitioner PIN Method ONLY

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2 2 2 4 9 6 0 8 2 7 1  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ► \_\_\_\_\_ Date \_\_\_\_\_