

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Personal information section including names (ANNIE AJILA, SAM JOHNSON), social security numbers (884 46 3617, 988 98 5079), and address (5600 GIBSON BLVD SE, ALBUQUERQUE, NM 87108).

Filing Status section with checkboxes for Single, Married filing jointly (checked), Married filing separately, Head of household (HOH), and Qualifying surviving spouse (QSS).

Digital Assets section with a checked 'No' response to the question about receiving or disposing of digital assets.

Standard Deduction section with checkboxes for 'Someone can claim' and 'Spouse itemizes on a separate return'.

Age/Blindness section with checkboxes for 'Were born before January 2, 1959' and 'Are blind'.

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z, including total amount from Form(s) W-2 (70,445) and taxable interest.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), and Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b), Capital gain or loss (7), and total income (9: 56,354).

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 3,001.

Table for Payments (lines 25-33). Includes federal income tax withheld (7,702) and total payments (7,702).

Table for Refund (lines 34-36). Shows overpaid amount (4,701) 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 declaration and signature fields for taxpayer and spouse, including occupation and ID protection PIN.

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

**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

A SAM JOHNSON & R EBEN TITUS

Your social security number

884-46-3617

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	-14,091.
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 ABLÉ account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-14,091.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

A SAM JOHNSON & R EBEN TITUS

Your social security number

884-46-3617

Part I Income or Loss From Rental Real Estate and Royalties

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

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

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

A 14-48 B NELLIVILAIE B PALAPALLAM RITAPURAM, KANYAKUMARI, TAMIL NADU IN 629159

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 642.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,812.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,463.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,790.		
15 Supplies	15 2,056.		
16 Taxes	16		
17 Utilities	17 2,241.		
18 Depreciation expense or depletion	18 2,371.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 14,733.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -14,091.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (14,091.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 642.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d 2,371.		
e Total of all amounts reported on line 20 for all properties	23e 14,733.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (14,091.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -14,091.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -14,091.

Schedule E (Form 1040) 2023

New Mexico Taxation and Revenue Department
**INDIVIDUAL INCOME TAX DECLARATION FOR
ELECTRONIC FILING AND TRANSMITTAL**

First Name, Middle Initial, and Last Name ANNIE AJILA	SAM JOHNSON	Social Security Number (SSN) 884-46-3617	<input checked="" type="checkbox"/> Residency Status
Spouse First Name, Middle Initial, and Last Name ROGER MARK DEV	EBEN TITUS	Social Security Number (SSN) 988-98-5079	<input checked="" type="checkbox"/> Residency Status
Mailing Address, City, State, and Zip Code 5600 GIBSON BLVD SE, APT. 430 ALBUQUERQUE		NM 87108	

TAX YEAR (CCYY): 2023
 FILING STATUS (Check One)

- (1.) Single
- (2.) Married filing jointly
- (3.) Married filing separately (Enter spouse's name and social security number.)
- (4.) Head of household (Enter name of person who qualifies you as head of household if that person is not counted as a qualified exemption on your federal return.) _____
- (5.) Qualifying widow(er)

PART I: TAX RETURN INFORMATION (Whole Dollar Amounts Only)

1. Federal Adjusted Gross Income (as reported on PIT-1)	1.	56,354
2. Net New Mexico Income Tax (as reported on PIT-1).....	2.	996
3. Total Payments and Credits (as reported on PIT-1)	3.	2,821
4. Tax Due (as reported on PIT-1).....	4.	
5. Overpayment (as reported on PIT-1)	5.	1,825

PART II: DECLARATION OF TAXPAYER

I declare the amounts described in Part I above agree with the amounts shown on the corresponding lines of my New Mexico personal income tax return, and that I have examined the contents of my electronic return and accompanying schedules and statements. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including accompanying schedules and statements, be electronically transmitted to the New Mexico Taxation and Revenue Department.

PLEASE
SIGN
HERE

Your signature

Date

Spouse's signature (If joint return, BOTH MUST sign.)

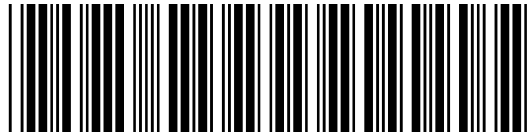
PART III: DECLARATION OF PREPARER/TRANSMITTER (If Applicable)**PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

I declare the above taxpayer's return is based on all pertinent information of which I have knowledge. I have verified that the taxpayer's name shown on this declaration agrees with the name that appears on the proof of account. A copy of all forms and information to be filed with or transmitted to the New Mexico Taxation and Revenue Department have been provided to the taxpayer.

Preparer's/Transmitter's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 02/14/2024
Check if self-employed <input type="checkbox"/>	Preparer's PTIN P02082703	Preparer's NMBTIN (if applicable)
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		
Address (number, street, city, and state) 245 ROONEY CT E BRUNSWICK		ZIP code NJ 08816

When required to submit a copy of this form to the Department, mail the form and attachments to:
 New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418

2023 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN



For the year January 1 - December 31, 2023
or fiscal year beginning F₁ _____ ending F₂ _____
If amending use Form 2023 PIT-X.

FOR DEPARTMENT USE ONLY

Get your refund faster, file online using Taxpayer Access Point TAP <https://tap.state.nm.us>.

1555 02 2

<p>1a Print your name (first, middle, last) ANNIE AJILA SAM JOHNSON</p> <p>2a Print your spouse's name (first, middle, last). If married filing separately, include spouse. ROGER MARK DEV EBEN TITUS</p> <p>3a <input type="checkbox"/> If the address is new or changed, mark this box.</p> <p>3b Mailing Address (Number and street) 5600 GIBSON BLVD SE APT 430</p> <p>3c City State Postal/ZIP Code ALBUQUERQUE NM 87108</p> <p>3d If foreign address, enter country Foreign province and/or state</p> <p>5. <input type="checkbox"/> EXEMPTIONS: Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)</p>	<p>1b SOCIAL SECURITY NUMBER 884-46-3617</p> <p>1c <input type="checkbox"/> Blind</p> <p>1d Age 65 or over <input type="checkbox"/></p> <p>1e Residency status R</p> <p>1f Taxpayer's date of birth 04/22/1983</p> <p>2b 988-98-5079</p> <p>2c <input type="checkbox"/> Blind</p> <p>2d Age 65 or over <input type="checkbox"/></p> <p>2e Residency status R</p> <p>2f Spouse's date of birth 10/21/1982</p> <p>4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter below the name and social security number of that person. You must also attach Form RPD-41083.</p> <p>4a Name _____</p> <p>4b SSN _____</p> <p>4c Taxpayer's date of death _____</p> <p>4d Spouse's date of death _____</p> <p>Residency status: For taxpayer and spouse (1e and 2e), enter: R if Resident N if Non-Resident F if First-Year Resident P if Part-Year Resident</p>
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6a **EXTENSION OF TIME TO FILE:** If you have a federal or state extension, mark box 6a and enter the extension date in box 6b. 6b _____

8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return.
(You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)

7. FILING STATUS. Mark only one box.

(1) Single

(2) Married filing jointly

(3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)

(4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified dependent on your federal return.)

(4a) _____

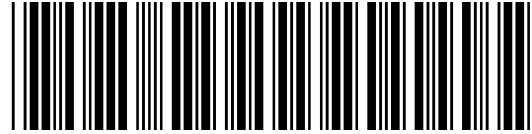
(5) Surviving Spouse with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11).....	+	9	56,354
10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions.....	+	10	
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 6). Attach PIT-ADJ.	+	11	
12. Federal standard or itemized deduction amount (from federal Form 1040, line 12).....	-	12	27,700
12a. If you itemized , mark the box.....		12a	<input type="checkbox"/>
13. Deduction for certain dependents. See the worksheet in the instructions.....	-	13	0
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions.....	-	14	
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 27). Attach PIT-ADJ.	-	15	
16. Medical care expense deduction. See PIT-1 instructions..... You must complete both lines 16 and 16a or the deduction will be denied.	-	16	
16a. Unreimbursed and uncompensated medical care expenses.....		16a	
17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16..... Cannot be less than zero	=	17	28,654
18. New Mexico tax on amount on line 17 or from PIT-B, line 14.....		18	996
18a. From Tax Rate Table = R . From PIT-B, line 14 = B		18a	<input checked="" type="checkbox"/>
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.....	+	19	
20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions.....	-	20	
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR.	-	21	
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero.....	=	22	996

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is **April 30, 2024**. All others must file by **April 15, 2024**. See PIT-1 instructions for details.

Continue on the next page.

2023 PIT-1 (page 2)
NEW MEXICO PERSONAL INCOME TAX RETURN



YOUR SOCIAL SECURITY NUMBER

884-46-3617

Do not submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to: New Mexico Taxation and Revenue Department, P. O. Box 25122, Santa Fe, New Mexico 87504-5122

23. The amount on line 22 from page 1.....	23	996
24. Total claimed on rebate and credit schedule (PIT-RC, line 26). Attach PIT-RC	24	
25. Working families tax credit. (You must complete lines 25, 25a, and 25b* or the deduction will be denied.).....	+	25
25a. The amount of federal earned income credit (EIC) reported on your 2023 federal income tax return or calculated under NM Expansion.....	25a	
25b. *NM Expansion Only: Check this box if you did not qualify for the EIC on your federal return.. 25b		
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR	+	26
27. New Mexico income tax withheld. Attach annual statements of income and withholding	+	27
28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	+	28
29. New Mexico income tax withheld from or paid by a pass-through entity. Attach 1099-Misc or RPD-41359	+	29
30. 2023 estimated income tax payments. See PIT-1 instructions.....	+	30
31. Other Payments.....	+	31
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.....	=	32
		2,821
33. TAX DUE. If line 22 is greater than line 32, enter the difference here.....	33	
34. Penalty on underpayment of estimated tax. See PIT-1 instructions	+	34
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272		35
36. Penalty. See PIT-1 instructions.	+	36
37. Interest. See PIT-1 instructions.	+	37
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.....	=	38
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.....	39	1,825
40. Refund voluntary contributions (PIT-D, line 18). Attach PIT-D	-	40
41. Amount from line 39 you want applied to your 2024 Estimated Tax	-	41
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.....	=	42
		1,825

Refund Express!! *Have it directly deposited! See instructions and complete all questions in this block.*

RE. 1 Routing Number 307083678 RE. 2 Account Number 1091000123937 RE.3 Account Type: Checking Savings

Re. 4: Will this refund go to or through an account outside of the United States? Important: If "yes," you can not use this refund method. See instructions. Yes No

HSD. 1 Check this box if you would like to see if you and the members of your household qualify for medical insurance through the Human Services Department (HSD) or Health Insurance Exchange (NMHIE). Important: Checking this box gives the Taxation and Revenue Department permission to share information provided on the **PIT-1** and **PIT-S** with HSD and NMHIE. See instructions for additional information.

I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Your signature	Date
Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date	
<u>518766881</u> <u>NM</u> <u>11/30/2024</u>	
Spouse's signature	Date
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date	
<u>DECLINED</u>	

(If filing jointly, BOTH must sign even if only one had income.)
 Taxpayer's phone number (505) 221-2876
 Taxpayer's email address ANNIEAJILA@GMAIL.COM

Paid preparer's use only:

SYAM PRIYA RAM SAGAR GUPTA T 02/14/2024
 Signature of preparer Date

GLOBAL TAXES LLC
 P.1 Firm's name (or yours, if self-employed)

P.2 NMBTIN

P.3 Preparer's PTIN P02082703

P.4 FEIN 84-3171965

P.5 Preparer's phone number (678) 965-9522

P.6 Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.