

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SHASHI REKHA GANGASANI	Social security number 689-80-2659
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	54,003.
2	Total tax	2	4,601.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,385.
4	Amount you want refunded to you	4	784.
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 to enter or generate my PIN

0	2	6	5	9
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 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 ▶ G. Shashi Rekha Date ▶ 02/26/2024

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 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 , 20 See separate instructions.

Your first name and middle initial SHASHI REKHA Last name GANGASANI Your social security number 689 80 2659

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. 4222 HIGHWOOD DRIVE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. JACKSONVILLE FL 32216 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.

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

Filing Status [X] 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 [X] 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

Table with 5 columns: (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. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (63,851); 1h Other earned income (0); 1z Add lines 1a through 1h (63,851).

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss); 8 Additional income from Schedule 1, line 10 (-9,848); 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (54,003); 11 Subtract line 10 from line 9. This is your adjusted gross income (54,003); 12 Standard deduction or itemized deductions (from Schedule A) (13,850); 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (40,153).

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	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	4,601.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,601.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,601.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	4,601.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	5,385.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	5,385.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	5,385.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	784.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	784.
Direct deposit? See instructions.	b	Routing number 021200339 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 381037969781		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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.

Your signature <i>G. Shashi Retha</i>	Date 02/26/2024	Your occupation DATABASE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (617) 650-3180	Email address SHASHIREKHA1320@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/22/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
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

**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 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

SHASHI REKHA GANGASANI

Your social security number

689-80-2659

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-9,848.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-9,848.

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

Schedule 1 (Form 1040) 2023

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	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
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 adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(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.

Name(s) shown on return

SHASHI REKHA GANGASANI

Your social security number

689-80-2659

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 Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A PLOT NO: 183,184 SAI NAGAR COLONY, ROAD CHOWDERIGUDA, GHATKESAR, TELANGANA IN 500088

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		315		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 480.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 880.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,527.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,512.		
15 Supplies	15 3,524.		
16 Taxes	16		
17 Utilities	17 1,885.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 10,328.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -9,848.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,848.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 480.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 10,328.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (9,848.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -9,848.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-9,848.

Schedule E (Form 1040) 2023

FORM 40 Alabama 2023 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2023, or other tax year:

Beginning: ● Ending: ●

Your social security number

● 689-80-2659

Spouse's SSN if joint return

●

● Check if primary is deceased
Primary's deceased date (mm/dd/yyyy) ●

● Check if spouse is deceased
Spouse's deceased date (mm/dd/yyyy) ●

Your first name

● SHASHI REKHA

Initial

●

Last name

● GANGASANI

Spouse's first name

●

Initial

●

Last name

●

Present home address (number and street or P.O. Box number)

● 4222 HIGHWOOD DRIVE

City, town, or post office

● JACKSONVILLE

State

● FL

ZIP code

● 32216

Check if address is outside U.S. ●

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

Filing Status/Exemptions 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ● NRA
2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
	5a	●	5b	●
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)				
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):	2,523	●	63,851	●
6 Interest and dividend income (also attach Schedule B if over \$1,500)		●		●
7 Other income (from page 2, Part I, line 8)		●	-9,848	●
8 Total income. Add amounts in the income column for line 5b through line 7		●	54,003	●
9 Total adjustments to income (from page 2, Part II, line 16)		●		●
10 Adjusted gross income. Subtract line 9 from line 8.		●	54,003	●

Deductions

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.

11	●	4,885	15	●	10,986
12	●	4,601	16	●	43,017
13	●	1,500	17	●	2,113
14	●		18	●	2,113
15	●		19	●	0

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return.

16	●		20a	●	
17	●		20b	●	
18	●		21	●	2,113
19	●				

Payments

22	●	2,523	27	●	2,523
23	●		28	●	
24	●		29	●	2,523
25	●				
26	●				

AMOUNT YOU OWE

30	●		31	●	
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OVERPAID

32	●	410	33	●	
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Donations

34	●		35	●	410
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REFUND

If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32

For Direct Deposit, check here ● and complete Part V, Page 2.



PART I

1	Alimony received	1	●
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●
4	Retirement Income (attach Schedule RS)	4	●
5	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	5	●
6	Farm income or (loss) (attach Federal Schedule F)	6	●
7	Other income (state nature and source — see instructions)	7	●
8	Total other income. Add lines 1 through 7. Enter here and also on page 1, line 7	8	●

PART II

1a	Your IRA deduction	1a	●
b	Spouse's IRA deduction	1b	●
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
3	Penalty on early withdrawal of savings	3	●
4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
5	Adoption expenses	5	●
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	●
7	Self-employed health insurance deduction	7	●
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
9	Health insurance deduction for small employer employee (see instructions)	9	●
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
11	Deposits to a catastrophe savings account	11	●
12	Contributions to a health savings account	12	●
13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	●
14	Firefighter's Insurance Premium	14	●
15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	●
16	Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9	16	●

PART III

1	Total number of dependents from Schedule DS, line 1b	1	●
2	Amount allowed. Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2	●

PART IV

General Information

1 **Residency** Check only one box Full Year Part Year From _____ 2023 through _____ 2023.

2 Did you file an Alabama income tax return for the year 2022? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours INFOSMART TECHNOLOGIES, INC. 5400 LAUREL SPRINGS PKWY STE 706 SUWANEE GA 300246084
Your Spouse's _____

All Taxpayers Must Complete This Section.

4 Enter the Federal Adjusted Gross Income ● \$ 54,003 and Federal Taxable Income ● \$ 40,153 as reported on your 2023 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? Yes No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ●	Amount ●
Source ●	Amount ●

PART V For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.)

Direct Deposit

1 Routing Number: 021200339 2 Type: Checking Savings 3 Account Number: 381037969781

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Your state ● <u>XX</u> DL# ● <u>XXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>
DOB (mm/dd/yyyy) ● _____ Spouse state ● _____ DL# ● _____ Iss date (mm/dd/yyyy) ● _____ Exp date (mm/dd/yyyy) ● _____

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
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.

Sign Here In Black Ink Keep a copy of this return for your records.

Your Signature <u>G. Shashi Raha</u>	Date <u>02/26/2024</u>	Daytime Telephone Number <u>(617) 650-3180</u>	Your Occupation <u>DATABASE DEVELOPER</u>
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
Preparer's Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>02/22/2024</u>	Check if Self-employed <input type="checkbox"/> Preparer's SSN or PTIN <u>P02082703</u>	E.I. Number <u>84-3171965</u>
Firm's Name (or yours if self employed) <u>GLOBAL TAXES LLC</u>	Daytime Telephone No. <u>(678) 965-9522</u>	ZIP Code <u>08816</u>	
Address <u>245 ROONEY CT E BRUNSWICK NJ</u>			

**SCHEDULES
A, B, & DC
(FORM 40)**



(Schedules B and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40 SHASHI REKHA GANGASANI	Your social security number 689-80-2659
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The itemized deductions you may claim for the year 2023 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

	CAUTION: Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses	1 Medical and dental expenses.....	1	0	00		
	2 Enter amount from Form 40, line 10.	2		00		
	3 Multiply the amount on line 2 by 4% (.04). Enter the result.....	3		00		
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....	4	•		00	
Taxes You Paid	5 Real estate taxes.....	5		00		
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.....	6	4,885	00		
	7 Railroad Retirement (Tier 1 only).....	7		00		
	8 Other taxes. (List - include personal property taxes.) ▶	8		00		
	9 Add the amounts on lines 5 through 8. Enter the total here.....	9	•	4,885	00	
Interest You Paid	10a Home mortgage interest and points reported to you on Federal Form 1098.....	10a		00		
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶					
		10b		00		
	11 Reserved for future use.....	11		00		
	12 Points not reported to you on Form 1098.....	12		00		
<i>NOTE: Personal interest is not deductible.</i>	13 Investment interest. (Attach Form 4952A.).....	13		00		
	14 Add the amounts on lines 10a through 13. Enter the total here.....	14	•		00	
	Gifts to Charity	CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.				
		15 Contributions by cash or check (If more than \$250, see instructions).....	15		00	
16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.).....		16		00		
17 Carryover from prior year.....		17		00		
18 Add the amounts on lines 15 through 17. Enter the total here.....	18	•		00		
Casualty and Theft Loss (Attach Form 4684)	19a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16.....	19a		00		
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero.....	19b		00		
	c Subtract line 19b from line 19a. If zero or less, enter -0-.....	19c	•		00	
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. You MUST attach Federal Form 2106 if required. See instructions. ▶	20		00		
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶	21		00		
	22 Add the amounts on lines 20 and 21. Enter the total.....	22		00		
	23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.....	23		00		
	24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-.....	24	•		00	
Other Miscellaneous Deductions	25 Other (from list in the instructions). List type and amount. ▶	25	•		00	
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.					
	26 Enter amount here.....	26	•		00	
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions.....	27	•	4,885	00	



SCHEDULE
ATP

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Additional Taxes & Penalties

2023

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

SHASHI REKHA GANGASANI

689-80-2659

PART I Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	●	0
2	Catastrophe savings tax (see instructions)	2	●	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	●	0

PART II Penalties

1	Estimated Tax Penalty (see instructions). Farmers and Fishermen that meets IRC §6654, check box <input type="checkbox"/>	1	●	
2	First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	●	
3	Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	●	



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN

SHASHI REKHA GANGASANI

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.

689-80-2659

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/C-EZ Filed?	E State Code	F Alabama Employer's State ID Number	G Alabama State Income Tax Withheld	H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages - Other States	
1	689-80-2659	582365695	<input type="checkbox"/>	<input type="checkbox"/>	AL	009856793	2,523	63,851	63,851		
2			<input type="checkbox"/>	<input type="checkbox"/>							
3			<input type="checkbox"/>	<input type="checkbox"/>							
4			<input type="checkbox"/>	<input type="checkbox"/>							
5			<input type="checkbox"/>	<input type="checkbox"/>							
6			<input type="checkbox"/>	<input type="checkbox"/>							
7			<input type="checkbox"/>	<input type="checkbox"/>							
8			<input type="checkbox"/>	<input type="checkbox"/>							
9			<input type="checkbox"/>	<input type="checkbox"/>							
10			<input type="checkbox"/>	<input type="checkbox"/>							
11			<input type="checkbox"/>	<input type="checkbox"/>							
12			<input type="checkbox"/>	<input type="checkbox"/>							
13			<input type="checkbox"/>	<input type="checkbox"/>							
14			<input type="checkbox"/>	<input type="checkbox"/>							
15			<input type="checkbox"/>	<input type="checkbox"/>							
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .						2,523				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements.						0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.						2,523	63,851	63,851		

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

Your first name and initial SHASHI REKHA Last name GANGASANI

Home address (number and street). If a P.O. Box, see instructions. 4222 HIGHWOOD DRIVE Apt. no. JACKSONVILLE FL 32216

Your social security number 6 8 9 : 8 0 : 2 6 5 9 Spouse's soc. sec. no. if joint return Telephone number (optional) (617) 650-3180

Table with 5 rows and 3 columns: Line number, Description, Amount. Includes Alabama taxable income, total tax liability, total payments, refund, and amount owed.

Part II Refund and Payment Information. Includes routing number, account number, type of account (Checking/Savings), type of transaction (Direct Deposit/Debit), and paper check option.

Part III Declaration of Taxpayer. Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator...

Sign Here. Includes lines for taxpayer signature and date, and spouse's signature and date.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge...

ERO's Use Only. Includes fields for ERO's signature, date (02/22/2024), check if also paid preparer, Preparer's PTIN, firm's name (GLOBAL TAXES LLC), and address (245 ROONEY CT E BRUNSWICK NJ).

Paid Preparer's Use Only. 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. Includes fields for preparer's signature, date, check if self-employed, Preparer's PTIN, firm's name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), and address.

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

