

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 VINOD RAO	Social security number 801-21-5423
Spouse's name AMRITA RAO	Spouse's social security number 968-94-7162

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	86,101.
2 Total tax	2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,074.
4 Amount you want refunded to you	4	13,074.
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

1	5	4	2	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

4	7	1	6	2
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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	6	1	9	8	9
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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 Last name Your social security number VINOD RAO 801 21 5423

If joint return, spouse's first name and middle initial Last name Spouse's social security number AMRITA RAO 968 94 7162

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 4250 INDIGO WALK LANE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code IN 46239

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

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

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.)

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. Rows for DIKSHITA RAO and ISHITA RAO.

Income section table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

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

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 0.

Table for Payments (lines 25-33). Includes federal income tax withheld (13,074) and total payments (13,074).

Table for Refund (lines 34-36). Shows overpaid amount (13,074) and amount applied to 2024 tax (36).

Table for Amount You Owe (lines 37-38). Shows amount owed (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation (DATA SCIENTIST, STUDENT), and contact info.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and EIN.

**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
VINOD & AMRITA RAO

Your social security number
801-21-5423

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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	
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		
	Other Income from box 3 of 1099-Misc 1,200.		1,200.	
9	Total other income. Add lines 8a through 8z		9	1,200.
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	1,200.

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 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 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
VINOD & AMRITA RAO

Your social security number
801-21-5423

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	5,571.
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	5,571.

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

VINOD & AMRITA RAO

801-21-5423

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	86,101.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	86,101.	
4	Number of qualifying children under age 17 with the required social security number	4	0	
5	Multiply line 4 by \$2,000	5		
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500	7	1,000.	
8	Add lines 5 and 7	8	1,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	1,000.	
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from Credit Limit Worksheet A	13	1,000.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	1,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		16a 0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b		17
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
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Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
 Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
 Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return VINOD & AMRITA RAO	Taxpayer identification number 801-21-5423
Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer tax identification number P02470833

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Residential Energy Credits

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form5695 for instructions and the latest information.

2023
Attachment
Sequence No. **75**

Name(s) shown on return

VINOD & AMRITA RAO

Your social security number

801 | 21 | 5423

Part I Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2022**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code
1		Qualified solar electric property costs	1	28,579.
2		Qualified solar water heating property costs	2	
3		Qualified small wind energy property costs	3	
4		Qualified geothermal heat pump property costs	4	
5a		Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology	5a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b		If you checked the "Yes" box, enter the qualified battery technology costs	5b	
6a		Add lines 1 through 5b	6a	28,579.
b		Multiply line 6a by 30% (0.30)	6b	8,574.
7a		Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.)	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.				
b		Enter the complete address of the main home where you installed the fuel cell property.		
		Number and street	Unit no.	City or town
		State	ZIP code	
8		Qualified fuel cell property costs	8	
9		Multiply line 8 by 30% (0.30)	9	
10		Kilowatt capacity of property on line 8 above x \$1,000	10	
11		Enter the smaller of line 9 or line 10	11	
12		Credit carryforward from 2022. Enter the amount, if any, from your 2022 Form 5695, line 16	12	
13		Add lines 6b, 11, and 12	13	8,574.
14		Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)	14	5,571.
15		Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a	15	5,571.
16		Credit carryforward to 2024. If line 15 is less than line 13, subtract line 15 from line 13	16	3,003.

Part II Energy Efficient Home Improvement Credit

Section A—Qualified Energy Efficiency Improvements

<p>17a Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)</p>	17a	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b Are you the original user of the qualified energy efficiency improvements?</p>	17b	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c Are the components reasonably expected to remain in use for at least 5 years? If you checked the “No” box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.</p>	17c	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.)</p> <p style="text-align: center;"> _____ _____ _____ _____ _____ </p> <p style="text-align: center;"> Number and street Unit no. City or town State ZIP code </p>		
<p>e Were any of these improvements related to the construction of this main home? If you checked the “Yes” box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	17e	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>18 Insulation or air sealing material or system.</p>		
<p>a Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)</p>	18a	
<p>b Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200</p>	18b	
<p>19 Exterior doors that meet the applicable Energy Star requirements.</p>		
<p>a Enter the cost of the most expensive door you bought</p>	19a	
<p>b Multiply line 19a by 30% (0.30). Do not enter more than \$250</p>	19b	
<p>c Enter the cost of all other qualifying exterior doors</p>	19c	
<p>d Multiply line 19c by 30% (0.30)</p>	19d	
<p>e Add lines 19b and 19d. Do not enter more than \$500</p>	19e	
<p>20 Windows and skylights that meet the Energy Star certification requirements.</p>		
<p>a Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)</p>	20a	
<p>b Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	20b	

Section B—Residential Energy Property Expenditures

<p>21a Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?</p>	21a	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
<p>b Was the qualified energy property originally placed into service by you? If you checked the “No” box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.</p>	21b	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
<p>c Enter the complete address of each home where you installed qualified energy property.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:35%;">Number and street</th> <th style="width:10%;">Unit no.</th> <th style="width:25%;">City or town</th> <th style="width:10%;">State</th> <th style="width:20%;">ZIP code</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Number and street	Unit no.	City or town	State	ZIP code																						
Number and street	Unit no.	City or town	State	ZIP code																							
<p>22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)</p>																											
<p>a Enter the cost of central air conditioners</p>	22a																										
<p>b Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	22b																										
<p>23a Enter the cost of natural gas, propane, or oil water heaters</p>	23a																										
<p>b Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	23b																										
<p>24a Enter the cost of natural gas, propane, or oil furnace or hot water boilers</p>	24a																										
<p>b Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	24b																										

Section B—Residential Energy Property Expenditures (continued)

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders	25a		
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600			25b
26	Home energy audits.			
a	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.			26a <input type="checkbox"/> Yes <input type="checkbox"/> No
b	Enter the cost of the home energy audits	26b		
c	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150			26c
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c	27		
28	Enter the smaller of line 27 or \$1,200			28
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.			
a	Enter the cost of electric or natural gas heat pumps	29a		
b	Enter the cost of electric or natural gas heat pump water heaters	29b		
c	Enter the cost of biomass stoves and biomass boilers	29c		
d	Add lines 29a, 29b, and 29c	29d		
e	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000			29e
30	Add lines 28 and 29e			30
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)			31
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b			32

FORM NOT FINAL_c

DO NOT FILE

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

from to:

Place "X" in box
if amending

Your Social Security Number 801 21 5423

Spouse's Social Security Number 968 94 7162

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name VINOD Initial Last name RAO Suffix

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

Present address (number and street or rural route) 4250 INDIGO WALK LANE Place "X" in box if you are married filing separately.

City INDIANAPOLIS State IN ZIP/Postal code 46239

Foreign country 2-character code (see instructions)

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

County where you lived 49 County where you worked 29 County where spouse lived 49 County where spouse worked 00

Round all entries

- 1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 **Federal AGI** 1 86101 .00
- 2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 **Indiana Add-Backs** 2 .00
- 3. Add line 1 and line 2 3 86101 .00
- 4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 **Indiana Deductions** 4 .00
- 5. Subtract line 4 from line 3 5 86101 .00
- 6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 **Indiana Exemptions** 6 7000 .00
- 7. Subtract line 6 from line 5 **Indiana Adjusted Gross Income** 7 79101 .00
- 8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) 8 2492 .00
- 9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) 9 1598 .00
- 10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10 .00
- 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes** 11 4090 .00



12. Enter credits from Schedule 5, line 13 (enclose schedule) _____	12	4389	.00
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13		.00
14. Add lines 12 and 13 _____ Indiana Credits	14	4389	.00
15. Enter amount from line 11 _____ Indiana Taxes	15	4090	.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	299	.00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18. Subtract line 17 from line 16 _____ Overpayment	18	299	.00
19. Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).			
Enter your county code <input type="text"/> county tax to be applied _ \$	a		.00
Spouse's county code <input type="text"/> county tax to be applied _ \$	b		.00
Indiana adjusted gross income tax to be applied _____ \$	c		.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A _____	20		.00
a. Enter Code A if annualizing. Enter Code F if Farmer or Fisherman _____	a		
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions _____ Your Refund	21	299	.00
22. Direct Deposit (see instructions)			
a. Routing Number	0	7	1
	0	0	0
	0	0	1
	3		
b. Account Number	3	9	1
	6	2	7
	1	0	3
c. Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23		.00
24. Penalty if filed after due date (see instructions) _____	24		.00
25. Interest if filed after due date (see instructions) _____	25		.00
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26		.00

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

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

Signature	Date	Spouse's Signature	Date
-----------	------	--------------------	------

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

Name(s) shown on Form IT-40

VINOD & AMRITA RAO

Your Social Security Number

801 21 5423

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

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 2000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 5 2 x \$1000 2 2000 .00
You **MUST** enclose Schedule IN-DEP.

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

Enter the number of additional dependents listed on Schedule IN-DEP, Box 6. 2 x \$1500 3 3000 .00

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

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 4 .00

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

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

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 6 .00
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 Total Exemptions 7 7000 .00



Name(s) shown on Form IT-40

Your Social Security Number

VINOD & AMRITA RAO

801 21 5423

Round all entries

1. Indiana state tax withheld: See instructions _____	1	2674	.00
2. Indiana county tax withheld: See instructions _____	2	1715	.00
3. Pass Through Entity Tax Credit _____	3		.00
4. Estimated tax paid for 2023: include any extension payment made with Form IT-9 _____	4		.00
5. Unified tax credit for the elderly _____	5		.00
6. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	6		.00
7. Lake County residential income tax credit _____	7		.00
8. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	8		.00
9. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	9		.00
10. Headquarters relocation credit (refundable portion - see instructions) _____	10		.00
11. Adoption Credit _____	11		.00
12. Reserved for future use _____	12		.00
13. Add lines 1 through 12. Enter total here and on Form IT-40, line 12 _____ Total Credits	13	4389	.00

Schedule IN-DONATE

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

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		1c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40, line 17 Total Donations				2		.00



Name(s) shown on Form IT-40

Your Social Security Number

VINOD & AMRITA RAO

801 21 5423

1. Federal filing information

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

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

State where you worked Your income \$.00 State where spouse worked Spouse's income \$.00

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm/Fishing income

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

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

6. Date of death

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

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

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

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

7. Your daytime

telephone number 3128893318

Your

email address VRAOIITC@GMAIL.COM

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

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State ZIP Code

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

GLOBAL TAXES LLC

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

PTIN P02470833

Address 245 ROONEY CT

City E BRUNSWICK

State NJ ZIP Code 08816

Preparer's signature VENKATA SAI PAVAN KUMAR DU

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

2023

Name(s) shown on Form IT-40

Your Social Security Number

VINOD & AMRITA RAO

801	21	5423
-----	----	------

1. Enter the amount from IT-40, line 7. **Note:** If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself		Column B - Spouse's	
1A	79101.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2023 ____

2A	.0202000	2B	
----	----------	----	--

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero)

3A	1598.00	3B	.00
----	---------	----	-----

4. Add lines 3A and 3B. Enter the total here. **Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4	1598.00
---	---------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	.00
---	-----

6. Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here _____

6	.00
---	-----

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7	1598.00
---	---------



**Schedule IN-DEP Schedule IN-DEP: Dependent Information and Additional
Form IT-40/IT-40PNR
State Form 54815
(R12 / 9-23)**

Enclosure
Sequence No. **03A/04A**

2023

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

VINOD & AMRITA RAO

801 21 5423

1A. 1B.
 1C. 1D.
 1E. Place "X" in box 1E if claiming dependent as an additional dependent child exemption _____ 1E
 1F. Place "X" in box 1F if dependent child claimed for the first time (see instructions) _____ 1F

2A. 2B.
 2C. 2D.
 2E. Place "X" in box 2E if claiming dependent as an additional dependent child exemption _____ 2E
 2F. Place "X" in box 2F if dependent child claimed for the first time (see instructions) _____ 2F

3A. 3B.
 3C. 3D.
 3E. Place "X" in box 3E if claiming dependent as an additional dependent child exemption _____ 3E
 3F. Place "X" in box 3F if dependent child claimed for the first time (see instructions) _____ 3F

4A. 4B.
 4C. 4D.
 4E. Place "X" in box 4E if claiming dependent as an additional dependent child exemption _____ 4E
 4F. Place "X" in box 4F if dependent child claimed for the first time (see instructions) _____ 4F

5. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) _____ **Box 5**

6. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 1F, 2E, 2F, 3E, 3F, 4E and 4F if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) _____ **Box 6**

Part IV. Declaration

I
N
D
I
A
N
A

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

Your PIN: Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

1	5	4	2	3
---	---	---	---	---

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

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature ► _____ Date _____

Spouse's PIN: Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

4	7	1	6	2
---	---	---	---	---

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

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature ► _____ Date _____

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

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

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

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

ERO's signature ► _____ Date _____