

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/15/2024**

# 2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	662.
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REV 02/11/24 PRO 1555

052-84-2235  
JASMEET KAUR

406 S 69TH PL  
RIDGEFIELD WA 98642

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

052842235 CV KAUR 30 0 202412 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/17/2024**

# 2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	662.
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REV 02/11/24 PRO 1555

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/16/2024**

# 2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	662.
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REV 02/11/24 PRO 1555

052-84-2235  
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CINCINNATI OH 45280-2502

052842235 CV KAUR 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/15/2025**

# 2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	662.
--	------

REV 02/11/24 PRO 1555

052-84-2235  
JASMEET KAUR

406 S 69TH PL  
RIDGEFIELD WA 98642

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

052842235 CV KAUR 30 0 202412 430

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**  
 ▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name JASMEET KAUR	Social security number 052-84-2235
Spouse's name	Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2023** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1	156,810.
2 Total tax . . . . .	2	24,678.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	24,500.
4 Amount you want refunded to you . . . . .	4	
5 Amount you owe . . . . .	5	178.

**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 GLOBAL TAXES LLC to enter or generate my PIN 

4	2	2	3	5
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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 ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions  
 Don't Submit This Form to the IRS Unless Requested To Do So**

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

**2023**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	<b>178.</b>
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REV 02/11/24 PRO 1555

**JASMEET KAUR**  
  
406 S 69TH PL  
RIDGEFIELD WA 98642

**INTERNAL REVENUE SERVICE**  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

052842235 CV KAUR 30 0 202312 610

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: JASMEET Last name: KAUR Your social security number: 052 84 2235

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

Home address (number and street): 406 S 69TH PL Apt. no.: Ridgefield WA ZIP code: 98642 Foreign country name: Foreign province/state/county: Foreign postal code: Presidential Election Campaign: [ ] You [ ] Spouse

Filing Status: [X] Single [ ] Head of household (HOH) [ ] Married filing jointly (even if only one had income) [ ] 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 (or a financial interest in 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 section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 144,247.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Includes taxable interest, dividends, and pension/annuity amounts.

Attach Sch. B if required. Standard Deduction for: [ ] Single or Married filing separately, \$13,850 [ ] Married filing jointly or Qualifying surviving spouse, \$27,700 [ ] Head of household, \$20,800 [ ] If you checked any box under Standard Deduction, see instructions.

<b>Tax and Credits</b>	<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	24,678.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	24,678.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	24,678.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	24,678.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	24,500.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	24,500.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	24,500.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>																	
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>																	
Direct deposit? See instructions.	<b>b</b>	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X								
X	X	X	X	X	X	X	X	X	X											
	<b>d</b>	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>																	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	178.
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (646) 525-1472 Email address JASM33TK@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 02/16/2024	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 A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

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

JASMEET KAUR

Your social security number

052-84-2235

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
	<b>1</b>	Medical and dental expenses (see instructions) . . . . .		
	<b>2</b>	Enter amount from Form 1040 or 1040-SR, line 11	<b>2</b>	
	<b>3</b>	Multiply line 2 by 7.5% (0.075) . . . . .	<b>3</b>	
	<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .		<b>4</b>
<b>Taxes You Paid</b>	<b>5</b>	State and local taxes.		
		<b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	<b>5a</b>	11,436.
		<b>b</b> State and local real estate taxes (see instructions) . . . . .	<b>5b</b>	11,807.
		<b>c</b> State and local personal property taxes . . . . .	<b>5c</b>	
		<b>d</b> Add lines 5a through 5c . . . . .	<b>5d</b>	23,243.
		<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .	<b>5e</b>	10,000.
		<b>6</b> Other taxes. List type and amount: _____	<b>6</b>	
	<b>7</b>	Add lines 5e and 6 . . . . .	<b>7</b>	10,000.
<b>Interest You Paid</b>	<b>8</b>	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
		<b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .	<b>8a</b>	12,572.
		<b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .	<b>8b</b>	
		<b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>	
		<b>d</b> Reserved for future use . . . . .	<b>8d</b>	
		<b>e</b> Add lines 8a through 8c . . . . .	<b>8e</b>	12,572.
	<b>9</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>9</b>	
	<b>10</b>	Add lines 8e and 9 . . . . .	<b>10</b>	12,572.
<b>Gifts to Charity</b>	<b>11</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>11</b>	
	<b>12</b>	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>12</b>	
	<b>13</b>	Carryover from prior year . . . . .	<b>13</b>	
	<b>14</b>	Add lines 11 through 13 . . . . .	<b>14</b>	
<b>Casualty and Theft Losses</b>	<b>15</b>	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .	<b>15</b>	
<b>Other Itemized Deductions</b>	<b>16</b>	Other—from list in instructions. List type and amount: _____	<b>16</b>	
<b>Total Itemized Deductions</b>	<b>17</b>	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .	<b>17</b>	22,572.
	<b>18</b>	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **08**

Name(s) shown on return  
JASMEET KAUR

Your social security number  
052-84-2235

**Part I  
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:  
 NATIONSTAR MORTIGAGE LLC  
 ALLY BANK  
 ALLY BANK
- 2** Add the amounts on line 1 . . . . .
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

		Amount
<b>1</b>		102.
		2,012.
		0.
<b>2</b>		2,114.
<b>3</b>		
<b>4</b>		2,114.

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II  
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer: ROBINHOOD SECURITIES LLC
- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

		Amount
<b>5</b>		13.
<b>6</b>		13.

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

- 7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .  
 If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .
- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: \_\_\_\_\_
- 8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

Yes	No
X	
	X

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return  
JASMEET KAUR

Your social security number  
052-84-2235

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  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)

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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b>

**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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	11,124.	688.		10,436.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 10,436.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<b>16</b>	10,436.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> 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 . . . . .</p>	<b>18</b>	
<p><b>19</b> 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 . . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

JASMEET KAUR

052-84-2235

Before you check Box D, E, or F 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.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	01/01/22	12/31/23	11,124.	688.			10,436.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .			11,124.	688.			10,436.

**Note:** If you checked Box D 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.

**PA-40 - 2023**  
**Pennsylvania Income Tax Return**  
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

052842235

KAUR

JASMEET

Occupation SOFTWARE E

Occupation

406 S 69TH PL

RIDGEFIELD

WA 98642

646-525-1472

99999

N Extension. N Amended Return.

N Residency Status.  
PA Resident/Nonresident/Part-Year Resident  
from to

S Single, Married/Filing Jointly,  
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete PA Schedule A if required.

3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit PA Schedule J.

8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.

9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.

11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a 16916

1b 0

1c 16916

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 16916

10 0

11 16916

N



EC OFFICIAL USE ONLY FC  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2023

Social Security Number

052842235

Name(s) JASMEET KAUR

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

12 519

13 Total PA Tax Withheld. See the instructions.

13 519

14 Credit from your 2022 PA Income Tax return.

14 0

15 2023 Estimated Installment Payments. REV-459B included.

15 0

16 2023 Extension Payment.

16 0

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

17 0

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

18 0

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19a 00

19b Dependents, Section II, Line 2, PA Schedule SP

19b 00

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

20 0

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

21 0

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

22 0

23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.

23 0

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

24 519

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

25 0

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

26 0

27 Penalties and Interest. See the instructions. Enter Code:

27 0

If including form REV-1630/REV-1630A, mark the box.

N

28 TOTAL PAYMENT DUE. See the instructions.

28 0

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

29 0

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

REFUND

30 0

31 Credit - Amount of Line 29 you want as a credit to your 2024 estimated account.

31 0

32 Refund donation line. Enter the organization code and donation amount. See instructions.

32

33 Refund donation line. Enter the organization code and donation amount. See instructions.

33

34 Refund donation line. Enter the organization code and donation amount. See instructions.

34

35 Refund donation line. Enter the organization code and donation amount. See instructions.

35

36 Refund donation line. Enter the organization code and donation amount. See instructions.

36

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature		Spouse's Signature, if filing jointly	
Preparer's Name and Telephone Number		Date	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522		021624	

E-File Opt Out N

Firm FEIN 843171965

Preparer's PTIN P02082703





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2023

PA-8879 (EX) 03-23 (I)

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name, Social Security Number. Rows for Primary and Secondary Taxpayer.

SECTION I TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2023 (whole dollars only)

Table with 2 columns: Description, Amount. Rows for Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, Total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 42235 as my signature on my tax year 2023 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature and Date fields for Primary Taxpayer.

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize to enter my PIN as my signature on my tax year 2023 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature and Date fields for Secondary Taxpayer.

SECTION III CERTIFICATION AND AUTHENTICATION - PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 08271

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature and Date fields.

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.



Name  
JASMEET KAUR

Social Security Number  
052-84-2235

**Federal Forms W-2**

# of W2	* N T / T X B L	TS	N R H	Employer Name  Employer identification number from box B	Federal wages from box 1  Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1	<input type="checkbox"/>	T	<input type="checkbox"/>	CAPITAL ONE SERVICES LLC 54-1780389	144,247. 153,488.	16,916. 519.	PA
1	X	T	<input type="checkbox"/>	CAPITAL ONE SERVICES LLC 54-1780389		85,947. 0.	DE
1	X	T	<input type="checkbox"/>	CAPITAL ONE SERVICES LLC 54-1780389		42,400. 0.	VA

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	16,916.	0.
Pennsylvania W-2 to Schedule NRH, line 9 . . . . .		
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Noncash tips . . . . .		
Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . .	128,347.	
Withholding . . . . .	519.	

**Federal Forms W-2: Local Tax**

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1	<input type="checkbox"/>	T	54-1780389	23 UDRBY	108,333.		PA

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	108,333.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Noncash tips . . . . .		
Withholding . . . . .		

**Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

	Taxpayer	Spouse
Excess Reimbursements . . . . .		

**Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements**

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

**Pennsylvania Payment type:**

- |   |  |
|---|--|
| <b>A</b> Executor fee   | <b>H</b> Other nonemployee compensation.<br>Describe: _____                  |
| <b>B</b> Jury duty pay  | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>C</b> Director's fee   | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>D</b> Expert witness fee   | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>E</b> Honorarium   | <b>L</b> Distribution from Charitable Gift Annuities                         |
| <b>F</b> Covenant not to compete  | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>Describe: _____ |
| <b>G</b> Damages or settlement for lost wages, other than personal injury | <b>N</b> Fiduciary fees from a trust   |
|   | <b>O</b> Other income not listed above<br>Describe: _____                    |

	<b>Taxpayer</b>	<b>Spouse</b>
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	_____	_____
Withholding . . . . .	_____	_____

**Compensation from Federal Forms 1099R**

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- |  |   |
|--|---|
| <b>N</b> No entry  | <b>I22</b> I'm not eligible yet; plan is eligible in PA |
| <b>I31</b> PA school, state, or municipal employee plan  | <b>J1</b> Traditional or Roth IRA; I'm over 59.5        |
| <b>I11</b> United Mine Workers pension   | <b>J2</b> Traditional or Roth IRA; I'm under 59.5       |
| <b>I32</b> Military pension  | <b>K2</b> Non-qualified deferred compensation plan      |
| <b>I33</b> U.S. Civil service retirement/disability/annuity                                      | <b>K3</b> Life insurance or endowment                   |
| <b>K1</b> Annuity or Non-civil service disability<br>(including Qual Joint Survivorship Annuity) | <b>L</b> Distribution from Charitable Gift Annuities    |
| <b>I21</b> Early distribution from a retirement plan   | <b>M1</b> ESOP: Allocated ESOP Stock Dividend           |
| <b>I12</b> Rollover  | <b>M2</b> ESOP: Non-Allocated ESOP Stock Dividend       |
| <b>I13</b> I'm eligible; plan is eligible (no PA tax)  | <b>M3</b> KSOP: Taxable ESOP within a 401(k)            |
|  | <b>M4</b> KSOP: Nontaxable ESOP within a 401(k)         |

	<b>Taxpayer</b>	<b>Spouse</b>
Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . . . .	_____	_____
Distribution from Charitable Gift Annuities . . . . .	_____	_____
Compensation from Form 1099R (eligible retirement plans) . . . . .	_____	_____
Withholding . . . . .	_____	_____

**Total Gross Compensation**

	<b>Taxpayer</b>	<b>Spouse</b>
Total gross compensation to Form PA-40 line 1a . . . . .	16,916.	0.
Total Schedule NRH gross compensation to PA-40, line 12 . . . . .	_____	_____
Withholding to Form PA-40 line 13 . . . . .	519.	_____

Total gross compensation to Form PA-40 line 1a . . . . .	16,916.
--	---------

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.



DELAWARE 2023
DIVISION OF REVENUE FORM
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning and ending Amended Return
Must include page 3

Your Taxpayer ID
0 5 2 8 4 2 2 3 5

Spouse Taxpayer ID

Filing Status (Must check one)
1. X Single, Divorced, Widow(er)
3. Married & Filing Separate Forms

Your First Name M.I. Last Name Suffix
JASMEET KAUR
Spouse First Name M.I. Last Name Suffix

2. Joint 5. Head of Household
Form PIT-UND Attached
Claimed as Dependant on someone else's return

Present Home Address (Number and Street) Apartment # X
406 S 69TH PL
RIDGEFIELD WA 98642

Check if FULL-YEAR Non-Resident in 2023
If you were a part-year resident in 2023, give the dates you resided in Delaware: mm-dd-yyyy mm-dd-yyyy

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

Table with columns: Line, Description, FEDERAL COLUMN A, DELAWARE SOURCE INCOME/LOSS COLUMN B. Includes rows for WAGES, INTEREST, DIVIDENDS, etc.

SECTION B - ADDITIONS

Table with columns: Line, Description, FEDERAL COLUMN A, DELAWARE SOURCE INCOME/LOSS COLUMN B. Includes rows for INTEREST RECEIVED, FIDUCIARY ADJUSTMENT, etc.

SECTION C - SUBTRACTIONS

Table with columns: Line, Description, FEDERAL COLUMN A, DELAWARE SOURCE INCOME/LOSS COLUMN B. Includes rows for INTEREST RECEIVED ON U.S. OBLIGATIONS, PENSION/RETIREMENT EXCLUSIONS, etc.

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) MAIL COMPLETED FORM TO: Delaware Division of Revenue

REFUND (LINE 60) MAIL COMPLETED FORM TO: Delaware Division of Revenue

ALL OTHER RETURNS MAIL COMPLETED FORM TO: Delaware Division of Revenue



# DELAWARE 2023

DIVISION OF REVENUE F O R M PIT-NON

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



### SECTION D - DEDUCTIONS

31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.	22572 .00
32.	ENTER FOREIGN TAXES PAID (See instructions)	32.	.00
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.	.00
34.	TOTAL - Add Line 31 through Line 33	34.	22572 .00
35.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.	.00
36.	Subtract Line 35 from Line 34. Enter here and on Line 38.	36.	22572 .00

### SECTION E - CALCULATIONS

37.	DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.	156810 .00
38.	If you elect the STANDARD DEDUCTION check here <b>a.</b> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <b>b.</b> <input checked="" type="checkbox"/> Enter amount from Line 36.	38.	22572 .00
39.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over blind Check box(es)- if YOU were: 65 or over blind	39.	.00
40.	TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.	22572 .00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.	134238 .00
42.	TAX LIABILITY COMPUTATION (See instructions) PRORATION DECIMAL Tax Liability from Tax Rate Table/ A. Line 30a 85947 .00 (See instructions) Schedule Amount B. Line 30b 156810 .00 = 0 . 5 4 8 1 X 7843 .00	42.	4299 .00
43a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 1 x \$110 = 110 Multiply this amount by the proration decimal on Line 42 ( x 0 . 5 4 8 1 ) and enter total here	43a.	60 .00
43b.	CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 = Multiply this amount by the proration decimal on Line 42 ( x ) and enter total here	43b.	.00
44.	TAX IMPOSED BY STATE OF Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.	.00
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)	45.	.00
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.	60 .00
47.	BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.	4239 .00
48.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	4821 .00
49.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.	.00
50.	S CORP PAYMENTS (See instructions)	50.	.00
51.	REFUNDABLE BUSINESS CREDITS (See instructions)	51.	.00
52.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.	.00
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.	4821 .00
54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.	.00
55.	OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.	582 .00
56.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS) TOTAL	56.	.00
57.	AMOUNT OF LINE 55 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT ENTER	57.	.00
58.	PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions) ENTER	58.	.00
59.	NET BALANCE DUE - Add Line 54, Line 56, and Line 58 PAY IN FULL	59.	.00
60.	NET REFUND - Subtract Lines 56, 57, and 58 from Line 55 ZERO DUE/TO BE REFUNDED	60.	582 .00

### SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input checked="" type="checkbox"/> CHECKING		
<input type="checkbox"/> SAVINGS	0 3 1 2 0 2 0 8 4	3 8 3 0 1 1 5 9 6 2 3 3

Is this refund going to or through an account that is located outside of the United States?

YES  NO

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER 646-525-1472

@ EMAIL ADDRESS \_\_\_\_\_

#### PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/16/2024

PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS 245 ROONEY CT E BRUNSWICK NJ

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN 843171965 PHONE NO. 678-965-9522

@ EMAIL ADDRESS

SYAM@GTAXFILE.COM



# DELAWARE 2023

DIVISION OF REVENUE F O R M  
**DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN**



**FOR AMENDED RETURNS ONLY**

COLUMN B

61. <b>TOTAL REFUNDABLE CREDITS</b> - From Line 53	61.		.00
62. <b>AMOUNT PAID ON ORIGINAL RETURN</b>	62.		.00
63. <b>SUBTOTAL</b> - Add Lines 61 and 62	63.		.00
64. <b>REFUND RECEIVED</b> (If any, see instructions)	64.		.00
65. <b>Estimated tax carryover and/or Special Funds contributions</b> as shown on original return	65.		.00
66. <b>Subtract</b> Line 64 and Line 65 from Line 63	66.		.00
67. <b>BALANCE DUE</b> - If Line 47 is greater than Line 66, <b>Subtract</b> Line 66 from Line 47 and enter here	67.		.00
68. <b>OVERPAYMENT</b> - If Line 66 is greater than Line 47, <b>Subtract</b> Line 47 from Line 66 and enter here	68.		.00
69. <b>AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See Instructions)	69.		.00
70. <b>PENALTIES AND INTEREST DUE</b>	70.		.00
71. <b>NET BALANCE DUE</b> - Add Line 67 and Line 69 to Line 70	71.	<b>PAY IN FULL</b>	.00
72. <b>NET REFUND</b> - Subtract Line 69 and Line 70 from Line 68	72.	<b>ZERO DUE/TO BE REFUNDED</b>	.00

73. **Is an amended Federal return being filed?** Yes      No  
 If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

74. **Has the Delaware Division of Revenue advised you your original return is being audited?** Yes      No  
 75. **Is this amended return being filed as a protective claim?** Yes      No  
 A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH  
 PAYMENT ENCLOSED (LINE 71)  
 MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 508, Wilmington, DE 19899-0508  
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 72)  
 MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 8710  
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS  
 MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 8711  
 Wilmington, DE 19899-8711

**PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**





# DELAWARE 2023

DIVISION OF REVENUE F O R M  
PIT-NNS

## DELAWARE NON-RESIDENT SCHEDULES



FIRST NAME	LAST NAME	TAXPAYER ID
JASMEET	KAUR	0 5 2 8 4 2 2 3 5

### DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

1.	Tax imposed by State of (Enter 2 character state name)	1.	.00
2.	Tax imposed by State of (Enter 2 character state name)	2.	.00
3.	Tax imposed by State of (Enter 2 character state name)	3.	.00
4.	Tax imposed by State of (Enter 2 character state name)	4.	.00
5.	Tax imposed by State of (Enter 2 character state name)	5.	.00
6.	Enter the total here and on Form PIT-NON, Page 2 Line 44. You must attach a copy of the other state return(s) with your Delaware tax return.	6.	.00

### DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

This schedule does not apply to the Non-Resident form. It is intentionally excluded.

### DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

7.	A. Non-Game Wildlife	.00	H. DE National Guard	.00	O. Senior Trust Fund	.00
	B. Beau Biden Fund	.00	I. Juvenile Diabetes Fund	.00	P. Veterans Trust Fund	.00
	C. Emergency Housing	.00	J. Multiple Sclerosis Soc.	.00	Q. Protect DE's Child Fund	.00
	D. Breast Cancer Edu.	.00	K. Ovarian Cancer Fndn	.00	R. Food Bank of DE	.00
	E. Organ Donations	.00	L. <i>Intentionally left blank</i>		S. DE Hab For Humanity	.00
	F. Diabetes Education	.00	M. White Clay Creek	.00	T. B+ Childhood Cancer	.00
	G. Veterans Home	.00	N. Home of the Brave	.00	U. Combined Campaign for Justice	.00
8.	Enter the total Contribution amount here and on Form PIT-NON, Line 56				8.	.00

This page **MUST** be sent in with your Delaware return if any of the schedules (above) are completed.



**DELAWARE** 2023  
 DIVISION OF REVENUE F O R M  
 PIT-NNS  
**DELAWARE NON-RESIDENT SCHEDULES**



**DE SCHEDULE IV - W-2 AND 1099-R INFORMATION**

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
X W-2	CAPITAL ONE SERVICES LLC	541780389	DE	85947	4821	X Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse

**DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS**

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
--------------------	-----------------------	----------	-----------------------------





**DELAWARE** 2023  
 DIVISION OF REVENUE F O R M  
 PIT-NSA  
**NON-RESIDENT SCHEDULE A - ITEMIZED DEDUCTIONS**



NAME(S)

TAXPAYER ID

JASMEET KAUR

0 5 2 8 4 2 2 3 5

**MEDICAL AND DENTAL EXPENSES**

- 1. Medical and dental expenses .00
- 2. Enter amount from **Federal Form 1040**, Line 11 .00
- 3. **Multiply** Line 2 by 7.5% (0.075) .00
- 4. **Subtract** Line 3 from Line 1. If Line 3 is more than Line 1, enter 0. .00
- 5. State and Local taxes

**TAXES YOU PAID**

- a. State and Local income taxes not claimed as a credit on Form PIT-NON (see instructions) 6615 .00
- b. State and Local general sales taxes (you may include either income taxes or sales taxes, but not both). If you elect to include general sales taxes instead of income taxes, check this box. .00
- c. State and Local real estate taxes 11807 .00
- d. State and Local personal property taxes 0 .00
- e. **Add** Line 5a through Line 5d 18422 .00
- f. Enter the smaller of Line 5e or \$10,000 (\$5,000 if married filing separately) 10000 .00
- 6. Other taxes. List type and amount: .00
- 7. **Add** Line 5f and Line 6 10000 .00

**INTEREST YOU PAID**

**Caution:**  
 Your mortgage interest deduction may be limited.

- 8. Home mortgage interest and points. (If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, check this box.)
- a. Home mortgage interest and points reported to you on **Federal Form 1098** 12572 .00
- b. Home mortgage interest not reported to you on **Federal Form 1098** (If paid to the person from whom you bought the home, show that person's name, identifying no., and address.) .00

**GIFTS TO CHARITY**  
 If you made a gift and got a benefit for it, see **Federal Schedule A** instructions.

- c. Points not reported to you on **Federal Form 1098** .00
- d. Reserved for future use
- e. **Add** Line 8a through Line 8c 12572 .00
- 9. Investment interest. Attach **Federal Form 4952**. .00
- 10. **Add** Line 8e and Line 9 12572 .00

**CASUALTY AND THEFT LOSSES**

- 11. Gifts by cash or check. If you made any gift of \$250 or more, see instructions. .00
- 12. Gifts other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach **Federal Form 8283** if over \$500. .00
- 13. Carryover from prior year .00
- 14. **Add** Line 11 through Line 13 .00

**OTHER ITEMIZED DEDUCTIONS**

- 15. Casualty and Theft Loss(es) from a Federally Declared Disaster (other than net qualified disaster losses). (Attach **Federal Form 4684** and enter the amount from Line 18 of **Federal Form 4684**.) .00
- Other deductions. See list in **Federal Schedule A** instructions. List type and amount:
- 16. 0 .00

**TOTAL ITEMIZED DEDUCTIONS**

- 17. **Add** Line 4, Line 7, Line 10, Line 14, Line 15, and Line 16. 22572 .00
- Enter amount from Line 17 on Form PIT-NON, Line 31 (see instructions)
- 18. If you elect to itemize deductions even though they are less than your standard deduction, check here.

Attach this form to your Delaware State tax return.



Mail 760ES Voucher 1 To:

Commissioner of the Revenue, P.O. Box 1478, Richmond, VA 23218-1478

– Cut Here –

**2024 FORM 760ES - Voucher 1**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 05-01-24

- Check if this is a new address.  
 Check here if this is your first payment for this taxable year.

REV 01/25/24 PRO 1555

LOCALITY NO.	FOR OFFICE USE
--------------	----------------

0528422357 7621555 124052

Your Social Security Number (SSN)

052842235

JASMEET KAUR

406 S 69TH PL

RIDGEFIELD

Daytime Phone Number 646-525-1472

Spouses SSN (if filing a joint return)

WA 98642

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**120.00**

Mail 760ES Voucher 2 To:

Treasurer, P.O. Box 1478, Richmond, VA 23218-1478

– Cut Here –

**2024 FORM 760ES - Voucher 2**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 06-17-24

- Check if this is a new address.
- Check here if this is your first payment for this taxable year.

REV 01/25/24 PRO 1555

LOCALITY NO.	FOR OFFICE USE
--------------	----------------

0528422357 7621555 124060

Your Social Security Number (SSN)

052842235

JASMEET KAUR

406 S 69TH PL

RIDGEFIELD

Daytime Phone Number 646-525-1472

Spouses SSN (if filing a joint return)

WA 98642

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**120.00**

Mail 760ES Voucher 3 To:

Treasurer, P.O. Box 1478, Richmond, VA 23218-1478

– Cut Here –

**2024 FORM 760ES - Voucher 3**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 09-16-24

- Check if this is a new address.
- Check here if this is your first payment for this taxable year.

REV 01/25/24 PRO 1555

LOCALITY NO.	FOR OFFICE USE
--------------	----------------

0528422357 7621555 124095

Your Social Security Number (SSN)

052842235

JASMEET KAUR

406 S 69TH PL

RIDGEFIELD

Daytime Phone Number 646-525-1472

Spouses SSN (if filing a joint return)

WA 98642

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**120.00**

Mail 760ES Voucher 4 To:

Treasurer, P.O. Box 1478, Richmond, VA 23218-1478

– Cut Here –

**2024 FORM 760ES - Voucher 4**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 01-15-25

- Check if this is a new address.
- Check here if this is your first payment for this taxable year.

REV 01/25/24 PRO 1555

LOCALITY NO.	FOR OFFICE USE
--------------	----------------

0528422357 7621555 125016

Your Social Security Number (SSN)

052842235

JASMEET KAUR

406 S 69TH PL

RIDGEFIELD

Daytime Phone Number 646-525-1472

Spouses SSN (if filing a joint return)

WA 98642

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**120.00**

– Cut Here –

**Form 760-PMT 2023 Tax Due Return Payment Coupon**

(DOC ID 761)

**\*No Staples Please\***

Your Social Security Number

Spouse's Social Security Number

**To Be Used For Payments On Previously  
Filed 2022 Individual Income Tax Returns Only**

052842235

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

0528422357 7611555 123005

Name(s) and Address

JASMEET KAUR

406 S 69TH PL  
RIDGEFIELD

WA 98642

Amount of  
Payment

478.00

Daytime Phone Number: 646-525-1472

REV 01/25/24 PRO



JASMEET KAUR  
406 S 69TH PL  
RIDGEFIELD WA 98642

SSN - You KAUR 052842235 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	156810.	Withholding (VA) - You	19A.	2217.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	156810.	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.	4609.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	6826.
Total VA Adj Gross Income (VAGI)	9.	156810.	Tax You Owe	27.	478.
Itemized Deductions - VA Sch A	10.	24379.	Tax Overpayment	28.	
Standard Deduction	11.		Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	25309.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	131501.	Sales and Use Tax	33.	
Amount of Tax	16.	7304.	<b>Amount You Owe</b>		478.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	N	
VAGI - Spouse	17A.		<b>Your Refund</b>		
Net Amount of Tax	18.	7304.	Bank Routing #		
			Bank Account #		



Filing Status, Age & License Information

Additional Filing Information

Filing Status 1

Federal Head of Household

DOB - You 08211994

VA Driver's License ID - You

VA Driver's License - Iss. Date - You

Spouse Name (Filing Status 3 Only)

DOB - Spouse

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality

Uninsured & Authorize DMAS

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Form 760C or 760F

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Spouse 65 & Over - Spouse

Dependents Blind - You

Total (A) 1 Blind - Spouse

Total (B)

Contact Information

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 6465251472

Signature - Spouse \_\_\_\_\_ Date Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 021624 Phone - Preparer 6789659522

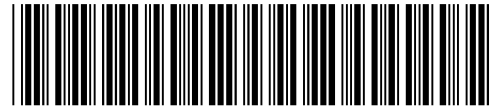
The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703 GLOBAL TAXES LLC

**File by May 1, 2024**  
Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT  
E BRUNSWICK NJ 08816

**2023 Schedule INC/CG**

052842235



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

JASMEET

KAUR

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
052842235	W	2217.	541780389	30541780389F001	42400.

Total VA Withholding	SSN	VA Withholding
You	052842235	2217.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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





052842235

**Credit Computation State 1**  
**If Claiming border state**

1. Filing Status - other state's return	1	6. Other State Abbreviation	DE
2. Person Claiming the Credit	1	7. Virginia Income Tax	7304.
3. Qualifying Taxable Income - other state	73576.	8. Income percentage	56.0
4. Virginia Taxable Income	131501.	9. Virginia Ratio of Income Tax	4090.
5. Qualifying Tax Liability - other state	4239.	10. Credit Allowed	4090.

**Credit Computation State 2**

11. Filing Status - other state's return	1	16. Other State Abbreviation	PA
12. Person Claiming the Credit	1	17. Virginia Income Tax	7304.
13. Qualifying Taxable Income - other state	16916.	18. Income percentage	12.9
14. Virginia Taxable Income	131501.	19. Virginia Ratio of Income Tax	942.
15. Qualifying Tax Liability - other state	519.	20. Credit Allowed	519.

**Credit Computation State 3**

21. Filing Status - other state's return		26. Other State Abbreviation	
22. Person Claiming the Credit		27. Virginia Income Tax	
23. Qualifying Taxable Income - other state		28. Income percentage	
24. Virginia Taxable Income		29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state		30. Credit Allowed	
		31. Total Credit Claimed	4609.

**Enclose other state tax returns when filing your Virginia tax return.**

