Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

iliterilai nevenue Service							
Submission Identification Number (SID)							
Taxpayer's name		Social s	ecur	ity num	ber		
BHOLANATH SAHA		387	-43	8-264	9		
Spouse's name		Spouse	's so	cial sec	urity	number	
NITISHA RAJ		988	-96	5-668	}5		
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter	year y	ou a	are au	ithor	izing.)
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			
1 Adjusted gross income				1	ــــــ		,338.
2 Total tax				2	_		,635.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	-		,012.
4 Amount you want refunded to you				5	-	1	<u>,377.</u>
5 Amount you owe	t and ke		COL		<u> </u>	rotu	rn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or a							
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellar business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amen	ze the U.S ount indic institution terminate tion request in the part to the part output to the part of	S. Treas rated in to deb the aut ests mu process syment.	the	and its tax pre e entry zation. De recent the erther a	designarate to the To resident to the	inated ion sof is acco voke (ino late onic pa wledge	Financia tware for ount. This cancel) a er than 2 syment of that the
Electronic Funds Withdrawal Consent.							
Taxpayer's PIN: check one box only		DIN	3	3 2	6 4	. 9	
X I authorize GLOBAL TAXES LLC to enter or ge	enerate m	ту Рііх		nter five			as my
signature on the income tax return (original or amended) I am now authorizing.			do	on't ent	er all :	zeros	
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner PI below.							
Your signature ▶	ate► _						
Spouse's PIN: check one box only							
X Lauthorize GLOBAL TAXES LLC to enter or ge	enerate m	ıv PIN	6	6 6	6 8	5	as my
ERO firm name		.,	E	nter five			,
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) if you are entering your own PIN and your return is filed using the Practitioner PI below.			oriz		heck	this b	
Spouse's signature ▶ Da	ate ►						
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 Dor	9 i't en	6 0 ter all z	8 eros	2 7	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual ir authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providence.	am submit	tting thi	s ret	urn in	acco	rdanće	
ERO's signature ▶ Da	ate ►						
FRO Must Patain This Form — See Instructi	ione						

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

1040		partment of the Treasury—Internal Revenue Servi .S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use (Only—E	Do not w	rite or sta	ple in this space.
For the year Jan	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	S	ee se	oarate i	nstructions.
Your first name	and n	niddle initial	Last na	ıme						Y	our so	cial sec	urity number
BHOLANA'	ГН		SAHA	A							387	43	2649
		's first name and middle initial	Last na							s	pouse'		security number
NITISHA			RAJ								988	96	6685
	(numb	er and street). If you have a P.O. box, see	_	ons.				Д	pt. no.				ection Campaig
730 E E	VELY	'N AV						3	15	c	heck h	nere if yo	ou, or your
		fice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP co			•	0,	jointly, want \$3
SUNNYVA	LE					CA	_	940	86		•		nd. Checking a not change
Foreign countr		•	ı	Foreign pro	ovince/state/o	count	у	Foreig	n postal co			or refu	•
												Yo	ou 🗌 Spous
Filing Status	s [Single	-				Head of he	ouseh	old (HOH)			
_	-	Married filing jointly (even if only or	ne had i	income)					` '	,			
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	se (Q	SS)		
0.10 2011	lf	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	cked the HOF	l or Q	SS box, e	nter t	he chi	ld's nar	me if the
		ualifying person is a child but not you			•								
	A												
Digital Assets		any time during 2023, did you: (a) reco										∏Ye	es 🛛 No
		neone can claim: You as a de					a dependent	1): (00	o mondo	tions.	•)		.3 <u>~</u> 110
Standard Deduction		Spouse itemizes on a separate return	•										
Deddollon	<u>ш</u>		11 O1 yOC	_ were a c	addi Status t	ancri							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spo	use	: U Was bor		re Janua				s blind
Dependent	s (see	instructions):		1	ocial security		(3) Relationsh	ip (4			1		see instructions
If more	(1)	First name Last name			number		to you		Child ta	x cred	lit	Credit for	r other dependent
than four										<u></u>			
dependents, see instruction	s									<u></u>			
and check	_												
here L													
Income	1a	Total amount from Form(s) W-2, be	•		,						1a		124,385.
Attach Form(s)	b	Household employee wages not re									1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c	_	
attach Forms W-2G and	d	Medicaid waiver payments not rep			,	nstru	ctions)				1d	_	
1099-R if tax	е	Taxable dependent care benefits f									1e	_	
was withheld.	f	Employer-provided adoption bene	efits from	n Form 88	839, line 29	•					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instructi	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1i</u>						104 205
		Add lines 1a through 1h	· ;		· · · ·						1z	_	124,385.
Attach Sch. B if required.	2a	· —	2a				axable interest				2b	_	
ii required.	3a	-	3a				rdinary divider				3b	_	
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b	_	
Single or Married filing	6a	,	6a				axable amoun	t			6b		
separately,	_ c	If you elect to use the lump-sum e				`	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched			-					. \square	7		01 045
jointly or Qualifying	8	Additional income from Schedule	-								8		-21,047.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-							9		103,338.
\$27,700 • Head of	10	Adjustments to income from Sche									10		100 000
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		103,338.
If you checked	12	Standard deduction or itemized		•		,					12		27,700.
any box under Standard	13	Qualified business income deducti					5-A				13		00 000
Deduction, see instructions.	14										14		27,700.
	15	Subtract line 14 from line 11. If zer	o or ies	o, emer -	u ITIIS IS Y	our t	axable incom	₩ .			15	1	75,638.

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	8,635.	
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	8,635.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	8,635.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	8,635.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 1	0,012.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	10,012.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
allacii Scii. Elc.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,012.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,377.	
	35a	Amount of line 34 you want			is attached, che	ck here	\square	35a	1,377.	
Direct deposit?	b	Routing number 0 6 1			c Type:	Checking	Savings			
See instructions.	d	Account number 3 3 4	0 7 3 4	1 9 5 3	3 3					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		• .				_	Complete	below.	⋉ No	
		signee's		Phone			sonal ident	ification		
<u></u>		me	hat I have evenine	no.			nber (PIN)	the best	of my lenguing and	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							,	
Here	Υo	ur signature		Date	Your occupation		l If th	e IRS se	nt vou an Identity	
		ar digitatare		Date	Tour occupation				IN, enter it here	
Joint return?					IT EMPLOY	EE	(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	tion			nt your spouse an	
your records.					HOME MAKE	D		inst.)	ection PIN, enter it here	
		one no. (470)981-247	Ω	Email address	SAHA.BHOLA	OM ,				
		eparer's name	Preparer's signat		DANA, DNULF	PTIN		Check if:		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	, ,		מווסיים ייאד.דאש	Date 01/25/2024		2703	Self-employed	
Preparer		m's name GLOBAL TA	1	MADAG PERM	COLIA IALLAN			(678) 965-9522		
Use Only				RUNSWICK NJ 08816					Phone no. (678)965-9522 Firm's EIN 84-3171965	
	rir	m's address 245 ROONE	T CI E DRU	TADMICK IN	0.0010		Fifff	I S EIIN	04-31/1905	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your s	ocial s	ecurity number
BHOI	JANATH SAHA & NITISHA RAJ	387-	43-26	549
Par	t 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	Ε.	5	-21,047.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I	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 81			
m	Olympic and Paralympic medals and USOC prize money (see			

8m

8n

80

8p

8q

8r

8s

8t

8u

8z

Section 951A(a) inclusion (see instructions)

Section 461(I) excess business loss adjustment

Scholarship and fellowship grants not reported on Form W-2 . . .

q Taxable distributions from an ABLE account (see instructions) . . .

n Section 951(a) inclusion (see instructions)

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

-21,047.

9

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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				
С	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:				
а	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		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 Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

BHOI	LANATH SAHA & N	IITISHA RAJ						387-4	3-2649		
Part		oss From Rental Real Estate and									
	Note: If you are	in the business of renting personal proper loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you are	e an indiv	vidual, rep	ort farm	
Α [ments in 2023 that would require you	to file	Form(s) 1	10002	See inc	etructions		□ Ve	e X No	
		, , , , , , , , , , , , , , , , , , , ,			· ·	• •				<u> </u>	
1a		f each property (street, city, state, ZIF		<u> </u>							
Α	BHAGAT SINGH	NAGAR, JAIGAON ALIPURDURA	WEST	BENGA	AL IN	736	182				
В											
С						1					
1b) i	2 For each rental real estate prope				Fa	ir Rental	Person		QJV	
	(from list below)	above, report the number of fair in personal use days. Check the QU					Days	Da			
A	3	if you meet the requirements to fi			A		365		0		
B C		qualified joint venture. See instru			B						
	of Duonoutry				C						
	of Property: Single Family Reside	nce 3 Vacation/Short-Term Rent	tal	5 Land	ı	7	Self-Rental				
	Multi-Family Residen		lai	6 Roya				20)			
	iviuiti-rairilly nesideri	de 4 Commercial		о поуг	มเนอง	0	Other (describ	Je)			
							Propertie	s:			
Incon	ne:				Α		В			С	
3			3		5	90.					
4			4								
Exper											
5	_		5								
6		instructions)	6			80.					
7	_	enance	7			80.					
8			8		/	20.					
9			9								
10 11		fessional fees	10		1,3	60					
12	_	aid to banks, etc. (see instructions)	12		1,3	00.					
13			13								
14			14		5 5	24.					
15			15			10.					
16			16								
17			17		4,8	40.					
18		se or depletion	18		3,5						
19	Other (list)	·	19								
20		d lines 5 through 19	20		21,6	37.					
21	Subtract line 20 from	m line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see	e instructions to find out if you must									
			21	-	-21,0	47.					
22		al estate loss after limitation, if any,									
		instructions)	22	(21,04		()	()
23a		reported on line 3 for all rental proper				23a		590.			
b		reported on line 4 for all royalty proper	erties			23b					
C		reported on line 12 for all properties				23c	3	E 2 2			
d		reported on line 18 for all properties			•	23d		523.			
e 24		reported on line 20 for all properties	· ·			23e	Z1,	637.			
24 25	•	ve amounts shown on line 21. Do not losses from line 21 and rental real estate		-		 ntorto		24 25	(21 047	١
										21,047.	
26		state and royalty income or (loss). (and IV, and line 40 on page 2 do no									
		040). line 5. Otherwise. include this ar						26		-21.047	

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number BHOLANATH SAHA & NITISHA RAJ Sch E BHAGAT SINGH NAGAR, JAIGAON 387-43-2649 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 05/23 155,000. 3,523 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,523.

portion of the basis attributable to section 263A costs.

23 For assets shown above and placed in service during the current year, enter the





Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return Georgia Department of Revenue 2023 (Approved software version)

Page 1

Beginning

STATE **ISSUED**

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

1. BHOLANATH

LAST NAME (For Name Change See IT-511 Tax Booklet)

SAHA

SPOUSE'S FIRST NAME

YOUR FIRST NAME

NITISHA

LAST NAME

RAJ

387-43-2649

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

SUFFIX

988-96-6685

SUFFIX

CHECK IF ADDRESS HAS CHANGED

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 2.730 E EVELYN AV

APT NO 315

CITY (Please insert a space if the city has multiple names)

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT 01/01/2023

3. SUNNYVALE

STATE

ZIP CODE

TO 05/31/2023

94086 CA

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number

3. NONRESIDENT

DEPARTMENT USE ONLY

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)......

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6b. Spouse X 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

7a. Number of Qualified Dependents* 7b. Number of Unborn Dependents 7c. Total Number of Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

First Name, MI.

Social Security Number

.00411525 **YOUR SOCIAL SECURITY NUMBER** 387-43-2649

Page 2

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

Last Name

Relationship to You

F	First Name, MI.	Last Name		
	Social Security Number	Relationship to You		
F	First Name, MI.	Last Name		
	Social Security Number	Relationship to You		
F	irst Name, MI.	Last Name		
	Social Security Number	Relationship to You		
ı	NCOME COMPUTATIONS			
f a	mount on line 8, 9, 10, 13 or 15 is negative, use the	e minus sign (-). Example	e -3456.	
8.	Federal adjusted gross income (From Federal Form 1 (Do not use FEDERAL TAXABLE INCOME) If the amount of the second	ount on Line 8 is \$40,000 o	r more, o	103338 or your gross income is less than your
9.	Adjustments from Form 500 Schedule 1 (See IT-511	Tax Booklet)	9.	
10.	Georgia adjusted gross income (Net total of Line 8 ar	nd Line 9)	10.	
11.	Standard Deduction (Do not use FEDERAL STANDAL (See IT-511 Tax Booklet)	RD DEDUCTION)	· 11a.	
	b. Self: 65 or over? Blind? Total	x 1,300=	. 11b.	
	Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both)	oth lines)	11c.	
12.	Total Itemized Deductions used in computing Federal Ta	axable Income. If you use ite	emized de	ductions, you must include Federal Schedule A.
	a. Federal Itemized Deductions (Schedule A- Form 1	1040)	12a.	
	b. Less adjustments: (See IT-511 Tax Booklet)		12b.	
	c. Georgia Total Itemized Deductions		12c.	
13.	Subtract either Line 11c or Line 12c from Line 10; ent	ter balance	13.	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 387-43-2649

14a. Enter the number from Line 6c. or multiply by \$3,700 for filing status B	Multiply by \$2,700 for filing status A or D or C	14a.	
14b. Enter the number from Line 7c.	Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	l	14c.	
15a. Income before GA NOL (Line 13 les15b. Georgia NOL utilized (Cannot exceapplying the 80% limitation, see IT-		15a. ··15b.	30339
15c. Georgia Taxable Income (Line 15a	less Line 15b)	15c.	30339
16. Tax (Use Tax Rate Schedule in the	IT-511 Tax Booklet)	16.	1509
17. Low Income Credit 17a.	17b	17c.	
18. Other State(s) Tax Credit (Include a	a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summar	ry Worksheet	19.	
20. Total Credits Used from Schedule electronically)	e 2 Georgia Tax Credits (must be filed	1 20.	
21. Total Credits Used (sum of Lines 17-20)	cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if ze	ro or less than zero, enter zero	22.	1509

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATE	MENT A)			(INCOME STATEMENT B)				(INCOME STATEMENT C)				
1.	WITHHOLDING	TYPE:		1.	WITHHOLDING	WITHHOLDING TYPE:			WITHHOLDING	ГҮРЕ:			
	X W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		
2.	EMPLOYER/PAY ID NUMBER (FE 2232826	IN) X SSN	=	2.	EMPLOYER/PA' ID NUMBER (FE		=	2.	EMPLOYER/PAY ID NUMBER (FEI				
3.	EMPLOYER/PAY		THHOLDING ID	3.	EMPLOYER/PA	YER STATE W	THHOLDING ID	3.	EMPLOYER/PAY	ER STATE WI	THHOLDING ID		
4.	0.11.11.10_0.11.11	соме 35291		4.	GA WAGES / IN	COME		4.	GA WAGES / INC	COME			
5.	GA TAX WITHHE	1860		5.	GA TAX WITHHI	ELD		5.	GA TAX WITHHE	ELD			

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

REV 01/09/24 PRO

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2023



2400411545

YOUR SOCIAL SECURITY NUMBER 387-43-2649

ID

Page 4

	(INCOME STATE	MENT D)			(INCOME STAT	EMENT E)			(INCOME STATI	EMENT F)	
1.	WITHHOLDING	TYPE:		1.	WITHHOLDING	TYPE:		1.	WITHHOLDING T	ГҮРЕ:	
	W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAY ID NUMBER (FEI			2.	EMPLOYER/PA		AL SN	2.	EMPLOYER/PAY		
3.	EMPLOYER/PAY	YER STATE W	ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE	WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE V	VITHHOLDING I
4.	GA WAGES / INC	COME		4.	GA WAGES / IN	ICOME		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHE	ELD		5.	GA TAX WITHH	ELD		5.	GA TAX WITHH	ELD	
23.	Georgia Incor		nheld on Wage				23.				1860
24.	Other Georgi	a Income T					24.				
25.	Estimated Ta						25.				
26.	Schedule 2B F (Cannot be cl		Tax Creditsss filed electron				26.				
27.	Total prepaym	ent credits (Add Lines 23,	24, 2	5 and 26)		27.				1860
28.	If Line 22 exc		7, subtract Line				28.				
29.	If Line 27 exc		2, subtract Line								351
30.	Amount to be	e credited t	o 2024 ESTIM/	ATED	TAX		30.				0
31.	Georgia Wildl	life Conserv	ation Fund (No	gift o	of less than \$1	.00)	31.				
32.	Georgia Fund	d for Childre	n and Elderly (No gi	ft of less than	\$1.00)	32.				
33.	Georgia Can	cer Researd	h Fund (No gif	t of le	ss than \$1.00)	33.				
34.	Georgia Land	l Conservati	on Program (N	o gift	of less than \$	1.00)	34.				
35.	Georgia Natio	onal Guard F	oundation (No	gift	of less than \$1	.00)	35.				
36.	Dog & Cat Sto	erilization F	und (No gift of	less	than \$1.00)		36.				
37.	Saving the Co	ure Fund (N	o gift of less th	nan \$	1.00)		37.				
38.	Realizing Educ		vement Can Hap	open (REACH) Progra	am	38.				

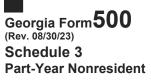




YOUR SOCIAL SECURITY NUMBER 387-43-2649

2023 Page 5

39.	Public Safety Memorial Grant (No gift of	less than \$1.00)		39.		
40.	Disabled Veterans' Scholarship Fund (No	gift of less than \$1.	00)	40.		
41.	Form 500 UET (Estimated tax penalty)	500 UET exception	n attached	41.		
42.	Penalty: Late Payment and/or Late Filing.			42.		
43.	Interest			43.		
44.	(If you owe) Add Lines 28, 31 through MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF RE PO BOX 740399 ATLANTA, GA 30374-039	DEPARTMENT OF REEVENUE PROCESSING	VENUE,	44.		
	(If you are due a refund) Subtract the sum of THIS IS YOUR REFUNDRefund Due Mail To: GEORGIA DEPARTMEPO BOX 740380 ATLANTA, GA 30374-0380	ENT OF REVENUE PE	4	5. ENTER,		351
	If you do not enter Direct Deposit infor		e a first time t	filer vou will	be issued a paper check.	
	Direct Deposit (U.S. Accounts Only) Type: Check	-		mor you min	bo locaca a paper checki	
	Routing	o v v ouvgo	Account			
	Number 061000052 Mail pages 1-5 and any applicable		Number	3340734	:19533	
— Ta	axpayer's Signature (Check box if	deceased)	Spouse's S	gnature	(Check box if deceased)	
٦	Faxpayer's Date of Death		Spouse's I	Date of Death	n	
	Taxpayer's Signature Date	Taxpayer's Phone 470-981-24			Spouse's Signature Date	
	by providing my e-mail address I am authorizing the 0 ny account(s).	Georgia Department of Re	evenue to electror	ically notify me a	at the below e-mail address regarding	any updates to
7	axpayer's E-mail Address				I authorize DOR to	discuss this return
					with the named pre	oarer.
	SYAM PRIYA RAM SAGAR GUPTA :	<u> </u>			er's Phone Number 965-9522	
1	Signature of Preparer Name of Preparer Other Than Taxpayer SYAM PRIYA RAM SAGAR GU	IPT			er's FEIN 171965	
F	Preparer's Firm Name GLOBAL TAXES LLC			Prepar P020	er's SSN/PTIN/SIDN 82703	





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 387-43-2649

2023 (Approved software version)

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Column A must equal Column B plus Column C.

See IT-511 Tax Booklet for other state(s) tax credits

	Column A must equal Column B plus Column C	nn A must equal Column B plus Column C. See IT-511 Tax Booklet for ot					
ı	FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)				
1.	WAGES, SALARIES, TIPS, etc 124385	1. WAGES, SALARIES, TIPS, etc 89094	1. WAGES, SALARIES, TIPS, etc 35291				
2.	INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS				
3.	BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)				
4.	OTHER INCOME OR (LOSS) -21047	4. OTHER INCOME OR (LOSS) -21047	4. OTHER INCOME OR (LOSS)				
5.	TOTAL INCOME: TOTAL LINES 1 THRU 4 103338	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 68047	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 35291				
6.	TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040				
7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1				
8.	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7				
	103338	68047	35291				
9.	-,	e 8, Column A enter percentage or check ot be negative and cannot exceed 100%)	9. 34.15 %				
10	a. Itemized or Standard Deduction X	or Georgia Itemized (See IT-511 Tax Booklet	10a. 7100				
10	b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or	or over? Blind? Total X 1,300=	10b.				
11.	Personal Exemptions from Form 500 or Fo	orm 500X (See IT-511 Tax Booklet)					
11a	a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for fi		11a. 7400				
11	b. Enter the number on Line 7c from Form 500	or Form 500X multiply by \$3,000	11b.				
12	. Total Deductions and Exemptions: Add L	Lines 10a, 10b, 11a, and 11b	12. 14500				
13	. *Multiply Line 12 by Ratio on Line 9 and e	enter result	13. 4952				
14	. Income before GA NOL: Subtract Line 13 Enter here and on Line 15a, Page 3 of Fo		14. 30339				

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	eparate ins	structions.
Your first name	and mi	iddle initial	Last na	ame					Your s	ocial secur	ity number
BHOLANAT	Ή		SAHA	A					387	43 2	2649
		s first name and middle initial	Last na								ecurity number
NITISHA			RAJ						988	96 6	5685
	(numbe	er and street). If you have a P.O. box, see		ions.			Apt. no				tion Campaign
730 E EV	ELYI	N AV					315		Check	here if you	ı, or your
		ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code			٠,	intly, want \$3
SUNNYVAI	ĿΕ				CA	.	94086		"	o this fund. elow will no	. Checking a
Foreign country	name			Foreign province/state/o	count	у	Foreign post	al code		ax or refund	•
										You	Spouse
Filing Status	; [Single				Head of ho	ousehold (H	OH)	•		
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving sp	oouse	(QSS)		
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	l or QSS bo	x, en	ter the ch	nild's name	e if the
	qu	alifying person is a child but not you	ır depe	ndent:							
 Digital	Δt ar	ny time during 2023, did you: (a) rece	eive (as	a reward award or	navn	nent for prope	rty or servic	es). c	r (h) sell		
Assets		ange, or otherwise dispose of a digi								☐ Yes	⊠ No
Standard	_	eone can claim: You as a dep					, ,				
Deduction		Spouse itemizes on a separate return		-		•					
A a /Diina alaa a a									0.1050		line al
		: Were born before January 2, 19	959 [ouse:		n before Ja				olind
Dependents				(2) Social security number	'	(3) Relationsh to you	ib I.,		oox ii qua credit	1	e instructions): other dependents
If more	(1) F	irst name Last name		Humber		to you	On	u tax	Credit	Credit for 0	
than four dependents,										+	
see instructions	s ——							<u> </u>		+	
and check								<u> </u>		+	
here L	4.0	Total amount from Form(a) W 2 ha	ny 1 /ne	a inaturational						1	24 205
Income	1a	Total amount from Form(s) W-2, bo	•	,					. 1		24,385.
Attach Form(s)	b	Household employee wages not re		* *					. 11		
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a Medicaid waiver payments not rep	•	·		· · · ·			. 10		
W-2G and		Taxable dependent care benefits for		, ,	iistru	ictions)			. 10		
1099-R if tax was withheld.	e f	Employer-provided adoption benefits in		*				•	· ''		
If you did not	g	Wages from Form 8919, line 6.							. 19		
get a Form	9 h	Other earned income (see instructi							· <u>''</u>	_	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				· · ·				
instructions.	z	Add lines to through th		radionoj					. 1:	1	24,385.
Attach Sch. B	2a	1	 2a	· · · · · i	 b Ta	axable interest			. 21		
if required.	3a	· —	3a			rdinary divider			. 31		
	4a		4a			axable amount			. 41		
Standard	5a		5a			axable amount			. 51		
Deduction for— Single or	6a		6a			axable amount			. 61		
Married filing	c	If you elect to use the lump-sum el		method. check here						-	
separately, \$13,850	7	Capital gain or (loss). Attach Scheo		•	•	,				,	
Married filing jointly or	8	Additional income from Schedule 1							. 8		21,047.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•						. 9		.03,338.
surviving spouse, \$27,700	10	Adjustments to income from Sched		•					. 10		
Head of household,	11	Subtract line 10 from line 9. This is							. 1		.03,338.
\$20,800	12	Standard deduction or itemized	-						. 1:		27,700.
If you checked any box under	13	Qualified business income deducti				5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zero			our t	axable incom	ie		. 19		75,638.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	8,635.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	8,635.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	8,635.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	8,635.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 1	0,012.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	10,012.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. Elc.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,012.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,377.
	35a	Amount of line 34 you want			is attached, che	ck here	\square	35a	1,377.
Direct deposit?	b	Routing number 0 6 1			c Type:	Checking	Savings		
See instructions.	d	Account number 3 3 4	0 7 3 4	1 9 5 3	3 3				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		• .				_	Complete	below.	⋉ No
		signee's		Phone			sonal ident	ification	
<u></u>		me	hat I have evenine	no.			nber (PIN)	the best	of my lenguing and
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							,
Here	Υo	ur signature		Date	Your occupation		l If th	e IRS se	nt vou an Identity
		ar digitatare		Date	Tour occupation				IN, enter it here
Joint return?					IT EMPLOY	EE	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.					HOME MAKE	D		inst.)	ection PIN, enter it here
		one no. (470)981-247	Ω	Email address		03@GMAIL.C	OM ,		
		eparer's name	Preparer's signat		DANA, DNULF	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	, ,		מווסיים ייאד.דאש			2703	Self-employed
Preparer		m's name GLOBAL TA	1	MADAG PERM	COLIA IALLAN	1 01/23/2024			(678) 965-9522
Use Only			AES LLC Y CT E BRU	MCWICK M	 J 08816				
	rir	m's address 245 ROONE	T CI E DRU	TADMICK IN	0.0010		Fifff	ı's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your s	ocial s	ecurity number
BHOI	JANATH SAHA & NITISHA RAJ	387-	43-26	549
Par	t 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	Ε.	5	-21,047.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I	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 81			
m	Olympic and Paralympic medals and USOC prize money (see			

8m

8n

80

8p

8q

8r

8s

8t

8u

8z

Section 951A(a) inclusion (see instructions)

Section 461(I) excess business loss adjustment

Scholarship and fellowship grants not reported on Form W-2 . . .

q Taxable distributions from an ABLE account (see instructions) . . .

n Section 951(a) inclusion (see instructions)

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

-21,047.

9

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-bas	is 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			
С	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)		-	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals			
اہ	and USOC prize money reported on line 8m		-	
d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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. Ent			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

TAXABLE YEAR **FORM California e-file Signature Authorization for Individuals** Your SSN or ITIN Your name 387-43-2649 BHOLANATH SAHA Spouse's/RDP's name Spouse's/RDP's SSN or ITIN NITISHA RAJ 988-96-6685 Part I Tax Return Information (whole dollars only) 89094 Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpaver's PIN: check one box only ▼ | Authorize GLOBAL TAXES LLC ERO firm name Do not enter all zeros as my signature on my 2023 e-filed California individual income tax return. I will enter my PIN as my signature on my 2023 e-filed California individual 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 III below. Your signature > ___ Spouse's/RDP's PIN: check one box only ▼ Lauthorize GLOBAL TAXES LLC **ERO** firm name Do not enter all zeros as my signature on my 2023 e-filed California individual income tax return. I will enter my PIN as my signature on my 2023 e-filed California individual 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 III below. Spouse's/RDP's signature > ____ Practitioner PIN Method Returns Only -- continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual 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 and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. ERO's signature

TAXABLE YEAR

2023

NITISHA

CALIFORNIA FORM

California Nonresident or Part-Year Resident Income Tax Return

988-96-6685

540NR

AΡ

ATTACH FEDERAL RETURN

387-43-2649 SAHA BHOLANATH SAH

SAHA RAJ

730 E EVELYN AV

APT 315

23

SUNNYVALE

CA 94086

04-03-1990 10-28-1991

D o	1	If your Califo	ornia filing status is different fro le	m your fed	eral filing status, chec Head of household (
Filing Status	2	only	ried/RDP filing jointly (even if one spouse/RDP had income). instructions.	5	Qualifying surviving See instructions.	spouse/RDP. Ent	er year spous	e/RDP died.	
	3	Marr	ried/RDP filing separately. Enter s	spouse's/R	DP's SSN or ITIN abov	ve and full name l	nere		
	6	If someone	can claim you (or your spouse/F	RDP) as a c	lependent, check the b	ox here. See inst	r •	6	
•	For	line 7, line 8,	, line 9, and line 10: Multiply the i	number you	u enter in the box by th	e pre-printed doll	ar amount for	that line.	le dollars only
	7		you checked box 1, 3, or 4 abov		•	s	\$144 = • \$		288
	8		k 2 or 5, enter 2. If you checked ม (or your spouse/RDP) are visua			s. • / 2 X	\$144 = 🖭 \$		
			isually impaired, enter 2. See ins			⑤ 8 χ	\$144 = • \$		
	9		ou (or your spouse/RDP) are 65 5 or older, enter 2. See instructi			Q X	\$144 = • \$		
Exemptions	10		s: Do not include yourself or you Dependent 1			.		ndent 3	
emp		First Name	•		•				
û		Last Name	•		•				
		SSN. See instructions.	•		•				
		Dependent's relationship to you	•		•		•		
	Total	dependent ex	xemptions		• 10	o . X \$4	146 = •\$		
		REV 01/21/24	I PRO						

You	ır nar	ne: SAHA Your SSN or ITIN: 387-43-2649		
	11	Exemption amount: Add line 7 through line 10	• 11 \$	288
	12	Total California wages from your federal Form(s) W-2, box 16 ● 12 89094	. 00	
соте	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	1314	103338 .00
Total Taxable Income	15 16	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	103338 .00
Tot	17 18 19	Adjusted gross income from all sources. Combine line 15 and line 16	1718919	103338 .00 10726 .00 92612 .00
	31	Tax. Check the box if from:		2802 .00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	.00	2802 .[00]
me	35 36	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	79846 .00
CA Taxable Income	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	2419 .00
CA Tax	38 39	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		212
	40	If the amount on line 13 is more than \$237,035, see instructions	3940	248 .00
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41	.00
	42	Add line 40 and line 41	● 42 <u> </u>	2171 .00
dits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50	• 00
Special Credits	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	. 00	
Sp	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions		
	55	Credit amount. See instructions	• 55	_00

Side 2 Form 540NR 2023

You	ır nan	ne:	SAHA					Your SS	N or IT	IN:	387-	-43-26	549					
	58	Enter	credit nar	ne [coc	de •		and ar	nount	•	58			. 00
	59	Enter	credit nar	ne [Coo	de •		and an	nount	•	59			.00
Special Credits	60	To cla	aim more	than t	wo cre	dits, see	instru	ctions. Att	tach Sch	iedule	P (540	NR)		•	60			. 00
cial C	61	Nonr	efundable	Rent	er's Cre	edit. See	instruc	tions						•	61			. 00
Spec	62	Add I	ine 50 and	d line	55 thro	ough line	61. Th	ese are yo	our total	credi	ts			•	62			.00
	63																217	1 .00
S	71	Alteri	native Min	imun	ı Tax. A	Attach Sc	hedule	P (540NF	₹)					•	71			
Other Taxes	72	Ment	al Health S	Servio	es Tax	. See ins	tructio	18						•	72			00
Othe	73	Other	taxes and	d crec	lit reca	pture. Se	e instr	uctions						•	73			00
	74	Add I	ine 63, lin	e 71,	line 72	and line	e 73. T	his is you	r total ta	Х				•	74		217	1 .00
	01	Colife	vrnia inaar	ma ta	, with h	ald Caa	inotrus	tiono							01		628	2 .00
	81																	
	82							-										$\neg \ \Box$
ıts	83		- •												83			
Payments	84														84			
Ра	85	Earne	ed Income	Tax (Credit (EITC). S	ee instr	uctions .						•	85			00
	86	Youn	g Child Ta	x Cre	dit (YC	TC). See	instru	ctions						•	86			00
	87	Foste	r Youth Ta	ax Cre	dit (FY	TC). See	instru	ctions						•	87			
	88	Add I	ine 81 thr	ough	line 87	. These a	are you	r total pay	/ments.	See ir	nstructio	ons		•	88		628	2 .00
ISR Penalty	91	See i	ı and your nstruction ı did not c	s. Me	dicare	Part A o	r C cov	erage is q						•	×		\neg	
ISB		Indiv	idual Shar	ed Re	espons	ibility (IS	R) Pen	alty. See i	instructi	ons.		• 91				0	0	
Overpaid Tax/Tax Due	92 93	subtr Indiv	idual Shar	fron ed Re	n line 8 espons	8 ibility Pe	nalty B	alance. If	 line 91 i	s mor	e than I	 line 88,		••	92 93		628	2 .00
aid Ta	101	Over	oaid tax. I1	f line	92 is m	ore than	line 74	1, subtrac	t line 74	from	line 92			• 1	101		411	1 .00
)verp	102	Amo	unt of line	101 y	ou wa	nt applie	d to yo	ur 2024 e	stimated	d tax .				• 1	102			0 .00
O	103	Over	oaid tax av	/ailab	e this y	year. Sub	tract li	ne 102 fro	om line 1	101				•	103		411	1 .00
		R	EV 01/21/24	PRO														

Your name:	SAHA	Your SSN or ITIN:	387-43-2649
TUUL HAIHE.		i tuni oon ui iina.	

Code	Amount
California Seniors Special Fund. See instructions • 400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	_00
California Breast Cancer Research Voluntary Tax Contribution Fund	. 00
California Firefighters' Memorial Voluntary Tax Contribution Fund	.00
Emergency Food for Families Voluntary Tax Contribution Fund	. 00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund • 408	.00
California Sea Otter Voluntary Tax Contribution Fund	.00
California Cancer Research Voluntary Tax Contribution Fund	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	.00
State Parks Protection Fund/Parks Pass Purchase	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund • 438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund • 439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	.00
Suicide Prevention Voluntary Tax Contribution Fund	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund • 445	.00
120 Add amounts in code 400 through code 445. This is your total contribution	.00

REV 01/21/24 PRO

You	r nan	me: SAHA	Your SSN or ITIN:	387-43-	2649		
Amount You Owe	121	AMOUNT YOU OWE. Add line 93, line 104, Mail to: FRANCHISE TAX BOARD, PO BO Pay Online – Go to ftb.ca.gov/pay for more	X 942867, SACRAMENT			121	.00
Interest and Penalties	123	Interest, late return penalties, and late pay Underpayment of estimated tax. Check the box: FTB 5805 attack Total amount due. See instructions. Enclose	hed ● FTB 5805I	F attached	•	122	.00
	125	REFUND OR NO AMOUNT DUE. Subtract Mail to: FRANCHISE TAX BOARD, PO BOX				125	4111 .00
Refund and Direct Deposit		Fill in the information to authorize direct d See instructions. Have you verified the ro All or the following amount of my refund (Routing number O61000052 Type Savings The remaining amount of my refund (line	eposit of your refund in uting and account num (line 125) is authorized for Account number	to one or two bers? Use wh for direct depo	accounts. Do n ole dollars only osit into the acco	ount shown below: • 126 Direct d shown below:	
Voter Info.		For voter registration information, check t	he box and go to sos.c a	ı.gov/election	s . See instructi	ons	
Health Care Coverage Info.		Do you want information on no-cost or lov the FTB to share limited information from			-	_	Yes No

REV 01/21/24 PRO

Sign your tax return on Side 6

Your name:	SAHA Your SSN or ITIN: 387-43-2649			
IMPORTANT:	Attach a copy of your complete federal return.			
Our privacy notic to locate FTB 113	ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy p 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.3	policy statement, or go to 38.0505 and enter form	o ftb.ca.gov/1 code 948 wh	forms and search for 1131 en instructed.
Under penalties s s true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules an and complete.	d statements, and to the	e best of my	knowledge and belief, it
Your signature	Date Spouse's	s/RDP's signature (if a jo	oint tax returr	n, both must sign)
	Your email address. Enter only one email address.		Preferre	d phone number
Sign			4709	812479
Here	Paid preparer's signature (declaration of preparer is based on all information of which pre	parer has any knowle	dge)	
	SYAM PRIYA RAM SAGAR GUPTA TALLAM			
It is unlawful to forge a spouse's/	Firm's name (or yours, if self-employed)			● PTIN
RDP's signature.	GLOBAL TAXES LLC			P02082703
	Firm's address			Firm's FEIN
Joint tax return?	245 ROONEY CT E BRUNSWICK NJ 08816			843171965
See Instructions.	Do you want to allow another person to discuss this tax return with us? See instruc	etions	Yes	× No
	Print Third Party Designee's Name		Telephone	Number

REV 01/21/24 PRO

TAXABLE YEAR

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR

Important: Attach this schedule behind Form 540NR, Side 6 as a supporting California schedule. Name(s) as shown on tax return SSN or ITIN 387432649 BHOLANATH SAHA & NITISHA RAJ Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2023. **During 2023:** 1 My California (CA) Residency (Check one) a Myself:

Nonresident

Part-Year Resident

Resident **b** Spouse: Nonresident X Part-Year Resident Yourself GΑ 2 a I was domiciled in (enter two letter code, see instructions) GΑ 0 6/0 1/2 0 2 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . • GA 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). I was a CA nonresident the entire year (enter state of residence)...... 2 1 4 Ν Ν **Before 2023:** I was a CA resident for the period of C Part II Income Adjustment Schedule n E Section A — Income Federal Amounts Subtractions Additions **Total Amounts CA Amounts** See instructions (taxable amounts from See instructions **Using CA Law** (income earned or from federal Form 1040 or 1040-SR As If You Were a vour federal tax return) (difference between (difference between received as a CA CA & federal law) CA & federal law) CA Resident resident and income (subtract col. B from earned or received col. A; add col. C from CA sources to the result) as a nonresident) 1 a Total amount from federal Form(s) W-2, 124385 • 124385 89094 **b** Household employee wages not reported \odot \odot on federal Form(s) W-2.....1b c Tip income not reported on line 1a.....1c \odot \odot \odot \odot d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . 1d **e** Taxable dependent care benefits from (ullet) \odot federal Form 2441, line 26 f Employer-provided adoption benefits \odot \odot from federal Form 8839, line 29 1f **q** Wages from federal Form 8919, line 6 . . . 1**q** \odot \odot 0 | **h** Other earned income. See instructions . . . **1h** 0 \odot i Nontaxable combat pay election. \odot \odot (e) 124385 124385 89094 2 Taxable interest. a • \odot (ullet)lacksquare3 Ordinary dividends. See instructions. a 💿 lacktriangle \odot lacksquare \odot 4 IRA distributions. See instructions. a 🖲 4b lacktriangle \odot 5 Pensions and annuities. See instructions. a

_____ 5b **6** Social security benefits. __ 6b 🍽 lacksquare7 Capital gain or (loss). See instructions 7

REV 01/21/24 PRO

		A	В	С	D	E
	from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	axable refunds, credits, or offsets of state nd local income taxes					
2 a	Alimony received. See instructions 2a	•		•	•	•
3 B	susiness income or (loss). See instructions 3	•	•	•	•	•
	Other gains or (losses)4	•	•	•	•	•
	dental real estate, royalties, partnerships, corporations, trusts, etc	-21047			-21047	•
	arm income or (loss)	<u> </u>	•	•	•	•
	Inemployment compensation	•	<u> </u>			
	Other income:					
a) ()		•		
b	0 111		•		•	•
C	0 11:11		•	•	•	•
d				•		
е	Income from federal Form 88538e	•		•	•	•
f	Income from federal Form 88898f	•	•			
g	Alaska Permanent Fund dividends 8g	•			•	•
h					•	•
i	Prizes and awards				•	•
i	Activity not engaged in for profit income 8j				•	•
k				•	•	•
Ï	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				•	•
m	 Olympic and Paralympic medals and USOC prize money 8n 	1			•	•
n	IRC Section 951(a) inclusion 8n	•	•			
0	IRC Section 951A(a) inclusion 80	•	•			
p	loss adjustment8p	•	•	•	•	•
q	account8q	•			•	•
r	Scholarship and fellowship grants not reported on federal Form(s) W-2	•				•
s	Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s				(()	O (
t					•	•
u	Wages earned while incarcerated 8u				•	•
Z	Autoria de la companya della companya della companya de la companya de la companya della company					
	6 8z		•	•	•	•
9 a		•	•	•	•	•

_		Α	В	С	D	Е
Section B — Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	b1 Disaster loss deduction from form FTB 3805V 9b1		•		•	•
	b2 NOL deduction from form FTB 3805V 9b2		•		•	•
	NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		•		•	•
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions	103338	•	•	103338	89094
Se	ction C — Adjustments to Income			1		
_	from federal Schedule 1 (Form 1040) Educator expenses		•			
	Certain business expenses of reservists, performing artists, and fee-basis					
12	ī		<u> </u>	•	•	•
	Moving expenses. Attach form FTB 3913.	_				
15	See instructions	•		•	O	•
	See instructions	•	•		•	•
10	Self-employed SEP, SIMPLE, and qualified plans	•				
17	Self-employed health insurance deduction. See instructions	•	•		•	•
	a Alimony paid. b Enter recipient's: SSN ● – –	•			•	•
				O	•	•
		<u> </u>	•	•	•	O
		•			•	O
	Reserved for future use				•	
	Archer MSA deduction	•				
	a Jury duty pay24a	•			•	•
	b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for					
	profit		OO	•	•	•
	d Reforestation amortization and expenses		<u> </u>		•	•
	e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974				•	•
	f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	•	•	•	•	•
	g Contributions by certain chaplains to IRC Section 403(b) plans 24g	•	•	•	•	•
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims	•			•	•

		Α	В	С	D	E
	ion C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
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	•	•			
j	j Housing deduction from federal Form 2555	•	•			
ļ	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	•			•	•
7	Other adjustments. List type and amount.					
(● 24z	•			•	
25	Total other adjustments. Add line 24a through line 24z	•	•	•	•	•
26	Add line 11 through line 23 and line 25 in each column, A through E 26	•	•	•	•	•
	Total. Subtract line 26 from line 10 in each column, A through E. See instructions 27	• 103338	•	•	103338	89094
Par	t III Adjustments to Federal Itemized Dedu	rtions		↑ Federal Amounts	B Subtractions See instructions	↑ Additions
Chec	k the box if you did NOT itemize for federal but will			(from federal Schedule A (Form 1040))		G See instructions
Wed	ical and Dental Expenses See instructions.				I	
1	Medical and dental expenses		102220			
2	Enter amount from federal Form 1040 or 1040	SR, line 11 •	7750 3	2		
3	Multiply line 2 by 7.5% (0.075)					O
Tave	Subtract line 3 from line 1. If line 3 is more that s You Paid	il lille 1, elller U	4			<u> </u>
	State and local income tax or general sales taxe			8943	8943	
	State and local real estate taxes			-	0 13	
	State and local personal property taxes					
	Add line 5a through line 5c					
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 i	f married filing separa	telv) in column A.			
	Enter the amount from line 5a, column B in line		,			
	Enter the difference from line 5d and line 5e, col		mn C 56	8943	8943	•
6	Other taxes. List type		6	i •	•	•
7	Add line 5e and line 6			8943	8943	(<u>•</u>
Inter	rest You Paid					
8a	Home mortgage interest and points reported to	-		_		•
8b	Home mortgage interest not reported to you or					<u> </u>
8c	Points not reported to you on federal Form 109			_		•
8d	Reserved for future use			_		
8e	Add line 8a through line 8c				•	<u> </u>
9	Investment interest				•	<u>•</u>
10	Add line 8e and line 9		10		•	<u> </u>
	Cifts by each or sheek					
11	Gifts by cash or check				•	<u>•</u>
12 13	Other than by cash or check				•	<u> </u>
1.5	Carryover from prior year				•	•
14	Add line 11 through line 13					

Seasibly and Theft Losses	Pa	rt III Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))	В	Subtractions See instructions	C	Additions See instructions
### Other Itemized Deductions 16	Cas	ualty and Theft Losses				'		
16 Other—From list in federal instructions. 16 ● ● ● 17 Add lines 4, 7, 10, 14, 15, and 15 in columns A, B, and C. 17 ● 8943 ● 8943 ● 00	15							
16 Other—from list in federal instructions. 16		-	5 @)	•		<u> </u>	
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17 8943 9943 9943 9943 9944			-10	\				
Total Itemized Deductions. Add line 18 and line 22. If line 24 is more than line 22, enter 0.			_			9943	$\overline{}$	
Job Expense and Certain Miscellaneous Deductions 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach floated Form 2106 if required. See instructions 20 Tax preparation fees 21 Other expenses: investment, safe deposit box, etc. List type ② ② 21 ① 22 Add line 19 through line 21 23 Enter amount from federal Form 1040 or 1040-SR, line 11 ② 103338 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 26 Total Remized Deductions. Add line 18 and line 25. 27 Other adjustments. See instructions. Specify ④ 28 Combine line 26 and line 27. 29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filling status? Single or married/RDP filling separately 327, 335 Head of household. 3355,558 Married/RDP filling jointly or qualifying surviving spouse/RDP. 3474,075 No. Transfer the amount on line 28 to line 29 7es. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 Is not refer the larger of the amount on line 29 or your standard deduction shown below: Single or married/RDP filling separately. See instructions. Single or married/RDP filling separately. See instructions. \$10 Enter the larger of the amount on line 29 or your standard deduction shown below: Single or married/RDP filling separately. See instructions. \$2 10 20 20 20 20 20 20 20 20 20 20 20 20 20	17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	/ ©) 6943	$lue{lue}$	0943		0
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 20 Tax preparation fees. 21 Other expenses: investment, safe deposit box, etc. List type ● 22 0 22 Add line 19 through line 21. 23 Enter amount from federal Form 1040 or 1040-SR, line 11 ● 103338 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 103338 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 26 Total Itemized Deductions. Add line 18 and line 25. 27 Other adjustments. See instructions. Specify. ● 27 28 Combine line 26 and line 27. 29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filling status? Single or married/RDP filling jointly or qualifying surviving spouse/RDP. 3474,075 No. Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 ● 29 ● 0 30 Enter the larger of the amount on line 29 or your standard deduction shown below: Single or married/RDP filling spenately. See instructions. Single or married/RDP filling s	18	Total. Combine line 17 column A less column B plus column C				18		0
Attach federal Form 2106 if required. See instructions	Job	Expenses and Certain Miscellaneous Deductions						
21 Other expenses: investment, safe deposit box, etc. List type ●	19		9 _					
22 Add line 19 through line 21	20	Tax preparation fees	0 _					
23 Enter amount from federal Form 1040 or 1040-SR, line 11 ● 103338 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0	21							
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 .	22	<u> </u>	2	0				
Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25 025 0 26 Total Itemized Deductions. Add line 18 and line 25. 27 Other adjustments. See instructions. Specify. 28 Combine line 26 and line 27. 29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filling status? Single or married/RDP filing separately. 29 Single or married/RDP filing jointly or qualifying surviving spouse/RDP. 30 No. Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29. 29 Ves. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29. 30 Enter the larger of the amount on line 29 or your standard deduction shown below: Single or married/RDP filing separately. See instructions. Single or married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP. \$10,726\$ Part IV California Taxable Income 1 California AGI. Enter your California AGI from Part II, line 27, column E. 2 Inter your deductions from line 30. 3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 4 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5 79846	23							
Total Itemized Deductions. Add line 18 and line 25.	24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	4	2067				
27 Other adjustments. See instructions. Specify. 28 Combine line 26 and line 27. 28 Combine line 26 and line 27. 29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately . \$237,035 Head of household . \$355,558 Married/RDP filing jointly or qualifying surviving spouse/RDP. \$474,075 No. Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 0 30 Enter the larger of the amount on line 29 or your standard deduction shown below: Single or married/RDP filing separately. See instructions. \$5,363 Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP \$10,726 Part IV California Taxable Income 1 California Taxable Income 1 California GI. Enter your California AGI from Part II, line 27, column E 9 2 10726 3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1,0000, enter 1,0000. If less than zero, enter -0- 9 3 0 8 6 2 2 4 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 9 5 79846	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	• • •			25		0
28 Combine line 26 and line 27.	26	Total Itemized Deductions. Add line 18 and line 25				26		0
Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately	27	Other adjustments. See instructions. Specify.				© 27		
Single or married/RDP filing separately \$237,035 Head of household \$355,558 Married/RDP filing jointly or qualifying surviving spouse/RDP \$474,075 No. Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 0 30 Enter the larger of the amount on line 29 or your standard deduction shown below: Single or married/RDP filing separately. See instructions. \$5,363 Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP \$10,726 0 30 10726 Part IV California Taxable Income 1 California AGI. Enter your California AGI from Part II, line 27, column E	28	Combine line 26 and line 27.				28		0
30 Enter the larger of the amount on line 29 or your standard deduction shown below: Single or married/RDP filing separately. See instructions. Single or married/RDP filing separately. See instructions. Single or married/RDP filing separately. See instructions. \$5,363 Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP. \$10,726 Part IV California Taxable Income 1 California AGI. Enter your California AGI from Part II, line 27, column E. Enter your deductions from line 30. Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3. Enter your deductions is greater than 1.0000, enter 1.0000. If less than zero, enter -0- California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- Figure 10726	29	Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving spouse/RDP.	\$237 \$355	,035 5,558				
Single or married/RDP filing separately. See instructions. \$5,363 Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP \$10,726 \$10,726 Part IV California Taxable Income 1 California AGI. Enter your California AGI from Part II, line 27, column E \$2 10726 2 10726 3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-		Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (54	10NF), line 29				0
1 California AGI. Enter your California AGI from Part II, line 27, column E	30	Single or married/RDP filing separately. See instructions						10726
2 Enter your deductions from line 30								
3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0								89094
4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3		Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry	y the	decimal		_		
zero, enter -0		$\textbf{California Itemized/Standard Deductions.} \ \ \text{Multiply line 2 by the percentage on line 3} \ \dots \ .$			_ . 	4_		9248
1/L V U 1/L 1/LT 1 1/LO	5	zero, enter -0-				• 5_		79846

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending				ling	ing , 20				See separate instructions.			
Your first name	and mi	iddle initial	Last name						Your social security number			
BHOLANAT	'H		SAHA	A					387	43 2	649	
		s first name and middle initial	Last na								curity number	
NITISHA			RAJ						988	96 6	685	
	(numbe	er and street). If you have a P.O. box, see		ions.			Apt. no.				on Campaign	
730 E EV	ELYI	N AV					315		Check I	here if you,	or your	
		ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code		spouse if filing jointly, want			
SUNNYVAI	E				CA		94086		•	this fund. low will not	Checking a	
								x or refund.	•			
									You	Spouse		
Filing Status	, [Single	•			Head of ho	ousehold (HO	H)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				Qualifying	surviving spo	use (QSS)			
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	l or QSS box,	ente	r the ch	ild's name	if the	
	qu	alifying person is a child but not you	ır depei	ndent:								
 Digital	Δt ar	ny time during 2023, did you: (a) rece	eive (as	a reward award or	navn	ent for prope	rty or services	s). or i	(h) sell			
Assets		ange, or otherwise dispose of a digi								Yes	⊠ No	
Standard	_	eone can claim: You as a de					, ,					
Deduction		Spouse itemizes on a separate return	•	-								
A a /Diina alaa a a								0	1050		lin al	
		Were born before January 2, 19	959 [ouse:		n before Janu			∐ Is bl		
Dependents				(2) Social security number	′	(3) Relationsh to you	ib I.,	tax cre			instructions): her dependents	
If more	(1) F	irst name Last name		Humber		to you	Offilia		euit	Credit for oth		
than four dependents,								<u> </u>		l L		
see instructions	s ——							<u> </u>		<u> </u>		
and check here \square								౼		L		
-	10	Total amount from Form(a) W 2 ha	ov 1 (oc	o instructions)				Ш	10	1 1	<u> </u>	
Income	1a b	Total amount from Form(s) W-2, bo	,	,					1a 1b		<u>4,303.</u>	
Attach Form(s)		Household employee wages not reported on Form(s) W-2										
W-2 here. Also attach Forms	c d	·	•	·					1d			
W-2G and	u e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								•		
1099-R if tax was withheld.	f									:		
If you did not	g g	Wages from Form 8919, line 6										
get a Form	9 h	Other earned income (see instructi							1g 1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	i					
instructions.	z	Add lines to through th							1z	1:	24,385.	
Attach Sch. B		1	2a		b Та	xable interest	t		2b			
if required.	3a	· —	3a			rdinary divider			3b			
	4a		4a			axable amount			4b			
Standard Deduction for—	5a		5a			axable amount			5b	,		
Single or	6a		6a			axable amount			6b	,		
Married filing separately,	С	If you elect to use the lump-sum el		method, check here				. [
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	if required. If not requ	ired,	check here		. [7			
Married filing jointly or	8	Additional income from Schedule 1	1, line 1	0					8	-:	21,047.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•						9		03,338.	
\$27,700	10	Adjustments to income from Scheo	dule 1,	line 26					10			
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incor	ne				11	10	03,338.	
\$20,800	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				12		27,700.	
If you checked any box under	13	Qualified business income deducti				5-A			13			
Standard Deduction,	14	Add lines 12 and 13							14		27,700.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									75,638.	

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		. 16	8,635.
Credits	17	Amount from Schedule 2, lin	пе 3					. 17	
	18	Add lines 16 and 17						. 18	8,635.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	те 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				. 22	8,635.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	8,635.
Payments	25	Federal income tax withheld							
_	а	Form(s) W-2				25a	10,0	12.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	10,012.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			. 26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	!		28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable cre	dits .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	10,012.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you overp	aid .	. 34	1,377.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						☐ 35a	1,377.
Direct deposit?	b	Routing number 0 6 1			c Type:	Checking	☐ Sav	ings	
See instructions.	d	Account number 3 3 4	0 7 3 4	1 9 5 3	3 3				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g		•				. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•			_			
Designee						<u> Y</u>	•	lete below.	
		signee's me		Phone no.			Personal number (identification PIN)	
Sign	Un	der penalties of perjury, I declare t	hat I have examined	d this return and	accompanying sch	edules and stat	ements, ai	nd to the best	of my knowledge and
Here	be	lief, they are true, correct, and com	which prepar	rer has any knowledge.					
пеге	Yo	ur signature		Date	Your occupation				ent you an Identity
									PIN, enter it here
Joint return?		Spouse's signature. If a joint return, both must sign.			IT EMPLOY		(see inst.)		
See instructions. Keep a copy for	Sp			Date	Spouse's occupa	tion			ent your spouse an ection PIN, enter it here
your records.				HOME MAKE		(see inst.)			
	——Ph	Phone no. (470)981-2479 Email address SAHA.BHOLA03@GMAIL.COM							
		eparer's name	Preparer's signat		2	Date	PT	īN	Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 01/25/2	024 P0	2082703	Self-employed
Preparer		m's name GLOBAL TA	1			1 - , -, -			(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
	- "	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		2 311 111	- -			5 =	01 01/1000

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your s	ocial s	ecurity number
BHOI	JANATH SAHA & NITISHA RAJ	387-	43-26	549
Par	t 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	Ε.	5	-21,047.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I	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 81			
m	Olympic and Paralympic medals and USOC prize money (see			

8m

8n

80

8p

8q

8r

8s

8t

8u

8z

Section 951A(a) inclusion (see instructions)

Section 461(I) excess business loss adjustment

Scholarship and fellowship grants not reported on Form W-2 . . .

q Taxable distributions from an ABLE account (see instructions) . . .

n Section 951(a) inclusion (see instructions)

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

-21,047.

9

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-bas	is 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			
С	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)		-	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals			
اہ	and USOC prize money reported on line 8m		-	
d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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. Ent			
	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.)

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

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

BHOI	LANATH SAHA & NITISHA RAJ						387-4	3-2649)
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule						
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?								es ⊠ No es □ No
	Physical address of each property (street, city, state, ZII								
						100			
A	BHAGAT SINGH NAGAR, JAIGAON ALIPURDURA	WES'	r beng <i>i</i>	AL IN	736	182			
В									
C 1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Qu			Α		365		0	+
В	if you meet the requirements to f	file as	a	В		303		0	+
C	qualified joint venture. See instru	uctions	3.	C					+
	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ıtal	5 Land 6 Roya			Self-Rental Other (descri	ibe)		
						Propertie	es:		
ncon	ne:			Α		В			С
3	Rents received	3		5	90.				
4	Royalties received	4							
Exper	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)	6		4	80.				
7	Cleaning and maintenance	7		1,4	80.				
8	Commissions	8		7	20.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	60.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		5,5	24.				
15	Supplies	15		3,7	10.				
16	Taxes	16							
17	Utilities	17		4,8	40.				
18	Depreciation expense or depletion	18		3,5					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		21,6	37.				
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		-21,0	47.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(21,04	.7.)	()	(
23 a	Total of all amounts reported on line 3 for all rental prope	erties			23a		590.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	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	,523.		
е	Total of all amounts reported on line 20 for all properties				23e	21	,637.		
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. Eı	nter to	tal losses here	25	(21,047.
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resul	lt		
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at	ot appl	ly to you,	also e	nter tl	his amount o			-21,047.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number BHOLANATH SAHA & NITISHA RAJ Sch E BHAGAT SINGH NAGAR, JAIGAON 387-43-2649 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 05/23 155,000. 3,523 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

portion of the basis attributable to section 263A costs.

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

3,523.