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

	10.10.100					
Submi	ssion Identification Number (SID)					
Taxpaye	er's name	Social securi	ty numb	per		
SHRI	IKANT SUHAS PATKI	385-29	-990	2		
Spouse'	s name	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you a	re au	thorizina	<u> </u>	
	whole dollars only on lines 1 through 5.	ei yeai you a	i e au	unonzing.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1 1	l 76	,625.	
2	Total tax		2		,118.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,773.	
4	Amount you want refunded to you		4		,655.	
5	Amount you owe		5			
Part		l keep a cop	y of y	our retu	rn)	
my know return (to send for any Agent t paymer authoriz paymer busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendal pulledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transfulling return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the formula of the financial institution account in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	ove are the amounter, or electro- ejection of the to U.S. Treasury andicated in the to tition to debit the atte the authorizate quests must be the processing of a payment. I fur	ounts for the counts of the co	from the incurrence turn original sistems, (b) the designated paration soff to this according to the control of	come tax tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the	
	nic Funds Withdrawal Consent. yer's PIN: check one box only					
X	- 1	e my PIN	9 9	9 0 2	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ao my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Your s	ignature ▶ Date ▶					
Snous	e's PIN: check one box only					
Opous	I authorize to enter or generat	e my PINI			as my	
	ERO firm name	_	ter five	digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	w				
Part	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 4 9	6 0	8 2 7	1	
		Don't ent	er an ze	103		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	mitting this retu	ırn in a	accordance		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	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		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spac	ce.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instructions	
Your first name	e and m	iddle initial	Last na	me							Your so	cial sec	curity numbe	r
SHRIKAN'	r su	HAS	PATK	I							385	29	9902	
		s first name and middle initial	Last na										security nun	nber
	•	er and street). If you have a P.O. box, see	instruction	ons.					pt. no.	- 1			ection Campa	aign
201 W G		ST ice. If you have a foreign address, also co	mploto o	nacca bala	NA/	Sta	to	ZIP o	216				ou, or your jointly, want	\$3
		ice. If you have a foreight address, also co	nipiete si	paces beic	Jvv.						to go to	this fu	nd. Checking	
CHAMPAI (Foreign countr				Foreign pro	ovince/state/	II		618	∠∪ ın postal c		box bel		not change	
r oreigir courti	y mame		'	ordigit pro	ovinoc, state,	COUIT	у	1 Orong	in postar c	Jouc	your ta	Y	_	use
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOI	— ∃)				
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ır depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	nent for prope	rty or	services); or ((b) sell,			
Assets	exch	nange, or otherwise dispose of a dig			ancial inter	est ir	a digital asse	t)? (Se	ee instru	ction	s.)	Y6	es 🗵 No	
Standard	_	neone can claim: You as a de	•				a dependent							
Deduction	<u> ;</u>	Spouse itemizes on a separate retur	n or you	were a c	lual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp o	ouse	: Was bor	n befo	re Janu	ary 2	, 1959		s blind	
Dependent				(3) Relationsh	ip (4) Check t	he bo	x if quali	fies for ((see instructio	ກs):			
If more	(1) First name Last n				number		to you		Child t	ax cre	edit	Credit fo	or other depend	dents
than four														
dependents, see instruction	s													
and check _	· —													
here L			. ,									_		
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		91,02	<u>/ .</u>
Attach Form(s)	b	Household employee wages not re	•								1b			
W-2 here. Also attach Forms	C C	Tip income not reported on line 1a Medicaid waiver payments not rep			•						10			
W-2G and	d	Taxable dependent care benefits for				ıısıru	Ctions)				1d			
1099-R if tax was withheld.	e f	Employer-provided adoption bene									1f			
If you did not		Wages from Form 8919, line 6.	1115 11011	11 01111 00	555, III le 25	•					1g			
get a Form	g h	Other earned income (see instruct	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (,					i .						
instructions.	z	Add lines 1a through 1h	000 111011	dollorio,			· · <u></u>				1z		91,02	7.
Attach Sch. B	<u>-</u> 2a		2a		· · i	b Та	axable interest							
if required.	3a	. –	3a				rdinary divide							
	4a		4a				axable amoun							
Standard	5a		5a				axable amoun							
Deduction for— Single or	6a	_	6a											
Married filing separately,	С	,		nethod, c	heck here					. [
\$13,850	7	•	b Taxable amount											
 Married filing jointly or 	8										8		-14,402	2.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is yo	our total inc	come					9		76 , 625	5.
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26							10			
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income					11		76 , 625	5 .				
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (fron	n Schedule	A)					12		13,850	
any box under	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		13,850	ე.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or loca	c ontor () This is w	Our t	avabla inaam				15		62 77	5

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	9,118.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	9,118.	
	19	Child tax credit or credit for	other dependen	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	3. If zero or less,	enter -0				22	9,118.	
	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	9,118.	
Payments	25	Federal income tax withheld	I from:							
_	а	Form(s) W-2				25a 15	773			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	15,773.	
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)			No .	27				
allach Sch. ElC.	28	Additional child tax credit from	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, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,773.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	6,655.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	6,655.	
Direct deposit?	b	Routing number 1 2 2				Checking	Savings			
See instructions.	d	Account number 4 5 7	0 4 7 9	3 4 2 6	5 1					
	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		,	•			_	omplete	below.	⋈ No	
		esignee's		Phone			onal iden	tification		
		me		no.	. ,		ber (PIN)			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			, , ,		,		, ,	
Here		ur signature	•	Date	Your occupation				nt you an Identity	
	10	ur signature		Date	rour occupation				PIN, enter it here	
Joint return?					FULL TIME	EMPLOYED	(se	e inst.)		
See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an	
Keep a copy for your records.								ntity Protection PIN, enter it here e inst.)		
	Ph	one no. (217) 200-301	1	Email address	PATKIS@GMA	IL.COM				
Paid	Pr	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/03/2024	P0208	32703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no.	(678) 965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firr	n'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

SHRIKANT SUHAS PATKI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

Your social security number 385-29-9902

Taxable refunds, credits, or offsets of state and local income taxes				
A II			1	
Alimony received			2a	
Date of original divorce or separation agreement (see instructions):				
Business income or (loss). Attach Schedule C			3	
				-14,402
			6	
Unemployment compensation			7	
Other income:				
Net operating loss	8a ()	
Gambling	8b			
Cancellation of debt	8c			
Foreign earned income exclusion from Form 2555	8d ()	
Income from Form 8853	8e			
Income from Form 8889	8f			
Alaska Permanent Fund dividends	8g			
Jury duty pay	8h			
	8i			
	8j			
Stock options	8k			
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			
	8m			
,	8n			
	80			
	8p			
	8r			
	8s ()	
	,			
	8t			
	-			
Other income. List type and amount:				
	87			
			9	
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att. Farm income or (loss). Attach Schedule F. Unemployment compensation Other income: Net operating loss Gambling Cancellation of debt Foreign earned income exclusion from Form 2555 Income from Form 8853 Income from Form 8889 Alaska Permanent Fund dividends Jury duty pay Prizes and awards Activity not engaged in for profit income Stock options 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 Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951A(a) inclusion (see instructions) Section 461(l) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan Wages earned while incarcerated Other income. List type and amount: Total other income. Add lines 8a through 8z Combine lines 1 through 7 and 9. This is your additional income. Ente	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sc Farm income or (loss). Attach Schedule F. Unemployment compensation Other income: Net operating loss Gambling Cancellation of debt Foreign earned income exclusion from Form 2555 Real Income from Form 8853 Income from Form 8889 Alaska Permanent Fund dividends Jury duty pay Prizes and awards Activity not engaged in for profit income Stock options 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 Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 461(f) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Section 461(f) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Section 461(f) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Section 461(f) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Section 461(f) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Section 461(f) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Section 461(f) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Section 461(f) excess business loss adjustment Account and the form the f	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F Unemployment compensation Other income: Net operating loss Gambling Cancellation of debt Foreign earned income exclusion from Form 2555 Income from Form 8853 Income from Form 8853 Income from Form 8889 Alaska Permanent Fund dividends Jury duty pay History of the part

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		_	
d	Reforestation amortization and expenses	24d			
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	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J I	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k		24k			
_	1041)	24K			
Z		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	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		23/24 PRO		le 1 (Form 1040) 2023
	BAA	1\L'V UZ/	LUIZA FINO		

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

SHR	IKANT SUHAS PATKI						385-2	9-9902			
Par											
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you	are an indi	vidual, rep	ort farm		
•	rental income or loss from Form 4835 on page 2, line 40.		- () 4	2000					571.11		
	Did you make any payments in 2023 that would require you										
В	f "Yes," did you or will you file required Form(s) 1099? .								s No		
1a	Physical address of each property (street, city, state, ZIF	ode?))								
Α	204HIMGIRI, NEELKANTH VIHAR GHATKOPAR M	/UMBA	I,MAHA	RASH'	TRA	IN 40007	7				
В											
С											
1b		For each rental real estate property liste			Fa	ir Rental	Persor	nal Use	QJV		
		above, report the number of fair rental				Days	Da	ıys			
Α	g personal use days. Check the Quif you meet the requirements to f			Α		365		0			
В	qualified joint venture. See instru			В							
С				С							
	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		-	Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (desc	ribe)				
						Propert	ies:				
Incon	ne:			Α		В			С		
3	Rents received	3		6	47.						
4	Royalties received	4									
Expe	nses:										
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		2,1	41.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		2,5	81.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		3,2							
15	Supplies	15		1,9	50.						
16	Taxes	16									
17	Utilities	17			20.						
18	Depreciation expense or depletion	18		3,2	61.						
19	Other (list)	19		1 - 0	4.0						
20	Total expenses. Add lines 5 through 19	20		15,0	49.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must file Form 6198	21	_	-14,4	02						
22	Deductible rental real estate loss after limitation, if any,	4 1		± 1, 1	٠2.						
22	on Form 8582 (see instructions)	22	(14,40	12 1	()	(,		
23a	Total of all amounts reported on line 3 for all rental prope				23a	1	647.	1			
b	Total of all amounts reported on line 4 for all royalty prop				23b						
C	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d		3,261.				
e	Total of all amounts reported on line 20 for all properties				23e		5,049.				
24	Income. Add positive amounts shown on line 21. Do not						. 24				
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses he		(14,402.		
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no										
	Schedule 1 (Form 10/0) line 5. Otherwise include this ar	mount	in the tot	al on li	na /11	on nage ?	00		_1/ /02		

Department of the Treasury

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment

Sequence No. **52**

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SHRIKANT SUHAS PATKI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 385-29-9902

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requi	ired.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Sel	lf-only	▼ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3		8 , 750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		8,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family			0,700.
Ū	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6		8,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage			
•	under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7		0.
8	Add lines 6 and 7	8		8,750.
9	Employer contributions made to your HSAs for 2023			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		888.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		7,862.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate F	HSAs,	complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have seption complete a separate Part III for each spouse.	ions b arate	efore HSAs,	
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

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

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

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

SHR	KANT SUHAS PATKI	385-29-9902	2		
repare	's name	Preparer tax identifica	ation numl	ber	
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided by	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 C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If " Yes ,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) ptaxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states are constant.	r, a copy of any or prepare Form provided by the tus or to figure	Q		
	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 credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	X		
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.)	-			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

orm 88	867 (Rev. 11-2023)			Page 2	
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	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	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?	×			
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?				
Part			Part \	/.)	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua	alified	Yes	No	
Part			Part '	VI.)	
14			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	l filing	status	
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respoint your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing	
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled 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 880 Document Retention.	37 instru	uctions	under	
	1. A copy of this Form 8867.				
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.				
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the	
	A record of how, when, and from whom the information used to prepare this form and the applical obtained.	ble work	ksheet(s) was	
	5. A record of any additional information you relied upon, including questions you asked and the taxle determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer of the credit (s).	cayer's int(s) of	respon the cre	ses, to dit(s).	
Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (if the return does not claim CTC, ACTC, or ODC, go to Part IV.) 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?					
15				No	

REV 02/23/24 PRO

SPOUSE'S PEN AND INK SIGNATURE

E-file Signature Authorization

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** SHRIKANT SUHAS PATKI 385 | 29 | vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 76,625 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,569 00 ROUTING NUMBER 1,821 00 □ Checking □ Savings 2 2 1 0 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 4 7 9 3 4 2 6 252 00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE იი DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

RETURN.			Arizona Form 140	140 Resident Personal Income Tax Return					FOR CALENDAR YEAR 2023			
R	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNII	NG I I I I	12,0,2,3	AND ENDING		1	66F		
			First Name and Middle Initial		Last Name				Social Security Nu	_		
TO THE	1	SH	RIKANT SUHAS		PATKI		Enter	385	5 29 99	02		
	1	Spou	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your SSN(s)	Spouse	e's Social Securit	y No.		
回	_	Curre	ent Home Address - number and	d street, rural route		Apt. No.	Daytim	e Phone (with area code)			
<u>-</u>	2	20	1 W GREEN ST			216	94 (2	17)200	-3011			
¥		City, ⁻	Town or Post Office	State	ZIP Code		Last Names Used in	n Last Four	Prior Year(s) (if diff	erent)		
Ш	3	CH.	AMPAIGN	IL	61820					97		
ΆP	l S	4	☐ Married filing joint return	4a Injured Spouse Prote	ection of Joint O	verpayment	REVENUE USE ON	ILY. DO NO	T MARK IN THIS A	REA.		
S	TATUS	5	Head of household. Enter	name of qualifying child or depend	dent on next line.		88					
5	G S											
DO NOT STAPLE ANY ITEMS	FILING	6	Married filing separate re									
<u>ک</u>	-	7										
	NS			ed. Do not put a check mark								
	ΣĮ	8		or spouse) If completing lines 8, 39, and 41. For lines 1			81 PM		80 RCVD			
	EXEMPTIONS	9 10a	Blind (you and/or spouse) Dependents: Under age of)	ents: Age 17 and	<u>.</u>	<u>0.1</u>		00			
	EXI	11a	Qualifying parents and gr		ents. Age 17 and	a over.						
				ent Information. See instructio	ns. For more s	pace, check th	e box 🗌 and co	mplete pa	age 4, Part 1.			
			(a)		(b)	(c)	(d)	(e)	(f)			
	ts		FIRST AND LAS (Do not list yourself		CIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS ✓ LIVED IN YOUR	Dependent A included in:	this person of	ot claim on your		
	Dependents		(Do not list yoursen	or spouse.)			HOME IN 2023	1 2 3ox 10a) (Box	2 federal return educational	due to		
	per	10c					(6	T T				
	۵	10d										
		10e										
			(Box 11a): Qualifying parents	s and grandparents. See instr	uctions. For moi	re space, check	the box 🔲 and c	omplete p	age 4, Part 2.			
after Form 140.	sand		(a)		(b)	(c)	(d)	(e)	(f)	_		
Ξ	Qualifying Parentsand Grandparents		FIRST AND LAS (Do not list yourself		CIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS ✓ LIVED IN YOUR	OVER				
힏	ing P.						HOME IN 2023					
er	Gra	11b										
aft	σ̈.	11c										
			Federal adjusted gross incom	, ,					76,625	00		
or other documents		13	Small Business Income: 135 ch	neck the box if you are filing Arizona F	Form 140-SBI and er	nter the amount fro	m Form 140-SBI, line	10 13	7.6.605	00		
ij			Modified federal adjusted gross					I	76 , 625	100		
ĕ	ns		Non-Arizona municipal interest							00		
ē	Additio		Partnership Income adjustment Total federal depreciation						3,261			
듕	Ad		Other Additions to Income: Co					I .		00		
5			Subtotal: Add lines 14 through 1	•			. •		79 , 886	$\overline{}$		
schedules		20	Total net capital gain or (loss).	See instructions		20)	00				
Ę			Total net short-term capital gair					00				
ÿ			Total net long-term capital gain					00				
] 			Net long-term capital gain from					0 00		100		
١Ą			Multiply line 23 by 25% (.25) ar					I	0	00		
anc			Net capital gain derived from in						2 261	00		
ਛ	ctions		Recalculated Arizona depreciat						3,261	00		
ger	ract	27 Partnership Income adjustment. See instructions								00		
Ę	Subt									00		
èd	0,		Exclusion for benefits, annuities	=						00		
⋽			U.S. Social Security or Railroad					I		00		
<u>se</u>			Certain wages of American Indi							00		
any required federal and		32	Pay received for active service	as a member of the reserves,	national guard o	r the U.S. arme	ed forces	32		00		
e a			Net operating loss adjustment.					I .		00		
Jace		34	Contributions to: 34a 529 College			counts)	00 add 34a and		76 625	00		
_		25	Contains at the second the second of the	rom line 10. Enter the differen				25	16 6') 4	11111		

	Your	Name (as shown on page 1)	Your Social Security N	umber	
	SHF	RIKANT SUHAS PATKI	385-29-9902)	
		Other Outer the office to the one of the other Other Outer the form Advance Outer to		00	00
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Inco		36	76,625 00
	37	Subtract line 36 from line 35. Enter the difference			00
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100			
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500			00
xen	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			76,625 00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero			13,850 00
	43	Deductions: Check box and enter amount. See instructions			00
	44	If you checked box 43S and claim charitable contributions, check 44C Complete pag			62,775 00
	45 46	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0" Tax: Multiply line 45 by 2.5% (.025). Enter the result			1,569 00
of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00
e of	48	Subtotal of tax: Add lines 46 and 47. Enter the total			1,569 00
Balance	49	Dependent Tax Credit. See instructions			00
Bal	50	Family income tax credit (from the worksheet - see instructions)			00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62			00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is g			1,569 00
•	53	2023 AZ income tax withheld			1,821 00
	54	2023 AZ estimated tax payments54a 00 Claim of Right 54b			00
ts g	55	2023 AZ extension payment (Form 204)			00
ts ar	56	Increased Excise Tax Credit (from the worksheet - see instructions)		I	00
men ble C	57	Property Tax Credit from Arizona Form 140PTC		. 57	00
Pay	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 582 334 583 349	58	00
Total Payments and Refundable Credits	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	1,821 00
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due.	. Skip lines 61, 62 and 63	. 60	00
Ę	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of	overpayment	. 61	252 00
ue o Iyme	62	Amount of line 61 to be applied to 2024 estimated tax		. 62	0 00
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			252 00
۲ó	64		Wildlife 65	-	
S.			Gift	7	
, Gif		Custoinable State Davis	s' Donations Fund 71	7	
Voluntary Gifts			euter of Animals 74 00		
Nolu		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Lil	·		
		Estimated payment penalty		. 76	00
alty	77	_		70	00
Penalty	78	Add lines 64 through 74 and 76; enter the total			252 00
	79	Direct Deposit of Refund: Check box 79 A if your deposit will be ultimately placed in a foreign a	ccount; see instructions. 79A	. 79	232 00
wed		CX Checking or ROUTING NUMBER ACCOUNT NUMBER			
Refund or Amount Owed		98 S Savings 1 2 2 1 0 1 7 0 6 4 5 7 0 4 7 9 3 4	2 6 1		
Ref mou	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Reve			00
₹		and include with your return		. 80	00
			U- 14 1 4 - 40 1 4 - 4 1 -		Lating the second
		Jnder penalties of perjury, I declare that I have read this return and any documents wit rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all			
		ide, correct and complete. Deciaration of preparer (other than taxpayer) is based on air	miormation of which prepare	nas any knov	vicage.
HERE	→		FULL TIME EM	PLOYED	
뽀	Y	OUR SIGNATURE DATE	OCCUPATION		-
z					
SIGN	→ _	DATE:	ODOLIOSIO O OOLIDATION		
		SPOUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION		
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03032024 GLOBAL TA PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PRE	AXES LLC EPARER'S IF SELF-EMPLOYED)		
EA		245 ROONEY CT	84-3171	965	
7		PAID PREPARER'S STREET ADDRESS			
		E BRUNSWICK NJ 08816		55-9522	
	_	PAID PREPARER'S CITY STATE ZIP CODE		R'S PHONE NUM	IBER

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10413 (23) 1.555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6