

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **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 ABHISHEK MAHAJAN	Social security number 211-37-7243
Spouse's name SANJOLI MAHATMA	Spouse's social security number 879-88-7017

**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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	238,745.
<b>2</b> Total tax . . . . .	<b>2</b>	37,623.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	37,474.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	553.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

**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 

7	7	2	4	3
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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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

8	7	0	1	7
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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 ABHISHEK Last name MAHAJAN Your social security number 211 37 7243

If joint return, spouse's first name and middle initial SANJOLI Last name MAHATMA Spouse's social security number 879 88 7017

Home address (number and street). If you have a P.O. box, see instructions. 7201 YORK AVES Apt. no. 906 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) [X] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS) 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.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 269,608. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions) 1i. 1z Add lines 1a through 1h 269,608.

Table with rows 2a through 6a. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends 2. 3b Ordinary dividends 2. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 42. 8 Additional income from Schedule 1, line 10 -30,907. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 238,745. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 238,745. 12 Standard deduction or itemized deductions (from Schedule A) 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 27,700. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 211,045.

<b>Tax and Credits</b>	<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	37,447.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	37,447.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	37,447.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	176.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	37,623.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	37,474.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	0.
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	37,474.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> No	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	702.
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	702.
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	38,176.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	553.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	553.
Direct deposit? See instructions.	<b>b</b>	Routing number 091000019 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 7972870484		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

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

**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	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		SOFTWARE ENGINEER	
		SOFTWARE ENGINEER	

Phone no. (612) 695-3639 Email address ABHISHEKMAHAJAN8@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA	SYAM PRIYA RAM SAGAR GUPTA	04/13/2024	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	245 ROONEY CT E BRUNSWICK NJ 08816		(678) 965-9522	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](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  
ABHISHEK MAHAJAN & SANJOLI MAHATMA

Your social security number  
211-37-7243

**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>	-31,427.
<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(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLE 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: _____			
	Other Income from box 3 of 1099-Misc 520.	<b>8z</b> 520.		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	520.
<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>	-30,907.

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	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 . . . . .		<b>26</b>	

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
ABHISHEK MAHAJAN & SANJOLI MAHATMA

Your social security number  
211-37-7243

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	176.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	0.
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:			
<b>a</b>	Recapture of other credits. List type, form number, and amount: _____	<b>17a</b>		
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>		
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>		
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>		
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>		
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>		
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>		
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>		
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>		
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>		
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>		
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>		
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>		
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>		
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>		
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>		
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>		
<b>z</b>	Any other taxes. List type and amount: _____ _____	<b>17z</b>		
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .			<b>18</b>
<b>19</b>	Reserved for future use . . . . .			<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>		
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .			<b>21</b>

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
ABHISHEK MAHAJAN & SANJOLI MAHATMA

Your social security number  
211-37-7243

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	

(continued on page 2)



**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	702.
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>		
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .	<b>13c</b>		
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	702.

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return: **ABHISHEK MAHAJAN & SANJOLI MAHATMA** Your social security number: **211-37-7243**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b>

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	271.	229.		42.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 42.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	42 .
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

ABHISHEK MAHAJAN & SANJOLI MAHATMA

211-37-7243

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	271.	229.			42.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .				271.	229.			42.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

ABHISHEK MAHAJAN & SANJOLI MAHATMA

Your social security number

211-37-7243

**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)

<b>A</b>	WARD NO. 8, SANGHOI MOHALL NURPUR, DISTT. KANGRA HIMACHAL PRADESH IN 176202
<b>B</b>	WARD NO. 8, SANGHOI MOHALL NURPUR, DISTT. KANGRA HIMACHAL PRADESH IN 176202
<b>C</b>	

<b>1b</b>	Type of Property (from list below)	<b>2</b>	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
				<b>A</b>	<b>B</b>	<b>C</b>
<b>A</b>	2			365	0	<input type="checkbox"/>
<b>B</b>	3			358	0	<input type="checkbox"/>
<b>C</b>						<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:		
		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	950.	850.	
<b>4</b>	Royalties received . . . . .			
<b>Expenses:</b>				
<b>5</b>	Advertising . . . . .			
<b>6</b>	Auto and travel (see instructions) . . . . .			
<b>7</b>	Cleaning and maintenance . . . . .	1,025.	1,478.	
<b>8</b>	Commissions . . . . .			
<b>9</b>	Insurance . . . . .			
<b>10</b>	Legal and other professional fees . . . . .			
<b>11</b>	Management fees . . . . .	1,147.	1,365.	
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)			
<b>13</b>	Other interest . . . . .			
<b>14</b>	Repairs . . . . .	3,478.	3,258.	
<b>15</b>	Supplies . . . . .	3,458.	3,589.	
<b>16</b>	Taxes . . . . .			
<b>17</b>	Utilities . . . . .	2,366.	2,765.	
<b>18</b>	Depreciation expense or depletion . . . . .	5,084.	4,214.	
<b>19</b>	Other (list) _____			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	16,558.	16,669.	
<b>21</b>	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 <b>Form 6198</b> . . . . .	-15,608.	-15,819.	
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	( 15,608. )	( 15,819. )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .		1,800.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .			
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .			
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .		9,298.	
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .		33,227.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .			
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			( 31,427. )
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 .			-31,427.

**Additional Medicare Tax**  
 If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return: **ABHISHEK MAHAJAN & SANJOLI MAHATMA** Your social security number: **211-37-7243**

<b>Part I Additional Medicare Tax on Medicare Wages</b>			
<b>1</b>	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	269,608.
<b>2</b>	Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>	
<b>3</b>	Wages from Form 8919, line 6 . . . . .	<b>3</b>	
<b>4</b>	Add lines 1 through 3 . . . . .	<b>4</b>	269,608.
<b>5</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000	<b>5</b>	250,000.
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	19,608.
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>	176.

<b>Part II Additional Medicare Tax on Self-Employment Income</b>			
<b>8</b>	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .	<b>8</b>	
<b>9</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000	<b>9</b>	
<b>10</b>	Enter the amount from line 4 . . . . .	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>	

<b>Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation</b>			
<b>14</b>	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>	
<b>15</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000	<b>15</b>	
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>	
<b>17</b>	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>	

<b>Part IV Total Additional Medicare Tax</b>			
<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>	176.

<b>Part V Withholding Reconciliation</b>			
<b>19</b>	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	3,908.
<b>20</b>	Enter the amount from line 1 . . . . .	<b>20</b>	269,608.
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	3,909.
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>	0.
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>	
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) . . . . .	<b>24</b>	0.

**Depreciation and Amortization**  
 (Including Information on Listed Property)

Attach to your tax return.  
 Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return ABHISHEK MAHAJAN & SANJOLI MAHATMA	Business or activity to which this form relates Sch E WARD NO. 8, SANGHOI MOHALL	Identifying number 211-37-7243
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	01/23	145,900.	27.5 yrs.	MM	S/L	5,084.
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,084.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Nonresident & part-year resident Wisconsin income tax

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

Check here if this is an amended return [ ] Complete form using BLACK INK

Note

DO NOT STAPLE

PAPER CLIP withholding statements here

Form fields for personal information: Your legal last name (MAHAJAN), Legal first name (ABHISHEK), M.I., Social security number (211377243), Spouse's legal first name (SANJOLI), Spouse's social security number (879887017), Home address (7201 YORK AVES), City (EDINA), State (MN), Zip code (55435), Filing status (Married filing joint return), Resident status (Nonresident of Wisconsin), and Special conditions.



Resident status: You [ ] Spouse [ ] Full-year resident of Wisconsin [ ] Nonresident of Wisconsin; state of residence MN (2-letter state abbreviation) [X] [X] Part-year resident of Wisconsin from \_\_\_\_\_ to \_\_\_\_\_ Note: Complete residence questionnaire, page 60

PAPER CLIP check or money order here

Table with 4 columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (269608.00), Taxable interest (.00), Ordinary dividends (2.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (42.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-31427.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (see page 22). Include Schedule M if line 15b has an amount (.00), and Combine lines 1 through 15 (238225.00).

1-0501



**Adjustments to Income**

	A. Federal column	B. Wisconsin column
<b>17</b> Educator expenses . . . . .	.00	.00
<b>18</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .	.00	.00
<b>19</b> Health savings account deduction . . . . .	.00	.00
<b>20</b> Moving expenses for members of the armed forces . . . . .	.00	.00
<b>21</b> Deductible part of self-employment tax . . . . .	.00	.00
<b>22</b> Self-employed SEP, SIMPLE, and qualified plans . . . . .	.00	.00
<b>23</b> Self-employed health insurance deduction . . . . .	.00	.00
<b>24</b> Penalty on early withdrawal of savings . . . . .	.00	.00
<b>25</b> Alimony paid . . . . .	.00	.00
<b>26</b> IRA deduction . . . . .	.00	.00
<b>27</b> Student loan interest deduction . . . . .	.00	.00
<b>28</b> Other adjustments (see page 26). Include Schedule M if line 28b has an amount . . . . .	.00	.00
<b>29</b> Total adjustments to income. Add lines 17 through 28 . . . . .	.00	.00

**Adjusted Gross Income**

<b>30</b> Wisconsin income. Subtract line 29, column B from line 16, column B . . . . .		23172.00
<b>31</b> Federal income. Subtract line 29, column A from line 16, column A . . . . .	238225.00	
<b>32</b> Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 27) . . . . .		.0973

**Tax Computation**

<b>33</b> Fill in the <b>larger</b> of Wisconsin income from line 30, column B or federal income from line 31, column A. <b>But</b> , if Wisconsin income from line 30 is zero or less, fill in 0 (zero) . . . . .	<b>33</b>	238225.00
<b>34a</b> If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 28 . . . . .	<b>34a</b>	<input type="checkbox"/>
<b>34b</b> Aliens (see page 28 to determine if you must check line 34b) . . . . .	<b>34b</b>	<input type="checkbox"/>
<b>34c</b> Find the standard deduction for amount on line <b>31</b> using table on page 48 . . . . .	<b>34c</b>	0.00
<b>35</b> Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) . . . . .	<b>35</b>	238225.00
<b>36</b> Exemptions ( <b>Caution: see page 28</b> )		
<b>a</b> Fill in exemptions allowed . . . . . <u>2</u> x \$700 . . . . .	<b>36a</b>	1400.00
<b>b</b> Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u>      </u> x \$250 . . . . .	<b>36b</b>	.00
<b>c</b> Add lines 36a and 36b . . . . .	<b>36c</b>	1400.00
<b>37</b> Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) . . . . .	<b>37</b>	236825.00
<b>38</b> Tax (see table on page 51) . . . . .	<b>38</b>	12054.00
<b>39</b> Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .	<b>39</b>	.00
<b>40</b> Additional child and dependent care tax credit		
Federal credit from Form 2441 . . . . . <u>      </u> .00 x 50% =	<b>40</b>	.00
<b>41</b> School property tax credits (part-year and full-year residents only)		
<b>a</b> Rent paid in 2023—heat included <u>      </u> .00 } Find credit from table page 32 . . . . .	<b>41a</b>	.00
Rent paid in 2023—heat not included <u>      </u> .00 }		
<b>b</b> Property taxes paid on home in 2023 <u>      </u> .00 } Find credit from table page 33 . . . . .	<b>41b</b>	.00
<b>42</b> Add credits on lines 39, 40, 41a, and 41b . . . . .	<b>42</b>	.00
<b>43</b> Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero) . . . . .	<b>43</b>	12054.00
<b>44</b> Fill in ratio from line 32 . . . . .	<b>44</b>	.0973
<b>45</b> Multiply line 43 by ratio on line 44 . . . . .	<b>45</b>	1173.00



Name(s) shown on Form 1NPR ABHISHEK MAHAJAN & SANJOLI MAHATMA		Your social security number 211377243
<b>46</b>	Fill in amount from line 45	<b>46</b> 1173.00
<b>47</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>47</b> .00
<b>48</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>48</b> 0.00
<b>49</b>	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR	<b>49</b> .00
<b>50</b>	Net income tax paid to another state. Include Schedule OS	<b>50</b> .00
<b>51</b>	Add lines 47 through 50	<b>51</b> 0.00
<b>52</b>	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax	<b>52</b> 1173.00
<b>53</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>53</b> .00
<b>54</b>	Donations (decreases refund or increases amount owed)	
	a Endangered resources .00	e Military family relief .00
	b Cancer research .00	f Second Harvest/Feeding Amer. .00
	c Veterans trust fund .00	g Red Cross WI Disaster Relief .00
	d Multiple sclerosis .00	h Special Olympics Wisconsin .00
	Total (add lines a through h)	<b>54i</b> .00
<b>55</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37)	<b>55</b> .00
<b>56</b>	Other penalties (see page 38)	<b>56</b> .00
<b>57</b>	Add lines 52 through 56	<b>57</b> 1173.00

**Payments and Credits**

<b>58</b>	Wisconsin income tax withheld. Include readable withholding statements	<b>58</b> 1164.00
<b>59</b>	2023 Wisconsin estimated tax paid and amount applied from 2022 return	<b>59</b> .00
<b>60</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="text"/> Federal credit <input type="text"/> .00 x <input type="text"/> % =	<b>60</b> .00
<b>61</b>	Farmland preservation credit. a. Schedule FC, line 17	<b>61a</b> .00
	b. Schedule FC-A, line 13	<b>61b</b> .00
<b>62</b>	Repayment credit	<b>62</b> .00
<b>63</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>63</b> .00
<b>64</b>	Eligible veterans and surviving spouses property tax credit	<b>64</b> .00
<b>65</b>	Refundable credits from Schedule CR, line 40	<b>65</b> .00
<b>66</b>	AMENDED RETURN ONLY – amount previously paid (see page 44)	<b>66</b> .00
<b>67</b>	Add lines 58 through 66	<b>67</b> 1164.00
<b>68</b>	AMENDED RETURN ONLY – amount previously refunded (see page 44)	<b>68</b> .00
<b>69</b>	Subtract line 68 from line 67	<b>69</b> 1164.00

**Refund or Amount You Owe**

<b>70</b>	If line 69 is more than line 57, subtract line 57 from line 69. This is the <b>AMOUNT OVERPAID</b>	<b>70</b> 0.00
<b>71</b>	Amount of line 70 you want <b>REFUNDED TO YOU</b>	<b>71</b> 0.00
<b>72</b>	Amount of line 70 to be <b>APPLIED TO YOUR 2024 ESTIMATED TAX</b>	<b>72</b> 0.00



<b>73</b>	If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the <b>AMOUNT UNDERPAID</b>	<b>73</b>	9.00
<b>74</b>	Underpayment interest. Fill in exception code – see Sch. U → _____	<b>74</b>	.00
<b>75</b>	Add lines 73 and 74. This is the <b>AMOUNT YOU OWE</b>	<b>75</b>	9.00
<b>76</b>	Interest (see page 47)	<b>76</b>	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 47)?  **Yes** Complete the following.  **No**

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

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

**Sign here** Your signature \_\_\_\_\_ Date \_\_\_\_\_ Wisconsin Identity Protection PIN (7 characters) \_\_\_\_\_

**Sign here** Spouse's signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Wisconsin Identity Protection PIN (7 characters) \_\_\_\_\_

**Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 47).

Mail your return to: Wisconsin Department of Revenue  
 (if tax is due) PO Box 268 Madison WI 53790-0001  
 (if refund or no tax due) PO Box 59 Madison WI 53785-0001

**Schedule 1 – Wisconsin Itemized Deduction Credit** (see line 39 instructions)

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>1</b>	.00
<b>2</b>	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>2</b>	.00
<b>3</b>	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>3</b>	.00
<b>4</b>	Casualty losses from federal Schedule A (Form 1040) . . . . .	<b>4</b>	.00
<b>5</b>	Add lines 1 through 4 . . . . .	<b>5</b>	.00
<b>6</b>	Wisconsin standard deduction from Form 1NPR, line 34c . . . . .	<b>6</b>	.00
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . . .	<b>7</b>	.00
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	<b>x .05</b>
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR . . . . .	<b>9</b>	.00

**Schedule 2 – Married Couple Credit** May be claimed only when both spouses have earned income taxable by Wisconsin.

	(A) YOURSELF	(B) YOUR SPOUSE
<b>1</b> Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . . .	0.00	23143.00
<b>2</b> Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR . . . . .	.00	.00
<b>3</b> Combine lines 1 and 2. This is your total Wisconsin earned income . . . . .	0.00	23143.00
<b>4</b> Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . . .	0.00	.00
<b>5</b> Subtract line 4 from line 3. This is your qualified earned income . . . . .	0.00	23143.00
<b>6</b> Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 . . . . .		0.00
<b>7</b> Rate of credit is .03 (3%) . . . . .		<b>x .03</b>
<b>8</b> Multiply line 6 by line 7. Round the result and fill in here and on line 48 of Form 1NPR. Do not fill in more than \$480 . . . . .		0.00

**Schedule WD**

Wisconsin  
Department of Revenue

**Capital Gains and Losses**

◆ Include with Wisconsin Form 1 or 1NPR ◆

**2023**

Name(s) shown on Form 1 or Form 1NPR

Your social security number

ABHISHEK MAHAJAN & SANJOLI MAHATMA

211-37-7243

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost or other basis	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	<b>(h) Gain or loss</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Amount from line 1a of Schedule D	.00	.00		.00
<b>1b</b> Amount from line 1b of Schedule D	.00	.00	.00	.00
<b>2</b> Amount from line 2 of Schedule D	.00	.00	.00	.00
<b>3</b> Amount from line 3 of Schedule D	.00	.00	.00	.00
<b>4</b> Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			<b>4</b>	.00
<b>5</b> Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>5</b>	.00
<b>6</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			<b>6</b>	.00
<b>7</b> Short-term capital loss carryover from 2022 Wisconsin Schedule WD, line 34. Enter amount as a negative number			<b>7</b>	.00
<b>8 Net short-term capital gain or loss.</b> Combine lines 1a through 7 in column (h)			<b>8</b>	.00

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost or other basis	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	<b>(h) Gain or loss</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>9a</b> Amount from line 8a of Schedule D	.00	.00		.00
<b>9b</b> Amount from line 8b of Schedule D	271.00	229.00	.00	42.00
<b>10</b> Amount from line 9 of Schedule D	.00	.00	.00	.00
<b>11</b> Amount from line 10 of Schedule D	.00	.00	.00	.00
<b>12</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824			<b>12</b>	.00
<b>13</b> Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>13</b>	.00
<b>14</b> Capital gain distributions			<b>14</b>	.00
<b>15</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			<b>15</b>	.00
<b>15a</b> Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			<b>15a</b>	.00
<b>16</b> Long-term capital loss carryover from 2022 Wisconsin Schedule WD, line 39. Enter amount as a negative number			<b>16</b>	.00
<b>17 Net long-term capital gain or loss.</b> Combine lines 9a through 16 in column (h)			<b>17</b>	42.00

Go on to Part III →



Name ABHISHEK MAHAJAN & SANJOLI MAHATMA	Social Security Number 211-37-7243
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**Part III Summary of Parts I and II** (see instructions) - use a minus sign (-) for negative amounts.

<b>18</b> Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) . . . . .	<b>18</b>	42.00
<b>19</b> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 . . . . .	<b>19</b>	42.00
<b>20</b> Fill in 30% of line 19 . . . . .	<b>20</b>	13.00
<b>21</b> Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26 . . . . .	<b>21</b>	.00
<b>22</b> Gain included in line 17. Do not include any losses in this amount . . . . .	<b>22</b>	.00
<b>23</b> Divide line 21 by line 22. Carry the decimal to 4 places . . . . .	<b>23</b>	
<b>24</b> Multiply line 19 by the decimal amount on line 23 . . . . .	<b>24</b>	.00
<b>25</b> Fill in 30% of line 24 . . . . .	<b>25</b>	.00
<b>26</b> Add lines 20 and 25 . . . . .	<b>26</b>	13.00
<b>27</b> Subtract line 26 from line 18 . . . . .	<b>27</b>	29.00
<b>28</b> If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
<b>Note:</b> When figuring whether a, b, or c is smaller, treat all numbers as if they are positive.	(b) \$3,000/\$1,500 (see instructions), or	
	(c) Wisconsin ordinary income (see instructions) . . . . .	<b>28</b> .00

**Part IV Computation of Wisconsin Adjustment to Income**

<b>29</b> Adjustment (see instructions for Part IV and Schedule I adjustments)		
<b>a</b> Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-) . . . . .	<b>29a</b>	42.00
<b>b</b> Fill in gain from Part III, line 27, (if blank, fill in -0-) . . . . .	<b>29b</b>	.00
<b>c</b> If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount . . . . .	<b>29c</b>	.00
<b>d</b> If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount . . . . .	<b>29d</b>	.00
<b>e</b> Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-) . . . . .	<b>29e</b>	0.00
<b>f</b> Fill in loss from Part III, line 28 as a positive amount . . . . .	<b>29f</b>	.00
<b>g</b> If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount. . . . .	<b>29g</b>	.00
<b>h</b> If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount . . . . .	<b>29h</b>	.00

**Part V Computation of Capital Loss Carryovers from 2023 to 2024** (Complete this part if the loss on line 18 is more than the loss on line 28.)

<b>30</b> Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 . . . . .	<b>30</b>	.00
<b>31</b> Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- . . . . .	<b>31</b>	.00
<b>32</b> Subtract line 31 from line 30 . . . . .	<b>32</b>	.00
<b>33</b> Fill in the smaller of line 28 or line 32, treating both as positive amounts . . . . .	<b>33</b>	.00
<b>34</b> Subtract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2023 to 2024 . . . . .	<b>34</b>	.00
<b>35</b> Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 . . . . .	<b>35</b>	.00
<b>36</b> Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- . . . . .	<b>36</b>	.00
<b>37</b> Subtract line 36 from line 35 . . . . .	<b>37</b>	.00
<b>38</b> Subtract line 33 from line 28, treating both as positive amounts. ( <b>Note:</b> If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) . . . . .	<b>38</b>	.00
<b>39</b> Subtract line 38 from line 37. This is your <b>long-term capital loss carryover</b> from 2023 to 2024 . . . . .	<b>39</b>	.00





**2023 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

<u>ABHISHEK</u> Your First Name and Initial	<u>MAHAJAN</u> Last Name	<u>211377243</u> Your Social Security Number	<u>02141991</u> Your Date of Birth (MM/DD/YYYY)
<u>SANJOLI</u> If a Joint Return, Spouse's First Name and Initial	<u>MAHATMA</u> Spouse's Last Name	<u>879887017</u> Spouse's Social Security Number	<u>02281992</u> Spouse's Date of Birth
<u>7201 YORK AVES APT #906</u> Current Home Address		Check if Address is:	<input type="checkbox"/> New <input type="checkbox"/> Foreign
<u>EDINA</u> City	<u>MN</u> State	<u>55435</u> ZIP Code	

**2023 Federal Filing Status (place an X in one box):**

(1) Single  
  (2) Married Filing Jointly  
  (3) Married Filing Separately  
  (4) Head of Household  
  (5) Qualifying Surviving Spouse

Spouse Name \_\_\_\_\_  
Spouse SSN \_\_\_\_\_

**State Elections Campaign Fund**

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Republican . . . . . 14   Grassroots/Legalize Cannabis 14   Legal Marijuana Now . . . . . 17  
 Democratic/Farmer-Labor . . . 15   Libertarian . . . . . 16   General Campaign Fund . . . . . 99

Your Code   Spouse's Code

**From Your Federal Return (see instructions)**

<u>269608</u>	<u>0</u>	<u>0</u>	<u>211045</u>
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) . . . . .	1	<u>238745</u>
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . .	2	_____
3	Add lines 1 and 2 . . . . .	3	<u>238745</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . .	4	<u>27107</u>
5	Exemptions (from Schedule M1DQC) . . . . .	5	_____
6	State income tax refund from line 1 of federal Schedule 1 . . . . .	6	_____
7	Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . .	7	_____
8	Total subtractions. Add lines 4 through 7. . . . .	8	<u>27107</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. . . . .	9	<u>211638</u>
10	Tax from the table or schedules in the Form M1 instructions . . . . .	10	<u>14143</u>
11	Alternative minimum tax (enclose Schedule M1MT) . . . . .	11	_____
12	Add lines 10 and 11 . . . . .	12	<u>14143</u>
1	Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) . . . . .	13	<u>14143</u>
13a	_____	13b	_____









- 19 Carryforward of prior-year Credit for Increasing Research Activities ..... 19 ■ \_\_\_\_\_  
List the years the credits were reported to you on Schedule KPI, KS, or KF:  
\_\_\_\_\_
  
- 20 Alternative Minimum Tax Credit (*enclose Schedule M1MTC*) ..... 20 ■ \_\_\_\_\_
  
- 21 Add lines 1 through 20. Enter total here and on line 16 of Form M1. .... 21 \_\_\_\_\_ 1506

**You must include this schedule with your Form M1.**





# 2023 Schedule M1MA, Marriage Credit

ABHISHEK  
Your First Name and Initial

MAHAJAN  
Your Last Name

211377243  
Your Social Security Number

SANJOLI  
Spouse's First Name and Initial

MAHATMA  
Spouse's Last Name

879887017  
Spouse's Social Security Number

**Part 1**

**A — Taxpayer**

**B — Spouse**

1	Wages, salaries, tips, and other employee compensation (see instructions) . . . . .	1	<u>171526</u>	<u>98082</u>
2	Self-employment income (from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE) . . . . .	2	_____	_____
3	Taxable income received from a retirement pension, profit-sharing, stock bonus, or annuity plan (see instructions) . . . . .	3	_____	_____
4	Taxable Social Security benefits (see instructions) . . . . .	4	_____	_____
5	Add lines 1 through 4 for each column . . . . .	5	<u>171526</u>	<u>98082</u>
6	Amount from line 5, Column A or B, whichever is less (If less than \$28,000, <b>STOP HERE</b> . You do not qualify) . . . . .	6	<u>98082</u>	<u>98082</u>
7	Joint taxable income from line 9 of Form M1. (If less than \$44,000, <b>STOP HERE</b> . You do not qualify) . . . . .	7	<u>211638</u>	<u>211638</u>
8	<b>If line 6 is less than \$114,000</b> , determine the amount of your credit using lines 6 and 7 and the table in the instructions. — <b>Full-year residents:</b> Enter the result here and on line 1 of Schedule M1C . . . . . — <b>Part-year residents and nonresidents:</b> Skip ahead to <b>Part 3</b>	8	<u>333</u>	<u>333</u>

**If line 6 is \$114,000 or more, continue to Part 2**

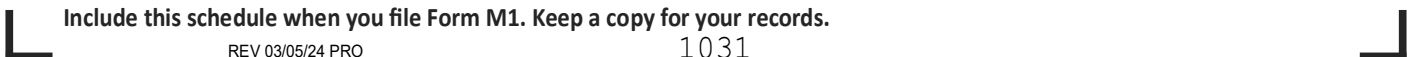
**Part 2 — If Line 6 is \$114,000 or More**

9	Enter the amount from line 6 . . . . .	9	_____	_____
10	Value of one-half of the standard deduction for Married Filing Jointly . . . . .	10	<u>13,825</u>	<u>13,825</u>
11	Subtract line 10 from line 9 . . . . .	11	_____	_____
12	Using the tax rate schedule for <b>single persons</b> in the M1 instructions, compute the tax for the amount on line 11 . . . .	12	_____	_____
13	Amount from line 7 . . . . .	13	_____	_____
14	Amount from line 11 . . . . .	14	_____	_____
15	Subtract line 14 from line 13 (If zero or less, <b>STOP HERE</b> . You do not qualify). . . . .	15	_____	_____
16	Using the tax rate schedule for <b>single persons</b> in the Form M1 instructions, compute the tax for the amount on line 15	16	_____	_____
17	Tax from line 10 of Form M1 . . . . .	17	_____	_____
18	Add lines 12 and 16 . . . . .	18	_____	_____
19	Subtract line 18 from line 17. If the result is more than \$1,710, enter \$1,710. If result is zero or less, you do not qualify. <b>Full-year residents:</b> Enter the result here and on line 1 of Schedule M1C . . . . . <b>Part-year residents and nonresidents:</b> Continue to <b>Part 3</b> .	19	_____	_____

**Part 3 — Part-Year Residents and Nonresidents**

20	<b>Part-year residents and nonresidents:</b> Enter the decimal from line 30 of Schedule M1NR . . . . .	20	_____	_____
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C . . . .	21	_____	_____

**Include this schedule when you file Form M1. Keep a copy for your records.**





# 2023 Schedule M1RCR, Credit for Tax Paid to Wisconsin

ABHISHEK  
Your First Name and Initial

MAHAJAN  
Last Name

211377243  
Social Security Number

Complete this schedule if you paid state income tax to Minnesota and Wisconsin on the same income while a resident of Minnesota. If you paid income tax to other states or Canadian provinces, complete Schedule M1CR, *Credit for Income Tax Paid to Another State*.

To be eligible for this credit, all of these must apply:

- You were a full-year or part-year Minnesota resident in 2023
- You paid 2023 state income tax to **both Minnesota and Wisconsin on the same income**
- You were a Minnesota resident when both states taxed the same income

Check this box if you are claiming a credit for taxes paid by a pass-through entity in another state (*see instructions*).

Round amounts to the nearest whole dollar.

**Full-Year Residents and Part-Year Residents**

1	Amount of adjusted gross income you received while a Minnesota resident that was taxed by Wisconsin ( <i>see instructions</i> )	1	<u>23172</u>
2	Your adjusted gross income adjusted by U.S. bond interest and bonds of another state ( <i>see instructions</i> )	2	<u>238745</u>
3	Divide line 1 by line 2. Enter the result as a decimal ( <i>carry to five decimal places; if line 1 is more than line 2, enter 1.00000</i> )	3	<u>0 09706</u>
4	Complete the lines below to determine your Minnesota tax after credits.		
	a Tax from line 13 of Form M1	4 a	<u>14143</u>
	b Add lines 1-2 and 4-9 of Schedule M1C	4 b	<u>333</u>
	Subtract line 4b from line 4a ( <i>if result is zero or less, enter 0</i> )	4	<u>13810</u>
5	Multiply line 4 by line 3	5	<u>1340</u>
6	From your Wisconsin Form 1NPR, enter the income tax amount before you subtract any tax withheld or estimated tax payments ( <i>see instructions</i> )	6	<u>1173</u>
7	<b>Full-year residents:</b> Enter amount from line 5 or line 6, whichever is less. Also include on line 3 of Schedule M1C. <b>Part-year residents:</b> Complete the worksheet in the instructions. Do not enter more than the amount on line 5	7	<u>1173</u>
8	Subtract line 7 from line 6	8	<u>          </u>
9	Amount included on line 1 that is from wages or personal service income received while a Minnesota resident that was taxed by Wisconsin	9	<u>          </u>
10	Divide line 9 by line 1 ( <i>carry to five decimal places; if line 9 is more than line 1, enter 1.00000</i> )	10	<u>          </u>
11	<b>Full-year residents:</b> Multiply line 8 by line 10. Enter the result here and line 5 of Schedule M1REF. <b>Part-year residents:</b> Complete the worksheet in the instructions. Enter the result here and line 5 of Schedule M1REF.	11	<u>          </u>

**You must include this schedule with your Form M1.**





# 2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<u>ABHISHEK</u> Your First Name and Initial	<u>MAHAJAN</u> Last Name	<u>211377243</u> Your Social Security Number
<u>SANJOLI</u> If a Joint Return, Spouse's First Name and Initial	<u>MAHATMA</u> Spouse's Last Name	<u>879887017</u> Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>7071279</u>	d1 <u>75211</u>	e1 <u>4478</u>
a2 <u>1</u>	b2 <input type="checkbox"/>	c2 MN <u>3276361</u>	d2 <u>65401</u>	e2 <u>2893</u>
a3 <u>2</u>	b3 <input type="checkbox"/>	c3 MN <u>8760256</u>	d3 <u>71552</u>	e3 <u>3840</u>
a4 <u>1</u>	b4 <input type="checkbox"/>	c4 MN <u>6263546</u>	d4 <u>30914</u>	e4 <u>1959</u>
a5 <u>2</u>	b5 <input type="checkbox"/>	c5 MN <u>6263546</u>	d5 <u>3096</u>	e5 <u>183</u>
Subtotal for additional Forms W-2 (from line 5 on page 2) .....				<u>7</u>
<b>Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) .....</b>				<b>1</b> <u>13360</u>

**2** Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____
Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) .....			_____
<b>Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) .....</b>			<b>2</b> _____

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) .....** **3** \_\_\_\_\_

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
 Enter the total here and on line 20 of Form M1 ..... **4** 13360

**Include this schedule with your Form M1.  
 If required, include Schedules KPI, KS, and KF.**



Complete lines 5 and 6 to report Minnesota income tax withheld if you received more than five Forms W-2 or more than four Forms 1099, W-2G, and 1042-S. Complete line 7 to report Minnesota tax withheld on Schedules KPI, KS, and KF.

**5 Minnesota wages and Minnesota tax withheld on additional Forms W-2 (other than W-2G).**

A If the Form W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer’s seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. <i>(round to nearest whole dollar)</i>	E—Box 17 Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>2</u>	b1 <input type="checkbox"/>	c1 MN <u>9086874</u>	d1 <u>291</u>	e1 <u>7</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____

Subtotal for additional Forms W-2 (add amounts in line 5, column E) . . . . . **5** 7  
 Enter the result here and include on line 1 on the front of this schedule.

**6 Minnesota tax withheld on additional Forms 1099, W-2G, and 1042-S.**

A If the Form 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer’s seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	C Income amount (see the table at the bottom of this page for amounts to include) (round to nearest whole dollar)	D Minnesota tax withheld
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional Forms 1099, W-2G, and 1042-S (add amounts in line 6, column D) . . . . . **6** \_\_\_\_\_  
 Enter the result here and include on line 2 on the front of this schedule.

**7 Minnesota income and tax withheld by partnerships, S corporations, and fiduciaries, if any.**

A Entity’s seven-digit Minnesota Tax ID Number (if unknown, contact the entity)	B—Minnesota Income Amount (from line 50 of Schedule KPI, line 48 of KS, or line 46 of KF)	C—Minnesota Tax Withheld (the sum of lines 31 and 52 of Schedule KPI, lines 31 and 50 of KS, or lines 30 and 40 of KF)
a1 MN _____	b1 _____	c1 _____
a2 MN _____	b2 _____	c2 _____
a3 MN _____	b3 _____	c3 _____
a4 MN _____	b4 _____	c4 _____

Subtotal of Minnesota tax withheld by any partnerships, S corporations, and fiduciaries (add amounts in line 7, column C). Enter the result here and on line 3 on the front of this schedule. . . . . **7** \_\_\_\_\_

Table for Column C, Lines 2 and 6					
Use to determine which amounts from your Form 1099 and 1042-S you must include as income on column C, lines 2 and 6.					
Form	Include the Sum of Boxes:	Form	Include the Sum of Boxes:	Form	Include the Sum of Boxes:
1099-G	1, 2, 5–7	1099-INT	1	1099-K	1a
1099-MISC	1–3, 5, 6, 8–11, 14, 15	1099-OID	1, 2	1099-R	16, 2a or 1
1099-DIV	1a, 2a	1042-S	2	1099-NEC	1



# 2023 CRP, Certificate of Rent Paid

## Renter/Unit Information

ABHISHEK MAHAJAN  
 Renter First Name and Initial Renter Last Name

7201 YORK AVES \_\_\_\_\_  
 Rental Unit Address Unit

MINNEAPOLIS MN 55435 USA  
 City State ZIP Code County

Electronic Certificate Number (ECN)  
01012023 11302023  
 Rented from (MM/DD/YYYY) to (MM/DD/YYYY)

11 1  
 Total Months Rented Total Adults Living in Unit

## Property Information

Place an X if the property is:

- (1) Adult Foster Care     (2) Assisted Living     (3) Intermediate Care Facility
- (4) Nursing Home     (5) Mobile Home     (6) Mobile Home Lot

3202824240001  
 Property ID or Parcel Number

264  
 Number of Units on This Property

## Rent Details

- A. Was any rent paid by Medical Assistance (see instructions)?  (A) Yes  No If yes, enter amount: A ■ \_\_\_\_\_
- B. Did the renter receive Minnesota Housing Support (formerly GRH)(see instructions)?  (B) Yes  No If yes, enter amount: B ■ \_\_\_\_\_

## Total Rent

1 Renter's share of rent paid (see instructions) . . . . .	1 ■	<u>16600</u>
2 Caretaker rent reduction (see instructions) . . . . .	2 ■	<u>0</u>
3 Total rent (Add lines 1 and 2) . . . . .	3 ■	<u>16600</u>

## Property Owner

Property Owner Name \_\_\_\_\_

7201 YORK AVENUE S, EDINA  
 Property Owner Address City

Daytime Phone \_\_\_\_\_

MN 55435  
 State ZIP Code

## Sign Here

I declare that this certificate is correct and complete to the best of my knowledge and belief.

Owner or Agent Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

Managing Agent Name, If Applicable (please print) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

## Renter Instructions

Use this certificate to complete Form M1PR, Homestead Credit Refund (for Homeowners) and Renter's Property Tax Refund. When you file Form M1PR, you must attach all CRPs used to determine your refund. Keep copies of Form M1PR and all CRPs for your records.

**Note:** The property owner or managing agent must give each renter living in a unit a separate CRP showing that they paid an equal portion of the rent, regardless of the portion actually paid.

For forms and tax-related information, go to our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us), or call 651-296-3781 or 1-800-652-9094.



# Additional Information From 2023 Minnesota PropertyTax Return

Form CRP: Certificate of Rent Paid (Copy 1)

Property Renter Name

Continuation Statement

Name
SANJOLI