

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial: SIDDHANT Last name: NIMBALKAR Your social security number: 050 97 3634

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State: VT ZIP code: 05401

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

Filing Status: [X] Single [] Head of household (HOH) [] Married filing jointly [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset... [] Yes [X] No

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns: Line number, Description, Amount. Rows include 1a Total amount from Form(s) W-2, 1b Household employee wages, 1c Tip income, 1d Medicaid waiver payments, 1e Taxable dependent care benefits, 1f Employer-provided adoption benefits, 1g Wages from Form 8919, 1h Other earned income, 1i Nontaxable combat pay election, 1z Add lines 1a through 1h

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

Table with columns: Line number, Description, Amount. Rows include 7 Capital gain or (loss), 8 Additional income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income, 12 Standard deduction or itemized deductions (from Schedule A), 13 Qualified business income deduction from Form 8995 or Form 8995-A, 14 Add lines 12 and 13, 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

| | | | | |
|------------------------|-----------|--|-----------|---------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 17,479. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 17,479. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 17,479. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 17,479. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 20,339. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 20,339. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) <input type="checkbox"/> NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 20,339. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,860. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,860. |
| Direct deposit? See instructions. | b | Routing number 011600033 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 5243592369 | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---|------------------------------------|---|
| Your signature | Date | Your occupation DESIGN ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (978) 259-5122 | Email address SIDDHANTNIMBALKAR1997@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/09/2024 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 84-3171965 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

SIDDHANT NIMBALKAR

Your social security number

050-97-3634

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | 291. |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -13,362. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -13,071. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | |
|------------|--|------------|------------|
| 11 | Educator expenses | | 11 |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 |
| 17 | Self-employed health insurance deduction | | 17 |
| 18 | Penalty on early withdrawal of savings | | 18 |
| 19a | Alimony paid | | 19a |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | |
| 20 | IRA deduction | | 20 |
| 21 | Student loan interest deduction | | 21 |
| 22 | Reserved for future use | | 22 |
| 23 | Archer MSA deduction | | 23 |
| 24 | Other adjustments: | | |
| a | Jury duty pay (see instructions) | 24a | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d | Reforestation amortization and expenses | 24d | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | |
| j | Housing deduction from Form 2555 | 24j | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | |
| z | Other adjustments. List type and amount: _____ | 24z | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 |

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

| | | |
|--|--|---|
| Name of proprietor SIDDHANT NIMBALKAR | | Social security number (SSN) 050-97-3634 |
| A Principal business or profession, including product or service (see instructions) DESIGN ENGINEER | B Enter code from instructions 9 9 9 0 0 0 | |
| C Business name. If no separate business name, leave blank. | D Employer ID number (EIN) (see instr.) | |
| E Business address (including suite or room no.) <u>203 HILDRED DR</u> City, town or post office, state, and ZIP code <u>BURLINGTON, VT 05401</u> | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____ | | |
| G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| H If you started or acquired this business during 2023, check here <input type="checkbox"/> | | |
| I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part I Income

| | | |
|---|----------|--------|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | 1 | 1,571. |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 1,571. |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 1,571. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 | 7 | 1,571. |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | |
|---|------------|--------|---|
| 8 Advertising | 8 | | |
| 9 Car and truck expenses (see instructions) | 9 | | |
| 10 Commissions and fees | 10 | | |
| 11 Contract labor (see instructions) | 11 | | |
| 12 Depletion | 12 | | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | |
| 14 Employee benefit programs (other than on line 19) | 14 | | |
| 15 Insurance (other than health) | 15 | | |
| 16 Interest (see instructions): | | | |
| a Mortgage (paid to banks, etc.) | 16a | | |
| b Other | 16b | | |
| 17 Legal and professional services | 17 | | |
| 18 Office expense (see instructions) | 18 | | |
| 19 Pension and profit-sharing plans | 19 | | |
| 20 Rent or lease (see instructions): | | | |
| a Vehicles, machinery, and equipment | 20a | | |
| b Other business property | 20b | | |
| 21 Repairs and maintenance | 21 | | |
| 22 Supplies (not included in Part III) | 22 | | |
| 23 Taxes and licenses | 23 | | |
| 24 Travel and meals: | | | |
| a Travel | 24a | | |
| b Deductible meals (see instructions) | 24b | | |
| 25 Utilities | 25 | 1,280. | |
| 26 Wages (less employment credits) | 26 | | |
| 27a Other expenses (from line 48) | 27a | | |
| b Energy efficient commercial bldgs deduction (attach Form 7205) | 27b | | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27b | 28 | 1,280. | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 291. | |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | 291. | |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | 32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk. |

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SIDDHANT NIMBALKAR

050-97-3634

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A C1-202, HYDE PARK RESIDENCY OFFGB ROAD, THANE WEST MAHARASHTRA IN 400610

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 710. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,970. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,750. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 2,940. | | |
| 15 Supplies | 15 2,680. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 1,990. | | |
| 18 Depreciation expense or depletion | 18 2,742. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 14,072. | | |
| 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 -13,362. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (13,362.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 710. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d 2,742. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 14,072. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (13,362.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -13,362. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-13,362.

Schedule E (Form 1040) 2023

Additional Information From 2023 Federal Tax Return**Schedule C (DESIGN ENGINEER): Profit or Loss from Business****Line 25****Itemization Statement**

| Description | Amount |
|--------------------|---------------|
| PHONE BILLS | 780. |
| INTERNET BILLS | 500. |
| Total | 1,280. |

For office use only Date Received

Part I Remember to write in your Social Security Number Last Name NIMBALKAR First Name and Initial SIDDHANT Enter Social Security Number (SSN) 050 - 97 - 3634 Spouse's Last Name (if joint return) First Name and Initial Enter Spouse's SSN, if joint return - - Current Mailing Address 203 HILDRED DR Email Address SIDDHANTNIMBALKAR1997@GMAIL.COM City or Town BURLINGTON State VT ZIP Code 05401 Daytime Telephone Number (978)259-5122

Part II Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1-8 showing Federal Adjusted Gross Income, Vermont Taxable Income, Adjusted Vermont Income Tax, Vermont Income Tax Withheld, Vermont Earned Income Tax Credit, Refund credited to 2024 estimated tax, Refund credited to 2024 property tax bill, and Refund Amount (1491).

DO NOT MAIL THIS FORM -- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS

Part III Form HS-122 For Vermont Residents Only (check box)

Check here if Property Tax Credit Claim filed

Part IV Direct Deposit of Refund ACH Debit Payment Amount \$ 1491 Payment Date / /

Routing transit number (RTN) 0116000333 The first two digits of the RTN must be 01 through 12 or 21 through 32.

Depositor account number (DAN) 5243592369 Type of account: Savings Checking

Part V Declaration of Taxpayer By signing below, you agree that:

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my 2023 Vermont Individual Income tax return and is, to the best of my knowledge and belief, true, accurate and complete.
If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign Here

Your Signature Date Spouse's Signature (if joint return, BOTH must sign) Date

Part VI Declaration of Electronic Return Originator (ERO) Only

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

Electronic Return Originator's Use Only ERO's signature Date 02092024 Check if: paid preparer self-employed Firm's name (or yours if self-employed) and address GLOBAL TAXES LLC EIN 843171965 245 ROONEY CT E BRUNSWICK NJ 08816 Phone Number 6789659522 Email address: SYAM@GTAXFILE.COM

Part VII Declaration of Paid Preparer

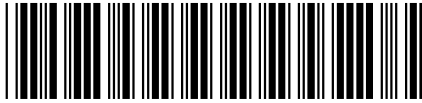
Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

Paid Preparer's Use Only Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 02092024 Check if self-employed Firm's name (or yours if self-employed) and address GLOBAL TAXES LLC EIN 843171965 245 ROONEY CT E BRUNSWICK NJ 08816 Phone Number 6789659522 Email address: SYAM@GTAXFILE.COM

2023 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 3 1 1 1 1 1 7 3 *

FILE YOUR RETURN ELECTRONICALLY FOR A FASTER REFUND. GO TO TAX.VERMONT.GOV FOR MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Form with fields for Taxpayer's Last Name (NIMBALKAR), First Name (SIDDHANT), Social Security Number (050973634), Mailing Address (203 HILDRED DR, BURLINGTON, VT 05401), and Filing Status (Single).

Main calculation section with lines 1 through 16, including Federal Adjusted Gross Income (114180.00), Vermont Taxable Income (102330.00), and Adjusted Vermont Income Tax (5279.00).

Boxed section for Charitable Contribution: 11. Tax-Deductible Charitable Contribution (0.00), 12. Multiply Line 11 by 5% (0.05) (0.00).

13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 0.00

Amount Due (from Line 31) 0.00

| | |
|----------------------|------------------------|
| Taxpayer's Last Name | Social Security Number |
| NIMBALKAR | 050973634 |



Amount from Line 16 **5279.00**

Other State Credit (Schedule IN-117, Line 21) **17.** 0.00 + **Vermont Tax Credits** (Schedule IN-119, Part II) **18.** 0.00 = **Total Vermont Credits** (Add Lines 17 and 18) **19.** 0.00

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.** If Line 19 is greater than Line 16, enter -0-). **20.** 5279.00

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** **21.** 0.00

22. Total Vermont Taxes (**ADD Lines 20 and 21**) **22.** 5279.00

| | | | | |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|
| Nongame Wildlife Fund | Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | Total Contributions |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|

23a. 0.00 + **23b.** 0.00 + **23c.** 0.00 + **23d.** 0.00 = **23e.** 0.00

24. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 22 and 23e**) **24.** 5279.00

25a. 2023 Vermont Tax Withheld from W-2, 1099 **25a.** 6770.00

25b. 2023 Estimated Tax payments, amount carried forward from 2022, and/or payment made with 2023 extension. **25b.** 0.00

25c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) **25c.** 0.00

25d. 2023 Vermont Real Estate Withholding from Form RW-171 **25d.** 0.00

25e. 2023 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 **25e.** 0.00

25f. Total Payments and Credits (**ADD Lines 25a through 25e**) **25f.** 6770.00

26. Overpayment. If Line 24 is less than Line 25f, **SUBTRACT Line 24 from Line 25f** **26.** 1491.00

27a. Refund to be credited to 2024 Estimated Tax Payment **27a.** 0.00

27b. Refund to be credited to 2024 Property Tax Bill **27b.** 0.00

28. REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) **28.** 1491.00

29. If Line 24 is more than Line 25f, **subtract Line 25f from Line 24.** See instructions on tax due **29.** 0.00

30. Interest and Penalty on Underpayment of Estimated Tax. . **30.** 0.00 **31. AMOUNT DUE** (ADD Lines 29 and 30) **31.** 0.00
(Worksheet IN-152 or IN-152A)

| | | | | |
|----------------------------------|--------------------------------------|----------------------------|------------------------------|----------------------------|
| For Amended Returns Only: | Original refund received <u>0.00</u> | Refund due now <u>0.00</u> | Original payment <u>0.00</u> | Amount due now <u>0.00</u> |
|----------------------------------|--------------------------------------|----------------------------|------------------------------|----------------------------|

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

| | | | |
|---|------------------------|-----------------------------|--------------------------|
| Signature | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) | Daytime Telephone Number |
| Signature (If a joint return, BOTH must sign.) | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) | Daytime Telephone Number |
| Paid Preparer's Signature | Date (MM/DD/YYYY) | Preparer's Telephone Number | |
| Firm's Name (or yours if self-employed) and address | Preparer's SSN or PTIN | FEIN | |
| GLOBAL TAXES LLC 245 ROONEY CT E BRU | P02082703 | 843171965 | |

Check if the Department of Taxes may discuss this return with the preparer shown.
1555 REV 01/29/24 PRO

Keep a copy for your records.

Form IN-111
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