

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: HARDIK B Last name: PRAJAPATI Your social security number: 016 91 4917

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 244 118TH AVE SE Apt. no. 21 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BELLEVUE State WA ZIP code 98005 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

Filing Status: [X] Single [] Head of household (HOH) [] Married filing jointly [] Married filing separately (MFS) [] 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... [] 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

Income table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 117,419. 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). 1z Add lines 1a through 1h 117,419.

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

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 102,809. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 102,809. 12 Standard deduction or itemized deductions (from Schedule A) 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 88,959.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850. Married filing jointly or Qualifying surviving spouse, \$27,700. Head of household, \$20,800. If you checked any box under Standard Deduction, see instructions.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes overpaid amount, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

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

Sign Here section with declaration and signature lines for taxpayer and spouse, including occupation and date fields.

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

HARDIK B PRAJAPATI

Your social security number

016-91-4917

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	-14,610.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-14,610.

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

OMB No. 1545-0074

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

HARDIK B PRAJAPATI

Your social security number

016-91-4917

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 form 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 B-4, PARVATINAGAR SOCIETY STARLINE ROAD, MEHSANA GUJARAT IN 384001

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	3 613.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,530.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,750.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,410.		
15 Supplies	15 2,190.		
16 Taxes	16		
17 Utilities	17 2,540.		
18 Depreciation expense or depletion	18 3,803.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 15,223.		
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 -14,610.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (14,610.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 613.		
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 3,803.		
e Total of all amounts reported on line 20 for all properties	23e 15,223.		
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 (14,610.)		
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 -14,610.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-14,610.

Schedule E (Form 1040) 2023

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return** **2023**

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

Due April 15, 2024
Place "X" in box
if amending

Your Social Security Number 016 91 4917

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name HARDIK Initial B Last name PRAJAPATI Suffix

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

Present address (number and street or rural route) 244 118TH AVE SE 21 Place "X" in box if you are married filing separately.

City BELLEVUE State WA ZIP/Postal code 98005

Foreign country 2-character code (see instructions)

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

County where you lived 79 County where you worked 79 County where spouse lived County where spouse worked

Round all entries

- 1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____ **Indiana Income** 1 105.00
- 2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ **Indiana Add-Backs** 2 .00
- 3. Add line 1 and line 2 _____ 3 105.00
- 4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ **Indiana Deductions** 4 .00
- 5. Subtract line 4 from line 3 _____ 5 105.00
- 6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D _____ **Indiana Exemptions** 6 1.00
- 7. Subtract line 6 from line 5 _____ **Indiana Adjusted Gross Income** 7 104.00
- 8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) 8 3.00
- 9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) 9 1.00
- 10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) 10 .00
- 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 4.00

Name(s) shown on Form IT-40PNR

Your Social Security Number

HARDIK B PRAJAPATI

016 91 4917

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2023 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A			Column B		
	Income from Federal Return			Income Taxed by Indiana		
1. Your wages, salaries, tips, commissions, etc _____	1A	117419	.00	1B	105	.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A		.00	2B		.00
3. Taxable interest income _____	3A		.00	3B		.00
4. Dividend income _____	4A		.00	4B		.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A		.00	5		.00
6. Alimony received _____	6A		.00	6B		.00
7. Business income or loss from federal Schedule C _____	7A		.00	7B		.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A		.00	8B		.00
9. Other gains or (losses) from Form 4797 _____	9A		.00	9B		.00
10. Taxable IRA distribution _____	10A		.00	10B		.00
11. Taxable pensions and annuities _____	11A		.00	11B		.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	-14610	.00	12B	0	.00
13. Income or loss from partnerships _____	13A		.00	13B		.00
14. Income or loss from trusts and estates _____	14A		.00	14B		.00
15. Income or loss from S corporations _____	15A		.00	15B		.00
16. Farm income or loss from federal Schedule F _____	16A		.00	16		.00
17. Unemployment compensation _____	17A		.00	17B		.00
18. Taxable Social Security benefits _____	18A		.00	18B		.00
19. Indiana apportioned income from Schedule IT-40PNRA _____				19B		.00
20. Other income reported on your federal return _____	20A		.00	20B		.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)						
21. Subtotal: add lines 1 through 20 _____	21A	102809	.00	21B	105	.00

Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet _____ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 8 _____ 21D 0.001

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2023 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .0	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .0
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Reserved for future use _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> .00	35B	<input type="text"/> .00

Section 3: Totals

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 _____ 36A 102809 .00 36B 105 .00



Name(s) shown on Form IT-40PNR

HARDIK B PRAJAPATI

Your Social Security Number

016 91 4917

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 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 5 x \$1000 2 .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. x \$1500 3 .00

4. Place "X" in box(es) below if, by December 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 Schedule A, line 36A \$

- 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 7 1000 .00

8. Enter the number from Schedule A, Proration Section, line 21D 8 0.001

9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6 **Total Exemptions** 9 1 .00

Name(s) shown on Form IT-40PNR

HARDIK B PRAJAPATI

Your Social Security Number

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Round all entries

1. Indiana state tax withheld: See instructions _____	1		3	.00
2. Indiana county tax withheld: See instructions _____	2		1	.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: see instructions Enter earned income credit from Schedule IN-EIC, line A-3 _____ Box A <input type="text"/> .00 Enter number from Schedule A, Proration Section, line 21D ___ Box B <input type="text"/> . Multiply Box A by Box B, enter total here _____	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-40PNR, line 12 _____ Total Credits	13		4	.00

Schedule IN-DONATE

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

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

a. Enter fund name <input type="text"/>	code no. <input type="text"/>	1a	<input type="text"/>	.00
b. Enter fund name <input type="text"/>	code no. <input type="text"/>	1b	<input type="text"/>	.00
c. Enter fund name <input type="text"/>	code no. <input type="text"/>	1c	<input type="text"/>	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40PNR, line 17 Total Donations		2	<input type="text"/>	.00



Name(s) shown on Form IT-40PNR

Your Social Security Number

HARDIK B PRAJAPATI

016

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Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2023. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2023	06 01 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2023	12 31 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	WA	01 01 2023	12 31 2023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1B				Yes <input type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

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

2. 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.

3. 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.

4. 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.

5. Date of death

If any individual listed at the top of the IT-40PNR 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-40PNR 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.

6. Your daytime telephone number

Your email address

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)

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

PTIN

Address

City

State ZIP Code

Preparer's signature



Name(s) shown on Form IT-40PNR

Your Social Security Number

HARDIK B PRAJAPATI

016

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SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2023.

- | | Column A - Yourself | Column B - Spouse's |
|---|---------------------|---------------------|
| 1. Enter the amount from IT-40PNR, line 7 (see instructions if you lived in a reciprocal state but worked in Indiana). Note: If both you and your spouse lived in the same county on January 1, enter the entire amount on line 1A only (see instructions) _____ | 1A 104.00 | 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 .0128000 | 2B . |
| 3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____ | 3A 1.00 | 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. _____ | 4 1.00 | 5 .00 |
| 5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____ | 6 .00 | 7 1.00 |
| 6. Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here _____ | | |
| 7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____ | | |

SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2023, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2023

- | | Column A - Yourself | Column B - Spouse's |
|---|---------------------|---------------------|
| 1. Enter your principal employment income (see instructions) _____ | 1A .00 | 1B .00 |
| 2. Enter deductions. See the complete list of allowable deductions in the instructions _____ | 2A .00 | 2B .00 |
| 3. Subtract line 2 from line 1 _____ | 3A .00 | 3B .00 |
| 4. Enter some or all of the exemptions from line 9 of Schedule D (see instructions) _____ | 4A .00 | 4B .00 |
| 5. Subtract line 4 from line 3 (if less than zero, leave blank) _____ | 5A .00 | 5B .00 |
| 6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2023 _____ | 6A . | 6B . |
| 7. Multiply the income on line 5 by the rate on line 6 _____ | 7A .00 | 7B .00 |
| 8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) _____ | | 8 .00 |

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

**Do Not Mail
This Form
To DOR**

Submission ID --

First Name and Middle Initial HARDIK B		Last Name PRAJAPATI		Your Social Security Number 016 91 4917	
Spouse's First Name and Middle Initial		Spouse's Last Name		Spouse's Social Security Number	
Street Address 244 118TH AVE SE 21		City BELLEVUE	State WA	ZIP Code 98005	Daytime Telephone Number 765 240 6829

Part I. Tax Return Information (See instructions on next page)

1. Federal Adjusted Gross Income	1.	102809.
2. Indiana Adjusted Gross Income	2.	104.
3. Total Indiana Tax	3.	4.
4. Total State Tax Withheld	4.	3.
5. Total County Tax Withheld	5.	1.
6. Total Indiana Tax Credits	6.	4.
7. Refund	7.	0.
8. Amount You Owe	8.	

Part II. Estimated Payments

9. Estimated Payments:	Payment 1: Amount	<input type="text"/>	Date of Withdrawal	<input type="text"/>
	Payment 2: Amount	<input type="text"/>	Date of Withdrawal	<input type="text"/>
	Payment 3: Amount	<input type="text"/>	Date of Withdrawal	<input type="text"/>
	Payment 4: Amount	<input type="text"/>	Date of Withdrawal	<input type="text"/>

Part III. Electronic Settlement

10. Type of settlement: Direct Deposit of Refund
 Direct Debit of Amount Owed Amount Date of Withdrawal

11. Routing number: *Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*

12. Account number:

13. Type of account: Checking Savings Hoosier Works MC

14. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail
This Form
To DOR**

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

Part IV. Declaration

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.

I
N
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A

Your PIN: Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

1	4	9	1	7
---	---	---	---	---

 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 _____ to enter my PIN

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 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	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

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

ERO's signature ► _____ Date _____