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.....

306.

REV 03/07/24 PRO

1555

875-65-8821 NARMADA LAVU

LO9 WALES AVE APT 3
JERSEY CITY NJ 07306

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....

306.

REV 03/07/24 PRO

1555

875-65-8821 NARMADA LAVU

LO9 WALES AVE APT 3
JERSEY CITY NJ 07306

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.....

306.

REV 03/07/24 PRO

1555

875-65-8821 NARMADA LAVU

LO9 WALES AVE APT 3
JERSEY CITY NJ 07306

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.....

306.

REV 03/07/24 PRO

1555

875-65-8821 NARMADA LAVU

LO9 WALES AVE APT 3
JERSEY CITY NJ 07306

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

The state of the s						
Submission Identification Number	r (SID)					
Taxpayer's name			Social secu	ity numbe	er	
NARMADA LAVU			875-65	5-8821		
Spouse's name			Spouse's social security number			
Double Toy Dollary Inform	ation Toy Voor Ending Do	20mber 21 000	C /Enter veer vee	oro outl	horizina '	<u> </u>
	nation — Tax Year Ending De	cember 31, 202.	3 (Enter year you	are auti	norizing.)
Enter whole dollars only on lines	e 4 only. Leave lines 1, 2, 3, and 5	Shlank				
				111	93	,560.
, ,				2		,847.
	ld from Form(s) W-2 and Form(s) 1			3		,909.
4 Amount you want refunded				4		62.
•				5		02.
Part II Taxpayer Declara	tion and Signature Authoriza	tion (Be sure you g	et and keep a co	by of yo	our retu	rn)
my knowledge and belief, it is true, or return (original or amended) I am now to send my return to the IRS and to refor any delay in processing the return Agent to initiate an ACH electronic fur payment of my federal taxes owed or authorization is to remain in full force payment, I must contact the U.S. To business days prior to the payment (staxes to receive confidential informatics).	hat I have examined a copy of the inco- correct, and complete. I further declar authorizing. I consent to allow my into eceive from the IRS (a) an acknowled or refund, and (c) the date of any refunds withdrawal (direct debit) entry to the inthis return and/or a payment of estime e and effect until I notify the U.S. Tre- reasury Financial Agent at 1-888-35- settlement) date. I also authorize the fution necessary to answer inquiries a below is my signature for the income of	are that the amounts in P rermediate service provide gement of receipt or reas and. If applicable, I authous the financial institution ac nated tax, and the financial easury Financial Agent to 3-4537. Payment cancell inancial institutions involved and resolve issues related	art I above are the aner, transmitter, or elect on for rejection of the rize the U.S. Treasury count indicated in the al institution to debit the terminate the authorization requests must be the terminate the processing of the terminate. I further the payment. I further the same are the terminate the processing of the terminate the processing of the terminate the	nounts from the round of the received the re	om the incurrence on the incurrence of the control	come tax tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box	only		Γ			
■ I authorize GLOBAL		to enter or o	enerate my PIN	8 8	2 1	as my
-	ERO firm name tax return (original or amended) I		Ě	nter five d on't enter		,
	y signature on the income tax retu own PIN and your return is filed u					
Your signature ▶			Date ▶			
Spouse's PIN: check one box or	nlv		_			
I authorize	,	to enter or o	enerate my PIN			as my
	ERO firm name			nter five d	ligits, but	ao my
signature on the income	tax return (original or amended) I	am now authorizing.	d	on't enter	all zeros	
	y signature on the income tax retu own PIN and your return is filed u					
Spouse's signature ▶		[Date ►			
-	Practitioner PIN Method Re	turns Only—continu	e below			
Part III Certification and	Authentication — Practitione	r PIN Method Only				
ERO's EFIN/PIN. Enter your six-o	digit EFIN followed by your five-dig	git self-selected PIN.	2 2 2 4 9 Don't er	6 0 oter all zer	8 2 7	1
authorized to file for tax year indicate	r is my PIN, which is my signature for ed above for the taxpayer(s) indicate nethod and Pub. 1345, Handbook for	d above. I confirm that I	income tax return (origam submitting this re	ginal or a	mended) I	
ERO's signature ▶			Date ►			
	ERO Must Retain This F					
Do	n't Submit This Form to the I	RS Unless Request	ed To Do So			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20		See se	parate inst	tructions.
Your first name	and mi	iddle initial	Last na	ame					١.	Your so	cial securit	y number
NARMADA			LAVU	J						875	65 8	821
	pouse's	s first name and middle initial	Last na	ame					:			curity number
										086	25 8	017
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Α	pt. no.				on Campaign
109 WALE	ES AV	УE					3			Check I	here if you,	or your
		ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP cc	de			٠,	itly, want \$3
JERSEY (CITY				NJ	Г	073	06			o this fund. ow will not	Checking a
Foreign country				Foreign province/state/o	count	у	Foreig	n postal c			k or refund.	0
											You	Spouse
Filing Status	, [Single				Head of ho	ouseho	old (HOI	- 1)			
Check only		Married filing jointly (even if only or	ne had	income)				•				
one box.	X	Married filing separately (MFS)				☐ Qualifying	surviv	ing spoi	use (C	QSS)		
	If y	ou checked the MFS box, enter the	name (of your spouse. If you	ı che						ld's name	if the
	qu	alifying person is a child but not you	ır depei	ndent: RAJESH E	CVUE	RI						
<u> </u>	^+	time a divisio - 0000 did (a)	-: /						\ /I	-\ !!		
Digital Assets		ny time during 2023, did you: (a) rece lange, or otherwise dispose of a digi									Yes	⊠ No
				_ <u>`</u>		<u>-</u>	:): (36	e iiisiiu	CHOIR	o.)		
Standard		eone can claim: You as a de		•		•						
Deduction	<u>`</u>	Spouse itemizes on a separate return	n or you	u were a dual-status a	allen							
Age/Blindness	You:	Were born before January 2, 1	959 [Are blind Spo	ouse:	: Was bor	n befo	re Janu	ary 2,	1959	ls bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4)	Check t	he bo	x if quali	fies for (see	instructions):
If more	(1) Fi	irst name Last name		number		to you		Child t	ax cre	dit	Credit for oth	her dependents
than four											[
dependents, see instructions											[
and check	· 							j				
here											[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)						1a	, 9	93,560.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2						1b	,	
W-2 here. Also	С	Tip income not reported on line 1a	(see in	structions)						1c	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see in	nstru	ctions)				1d	1	
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26 .						1e	,	
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1 g	<u> </u>	
get a Form W-2, see	h	Other earned income (see instruction	ons)				· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1</u> i						
	z	Add lines 1a through 1h								1z		93,560.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2 b	1	
if required.	<u>3a</u>	Qualified dividends	3a		b 0	rdinary divider	nds .			3b)	
Standard	4a	IRA distributions	4a			axable amount				4b)	
Deduction for—	5a		5a			axable amount				5b)	
Single or	6a	,	6a			axable amount	t			6b)	
Married filing separately,	С	If you elect to use the lump-sum e		,	`	,			. <u>L</u>			
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	ıired,	, check here			. L	7		
jointly or	8	Additional income from Schedule	-							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	ome	9				9		93,560.
\$27,700 • Head of	10	Adjustments to income from Sche								10		
household,	11	Subtract line 10 from line 9. This is	•	-						11		93,560.
\$20,800 If you checked T	12	Standard deduction or itemized								12	:	13,850.
any box under Standard	13	Qualified business income deducti	on fron	n Form 8995 or Form	899	5-A				13		
Deduction,	14	Add lines 12 and 13								14		13 , 850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is ye	our t	axable incom	ie .			15	, -	79,710.

Form 1040 (2023	3)						F	Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16 12,8	47.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					12,8	47.
	19	Child tax credit or credit for other dependen	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8				<u> </u>	20	
	21	Add lines 19 and 20				:	21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				12,8	47.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21		:	23	0.
	24	Add lines 22 and 23. This is your total tax					12,8	47.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 12	,909.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				2	25d 12,9	09.
If you have a	26	2023 estimated tax payments and amount a	applied from 20)22 return		:	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			27			
attach Sch. ElC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 8863	3, 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	r total other pa	ayments and refu	ındable credits	;	32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments			;	12,9	09.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	;	34	62.
	35a	Amount of line 34 you want refunded to you		is attached, chec	ck here	. 🗌 🛭	85a	62.
Direct deposit?	b	Routing number 0 2 1 2 0 2 3		c Type:	Checking S	Savings		
See instructions.	d	Account number 7 5 6 8 5 0 3	2 2					
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to www.irs.go	•				37	
rou owe	38	Estimated tax penalty (see instructions) .	-		38) 	
Third Party	Do	you want to allow another person to dis-	cuss this retu	rn with the IRS?	See			
Designee		tructions				mplete belo		
	De na	signee's ne	Phone no.			nal identifica er (PIN)	tion	
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation		If the IR	S sent you an Identit	ty
		-					on PIN, enter it here	
Joint return?				SOFTWARE E		(see inst	<u> </u>	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on		S sent your spouse a Protection PIN, enter i.)	
	Ph	one no. (518) 486-0397	Email address	NMD.LAVU@C	GMAIL.COM			
Doid	Pre	parer's name Preparer's signa	ture		Date	PTIN	Check if:	
Paid	_SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY	A RAM SAG	GAR GUPTA	03/21/2024	P020827	03 Self-emplo	oyed
Preparer Use Only	Fin	m's name GLOBAL TAXES LLC			<u> </u>	Phone n	io. (678) 965-9	 3522
Use Only	Fin	n's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm's E	in	
Go to www irs a	ov/Form	21040 for instructions and the latest information		DAA	DEV 02/07/24 DDO		Form 104	0 (2023)



Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals.

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- Name Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, John O. Smith). Your name must agree with the name on your New York State income tax return.

- Foreign addresses Enter the information in the following order: city, province or state, and then country (all in the City, village, or post office box). Follow the country's practice for entering the postal code. Do not abbreviate the country name.
- Married taxpayers Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
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Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149 Personal Income Tax Information Center: 518-457-5181 518-457-5431 To order forms and publications: Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

REV 01/17/24 PRO IT-2105



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2024; June 17, 2024; September 16, 2024; and January 15, 2025. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and 2024 IT-2105 on your payment. Make payable t Tax. Mail youcher and payment to: NYS Estimated Income Tax. Processing Center. PO Box 4122. Binghamton NY 13902-4122

Full SSN or taxpayer ID number	Enter your 2-character special				
875658821	condition code if applicable (see				
Taxpayer's first name and middle initial	Taxpayer's la	st name			
NARMADA	LAVU				
Mailing address (number and street or PO Box; see instructions)	•		Apartment number		
109 WALES AVE			3		
City, village, or post office		State	ZIP code		
JERSEY CITY		NJ	07306		
Taxpayer's email address					
NMD.LAVU@GMAIL.COM					

Estimated	tax	amounts
Dollars		

o NYS Income	Dollars	Cents
New York State	108	. 00
New York City		. 00
Yonkers		. 00
MCTMT		. 00
otal payment	108	. 00



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Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

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■ Detach (cut) here

REV 01/17/24 PRO

IT-2105



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

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Full SSN or taxpayer ID number	Enter your 2-character special		
875658821	condition code if applicable (see		
Taxpayer's first name and middle initial	Taxpayer's la	st name	
NARMADA	LAVU		
Mailing address (number and street or PO Box; see instructions)	•		Apartment number
109 WALES AVE			3
City, village, or post office		State	ZIP code
JERSEY CITY		NJ	07306
Taxpayer's email address			
NMD.LAVU@GMAIL.COM			

Estima	ted	tax	amounts

to NYS Income	Dollars	Cents
New York State	107	. 00
New York City		. 00
Yonkers		. 00
MCTMT		. 00
Total payment	107	. 00



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■ Detach (cut) here

REV 01/17/24 PRO

IT-2105



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

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Full SSN or taxpayer ID number	Enter your 2-character special		
875658821	condition code if applicable (see		
Taxpayer's first name and middle initial	Taxpayer's la	st name	
NARMADA	LAVU		
Mailing address (number and street or PO Box; see instructions)	•		Apartment number
109 WALES AVE			3
City, village, or post office		State	ZIP code
JERSEY CITY		NJ	07306
Taxpayer's email address			
NMD.LAVU@GMAIL.COM			

Estima	ted	tax	amounts

to NYS Income	Dollars	Cents
New York State	107	. 00
New York City		. 00
Yonkers		. 00
MCTMT		. 00
Total payment	107	. 00



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 office box). Follow the country's practice for entering the postal code.
 Do not abbreviate the country name.
- Married taxpayers Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- All filers must be sure to separately enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is no amount to be entered for one or more lines, leave them blank

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

Need help?



Visit our website at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

■ Detach (cut) here

REV 01/17/24 PRO

IT-2105



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

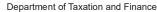
New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2024; June 17, 2024; September 16, 2024; and January 15, 2025. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and 2024 IT-2105 on your payment. Make payable to NYS Income Tax. Mail voucher and payment to: NYS Estimated Income Tax. Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number	Enter your 2-character special					
875658821	condition code if applicable					
Taxpayer's first name and middle initial	Taxpayer's last name					
NARMADA	LAVU					
Mailing address (number and street or PO Box; see instructions)	•		Apartment number			
109 WALES AVE			3			
City, village, or post office		State	ZIP code			
JERSEY CITY		NJ	07306			
Taxpayer's email address						
NMD.LAVU@GMAIL.COM						

Estima	ted	tax	amounts

to NYS Income	Dollars	Cents
New York State	107	. 00
New York City		. 00
Yonkers		. 00
MCTMT		. 00
Total payment	107	. 00





New York State E-File Signature Authorization for Tax Year 2023 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name (jointly filed return only)
NARMADA LAVU	

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105.

Part A - Tax return information

1	Federal adjusted gross income (from applicable line)	1.		93560.
2	Refund	2.		28.
3	Amount you owe	3.		
4	Financial institution routing number	4.	021202337	
5	Financial institution account number	5.	756850322	
_	Assessment to make the Development of Development o			

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA	Date 03212024

23



Department of Taxation and Finance

Nonresident and Part-Year Resident

IT-203

Income Tax Return New York State • New York City • Yonkers • MCTMT For the year January 1, 2023, through December 31, 2023, or fiscal year beginning

or help completing your re	turn, see the instru	ctions. Form IT-2	03-I.	and ending					
Your first name and middle initial	Your last name (for a joint re			You	r date of birth (mmdd	lyyyy)	Your Soci	ial Security nu	mber
NARMADA	LAVU				06031993	3	875658821		
Spouse's first name and middle initial	Spouse's last name			Spc	use's date of birth (mr.	nddyyyy)	Spouse's Social Security number		
								0862580	17
Mailing address (see instructions) (nu	imber and street or PO Box)			Apartment number			New York	State county	of residence
109 WALES AVE					3		NR		
City, village, or post office	State	ZIP code	Country				School dis	strict name	
JERSEY CITY	NJ	07306	UNITED	SI	TATES		NR		
Taxpayer's permanent home addre	SS (see instructions) (no. and s	treet or rural route)	Apartment no.		City, village, or po	ost office		School district code number	
State ZIP code C	ountry				Decedent	Taxpayer		eath Spouse	s date of dea
					information				
A Filing			D2	i	oid you or your spoon Or Yonkers for any Fixes:				□ No [
(mark an ② Married (enter bo	filing joint return th spouses' Social Security r	numbers above)			lumber of month	hs you li	ived in Yo	onkers in 202	23
box): 3 Married (enter box)	filing separate return th spouses' Social Security n	umbers above)			lumber of months	your sp	ouse lived	in Yonkers in	2023
	f household <i>(with qualifyi</i> i	ng person)		٠,	oid you or your spoot living in Yonker				No [
⑤ Qualifyi B Did you itemize your deduct	ing surviving spouse		_		York City part x, Brooklyn, Ma	-		• (
federal income tax return?		Yes No No	_	(1) Number of months you lived in NY City in 2023					
C Can you be claimed as a de taxpayer's federal return?		Yes No X		(2) Number of months your spouse lived in NY City in 2023					
Did you have a financial according foreign country?		Yes No No	`		er your 2-charac e(s) if applicabl	-			
			G	New	York State par	rt-year r	residents		
					er the date you n ut of NYS <i>(mmda</i>				
					he last day of th .ived in NYS	,	,		´ I
					ived outside NY IYS sources du				
				,	ived outside NY IYS sources du				
Dependent information				livin	you or your spou g quarters in NY s, complete Form	'S in 202	23?	Yes	No [
First name and middle initial	Last name	Relation	onship		Social Securi	ity numb	per	Date of bir	th (mmddyyyy)
			· · ·			•			
				L					
							_		
f more than 6 dependents, mark a	an X in the box.								
203001233555		For office use o	and to						



REV 01/17/24 PRO

875658821

Fe	deral income and adjustments		Federal amount Whole dollars only		New York State amount Whole dollars only
1	Wages, salaries, tips, etc.	1	93560.00	1	93560.00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.0
4	Taxable refunds, credits, or offsets of state and local				
	income taxes (also enter on line 24)	4	.00	4	.0
5	Alimony received	5	.00	5	.0
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.0
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.0
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.0
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	.0
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.0
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.0
12	Rental real estate included				
	in line 11 (federal amount) 12.				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.0
14	Unemployment compensation	14	.00	14	.0
	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.0
16	Other income Identify:	16	.00	16	.0
17	Add lines 1 through 11 and 13 through 16	17	93560.00	17	93560.0
18	Total federal adjustments to income				
	ldentify:	18	.00	18	.0
19	Federal adjusted gross income (subtract line 18 from line 17)	19	93560 .00	19	93560 .0
Ve	w York additions				
20	Interest income on state and local bonds and obligations				
	(but not those of New York State or its localities)	20	.00.	20	.0
21	Public employee 414(h) retirement contributions	21	.00	21	.0
22	Other (Form IT-225, line 9)	22	.00	22	.0
23	Add lines 19 through 22	23	93560 .00	23	93560 . 0
le	w York subtractions				
24	Taxable refunds, credits, or offsets of state and	24	00	24	
) E	local income taxes (from line 4)	24	.00	24	.0
25	Pensions of NYS and local governments and the	25	00	25	
20	federal government	25	.00	25	.0
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.0
27	Interest income on U.S. government bonds Pension and annuity income exclusion	27	.00	27	.0
28	•	28	.00	28	.0
29	Other (Form IT-225, line 18)	29	.00	29	.0
30	Add lines 24 through 29	30	.00	30	.0
31	New York adjusted gross income (subtract line 30 from line 23)	31	93560.00	31	93560.0
	Enter the amount from line 31, <i>Federal amount</i> column			32	93560.0





4566.00

Name(s) as shown on page 1	E	nter your Social Security number		IT-203 (2023) Page 3 of 4
NARMADA LAVU		875658821		REV 01/17/24 PRO
Standard deduction or itemized deduction				
33 Enter your standard deduction or your ite		·		
· · · · · · · · · · · · · · · · · · ·		ndard – or – 🔲 Itemi:		8000.00
34 Subtract line 33 from line 32 (if line 33 is mo		*		85560.00
35 Dependent exemptions (enter the number of				000.00
36 New York taxable income (subtract line 35	trom line 34)		<u> </u>	85560.00
Tax computation, credits, and other taxes				
37 New York taxable income (from line 36)			3	85560.00
38 New York State tax on line 37 amount			3	4566.00
39 New York State household credit			3	.00
40 Subtract line 39 from line 38 (if line 39 is more	than line 38, leave blan	k)	4	4566.00
41 New York State child and dependent care cr	edit		4	.00
42 Subtract line 41 from line 40 (if line 41 is more	than line 40, leave blan	k) <u></u>	4	4566.00
43 New York State earned income credit				.00
44 Base tax (subtract line 43 from line 42; if line 43	is more than line 42, lea	ve blank)	4	4566.00
4.				December 2016 to 4 decimal along
45 Income New York State amount percentage		deral amount from line 31	– –	Round result to 4 decimal places
porosinage	93560 .00] ÷	93560 .00	-	1.0000
46 Allocated New York State tax (multiply line 44	hy the decimal on line 4	5)		4566.00
47 New York State nonrefundable credits (Form				17 .00
48 Subtract line 47 from line 46 (if line 47 is more			·····	4566.00
49 Net other New York State taxes (Form IT-203-		•		19 .00
50 Total New York State taxes (add lines 48 and	,			4566.00
New York City and Yonkers taxes, credits, ar	nd surcharges, and N	ICTMT		
			00	
51 Part-year New York City resident tax (Form52 Part-year resident nonrefundable New York			.00	See instructions to compute New York City and Yonkers
child and dependent care credit			00	taxes, credits, and
52a Subtract line 52 from 51			.00	surcharges.
52b MCTMT net earnings	32a		•00	•
base for Zone 1 52b	.00			
52c MCTMT net earnings	.00			
base for Zone 2 52c	.00			
52d MCTMT for Zone 1			.00	
52e MCTMT for Zone 2			.00	See instructions to compute
52f Total MCTMT (add lines 52d and 52e)			.00	the MCTMT for each zone.
53 Yonkers nonresident earnings tax (Form Y-2			.00	
54 Part-year Yonkers resident income tax sure				
(Form IT-360.1)			.00	
55 Total New York City and Yonkers taxes / sur		(add lines 52a, and 52f through	_	.00
-	-	· ·		
56 Sales or use tax (Do not leave blank.)			5	0.00





57

57 Voluntary contributions (Form IT-227, Part 2, line 1)

58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,

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59	Enter amount from line 58					59		4566.00	
Do	yments and refundable credits								
Га	yments and refundable credits					_			
60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60			.00		If applicable, complete		
60a	NYC school tax credit (rate reduction amount)	60a			.00	1		-2 and/or IT-1099-R them with your	
61	Other refundable credits (Form IT-203-ATT, line 17)	61			.00	1	return.	tillelli witti yoti	
62		62			4594.00	1	Do not sei	ad fadaral	
63		63			.00	1		with your return.	
64		64			.00	1	1 01111 11-2	with your return.	
65		65			.00	+			
	Total payments and refundable credits (add lines 60 thro	$\overline{}$	5)			66		4594.00	
$\overline{}$		g c	-,						
Yo	ur refund, amount you owe, and account information								
67	Amount overpaid (if line 66 is more than line 59, subtract line	e 59 fr	om line 66) .			67		28.00	
68	Amount of line 67 available for refund (subtract line 69 from	n line	67)			68		28.00	
	TIP: Use this amount to check your refund status online.								
68a	Amount of line 68 that you want to deposit into a NYS 529 account	(Form	IT-195, line 4)	(also subm	it Form IT-195)	68a		.00	
	Total refund after NYS 529 account deposit (subtract line 68					68b		28.00	
	direct denosit to	che	rking or		paper				
	Mark one refund choice: X savings account	(fill in	line 73) - 0	or -	check			irect deposit is the	
69	Amount of line 67 that you want applied to your 2024	•	,				easiest, ras	stest way to get your	
	estimated tax (see instructions)	69			.00				
70	Amount you owe (if line 66 is less than line 59, subtract line 66	$\overline{}$	line 59). To	pav bv		-	options.	ctions for payment	
	funds withdrawal, mark an X in the box and fill in li						options.		
	or money order you must complete Form IT-201-V and					70		.00	
71	Estimated tax penalty (include this amount on line 70,								
	or reduce the overpayment on line 67)	71			.00			ctions for the	
72	Other penalties and interest				.00	1		sembly of your	
	Account information for direct deposit or electronic funds v		awal		100	J	return.		
. •	If the funds for your payment (or refund) would come from (unt outei	da tha II S	marl	k an Y in thi	s hov	
	in the failed for your payment (or retaile) would come from (oi go	to) an acco	unit outsi	de trie 0.0.,	man	X an A in un	3 DOX	
	73a Account type: X Personal checking - or - Personal checking			_	Business ch		[Dualina a a a suin na	
	73a Account type: Personal checking - or - Personal checking	sonai	savings - o	or	Business cr	тескіг	ng - or - L	Business savings	
	73h Pouting number 021202337 736					756	5850322		
	73b Routing number 021202337 73c	: Acc	ount number						
74	Electronic funds withdrawal	Date			Amour	nt		.00	
, ,	LICOTOTIC INTIO WITHING WATER	Date			7111001			100	
	Third-party Print designee's name		Desi	gnee's ph	one number			Personal identification number (PIN)	
des	signee? (see instr.)		()				number (i iiv)	
Ye	s No X Email:								
V	Paid preparer must complete ▼ Preparer's NYTPRIN	/TPRIN			▼ Taxpa	work	s) must sig	ın horo w	
	See matractions)	cl. cod	e 0 9		<u> </u>	iyei (s) illust sig	JII IIEIE V	
	parer's signature Preparer's printed name AM PRIYA RAM SAGAR GUP SYAM PRIYA RAM	SACI	AR GIIP	Your sig	nature				
	's name (or yours, if self-employed) Preparer's PT			Your occ	upation				
GL	OBAL TAXES LLC P02	0827	03		WARE ENG				
Add	ress Employer iden	ntificatio	on number	Spouse's	s signature and	occup	oation <i>(if joint r</i>	eturn)	
24	5 ROONEY CT	ate		Date			Davtime nh	one number	
1 77	DDINGNICK NI 00016		12024	1 ~			1/ 510 \ /	96 0207	

See instructions for where to mail your return.

Email: NMD.LAVU@GMAIL.COM





Email:





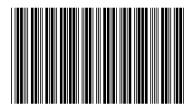
Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate to			Employer's information	n						
W-2 Record 1			yer's name							
Box a Employee's Social Security nu or this W-2 Record	mber		INK SOLUTION							
			yer's address (number a							
875658821	(EIN I)		HERNDON PRE	KWY =	#330	I a	1710			
Box b Employer identification number	(EIN)	City				State	ZIP code	- '	Country	
043718440		HER	NDON			VA	20170			
3ox 1 Wages, tips, other compensation	n E	30x 12a /	Amount		Code	Во	x 14a Amount			Description
93560.00] [.00					31.00	NY SDI
3ox 8 Allocated tips		30x 12b /	Amount		Code	Во	x 14b Amount			Description
.00				.00				3	99.00	NY PFL
Box 10 Dependent care benefits	Е	30x 12c A	mount		Code	Во	x 14c Amount			Description
.00] Γ			.00					.00	
3ox 11 Nonqualified plans	E	3ox 12d /	Amount		Code	Во	x 14d Amount			Description
.00] [.00					.00	
		ent plan	Third-party sid		etc.	Вох	17a NYS income t	ax withh	eld	Corrected (W-2c)
IY State information: Box 15 NY Sta		NIY		93!	560.00			459	4.00	
			Box 16b Other state				17b Other state inco			
Other state information: Box 15 other st		NJ		93	560.00				5.00	
NYC and Yonkers nformation (see instr.):	Box 18	3 Local wa	ages, tips, etc.	Loc	Box	x 19 Loca	al income tax withh	eld	Locality a	Box 20 Locality name
Locality a Locality b Do not detact	1.		.00		ality b			.00	Locality b	
Do not detach N-2 Record 2 Sox a Employee's Social Security nu		Emplo		n	ality b				•	
Do not detach N-2 Record 2 Sox a Employee's Social Security number this W-2 Record	mber	Emplo	Employer's information	n	ality b			.00	Locality b	
Do not detach N-2 Record 2 sox a Employee's Social Security number this W-2 Record	mber	Emplo	Employer's information	n	ality b	State	ZIP code	.00	•	
Do not detach N-2 Record 2 Sox a Employee's Social Security number this W-2 Record Sox b Employer identification number	(EIN)	Emplo	Employer's information yer's name yer's address (number s	n	ality b		ZIP code	.00	Locality b	Description
Do not detach N-2 Record 2 Sox a Employee's Social Security number this W-2 Record Sox b Employer identification number thought the social Security number the sox 1 Wages, tips, other compensations.	(EIN)	Emplo: City	Employer's information yer's name yer's address (number s	n and stree	ality b			.00	Locality b	
Do not detach N-2 Record 2 Sox a Employee's Social Security number this W-2 Record Sox b Employer identification number Sox 1 Wages, tips, other compensation.	(EIN)	Emplo: City	Employer's information yer's name yer's address (number and address)	n	ality b	Во		.00	Locality b	Description
Do not detach N-2 Record 2 Sox a Employee's Social Security number this W-2 Record Sox b Employer identification number Sox 1 Wages, tips, other compensation .00 Sox 8 Allocated tips	(EIN)	Emplo	Employer's information yer's name yer's address (number and address)	and stree	ality b	Во	x 14a Amount	.00	Locality b Country	
Do not detach N-2 Record 2 Sox a Employee's Social Security number this W-2 Record Sox b Employer identification number Sox 1 Wages, tips, other compensation .00 Sox 8 Allocated tips .00	(EIN) on E E	Emplo City Sox 12a A	Employer's information yer's name yer's address (number of	n and stree	Code	Bo	x 14a Amount x 14b Amount	.00	Locality b	Description Description
Do not detach N-2 Record 2 Sox a Employee's Social Security number this W-2 Record Box b Employer identification number Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits	(EIN)	Emplo	Employer's information yer's name yer's address (number of	and stree	ality b	Bo	x 14a Amount	.00	Country .00	Description
Do not detach N-2 Record 2 Sox a Employee's Social Security number this W-2 Record Sox b Employer identification number Sox 1 Wages, tips, other compensation .00 Sox 8 Allocated tips .00 Sox 10 Dependent care benefits .00	(EIN) on E E E	Emplo City Box 12a A Box 12b A	Employer's information yer's name yer's address (number and address) Amount Amount	and stree	Code Code Code	Bo Bo	x 14a Amount x 14b Amount x 14c Amount	.00	Locality b Country	Description Description Description
Do not detach N-2 Record 2 Sox a Employee's Social Security number of this W-2 Record Sox b Employer identification number Sox 1 Wages, tips, other compensation .00 Sox 8 Allocated tips .00 Sox 10 Dependent care benefits .00 Sox 11 Nonqualified plans	(EIN) on E E E E E E E E E E E E E	Emplo City Sox 12a A	Employer's information yer's name yer's address (number and address) Amount Amount	.00	Code	Bo Bo	x 14a Amount x 14b Amount	.00	Country .00 .00	Description Description
Do not detach N-2 Record 2 ox a Employee's Social Security number ox 1 Wages, tips, other compensation ox 8 Allocated tips .00 ox 10 Dependent care benefits	(EIN) on E E E E E E E E E E E E E	Emplo City Box 12a A Box 12b A	Employer's information yer's name yer's address (number and address) Amount Amount	and stree	Code Code Code	Bo Bo	x 14a Amount x 14b Amount x 14c Amount	.00	Country .00	Description Description Description
Do not detach N-2 Record 2 ox a Employee's Social Security number ox b Employer identification number ox 1 Wages, tips, other compensation ox 8 Allocated tips ox 10 Dependent care benefits ox 11 Nonqualified plans ox 13 Statutory employee for the content of the compensation of th	(EIN) on E E E E Retirem	Emplo City Box 12a A Box 12b A	Employer's information yer's name yer's address (number and address) Amount Amount	.00 .00 .00 .00	Code Code Code	Bo Bo Bo	x 14a Amount x 14b Amount x 14c Amount	.00	Locality b Country .00 .00 .00	Description Description Description
Do not detach N-2 Record 2 Fox a Employee's Social Security number of this W-2 Record Fox b Employer identification number of this W-2 Record Fox 1 Wages, tips, other compensation of the compensation of	(EIN) on E E E Retirem	Employ City Box 12a A Box 12b A Box 12c A	Employer's information yer's name yer's address (number and address) Amount Amount Third-party sides	.00 .00 .00 .00	Code Code Code	Bo Bo Bo	x 14a Amount x 14b Amount x 14c Amount x 14d Amount	.00	Locality b Country .00 .00 .00	Description Description Description Description
Do not detach N-2 Record 2 Sox a Employee's Social Security number this W-2 Record Box b Employer identification number Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Box 15 NY State	(EIN) on E E Retirem a te	Employ City Sox 12a A Box 12b A Box 12c A Box 12d A	Employer's information yer's name yer's address (number and address) Amount Amount Third-party sides	.00 .00 .00 .ck pay	Code Code Code Code Code Code Code	Bo Bo Box Box	x 14a Amount x 14b Amount x 14c Amount x 14d Amount	.00	Locality b Country .00 .00 .00 .00 eld .00	Description Description Description Description
Do not detach N-2 Record 2 Sox a Employee's Social Security number of this W-2 Record Sox b Employer identification number Sox 1 Wages, tips, other compensation of the social Security number Sox 1 Wages, tips, other compensation of the social Security number Sox 1 Wages, tips, other compensation of the social Security number Sox 1 Wages, tips, other compensation of the social Security number Sox 1 Wages, tips, other compensation of the social security number of the social S	(EIN) on E E Retirem da te b cate	Employ City Box 12a A Box 12b A Box 12c A Box 12d A	Employer's information yer's name yer's address (number and address) Amount Amount Third-party sid Box 16a NYS wages	.00 .00 .00 .ck pay	Code Code Code Code Code Code Code Code	Bo Bo Bo Box Box	x 14a Amount x 14b Amount x 14c Amount x 14d Amount	.00	Locality b Country .00 .00 .00 .00 .uthheld	Description Description Description Description
Do not detach N-2 Record 2 Box a Employee's Social Security number this W-2 Record Box b Employer identification number Box 1 Wages, tips, other compensation Box 3 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Box 15 NY State information: Box 15 Other state information:	(EIN) on E E Retirem da te b cate	Employ City Box 12a A Box 12b A Box 12c A Box 12d A	Employer's information yer's name yer's address (number a lambda	.00 .00 .00 ck pay	Code Code Code Code Code Code Code Code	Bo Bo Bo Box Box	x 14a Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS income t	.00	Locality b Country .00 .00 .00 .00 .00 vithheld .00	Description Description Description Corrected (W-2c) Box 20 Locality name
Do not detach W-2 Record 2 Box a Employee's Social Security number of this W-2 Record Box b Employer identification number Box 1 Wages, tips, other compensation of this was a Allocated tips Box 10 Dependent care benefits Box 11 Nonqualified plans Box 13 Statutory employee NY State information: Box 15 NY State Detaction of the plans	(EIN) on E E Retirem da te b cate	Employ City Box 12a A Box 12b A Box 12c A Box 12d A	Employer's information yer's name yer's address (number a second part of the second part	.00 .00 .00 .00 .tk pay s, tips, e	Code Code Code Code Code Code Code Code	Bo Bo Bo Box Box	x 14a Amount x 14b Amount x 14c Amount x 14d Amount 17a NYS income t	.00	Locality b Country .00 .00 .00 .00 .uthheld	Description Description Description Corrected (W-2c) Box 20 Locality name







2023 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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040MP01230

Your Social Security Number (required) 875658821

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

LAVU NARMADA

Spouse's/CU Partner's SSN (if filing jointly) $0\,8\,6\,2\,5\,8\,0\,1\,7$

 $\begin{array}{c} \text{County/Municipality Code (See Table page 50)} \\ 1212 \end{array}$

City, Town, Post Office State ZIP Code JERSEY CITY NJ 07306

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?

You
Yes
No
If joint return, does your spouse want to designate \$1?

Spouse/CU Partner
Yes
No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)
dd2. Account type (C for checking, S for savings)

dd2. C

Note: This does not reduce your refund or increase your balance due.

dd3.Fill in the checkbox if the direct deposit is going to an account outside the United Statesdd3.dd4.Routing numberdd4.021202337dd5.Account numberdd5.756850322



NJ-1040 2023

Name(s) as shown on Form NJ-1040 LAVU NARMADA

Your Social Security Number 875658821

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Part-year residents, provide months/days you were a New Jersey resident during 2023:				ent during 2023:	Fiscal year filers only:					
Fron	1:	To:				Enter mor	nth of your	year end	2	024
	g Status only one.									
1.	Single									
2.	Married/0	CU Couple, filing joint retu	rn							
3.	X Married/0	CU Partner, filing separate	return			086258017				
4.	Head of I	Household				Enter spouse's/CU partner	er's SSN			
5.	Qualifyir	ng Widow(er)/Surviving CU	J Partner							
	Indicate t	he year of your spouse's/C	U partner's death:	2021	2022					
	mptions the ovals that apply.	You must enter a total in the bo	oxes to the right and co	mplete the calculation.						
6.	Regular	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000	
7.	Senior 65+ (Born	in 1958 or earlier)	Self	Spouse/CU Partner				x \$1,000 =		
8.	Blind/Disabled		Self	Spouse/CU Partner				x \$1,000 =		
9.	Veteran		Self	Spouse/CU Partner				x \$6,000 =		
10.	Qualified Depend	lent Children						x \$1,500 =		
11.	Other Dependent	s						x \$1,500 =		
12.	Dependents Atter	nding Colleges (See instruc	tions)					x \$1,000 =		
13.	Total Exemption	Amount (Add totals from t	he lines at 6 through	h 12)				13.	1000	•
14.	Dependent Inform	nation. Provide the followi	ng information for	each dependent.						
	Last Name, First	Name, Middle Initial				Social Security Number		Birth Year	No	Health Insurance
a.										
b.										
c.										
d.										



Your Social Security Number 875658821

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	93560 .	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.		
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		
24.	Net gambling winnings (See instructions)	24.		
25.	Alimony and separate maintenance payments received	25.		
26.	Other (Enclose documents) (See instructions)	26.		
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	93560 .	
28a.	Pension/Retirement Exclusion (See instructions)	28a.		
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	93560 .	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .	
31.	Medical Expenses (See Worksheet F and instructions)	31.		
32.	Alimony and separate maintenance payments (See instructions)	32.		
33.	Qualified Conservation Contribution	33.		
34.	Health Enterprise Zone Deduction	34.		
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		
37a.	NJBEST Deduction	37a.		_
37b.	NJCLASS Deduction	37b.		
37c.	NJ Higher Ed. Tuition Deduction	37c.		_
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	
39.	Taxable Income (Subtract line 38 from line 29)	39.	92560	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	720	_
40b.	Indicate your residency status during 2023 (fill in only one) Homeowner Tenant	Both	720	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.		_
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	92560	_
43.	Tax on amount on line 42 (Tax Table page 52)	43.	3771 .	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	3771 .	•
	Enter Code	• • •	32	
45.	Balance of Tax (Subtract line 44 from line 43)	45.	0 .	
46.	Sheltered Workshop Tax Credit	46.	•	•
47.	Gold Star Family Counseling Credit (See instructions)	47.	•	•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	•	•
49.	Total Credits (Add lines 46 through 48)	49.	•	•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	•	•
	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0		0 .	,
51. 52.	Interest on Underpayment of Estimated Tax	51. 52.	0 .	•
υΔ.	Fill in if Form NJ-2210 is enclosed	34.	•	•
52.		52-		
53a.	Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.		

Name(s) as shown on Form NJ-1040 LAVU NARMADA

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Name(s) as shown on Form NJ-1040 LAVU NARMADA

Your Social Security Number 875658821

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53b.	If you indicated at line 53a that someone in your tax household does n	not have health insurance, fill in to allow	53b.	
	Get Covered New Jersey to assist with obtaining coverage (See instruc	ctions)		_
53c.	Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule NJ-HCC and fill in	X 53c.	0.
54.	Total Tax Due (Add lines 50 through 53c)		54.	0.
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-	year residents, see instructions)	55.	5.
56.	Property Tax Credit (See instructions page 24)		56.	25 .
57.	New Jersey Estimated Tax Payments/Credit from 2022 tax return		57.	
58.	New Jersey Earned Income Tax Credit (See instructions)		58.	
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Cre	edit		
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-	2450) (See instructions)	60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form	NJ-2450) (See instructions)	61.	
62.	Wounded Warrior Caregivers Credit (See instructions)		62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instruction	ns)	63.	
64.	Child and Dependent Care Credit (See instructions)		64.	
	Fill in if you are a CU couple claiming the Child and Dependent Care	Credit		
65.	New Jersey Child Tax Credit (See instructions)		65.	
	Number of dependents age 5 or younger on 12/31/2023			
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	30.
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from	line 54 and enter the amount you owe	67.	
	If you owe tax, you can still make a donation on lines 70 through 77.	•		
68.	If the total on line 66 is more than line 54, you have an overpayment.	Subtract line 54 from line 66 and enter the overpayment	68.	30 .
69.	Amount from line 68 you want to credit to your 2024 tax		69.	
70.	Contribution to N.J. Endangered Wildlife Fund		70.	
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.	
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.	
73.	Contribution to N.J. Breast Cancer Research Fund		73.	
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.	
75.	Other Designated Contribution (See instructions)	Enter Code	75.	
76.	Other Designated Contribution (See instructions)	Enter Code	76.	
77.	Other Designated Contribution (See instructions)	Enter Code	77.	
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 th		78.	
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)	cough (1)	79.	
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line	e 68)	80.	30 .
00.	retails amount (if the 66 is more than zero, subtract the 76 from the	2007	00.	30 .
the l	er penalties of perjury, I declare that I have examined this Income Tax r best of my knowledge and belief, it is true, correct, and complete. If prepd on all information of which the preparer has any knowledge.	eturn, including accompanying schedules and statements, and ared by a person other than the taxpayer, this declaration is	Enclose payment along with the N voucher and tax return. Use the lal envelope and mail to: State of New Jersey Division of Taxation	J-1040-V payment bels provided with the
Y	our Signature Date Sp	ouse's/CU Partner's Signature (required if filing jointly) Date	Revenue Processing Center PO Box 111	- Payments
Paid	Preparer's Signature	Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number an	d make check or
			money order payable to:	d make check of
S	YAM PRIYA RAM SAGAR GUPTA	P02082703	State of New Jersey – TGI You can also make a payment on o	our website:
~ _		102002700	nj.gov/taxation Refund or No Tax Du	e Address
Firm	's Name	Firm's Federal Employer Identification Number	Hea the labels provided with the or	velope and mail to:
⊜ T	LOBAL TAXES LLC		Revenue Processing Center	
UI			PO Box 555 Trenton, NJ 08647-0555	I
			•	

REQUIRED

Exemption number:

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040									Social S	ecurity N	lumber
LAVU NARMADA		875-65-8821									
	alth Ca				os) de	o not	compl	ete th	20 2		
If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule. Part I											
Did you and, if applicable, all members of your tax househ 2023? (See instructions for line 53c, NJ-1040.) Part-year r Yes. You do not owe a shared responsibility schedule with your return.	resident	s includ	e only	month	ıs as a	New .	Jersey	reside	ent.		
No. Continue to Part II.											
If you or any member of your tax household does not curr NJ-EZ Enroll form. (See instructions for lines 53a and 53b			imum	esseni	tial hea	alth co	verage	e, also	compl	ete the)
Part II											
Enter the name and Social Security number for each memhad minimum essential health coverage or qualified for an resident). If an individual qualified for an exemption, enter an individual has more than one exemption number, check additional individuals.	n exemp	tion (pa emption	rt-year numbe	reside er. (Se	ents in e instri	clude o	only m s for lin	onths are 53c,	as a N NJ-10	ew Jer 040.) If	sey
Jar	n Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number											
Exemption number:		Check bo	ox if this	s individ	lual has	s more	than or	ne exen	nption r	number	
Jar	n Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number			7 45.	,		<u> </u>	7.43	Обр	<u> </u>		
Exemption number:		Check bo	ox if this	s individ	lual has	s more	than or	ne exen	nption r	number	
Jar	n Feb	Mar	Apr	Mav	Jun	Jul	Aua	Sep	Oct	Nov	Dec
Name Social Security Number		1	7 45.	,	<u> </u>	<u> </u>	7.43	ЗЗР			
Exemption number:		Check bo	ox if this	s individ	lual has	s more	than or	ne exen	nption r	number	
Jar	n Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number		1	7 45.	,	<u> </u>	<u> </u>	7.43	З			
Exemption number:	Exemption number: Check box if this individual has more than one exemption number										
Jar	n Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number	105	.vidi	, 101	···ay	Juil		, wg	300	- 551	1.40	200

Check box if this individual has more than one exemption number