(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

Submission Identification Number (SID)			
Taxpayer's name			
ANCY JOHNSON	Social securi		
Spouse's name	658-61 Spouse's so	cial security number	
	орошого о	,	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	are authorizing.)	
2.113 Whole dollars only on lines 1 through 5	your your		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
Adjusted gross income		1 63,	735.
- intertext , , , , , , , , , , , , , , , , , , ,			280.
4 Association for the tax withheld from Form(s) W-2 and Form(s) 1099			815.
and the full ded to you			535.
a Amount you owe		5	
Taxpayer Declaration and Signature Authorization (Be sure you get and k Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) my knowledge and belief, it is true, correct, and complete I further declare that the amended	een a col	by of your retur	n)
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmosend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I a Electronic Funds Withdrawal Consent.	S. Treasury cated in the on to debit the the authori uests must in processing	transmission, (b) the and its designated it tax preparation soft entry to this accordation. To revoke (correceived no late of the electronic pa	e reason Financial tware for unt. This cancel) a er than 2 syment of
Taxpayer's PIN: check one box only	_		
		1 9 0 2 5	
I authorize GLOBAL TAXES LLC to enter or generate ERO firm name signature on the income tax return (original or amended) I am now authorizing.		Enter five digits, but don't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.	hod. The E	izing. Check this RO must complet	box only te Part III
Spouse's PIN: check one box only			
I authorize to enter or generate to enter or generate 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	now author	Enter five digits, but don't enter all zeros prizing. Check this ERO must comple	s box only
Spouse's signature ▶ Date ▶	r		
Practitioner PIN Method Returns Only—continue belo	w		
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 4 Don	9 6 0 8 2 't enter all zeros	7 1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers	ubmitting thi	s return in accorda	ince with the
ERO's signature ▶ Date ▶	•		
ERO Must Retain This Form — See Instructions	3		
Don't Submit This Form to the IRS Unless Requested 1			

For the ye	er Jan. 1-	Dec. 31, 2023, or other ta	x year beginning		, 2023, end	ding		, 20	See se	eparate instruction
Your first	name and	middle initial	***	Last name					Your s	ocial security nun
ANCY				JOHNSO	N				658	61 9025
	urn, spous	se's first name and midd	le initial	Last name					Spouse	e's social security
Hama ad	dana fara	nber and street). If you h	ava a D.O. hav. and	landa sati ana				Apt. no.	Preside	ential Election Ca
		500000000000000000000000000000000000000	ave a r.o. box, see	riistructions.					Check	here if you, or yo
		ONE DR office. If you have a forei	an address also or	mnlete enece	es below	State	ZIP	538 code	spouse	e if filing jointly, w
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Foreign oc		ne		Fore	ign province/state/o		_	ign postal code	7 .	x or refund.
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Check only		☐ Married filing joint	tly (even if only o	ne had inco	me)					
one box.	· [☐ Married filing separate						iving spouse		
	ľ	f you checked the Mi	FS box, enter the	name of yo	ur spouse. If you	checked the Ho	OH or C	QSS box, ent	ter the ch	ild's name if the
		qualifying person is a								
Digital	At	any time during 2023	, did you: (a) rece	eive (as a re	ward, award, or p	payment for prop	erty or	r services); o	r (b) sell,	Mv
Assets		change, or otherwise						See instruction	ons.)	⊠ Yes □ I
Standar	_	meone can claim:			Your spouse		t			
Deduction	_	Spouse itemizes on	•						0 40-0	
		u: Were born bef	fore January 2, 19	959 🗌 Aı	•		1	fore January		Is blind Iffes for (see instru
Depende		e instructions): First name L	ast name		(2) Social security number	(3) Relation to you	ship	Child tax		Credit for other dep
If more than four	(1)	riistriairie L	ast harrie			- 7	_			
dependents	s. —						_	౼౼		<u> </u>
see instructi							$\overline{}$	H		n
and check here	\Box						\neg	ᅲ		i i
-	1a	Total amount from	Form(s) W-2 ho	x 1 (see ins	tructions)				. 1a	75,2
Income	, 12 b								. 1t	
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W-2 here. Als attach Forms	30	Medicaid waiver pa							. 10	4
W-2G and		Taxable dependent							. 16	•
1099-R if tax was withheld	. f	Employer-provided							. 11	
If you did not		Wages from Form 8							. 19	
get a Form	9	•	5010, mile 0							
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- 4040 (0000					Page 2
Form 1040 (2023	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		16	6,280.
Tax and	17	Amount from Schedule 2, line 3		17	
Credits		Add lines 16 and 17		18	6,280.
	18	Child tax credit or credit for other dependents from Schedule 8812		19	
	19	Amount from Schedule 3, line 8		20	
	20	Add lines 19 and 20		21	
	21	Subtract line 21 from line 18. If zero or less, enter -0		22	6,280.
	22	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	23	Add lines 22 and 23. This is your total tax		24	6,280.
	24			distant.	
Payments	25	Federal income tax withheld from:	8,811		
	а	Form(s) W-2	4		
	ь	Political 1000			
	C	Other forms (see instructions)		25d	8,815.
	d	Add lines 25a through 25c		26	
you have a	26	2023 estimated tax payments and amount applied from 2022 return		1862	
ualifying child, ttach Sch. ElC.	27	Earned income credit (EIC)			
illadi Scri. Ero.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15		32	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credit		33	8,815.
	33	Add lines 25d, 26, and 32, These are your total payments		-	2,535.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpain	4	. 34 35a	2,535.
101011	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	L	100000000000000000000000000000000000000	2,000.
Direct deposit?	b	Routing number 2 1 1 3 9 1 8 2 5 c Type: Checking	X Saving	gs	
See instructions.	d	Account number 6 4 0 5 9 9 6			
	36	Amount of line 34 you want applied to your 2024 estimated tax			
Amount	37	Subtract line 33 from line 24. This is the amount you owe.			
You Owe	31	For details on how to pay, go to www.irs.gov/Payments or see instructions		. 37	Car
Tou Owe	38	Estimated tax penalty (see instructions)			
		to discuss this poture with the IRS? See			⊠ No
Third Party		atmentions		ete below.	N HO
Designee		pointnee's Phone	Personal id number (Pl	ientification	
	na	me no.	nente and	to the hest o	of my knowledge and
Sign	Ur	ume note: Those section of perjury, I declare that I have examined this return and accompanying schedules and stater that they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information.	nation of v	which prepare	r has any knowledge.
_	be	slief, they are true, correct, and complete. Declaration of proparat (outside the proparation)			t you an Identity
Here	Yo	our signature Pour occupation	1	Protection Pl	N, enter it here
		2 27/2024 VAL/SIM ENGINEER		(see inst.)	
Joint return?				If the IRS ser	nt your spouse an
See instructions.		pouse's signature. If a joint return, both must sign. Date Spouse's occupation		(see inst.)	ection PIN, enter it he
Keep a copy for your records.				(300 111011)	
,		none no. (937) 654-4255 Email address ANCYJ1103@GMAIL.Co	MC		Ob sale if:
		Preparer's signature Date	PTI		Check if:
Paid	Pr	reparer's name Preparer's signature M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/20	24 P0	2082703	Seif-employed
_	SYA	M PRIYA RAM SAGAK GUPIN TALLAM START TINITA		Phone no.	(678) 965-9522
Preparer	Fi	m's name GLOBAL TAXES LLC m's address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's EIN	84-3171969
Use Only	Fi	m's address 245 ROONEY CT E BRONSWICK NO 00010	PRO		Form 1040 (20

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. 01

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

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

ANCY JOHNSON

Your social security number 658-61-9025

Pai	Additional Income		
1	take to the take of the take and look income takes		
2a	Alimony received		
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	_	
4	Other gains or (losses). Attach Form 4797		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . 5	1	-11,516.
6	Farm income or (loss). Attach Schedule F	-	
7	Unemployment compensation		
8	Other income:		
а	Net operating loss	1	
b	Gambling		
C	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555 8d ()		
е	Income from Form 8853	1	
f	Income from Form 8889	1	
g	Alaska Permanent Fund dividends 8g		
h	Jury duty pay		
i	Prizes and awards	-	
j	Activity not engaged in for profit income		
k	Stock options	- 1	
1	Income from the rental of personal property if you engaged in the rental		
	for profit but were not in the business of renting such property 81	- 1	
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)	1	
n	Section 951(a) inclusion (see instructions)	- 1	
0	Section 951A(a) inclusion (see instructions) 80	- 1	
р	Section 461(I) excess business loss adjustment	- 1	
q	Taxable distributions from an ABLE account (see instructions) 8q	- 1	
r	Scholarship and fellowship grants not reported on Form W-2 8r	- 1	
S	Nontaxable amount of Medicaid waiver payments included on Form		
	1040, line 1a or 1d	1	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
_	a nongovernmental section 457 plan 8t		
ш	Wages earned while incarcerated 8u	1 1	
Z	Other income. List type and amount:	1 .	
_	8z	l i	
9	Total other income. Add lines 8a through 8z	9	1
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form		
	1040, 1040-SR, or 1040-NR, line 8	10	-11,516
	1070, 1070-011, 01 1070-1411, IIII 0	10	

Schedule 1 (Form 1040) 2023 Part II Adjustments to Income 12 12 officials. Attach Form 2106 . 13 Health savings account deduction. Attach Form 8889 14 Moving expenses for members of the Armed Forces. Attach Form 3903 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed SEP, SIMPLE, and qualified plans 17 16 17 18 Penalty on early withdrawal of savings 18 19a Date of original divorce or separation agreement (see instructions): 20 21 Reserved for future use Archer MSA deduction Other adjustments: 24a Jury duty pay (see instructions) Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit 24b c Nontaxable amount of the value of Olympic and Paralympic medals 24c 24d d Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade 24f Contributions by certain chaplains to section 403(b) plans 24g h Attorney fees and court costs for actions involving certain unlawful 24h Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect Housing deduction from Form 2555 **24**j Excess deductions of section 67(e) expenses from Schedule K-1 (Form 24k Other adjustments. List type and amount: 24z Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10

SCHEDULE E (Form 1040)

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

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

Attachment Sequence No. 13 Your social security number

OMB No. 1545-0074

Department of the Treasury 658-61-9025 Internal Revenue Service Name(s) shown on return Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm ANCY JOHNSON Part I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions If "Yes," did you or will you file required Form(s) 1099? Physical address of each property (street, city, state, ZIP code) В VAIKOM, KOTTAYAM KERALA IN 686141 1a THEJUS HOUSE, VAIKOM P.O A В Personal Use QJV Fair Rental For each rental real estate property listed C Days Days above, report the number of fair rental and Type of Property 1b 0 personal use days. Check the QJV box only 310 (from list below) A if you meet the requirements to file as a В A qualified joint venture. See instructions. C В C 7 Self-Rental Type of Property: 5 Land 3 Vacation/Short-Term Rental 8 Other (describe) Single Family Residence 6 Royalties 4 Commercial 2 Multi-Family Residence Properties: C 710. Income: 3 Rents received . . . 3 4 Royalties received Expenses: 5 Advertising 5 6 Auto and travel (see instructions) 840. 6 7 Cleaning and maintenance 7 8 8 9 9 Legal and other professional fees 10 1,845. 10 11 11 Mortgage interest paid to banks, etc. (see instructions) 12 12 13 3,641. 13 14 Repairs 4,152. 14 15 Supplies 15 16 Taxes 1,748. 16 17 17 Depreciation expense or depletion 18 18 19 Other (list) 12,226. 19 Total expenses. Add lines 5 through 19 20 20 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must 21 -11,516. file Form 6198 21 Deductible rental real estate loss after limitation, if any, 11,516. 22 on Form 8582 (see instructions) 710. 23a Total of all amounts reported on line 3 for all rental properties 23a 23b Total of all amounts reported on line 4 for all royalty properties 23c Total of all amounts reported on line 12 for all properties . . 23d Total of all amounts reported on line 18 for all properties . . . 12,226. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 11,516. 25 24 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 25

-11,516.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. 52

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

ANCY JOHNSON

Department of the Treasury

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

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly Part I and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. X Self-only ☐ Family 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. Do not include employer contributions, 0. 2 If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for 3,850. 3 family coverage). All others, see the instructions for the amount to enter 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 0. 3,850. 5 5 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family 3,850. 6 coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage 7 0. 7 under an HDHP at any time during 2023, enter your additional contribution amount. See instructions. 3,850. 8 8 Employer contributions made to your HSAs for 2023 9 10 10 1,000. 11 11 2,850. 12 12 0. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a Total distributions you received in 2023 from all HSAs (see instructions) 14a 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 14b Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. 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 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% b Additional 20% tax (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 Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III 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 19 19 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . 20 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21 21

Form IT-40 State Form 154 (R22 / 9-23)

2023

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

Due April

15,	2024		
		-	

(R22 / 9-23)	If filing for a fiscal year, ent	ter the dates (see instr	uctions) (MM/DD/YYYY	Place "X" in box
	from	to:		if amending
Your Social Security Number 65		Spouse's Soci Security Numb	per	and it combines for ITIN
Your first name	Place "X" in box if applying for Initial	or ITIN Last name	Place "X" in t	oox if applying for ITIN Suffix
ANCY		JOHNSON		
If filing a joint return, spo	ouse's first name Initial	Last name		Suffix
Present address (number	er and street or rural route)			Disco "V" in how if you are
34	45 GEMSTONE DR 53	38		Place "X" in box if you are married filing separately.
City		State	ziP/F	Postal code
COLUMBI			IN 4	7201
Foreign country 2-chara	acter code (see instructions)			
worked on Jan. 1, 2023				
you lived 03	County where you worked 99	spouse		nty where use worked Round all entries
you lived 03 1. Enter your federal adj	0.0	spouse ur federal	e livedspo	Round all entries
you lived 03 1. Enter your federal adj income tax return, For	you worked 99	spouse ur federal ne 11	spo	Round all entries 1 63735.00
 you lived 03 Enter your federal adjincome tax return, Fo Enter amount from So 	you worked 99 justed gross income from yourm 1040 or Form 1040-SR, line	spouse ur federal ne 11	e lived spo Federal AGI Indiana Add-Backs	Round all entries 1 63735.00
you lived 03 1. Enter your federal adjincome tax return, For 2. Enter amount from Scalar Add line 1 and line 2	you worked 99 usted gross income from yourm 1040 or Form 1040-SR, lichedule 1, line 7, and enclose	spouse ur federal ne 11 e Schedule 1	spo Federal AGI Indiana Add-Backs	Round all entries 1 63735.00 2 .00 3 63735.00
1. Enter your federal adjincome tax return, For 2. Enter amount from So. Add line 1 and line 2_4. Enter amount from So.	you worked 99 usted gross income from yourm 1040 or Form 1040-SR, lichedule 1, line 7, and enclose	spouse ur federal ne 11 e Schedule 1 se Schedule 2	spo Federal AGI Indiana Add-Backs	Round all entries 1 63735.00 2 .00 3 63735.00
you lived 03 1. Enter your federal adj income tax return, For 2. Enter amount from Sc. 3. Add line 1 and line 2.4. Enter amount from Sc. 5. Subtract line 4 from line 3.	you worked 99 justed gross income from you rm 1040 or Form 1040-SR, lichedule 1, line 7, and enclose chedule 2, line 12, and enclose the 3	spouse ur federal ne 11 e Schedule 1 se Schedule 2	spo Federal AGI Indiana Add-Backs	Round all entries 1 63735.00 2 .00 3 63735.00 4 .00 5 63735.00
you lived 1. Enter your federal adjincome tax return, For 2. Enter amount from Sc. 3. Add line 1 and line 2. 4. Enter amount from Sc. 5. Subtract line 4 from line 6. Complete Schedule 3 and enclose Schedule 7. Subtract line 6 from line 7. Subtract line 6 from line 7.	you worked 99 justed gross income from you rm 1040 or Form 1040-SR, li chedule 1, line 7, and enclose chedule 2, line 12, and enclose the 3 B. Enter amount from Schedu e 3 ne 5	spouse or federal ne 11 e Schedule 1 se Schedule 2 lle 3, line 7,	Federal AGI Indiana Add-Backs Indiana Deductions	Round all entries 1 63735.00 2 .00 3 63735.00 4 .00 5 63735.00
you lived 1. Enter your federal adjincome tax return, For 2. Enter amount from Sc. 3. Add line 1 and line 2. 4. Enter amount from Sc. 5. Subtract line 4 from line 6. Complete Schedule 3 and enclose Schedule 7. Subtract line 6 from line 8. State adjusted gross	you worked 99 Justed gross income from yourm 1040 or Form 1040-SR, line 1040-SR, line 12, and enclose the dule 2, line 12, and enclose 12. Justed gross income from your from 1040-SR, line 1040-SR,	spouse ur federal ne 11 e Schedule 1 se Schedule 2 ale 3, line 7, Indiana A	Federal AGI Federal AGI Indiana Add-Backs Indiana Deductions Indiana Exemptions	Round all entries 1 63735.00 2 .00 3 63735.00 4 .00 5 63735.00 6 1000.00 6 7 62735.00
1. Enter your federal adjincome tax return, For 2. Enter amount from Sc. 3. Add line 1 and line 2_4. Enter amount from Sc. 5. Subtract line 4 from line 6. Complete Schedule 3 and enclose Schedule 7. Subtract line 6 from line 8. State adjusted gross (if answer is less than 9. County tax. Enter county tax. Enter county tax. Enter county tax.	you worked 99 Justed gross income from you rm 1040 or Form 1040-SR, line 1040-SR, lin	spouse ur federal ne 11 e Schedule 1 se Schedule 2 lle 3, line 7, Indiana A y 3.15% (.0315) 8	Federal AGI Federal AGI Indiana Add-Backs Indiana Deductions Indiana Exemptions Adjusted Gross Income	Round all entries 1 63735.00 2 .00 3 63735.00 4 .00 5 63735.00 6 1000.00 7 62735.00
1. Enter your federal adjincome tax return, For 2. Enter amount from Sc. 3. Add line 1 and line 2_4. Enter amount from Sc. 5. Subtract line 4 from line 6. Complete Schedule 3 and enclose Schedule 7. Subtract line 6 from line 8. State adjusted gross (if answer is less than 9. County tax. Enter county tax. Enter county tax. Enter county tax.	you worked 99 Justed gross income from yourm 1040 or Form 1040-SR, line 1040-SR, line 12, and enclose the dule 2, line 12, and enclose 12. Justed gross income from your me 1040-SR, line 1040-SR, l	spouse ur federal ne 11 e Schedule 1 se Schedule 2 ele 3, line 7, Indiana A y 3.15% (.0315)	Federal AGI Federal AGI Indiana Add-Backs Indiana Deductions Indiana Exemptions	Round all entries 1 63735.00 2 .00 3 63735.00 4 .00 5 63735.00 6 1000.00 7 62735.00
1. Enter your federal adjincome tax return, For 2. Enter amount from Sc. 3. Add line 1 and line 2_4. Enter amount from Sc. 5. Subtract line 4 from line 6. Complete Schedule 3 and enclose Schedule 7. Subtract line 6 from line 8. State adjusted gross (if answer is less than 9. County tax. Enter county tax.	you worked 99 Justed gross income from you rm 1040 or Form 1040-SR, line 1040-SR, lin	spouse ur federal ne 11 e Schedule 1 se Schedule 2 lle 3, line 7, Indiana A y 3.15% (.0315) 8 CT-40 9	Federal AGI Federal AGI Indiana Add-Backs Indiana Deductions Indiana Exemptions Adjusted Gross Income	Round all entries 1 63735.00 2 .00 3 63735.00 4 .00 5 63735.00 6 1000.00 7 62735.00





Sign	nature Date	-	Spouse's Signature		Da	ate
Sigı	Indiana Department of Revenue. See instructions if paying we nand date this return after reading the Authorization state			r to e	nclose Schedule 7.	
26.	Amount Due: Add lines 23, 24 and 25	to:			V	• • • • • • • • • • • • • • • • • •
			Amount You Ov			. 00
	Interest if filed after due date (see instructions)			2	5	
24.	Penalty if filed after due date (see instructions)			24		.00
23.	If line 15 is more than line 14, subtract line 14 from line 15. A line 20 (see instructions)			23		.00
	d. Place an "X" in the box if refund will go to an account outs					
	c. Type: Checking X Savings Hoosier Works					
	b. Account Number 6 4 0 5 9 9 6					
22.	a. Routing Number 2 1 1 3 9 1 8 2 5					
21.		e line 2	3 instructions four Returns	[2]	J	1000
24	 a. Enter Code A if annualizing. Enter Code F if Farmer or Fish Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see 			21	514	
20.						1.000
20	Penalty for underpayment of estimated tax account (a + b + c, ca			20		.00
	Total to be applied to your estimated tax account (a + b + c; ca			19d		.00
	Indiana adjusted gross income tax to be applied\$.00			
	Spouse's county code county tax to be applied _\$					
	Enter your county code county tax to be applied \$					
	Amount from line 18 to be applied to your 2024 estimated tax a					
	Subtract line 17 from line 16				514	.00
	Enter donations from Schedule IN-DONATE (enclose schedule			17		.00
	If line 14 is equal to or more than line 15, subtract line 15 from			16	514	.00
	Enter amount from line 11			15	3074	.00
	Add lines 12 and 13			14	3588	.00
	Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	.00			
12.	Enter credits from Schedule 5, line 13 (enclose schedule)	12	3588.00			

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.





15123121030

2023

Schedule 3 Form IT-40, State Form 53997 (R14 / 9-23)

(K14/8-23)		Your Socia	I Security	Number	_
Name(s) shown on Form IT-40		658	61	9025	
ANCY JOHNSON		Chill	d Informa	ation if you are	claiming
ANCY JOHNSON Complete and enclose Schedule IN-DEP: Dependent Information a dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP: Dependent Information and Dependents on lines 6 below.	ind Additional Ledule IN-DEP-A	: Adopted Depe	ndent In	formation if yo	ou are
dependents on lines 2 and/or 3 below. Complete and characteristics claiming dependents on line 6 below.				Round all en	tries
			1	1	000.00
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$100	0		-		
Enter the number of dependents listed on Schedule IN-DEP, Box Sou MUST enclose Schedule IN-DEP.	5 x \$1	1000	2		.00
 3. You may claim an additional exemption for each qualifying depend who is a son, stepson, daughter, stepdaughter, foster child an legal guardian; 	dent child: nd/or child for wl	nom you are a			
 who was under the age of 19 by Dec. 31, 2023; or 	- 24 2022; and				
 who is a full-time student who was under the age of 24 by Dec who you are eligible to claim as a dependent on line 2 above. 	C. 31, 2023, and	,			
					———
Enter the number of additional dependents listed on Schedule IN-DEP, Box 6. x \$1500			3		00
listed on Schedule II4-DE1, Box 6.					
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			ГТ		
Total number of boxes with Xs x \$1000			4		.00
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 	1 \$20,000, place	e "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 \$4	10.000. place ")	C" 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
ter the number of additional adopted child					
emptions listed on Schedule IN-DEP-A, Box 6 x \$3000_			6		00
u MUST enclose Schedule IN-DEP-A.					
d lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6	Tota	al Exemptions	7		1000.00

Schedule 5: Credits

2023

1c

2

Enclosure Sequence No. 04

(R14/9-23)		Your Social S	Security N	umber	
Name(s) shown on Form IT-40		658	61	9025	
ANCY JOHNSON			R	ound all entries	
			1	2338.	00
1. Indiana state tax withheld: See instructions	S			1250.	00
2. Indiana county tax withheld: See instruction	ns		2		00
3. Pass Through Entity Tax Credit			3		00
4. Estimated tax paid for 2023; include any e	xtension payment made with Form IT-9 _		5		00
5. Unified tax credit for the elderly					00
6. Earned income credit: enclose Schedule II	N-EIC and enter amount from line A-3		6		00
7. Lake County residential income tax credit			7	•	UU
No. Lake County residential income tax cream. S. Economic development for a growing economic 19 (enclose schedule)	omy credit. Enter amount from Schedule	IN-EDGE,	8		00
9. Economic development for a growing econ Schedule IN-EDGE-R, line 19 (enclose sch	omy retention credit. Enter amount from		9		0
Headquarters relocation credit (refundable)	portion - see instructions)		10		0
Adoption Credit			11		.0
15- a feature USP		Total Credits		3588	.0
2. Reserved for future use 5. Add lines 1 through 12. Enter total here an	d on Form IT-40, line 12	_ Total Oreum			
	Schedule IN-DONATE	Form IT-40	line 16.		
Important: The amou	int on line 2 cannot exceed the amount	OH FUHH H-40	,		
no per de and	amount to be donated (see instruction	s)			7 1
Donations: List fund name, 3-digit code and	code no	0.	1a		
a. Enter fund name	code n	0.	1b		
s stor fund name	Code II		40		



code no.

Total Donations

b. Enter fund name

c. Enter fund name

2. Add lines 1a through 1c. Enter total here and on Form IT-40, line 17

Sch				
Form		State	Form	54000

Schedule 7: Additional Required Information 2023 Enclosure Sequence No. 06

Name(s) shown on	Form 11-40		Your Socia	al Security Number
ANCY JOHNSC	N		658	61 9025
 Federal filing info Are you filing a federal 	rmation al income tax return for 2023? Plac	e "X" in appropriate l	oox. Yes X No	
income from Illinois, K	me: Complete if you and/or your s kentucky, Michigan, Ohio, Pennsylv nd/or your spouse worked.	pouse (if filing a joir ania or Wisconsin. <u>E</u>	it return) received any s nter two-digit code numb	alary, wage, tip and/or commission er from the back of Schedule CT-40
State where you work	Your income		where spouse worked	Spouse's income
Extension of time a. Place "X" in box i		•	n 4868, or made an onlin	
b. Place "X" in box i	f you have filed an Indiana extensi	on of time to file, Fo	rm IT-9, or made an Indi	ana extension payment online.
	me east two-thirds of your gross incomed an "X" in the box, you MUST att			
	ilers. If you are eligible to file feder 0PA, enclose Schedule IN-40PA a		est for Innocent Spouse	e Relief, and are completing
6. Date of death If any individual listed	at the top of the IT-40 died during	g 2023, enter date o	f death (MM/DD).	
Taxpayer's dat	te of death 20	23 Spouse's date	of death	2023
Under penalty of perjur plete and correct. I und taxes due under this re Revenue (DOR) to furn ensure my refund is pro	orm IT-40 after reading the folkoy, I have examined this return and erstand that if this is a joint return turn. Also, my request for direct dish my financial institution with moperly deposited. I grant permission (s) used on this return is correct.	d all attachments an n, any refund will be eposit of my refund y routing number, ac	made payable to us joir includes my authorizati ecount number, account	ntly and each of us is liable for all on to the Indiana Department of t type and Social Security number to
7. Your daytime telephone number	9376544255	Your email address	ANCYJ11	.03@GMAIL.COM
I authorize the Departr personal representativ	ment to discuss my return with	my Pai		me (or yours if self-employed)
	es, complete the information b	elow. GI	OBAL TAXES LI	LC
Personal Representation	ve's Name (please print)		IN-OPT on file with pa	id preparer if not filing electronically
		PTI	P02	082703
Telephone number		Ade	dress 245 ROONE	Y CT
Address		Cit	E BRUN	SWICK
City		Sta		ZIP Code 08816
State	ZIP Code		parer's nature SYAM PR	IYA RAM SAGAR GUPTA
	ZII 0000			



Schedule CT-40 Form IT-40, State Form 47907 (R22 / 9-23)

County Tax Schedule for Full-Year Indiana Residents

2023

Enclosure Sequence No. 07

100	Form IT-40, State Form 4700	
	(R22 / 9-23) Your Social S	ecurity Number
١	(a) about on Form IT-40	61 9025
	NCY JOHNSON 658	
1.	Enter the amount from IT-40, line 7. Note : 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	Column B - Spouse's
	Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2023	2B
	Add lines 3A and 3B. Enter the total here. 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. Otherwise, enter the total here and on line 7 below (see instructions)	4 1098.00
5.	Enter the amount of income that was taxed by certain Kentucky localities (see instructions)	5 .00
	Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here	7 1098.00
7.	. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40	



Form IT-8879 State Form 53399 (R19 / 9-23)

Indiana Individual Income Tax DECLARATION OF ELECTRONIC FILING Income Tax for the Tax Year January 1 - December 31, 2023

Do Not Mail This Form To DOR

	Submission ID			
First Name and Middle Initial	Last Name			
ANCY	ANCY			Your Social Security Number
Spouse's First Name and Middle Initial	Spouse's First Name and Middle Initial Spouse's Last Name		658 61 9025	
				Spouse's Social Security Number
Street Address	City	State	ZIP Code	Daytime Telephone Number
3445 GEMSTONE DR 538	COLUMBUS	IN	47201	937 654 4255
Part I. 1. Federal Adjusted Gross Income	Tax Return Information (e)
2. Indiana Adjusted Cross Income	•••••••••••••••••••••••••••••••••••••••	1	•	63735.
Indiana Adjusted Gross Income				62735.
Total Indiana Tax				3074.
4. Total State Tax Withheld		4		2338.
5. Total County Tax Withheld		5		1250.
Total Indiana Tax Credits		6	•	3588.
7. Refund	70 1	7		
8. Amount You Owe	13 / 11/10	2,0		514.
9. Estimated Payments:	Part II. Estimate		Date	e of Withdrawal
	Payment 2: Amou	int	Date	e of Withdrawal
	Payment 3: Amou	int	Date	e of Withdrawal
	Payment 4: Amou	nt	Date	e of Withdrawal
	Part III. Electroni	c Settlement		
10. Type of settlement: Direct Depos	it of Refund		7	
☐ Direct Debit of	of Amount Owed Amou	nt	Dat	e of Withdrawal
11. Routing number: 2 1 1 3 9	1 8 2 5 Note: 7	The first two digits of	the routing	g number must be 01 - 12 or 21 - 32.
12. Account number: 6 4 0 5 9	9 6			Do Not Mai
3. Type of account:				This Form To DOR
4. Place an "X" in the box if refund will go	to an account outside the U	nited States.		

My request for direct deposit of my refund, direct debit of the amount I owe, or direct debit for estimated payments of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund or payment is properly processed.

Part IV. Declaration

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 A filed income tax return. 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.	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 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.
authorize GLOBAL TAXES LLC to enter my PIN 1 9 0 2 5 Do not enter all zeros	Your PIN: Check one box only
Spouse's PIN: Check one box only authorize	N lauthorize GLOBAL TAXES LLC to enter my PIN 1 9 0 2 5 as my signature on my tax year 2023 electronically ∧
Spouse's PIN: Check one box only	Your signature A will also your return is filled using the Practitioner PIN method. The ERO must complete part IV below.
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 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.	☐ I authorize to enter my PIN as my signature on my tax year 2023 electronically
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.	☐ I will enter my PIN as my signature on my tax year 2023 electronically filed income tay feture. Check this box only if you are
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.	Your signature ▶
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.	Part V. Providi and Carlo
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.	Pactitioner Certification and Authentication - Practitioner PIN Method ONLY
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	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 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 DOR earding my ERO and/or transmission. 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. Your PIN: Check one box only as my signature on my tax year 2023 electronically X lauthorize GLOBAL TAXES LLC to enter my PIN 1 9 0 2 5 filed income tax return. 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 > Spouse's PIN: Check one box only as my signature on my tax year 2023 electronically ☐ I authorize to enter my PIN filed income tax return. ☐ 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 ▶ 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 0 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.

Date

REV 02/02/24 PRO

ERO's signature ▶