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.

Submission Identification Number (SID)

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Тахрау	er's name	Social secu	rity numb	er
ANK	UR GARG	820-47	7-7440	C
Spouse	's name	Spouse's so	cial secu	irity number
SWA	TI SHARMA	628-3	7-423	2
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you	are aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	71 , 593.
2	Total tax		2	2,825.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,603.
4	Amount you want refunded to you		4	3,778.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a co	nv of v	our return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: ch	eck one box only		
X I authorize	GLOBAL TAXES LLC	to enter or generate my PI	IN as my
signature o	ERO firm name on the income tax return (original or amend	ed) I am now authorizing.	Enter five digits, but don't enter all zeros
if you are e	my PIN as my signature on the income tax entering your own PIN and your return is f		
below. Your signature ►	A man	Date ►	/29/2024
Spouse's PIN: cheo	ck one box only		

X I authorize GLOBAL TAXES LLC to enter or generate my PIN 7 4 2 3 2 as my ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ►											
	N Method Returns Only—continue	belo	w								
Part III Certification and Authentication –	Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed I	by your five-digit self-selected PIN.	2	2			6 nter a		2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
-	Must Retain This Form — See Instru This Form to the IRS Unless Reque		
For Denominary's Deduction Act Nation and vous t		TV 01/21/24 DBO	Earm 8879 (Bay, 01 2021)

Enter five digits, but don't enter all zeros

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	ple in this space.		
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	See separate instructions.			
Your first name	and mi	iddle initial	Last na	ime						Your so	cial sec	urity number		
ANKUR			GARG	Ţ						820	47	7440		
If joint return, sp	oouse's	s first name and middle initial	Last na							Spouse	s social	security number		
SWATI			SHAR	RMA						628	37	4232		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.	Preside	ntial Ele	ction Campaign		
7200 PRE	STO	N RD						1	812	1	,	ou, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode	spouse if filing jointly, want \$3 to go to this fund. Checking a				
PLANO						ΤX	ζ	750	24			not change		
Foreign country	name		F	Foreign pro	ovince/state/o	count	ty	Foreig	n postal code	your tax	c or refu	nd		
											Yo	u Spouse		
Filing Status		Single					Head of he	ouseh	old (HOH)					
Check only	X	Married filing jointly (even if only or	ne had i	income)			_							
one box.		Married filing separately (MFS)							ving spouse					
		you checked the MFS box, enter the			ouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the chi	ild's nar	ne if the		
	qu	alifying person is a child but not you	ır deper	ndent:										
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward	, award, or	payn	nent for prope	rty or	services); or	(b) sell,				
Assets	exch	ange, or otherwise dispose of a digi	ital asse	et (or a fin	ancial intere	est ir	n a digital asse	t)? (Se	ee instruction	ns.)	🗌 Ye	s 🛛 No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 `	Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate return	n or you	u were a c	dual-status a	alien	l							
Age/Blindness	You:	Were born before January 2, 1	959	Are bli	nd Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 Is	blind		
Dependents					ocial security		(3) Relationsh	ip (4				see instructions):		
If more	<u>.,</u>	irst name Last name		-	number		to you		Child tax c	redit	Credit for	r other dependents		
than four dependents,	TAK	KSHVI GARG		406-	-75-096	1	Daughter		<u> </u>					
see instructions	s ——											<u> </u>		
and check														
	10	Total amount from Form(s) W-2, bo	ov 1 (co		ione)					. 1a		86,442.		
Income	1a b	Household employee wages not re	•		,					. 18 . 16	-	00,442.		
Attach Form(s)	c	Tip income not reported on line 1a	•		. ,					. 10	-			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•					• •		. 1d	-			
W-2G and	e	Taxable dependent care benefits f		. ,	•	loti u		• •		. 1e	-			
1099-R if tax was withheld.	f	Employer-provided adoption bene		-						. 1f	-			
If you did not	q	Wages from Form 8919, line 6 .								. 19	-			
get a Form	h	Other earned income (see instructi								. 1h	· · · · · · · · · · · · · · · · · · ·	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i							
	z	Add lines 1a through 1h								. 1z	:	86,442.		
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.		. 2b)			
if required.	3a	Qualified dividends	3a			b 0	ordinary divider	nds .		. 3b)			
	4a	IRA distributions	4a			b Ta	axable amount	t		. 4b)			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amount	t		. 5b)			
 Single or 	6a	Social security benefits	6a			b Ta	axable amount	t		. 6b	,			
Married filing separately,	С	If you elect to use the lump-sum e		,		•	,		[
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee	oss). Attach Schedule D if required. If not required, check here											
jointly or	8	Additional income from Schedule	1, line 1	, line 10						. 8		-14,849.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is yo	our total inc	ome	e			. 9	_	71,593.		
\$27,700 • Head of	10	Adjustments to income from Sche								. 10				
household,	11	Subtract line 10 from line 9. This is	•		-			• •		. 11		71,593.		
\$20,800 If you checked _T	12	Standard deduction or itemized								. 12	_	27,700.		
any box under Standard	13	Qualified business income deducti	ion from	n Form 89	95 or Form	899	5-A			. 13				
Deduction, see instructions.	14	Add lines 12 and 13	•••	· · ·		•				. 14		27,700.		
	15	Subtract line 14 from line 11. If zer	o or les	s, enter -	0 This is y	our t	taxable incom	e.		. 15		43,893.		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Credits 17 Amount from Schedule 2, line 3 17 18 Add lines 16 and 17 19 2, 000. 20 Amount from Schedule 3, line 8 20 20 21 2, 000. 20 20 20 22 Subtract line 21 from line 18. If zero or less, enter -0. 22 2, 025. 23 Other taxes, including self-emplyment axt, from Schedule 2, line 21 23 0. 24 Add lines 22 and 23. This is your total tax 24 2, 825. 24 Add lines 25 and 25. This is your total tax 24 2, 825. 25 56 56 56 56 20 Other forms (see instructions). 256 256 20 Add lines 254 through 256. 254 264 20 Add lines 254 through 256. 30 31 46, 603. 27 Earned income credit from Schedule 8812 30 31 46, 603. 28 Add lines 254, 26, and 32. These are your total other payments and creduta bray propertital start from from 8868. Jine 18. 32 46, 603. 33 Add lines 254, and 32. These are your total other payments and crefundable credits andable	Form 1040 (2023	3)								Page 2
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Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 3,778. Direct deposit? b Routing number 0 6 4 0 0 20 c Type: Checking 35a 3,778. Direct deposit? b Routing number 0 6 4 0 0 20 c Type: Checking 35a 3,778. See instructions. d Account number 4 4 0 2 2 8 1 1 36 Amount of line 34 you want applied to you 2024 estimated tax . 36 . . 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td>-</td> <td>6,603.</td>					-	-			-	6,603.
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	Refund									
Direct deposit? b Routing number 0 6 4 0 0 0 2 0 c Type: Checking Savings 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 37 38 Estimated tax penalty (see instructions) . . 38 Estimated tax penalty (see instructions) 38 Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Stopuse's signature. Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spou	neiuna			-			, .		-	
See instructions. d Account number 4 4 0 2 2 4 6 9 5 2 8	Direct deposit?									
36 Amount of line 34 you want applied to your 2024 estimated tax	See instructions.									
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Phone no. Personal identification number (PIN) Yes. Complete below. X No Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation No If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOME MAKER If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Phone no. (901) 949-0497 Email address GARG, ANKUR.2617@HOTMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: (see inst.) YM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA T							36			
You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Sign Here Do you want to allow another person to discuss this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation your records. If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOME MAKER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (901) 949-0497 Email address GARG.ANKUR.2617@HOTMAIL.COM Preparer's name Preparer's signature Pate PTIN Check if: (see inst.) Stam Prize Rame GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522	Amount									
38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone number (PIN) Yes. Complete below. No Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Sopuse's signature. If a joint return, both must sign. Date Your occupation Sopuse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Paid Preparer's name Phone no. (901) 949-0497 Email address GAG, ANKUR.2617@HOTMAIL.COM Preparer's name Preparer's signature Date Paide PTIN Check if: (see inst.) Sym PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/28/2024 P02082703 Self-employed Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		51							37	
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Keep a copy for your records. Identity Protection PIN, enter it here (see inst.) Phone no. (901) 949-0497 Email address GARG.ANKUR.2617@HOTMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O1/28/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	See instructions.	Sp	ouse's signature. If a joint return. I	ooth must sign.	Date			If the	IRS ser	nt vour spouse an
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Paid Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Ph	one no. (901) 949-049	7	Email address	GARG.ANKUR.2	617@HOTMAIL.C	OM		
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Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-31/1965	•	Fir	m's name GLOBAL TA	XES LLC				Phone	eno. (678)965-9522
1010		Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PRO			Form 1040 (2023)

REV 01/21/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ANKUR GARG & SWATI SHARMA 820-47-7440

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 Se	chedule E .	5	-14,849.
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			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
ο	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 8q			
r	Scholarship and fellowship grants not reported on Form W-2 8r			
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan 8t			
u	Wages earned while incarcerated 8u			
Z	Other income. List type and amount:			
~	8z			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here	and on Form		14 040
	1040, 1040-SR, or 1040-NR, line 8	<u>· · · · ·</u>	10	-14,849.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Part	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				
-	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		24a			
-	Deductible expenses related to income reported on line 81 from the	2.10			
N		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	- 10		-	
Ŭ	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		-	
e	Repayment of supplemental unemployment benefits under the Trade	2.10		-	
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
q	Contributions by certain chaplains to section 403(b) plans	24g		-	
	Attorney fees and court costs for actions involving certain unlawful	2-TY		 -	
	discrimination claims (see instructions)	24h			
:		2411		-	
	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			
:	Housing deduction from Form 2555	24i 24j			
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			
ĸ		24k			
-	Other adjustments. List type and amount:	24N		-	
z	Other aujustitients. List type and antount.	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			 23	
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA		01/21/24 P		le 1 (Form 1040) 202

	EDULE E		Supplementa						l	OMB No	o. 1545-0074
(Form	1040)	(From r	rental real estate, royalties, partners	hips, S	corporat	ions, es	tates,	trusts, REMICs	, etc.)	20	23
	nent of the Treasury Revenue Service		Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					formation		Attachm	nent 12
) shown on return		do to www.irs.gov/Scheduler to	i insu u			iest in		our socia	al security	ce No. 13
	JR GARG & S'	WATI S	SHARMA							7 - 7440	
Part			s From Rental Real Estate an	nd Ro	valties						
	Note: If yo	ou are in t	he business of renting personal proper	rty, use		c . See	instru	ctions. If you are	an indiv	vidual, rep	ort farm
A [ss from Form 4835 on page 2, line 40. Ents in 2023 that would require you		Form(s) 1	10002 5	oo inc	tructions			
			ou file required Form(s) 1099?		. ,						
1a			ach property (street, city, state, Zl								
A			ALI NO. 8 KIRTI NAGAR,		,	77 NT 7	TNI 1	25055			
B	SKS/BII/S	020, 6	ALI NO. 6 KIKII NAGAR,	SIR	JA IIAKI	ANA .	LIN I.	23033			
C											
1b	Type of Prope	rty 2	For each rental real estate prope	erty list	ted		Fa	ir Rental	Person	al Use	0.11/
	(from list below	N)	above, report the number of fair	rental	and			Days	Da	ys	QJV
Α	3		personal use days. Check the Qaif you meet the requirements to			Α		365		0	
B			qualified joint venture. See instru			B					
C	of Property:					С					
	Single Family R	esidence	e 3 Vacation/Short-Term Ren	ntal	5 Lanc	1	7	Self-Rental			
	Multi-Family Re		4 Commercial	itai	6 Roya			Other (describ	e)		
	,				,			Properties			
Incom						Α		B	5.		С
3		1		3			21.				•
4				4							
Exper											
5	-			5							
6			structions)	6							
7	•		ance	7		2,3	22.				
8				8							
9 10			sional fees	9 10							
11	•	•		11		1,9	98.				
12	-		to banks, etc. (see instructions)	12		-/ 5					
13		•		13							
14	Repairs			14		3,2					
15				15		2,7	87.				
16				16		0.0	1 4				
17 18			or depletion	17		2,0					
19	Othor (list)		•	19		J , Z	55.				
20	· · ·		nes 5 through 19	20		15,5	70.				
21	Subtract line 2	0 from li	ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
	file Form 6198			21		-14,8	49.				
22			estate loss after limitation, if any, tructions)	22	(14,84	9.)	()	(
23a	Total of all am	ounts re	ported on line 3 for all rental prope	erties			23a		721.		
b			ported on line 4 for all royalty prop				23b				
С			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d		235.		
е 24			ported on line 20 for all properties amounts shown on line 21. Do no		 de anv lo		23e	15,	570. 24		
24 25			ses from line 21 and rental real estat		-		 hter to	tal losses here	24 25	(14,849.
26			te and royalty income or (loss).								
	here. If Parts I	I, III, and	d IV, and line 40 on page 2 do no	ot appl	ly to you,	also e	nter th	nis amount on			
	Schedule 1 (Fo	orm 1040	0), line 5. Otherwise, include this a	mount	t in the to	tal on li	ne 41	on page 2 .	26		-14,849.

-14,849.

Schedule E (Form 1040) 2023

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040	1040-SR	, or 1040-NR.
Allachilo	1 01111	1040,	1040-011,	, 01 1040-1411.

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

2023 Attachment Sequence No. 47

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

Name(s)	shown on return	Your soci	al security number
ANKUF		820-47	-7440
Part	Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	71,593.
	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b	0.	
с	Enter the amount from line 15 of your Form 4563 2c		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	71,593.
4	Number of qualifying children under age 17 with the required social security number 4	1	
5	Multiply line 4 by \$2,000	. 5	2,000.
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	ent	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500		
8	Add lines 5 and 7	. 8	2,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000 }		
	• All other filing statuses— $\$200,000 $ \rbrace	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter \$2,000, etc.		<u>```</u>
11	Multiply line 10 by 5% (0.05)		<u>```</u>
12	Is the amount on line 8 more than the amount on line 11?		2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	. 13	1,0201
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NI	R throug	h line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/21/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27	🗌
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0
b 17 18a b 19	Number of qualifying children under 17 with the required social security number: x \$1,600. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . Earned income (see instructions) . Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20.	16b 17	
20	 ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of I	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24 25 26	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. Subtract line 24 from line 23. If zero or less, enter -0- .	25	
26	Enter the larger of line 20 or line 25	26	
Dort	Next, enter the smaller of line 17 or line 26 on line 27. I-C Additional Child Tax Credit		
		27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28		
	BAA REV 01/21/24 PRO Sch	edule 8	812 (Form 1040) 2023

Form **8867**

(Rev. November 2023)

Department of the Treasury

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. OMB No. 1545-0074 For tax year

20

Attachment

 • ,	
2	3

Internal Revenue Service	Go to www.irs.gov/Form8867 for instructions and the latest inform	nation.	Sequence No. 70
Taxpayer name(s) shown or	return	Taxpayer identification	n number
ANKUR GARG & S	SWATI SHARMA	820-47-7440)
Preparer's name		Preparer tax identifica	tion number
SYAM PRIYA RAM	I SAGAR GUPTA TALLAM	P02082703	

Part I Due Diligence Requirements

For Paperwork Reduction Act Notice, see separate instructions.

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

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC			
	worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form			
	1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit			
		X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of			
3	the following.			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing			
	status and to figure the amount(s) of any credit(s)	×		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"			
	answer questions 4a and 4b. If "No," go to question 5.)		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions			
	you asked, whom you asked, when you asked, the information that was provided, and the impact the			
_	information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in guestion 4b, a copy of this Form 8867, a copy of any			
	applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form			
	8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the			
	taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure			
	the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the			
	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her			
	return is selected for audit?	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	×		
~	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862?			
а 8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and			
0	correct Schedule C (Form 1040)?			

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Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		_	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses or s) and/c	the ret or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 886 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			

- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

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