## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.i

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number AJAY KUMAR 597-59-4673 Spouse's name Spouse's social security number 942-98-1800 VIJESH DEVI Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 153,127. 1 1 2 2 14,192. 3 3 21,475. 4 4 Amount you want refunded to you 7,283. 5 5

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your 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: check one box only

I authorize <u>GLOBAL TAXES LLC</u> to enter or generate my PIN ERO firm name

	9	4	6	7	3	as					
Enter five digits, but don't enter all zeros											

0 0

Enter five digits, but don't enter all zeros

8

1 8

my

as mv

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.

Your signature 🕨

#### Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC 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 E	ate 🕨						 			
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	L I			6 nter a		9	8 9	•

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 🕨		
	 		 0070 /=	04.0004

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

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	–Do not w	vrite or sta	aple in this space.
For the year Jan.	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	instructions.
Your first name	and m	ddle initial	Last n	ame	ame				Your so	cial sec	urity number	
AJAY			KUM	AR				597	59	4673		
	oouse's	first name and middle initial	Last n	ame						Spouse	's social	security numbe
VIJESH			DEV	I						942	98	1800
Home address (	numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.		· · · · ·	ection Campaigr
1851 HON	EY I	AILK RD				_				1		ou, or your
City, town, or po	ost offi	ce. If you have a foreign address, also co	omplete	spaces bel	ow.	Sta	ite	ZIP co	ode		0.	jointly, want \$3 nd. Checking a
CHESAPEA	KE					VZ	ł	233	23	u v		not change
Foreign country	name			Foreign pr	ovince/state/o	count	ty	Foreig	n postal code	your tax	_	_
											Yo	ou Spouse
Filing Status		Single					Head of ho	buseh	old (HOH)			
Check only	X	Married filing jointly (even if only o	ne had	income)			_					
one box.		Married filing separately (MFS)					Qualifying		÷ .	. ,		
		ou checked the MFS box, enter the			oouse. If you	ı che	ecked the HOH	l or QS	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ur aepe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); or	(b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	et (or a fir	nancial intere	est ir	n a digital asse	t)? (Se	e instructio	ns.)	□ Ye	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	epende	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a	dual-status	alien	1					
Age/Blindness	You	Were born before January 2, 1	959	Are bl	ind <b>Spc</b>	ouse	: 🗌 Was bor	n befc	ore January 2	2, 1959	🗌 ls	s blind
Dependents	s (see	instructions):		(2) S	Social security	,	(3) Relationshi	ip (4	•			see instructions):
If more	<b>(1)</b> F	(1) First name Last name			number		to you		Child tax c	redit	Credit fo	r other dependents
than four	SHA	NAYA SINGH		-	-17-968		Daughter		×			
dependents, see instructions	REY	EYANSH SINGH			07-71-0612 Son				×			
and check												
here	10	Total amount from Form(s) W-2, b	ov 1 /o		tional					. 1a		L 167,971.
Income	1a b	Household employee wages not re			,					. 18	-	107,971.
Attach Form(s)	c	Tip income not reported on line 1a	•							. 10	-	
W-2 here. Also attach Forms	d		ported on Form(s) W-2 (see instructions)				. 1d	-				
W-2G and	e	Taxable dependent care benefits f						. 1e	-			
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f	-	
lf you did not	q	Wages from Form 8919, line 6 .								. 1g	1	
get a Form	h	Other earned income (see instruct								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (	, see ins	tructions)			1i					
	z	Add lines 1a through 1h								. 1z		167,971.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest			. 2b	,	
if required.	3a	Qualified dividends	3a		239.	b C	Ordinary divider	nds .		. 3b	,	252.
	4a	IRA distributions	4a			bΤ	axable amount			. 4b	)	
Standard Deduction for –	5a	Pensions and annuities	5a			bΤ	axable amount			. 5b	)	
<ul> <li>Single or</li> </ul>	6a	Social security benefits	6a			bΤ	axable amount	:		. 6b	)	
Married filing separately,	с	If you elect to use the lump-sum e	election	method,	check here	(see	instructions)		[			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D	if required	d. If not requ	lired	, check here		[	7		0.
jointly or	8	Additional income from Schedule								. 8		-15,096.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is y	our <b>total inc</b>	come	e			. 9	_	153,127.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household,	11	Subtract line 10 from line 9. This is								. 11	_	153,127.
\$20,800 If you checked	12	Standard deduction or itemized								. 12	-	27,700.
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 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	ro or le	ss, enter -	-0 This is y	ourt	taxable incom	е.		. 15		125,427.

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

Form **1040** (2023)

Form 1040 (2023	5)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	18,192.
Credits	17	Amount from Schedule 2, lir	e3				[	17	
	18	Add lines 16 and 17					[	18	18,192.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	4,000.
	20	Amount from Schedule 3, lir	ie8					20	
	21	Add lines 19 and 20					[	21	4,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,192.
	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 <b>total tax</b>				[	24	14,192.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 21	,475.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	21,475.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	)22 return		[	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n 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	ie 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 <b>to</b>	tal payments			[	33	21,475.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	7,283.
	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	3 is attached, che	ck here	. 🗆 🛛	35a	7,283.
Direct deposit?	b	Routing number 1 2 2	Savings						
See instructions.	d	Account number 4 5 7							
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	structions					omplete be		X No
	De: nar	signee's		Phone no.			onal identifica per (PIN)	ation	
Ciana		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		( )	hest	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the IF	RS ser	nt you an Identity
		C							IN, enter it here
Joint return?						APPLICATION		,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEI	P	(see ins		ection Fin, enter it here
	Ph	one no. (215)688-173	7	Email address		984@GMAIL.CC	M		
		eparer's name	/ Preparer's signat		AUAINUMARI	Date	PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI	, in the second s				P024708	222	Self-employed
Preparer									678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's		
Go to wave in a		1040 for instructions and the late		TIONICI IN				_11 N	88-2145487 Form <b>1040</b> (2023)
GO IO WWW.IIS.go	JV/FOM	TIO40 IOF INSTRUCTIONS and the late	st mornation.		BAA	REV 02/23/24 PRO			Form 1040 (2023)

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 AJAY KUMAR & VIJESH DEVI 597-59-4673

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .	5	-15,096.
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)	_	
0	Section 951A(a) inclusion (see instructions)         80	_	
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	_	
u	Wages earned while incarcerated   8u	_	
Z	Other income. List type and amount:		
0	Total other income. Add lines %a through %7		
9 10	Total other income. Add lines 8a through 8z	9	
10	1040, 1040-SR, or 1040-NR, line 8	10	-15,096.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedul	e 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	aovernmen	t 🗌	
	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				19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				
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 8I from the	<u>- 10</u>			
<b>D</b>		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
Ŭ		24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
C		24e			
f		24f		_	
g		24g		_	
•	Attorney fees and court costs for actions involving certain unlawful	<u></u>		-	
		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				
		24i			
:		24i 24i			
ן ע	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	<b>∠</b> +j			
ĸ		24k			
-	Other adjustments. List type and amount:	248		-	
2		24z			
9E	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	 Entor			
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/2		-	e 1 (Form 1040) 202

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

AJAY KUMAR & VIJESH DEVI

Your social security number

597-59-4673

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the	ie (d) (e)		<b>(g)</b> Adjustments		(h) Gain or (loss) Subtract column (e)	
This	below. form may be easier to complete if you round off cents to e dollars.	Proceeds Cost to gain or loss					
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	3.	3.			0.	
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5		
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( )			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	e any long-	7	0.			

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustmen to gain or loss Form(s) 8949, I line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,		15	

Part	III Summary	· · · · · · · · · · · · · · · · · · ·
16	Combine lines 7 and 15 and enter the result	<b>16</b> 0.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	<b>21</b> ( 0.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 02/23/24 PRO

Schedule D (Form 1040) 2023

<u>8949</u>

Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or taxpayer identification number Name(s) shown on return 597-59-4673 AJAY KUMAR & VIJESH DEVI

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	or Proceeds Se of (sales price) ar	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
COINBASE	01/01/23	12/31/23	3.	3.			0.
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 0	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	3.	3.			0.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

sts, REMIC	<b>5</b> 5, etc.)		) <b>23</b>		
mation.		∆ttachr	+		
		Attachment Sequence No. <b>13</b>			
	597-5	-59-4673			
ns. If you a	are an indi	vidual, rep	ort farm		
-+:					
		. 🗆 I			
lontal	Persor	معللاهم			
ys			QJV		
365		0			
her (descr	ribe)				
Properti	es:				
В			С		
_	)	(	)		
	580.				
15					
 osses here		(	15,096.)		
	ctions .	597-5         ns. If you are an indictions         ctions         . <t< th=""><th>ys     Days       365     0       365     0       indication of the second of the second</th></t<>	ys     Days       365     0       365     0       indication of the second		

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -15,096. NPA For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE 8812 (Form 1040)

## Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or 1040-NR.
/		,		01 10 10 1111

Department of the Treasury Internal Revenue Service

Go	to	www.ir	s.gov	/Sched	ule8812	2 for	instruc	tions	and	the	latest	inforr	nation

2023 Attachment Sequence No. 47

Name(s)	ame(s) shown on return Your			
AJAY	KUMAR & VIJESH DEVI	597-	-59-4	4673
Par	t I 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	153,127.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
с	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d	. [	3	153,127.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
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. resid	ent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 }		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.	· [	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?	•	12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	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	18,192.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. [	14	4,000.
	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 <b>addition</b>			x credit
		D 1		

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through 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 02/23/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023		Page <b>2</b>
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: 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 lin	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	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	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	<b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	<b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	, , , , , , , , , , , , , , , , , , ,	IS OT H	vuerto 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	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, )		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the <b>larger</b> of line 20 or line 25	23	
20	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	· · · · · · · · · · · · · · · · · · ·		812 (Form 1040) 2023

Form <b>8867</b>	Paid Prep
Form <b>UUU</b>	Earned Income
(Rev. November 2023)	Child Tax Credit (C
	Credit for Other Dene

#### OMB No. 1545-0074 For tax year

parer'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.

Attachment Sequence No. 70

20 23

		nationi	
Taxpayer name(s) shown or	return	Taxpayer identification	n number
AJAY KUMAR & V	/IJESH DEVI	597-59-4673	3
Preparer's name		Preparer tax identifica	tion number
VENKATA SAI PA	AVAN KUMAR DUDIPALLI	P02470833	

#### Part I **Due Diligence Requirements**

Department of the Treasury

Internal Revenue Service

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). X CTC/ACTC/ODC HOH

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?	X		
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			
	claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 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)	X		
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 " <b>No</b> ," go to question 5.)		×	
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 question 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		
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?	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 complete and			
	correct Schedule C (Form 1040)?			

F	orm <b>88</b>	67 (Rev	. 11-2023)

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/23/24 PRO

Form 88	367 (Rev. 11-2023)			Page <b>2</b>
Part	II 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	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	СТС,
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		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition 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?		Yes	No
Part	<ul> <li>Eligibility Certification</li> <li>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:</li> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's response in 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);</li> </ul>	nses on	the ret	urn or
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	list for a	iny app	licable
	<ul> <li>C. Submit Form 8867 in the manner required; and</li> <li>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 <i>Document Retention</i>.</li> <li>1. A copy of this Form 8867.</li> <li>2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.</li> </ul>	67 instri	uctions	under

- 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?	×	

REV 02/23/24 PRO

Form 8867 (Rev. 11-2023)

AJAY

VIJESH



KUMAR

DEVI

[



VIJESH D 1851 HONEY MILK	RD				
CHESAPEAKE		VA 23323			
SSN - You KUMA	L	597594673	Vendor ID 1555		xxxxx <b>7</b>
SSN - Spouse DEVI		942981800			
Fed Adj Gross Income (FAGI)	1.	153127.	Withholding (VA) - You	19A.	8941.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	153127.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	8941.
Total VA Adj Gross Income (VAGI)	9.	153127.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	1528.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	3720.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions	s) 14.	19720.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	133407.	Sales and Use Tax	33.	
Amount of Tax	16.	7413.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card         N           Your Refund         N	1	1528.
VAGI - Spouse	17A.				100101706
Net Amount of Tax	18.	7413.	Bank Routing #	C	122101706
L			Bank Account #	45/02	28424538

\_\_\_\_LAR \_\_\_DLAR \_\_\_DTD \_\_\_LTD \$\_\_\_\_\_

L

597594673





•						
Filing Status, Age & License Information			Additional Filing Information	Г		
Filing Status	Filing Status 2			Locality	810	
Federal Head of H	lousehold				Uninsured & Authorize DMAS	
DOB - You			03151984		Name or Filing Status Change	
VA Driver's License ID - You		B67221929		Address Change		
VA Driver's License - Iss. Date - You		01282022		VA Return Not Filed Last Year		
Spouse Name (Fil	ing Status 3	3 Only)			Dependent on Another's Return	
			01011007		Farmer / Fisherman / Merchant Seaman	
DOB - Spouse			01011987		Amended	
VA Driver's License ID - Spouse B67		B67224247		Reason Code		
VA Driver's License - Iss. Date - Spouse 03082022			03082022		Overseas on Due Date	
Exemptions (A) You	1		Exemptions (B) 65 & Over - You		Federal EIC & Amount	
Spouse	1	65 & O	ver - Spouse		Deceased Indicator	
Dependents	2	Blind -	You		Form 760C or 760F	
Total (A)	4	Blind -	Spouse		No Sales & Use Tax Due Indicator	Х
		Total (E	3)		Obtain Electronic 1099G	
		Contact In	formation		ID Theft PIN	

# I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You	Date	Phone - You		21568	881737
Signature - Spouse	Date	Phone - Spouse			
Signature - Preparer <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u>	Date	Phone - Preparer		67896	59522
The Tax Department may discuss my/our return with my/our pro	eparer.	Preparer Information GLOBAL TAXES LLC	7	P024	70833
<b>File by May 1, 2024</b> Include Page 1, Page 2 and all supporting 760CG documents.		245 ROONEY CT E BRUNSWICK	NJ	08816	Page 2 of 2

## **2023 Schedule INC/CG** 597594673

Report all W-2s, 1099s & VK-1s with VA Withholding

AJAY KUMAR

VIJESH DEVI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
597594673	W	8941.	133924155	30133924155F001	167971.

Total VA Withholding	SSN	VA Withholding
You	597594673	8941.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

.

## Virginia Individual Income Tax e-File Signature Authorization

## DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)						
Your Name	B Your Social Sec	urity Number				
AJAY KUMAR	597-59-467	2				
Spouse's Name	A Spouse's Social					
VIJESH DEVI	942-98-180					
Part I Tax Return Information	A Spouse	B Yourself				
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		153127.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		153127.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		133407.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		7413.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		8941.				
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)						
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		1528.				
Part II Declaration of Taxpayer and Signature Authorization						
Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) 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 authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. <b>Taxpayer's e-File PIN: check one box only</b>						
I authorize the ERO named below to enter my e-File PIN 9 4 6 7 3 as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros						
GLOBAL TAXES LLC ERO Firm Name						
I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Your Signature Date						
Spouse's e-File PIN: check one box only						
I authorize the ERO named below to enter my e-File PIN 8 1 8 0 0 as my signature on my 2023 e-filed Virginia individual income tax return.						
GLOBAL TAXES LLC						
ERO Firm Name         I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Spouse's Signature         Date						
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 9 6 6 1 9 8 9						
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
ERO's Signature Date						