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

	Submi	ission Identification Number (SID)				
Part Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Taxpaye	er's name	Social securi	ty numl	per	
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	KOM	AL SHETE	659-28	-682	6	
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	Spouse	's name	Spouse's soo	cial secu	urity numb	oer
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 10, 817. 4 Amount you want refunded to you 4 4 4, 383. 5 Amount you want refunded to you 9 Taxt II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penaltics of penjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing and the least of the pengular or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (FERO) for send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the reparations of the sector 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 (circle debid) rathy to the financial institution account indicated in the reparations of the payment of regionary of the receiver for the remain in full force and effect until 1 notify the U.S. Treasury financial institutions control indicated the the reparations of the payment of the payment of regionary of the receiver payment of the payment of the payment of the payment of the payment in the parations of the payment o	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_ er year you a	re au	thorizin	g.)
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ERO Must Retain This Form — See Instructions	ERO's	s signature ▶ Date ▶				
			D- 0-			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



		S. Individual Income Tax	K Keti	ırn			OMB No. 1545	-0074		Only—I	Do not w	rite or sta	ple in th	nis space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling 			, 20	5	See sep	oarate ii	nstruc	ctions.
Your first name	e and m	niddle initial	Last nar	ne			<u> </u>			1	our so	cial sec	urity n	umber
KOMAL			SHET	E							659	28	682	16
If joint return, s	spouse'	s first name and middle initial	Last nar	me						S	Spouse's	s social	securi	ty number
Home address	(numb	er and street). If you have a P.O. box, see	instructio	ons.				<i>A</i>	Apt. no.	F	Presider	itial Ele	ction (Campaign
_16404 W	ESTB	ORO DR										ere if yo		•
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete sp	oaces belo	W.	Sta	te	ZIP c	ode			0,		want \$3 ecking a
CHESTER	FIEL	D				MC)	630	17	- 1	•	w will r		•
Foreign countr	y name		F	oreign pro	vince/state/o	count	y	Forei	gn postal co	de y	our tax	or refu	_	Spouse
Filing Status	s 🗵	Single					Head of he	L ouseh	old (HOH))				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ving spous	se (Q	SS)			
	lf y	you checked the MFS box, enter the	name o	f your spo	ouse. If you	ı che	ecked the HOF	l or Q	SS box, e	nter	the chil	ld's nar	ne if t	:he
		ualifying person is a child but not you												
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward,	award, or	payn	nent for prope	rty or	services);	or (b) sell,			
Assets	excl	nange, or otherwise dispose of a dig	ital asset	t (or a fina	ancial intere	est ir	n a digital asse	t)? (S	ee instruc	tions	.)	☐ Ye	s D	≺ No
Standard	Son	neone can claim: 🔲 You as a de	pendent	Y	our spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd Spo	ouse	: Was bor	n befo	ore Janua	ry 2,	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) Sc	cial security	,	(3) Relationsh	ip (4	1) Check the	e box	if qualif	ies for (s	see ins	tructions):
If more	•	First name Last name			number		to you	'	Child ta	x cred	dit	Credit for	other	dependents
than four														
dependents,														
see instruction and check	15													
here														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		81	,642.
Attach Form(s)	b	Household employee wages not re			•						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		,						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					· ·			1h	-		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>						0.1	<i>-</i> 40
	<u>z</u>	Add lines 1a through 1h	. i .								1z		81	,642.
Attach Sch. B	2a	· –	2a				axable interest				2b			
if required.	<u>3a</u> _	· —	3a				rdinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		· _	6b			
separately,	C	If you elect to use the lump-sum e				•	,			. <u> </u>				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•					. Ш	7			
jointly or Qualifying	8	Additional income from Schedule									8			,240.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		64	,402.
\$27,700 Head of	10	Adjustments to income from Sche	•								10			
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-							11			,402.
If you checked	12	Standard deduction or itemized				-					12		13	,850.
any box under Standard	13	Qualified business income deduct									13			0 = 6
Deduction, see instructions.	14	Add lines 12 and 13									14			,850.
coo mondonono.	15	Subtract line 1/1 from line 11 If zon	o or loce	ontor (1 I bic ic v	OUR +	avabla incom	•			1 45	1	h ()	h h ')

Tax and Credits 16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	Form 1040 (2023	3)								Page 2
Transport Free Property	Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	
18		17							17	
19		18	Add lines 16 and 17					1	18	6,434.
20		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
21 Add lines 19 and 20 22 22 6, 434 23 0.		20		•					20	
23		21	·						21	
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,434.
Payments 25		23		•						
Payments		24	•			•			24	
a Form(s) W-2	Payments	25								•
b Form(s) 1099 . 255b	. ayınıcınıc		Form(s) W-2				25a 10	,817.		
C Other forms (see instructions) 25c 25d 10,817.		b	Form(s) 1099					-		
Vou have a 26 262 263 2023 estimated tax payments and amount applied from 2022 return 26 26 27 28 28 29 28 29 29 29 29		С	Other forms (see instructions	s)			25c			
2023 estimated tax payments and amount applied from 2022 return 26		d	,	•					25d	10,817.
Earned income credit (EIC)	If you have a	26	· ·						26	
Additional child tax credit from Schedule 8812	qualifying child,		. ,		• •		1 1	•		
Amount from Schedule 3, line 15 31 Amount from Schedule 3, line 15 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 32 Add lines 25d, 26, and 32. These are your total payments 33 10,817.	attach Sch. EIC.		` ,			_	28			
30 Reserved for future use 30 31 Amount from Schedule 3, line 15 31 31 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 32 Add lines 27, 28, 29, and 32. These are your total payments 33 10,817 33 Add lines 25d, 26, and 32. These are your total payments 33 10,817 34 4,383 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 34 4,383 35a 35a 35a 4,383 35a		29	American opportunity credit	from Form 8863	3, line 8		29			
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		30	• • •				30			
Refund 34		31	Amount from Schedule 3, lin	ne 15			31			
Refund 34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
Refund 34		33							33	10,817.
Sign Here Doy of the turn See instructions Doy of the turn Doy of	Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.				34	4,383.
Direct deposit? See instructions. See instructi		35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	ck here	. 🗆 1	35a	4,383.
Amount You Owe 36 Amount of line 34 you want applied to your 2024 estimated tax	Direct deposit?	b								
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions) 39 Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name 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 ENGINEER Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Freparer's name Phone no. (314) 465–0860 Email address SHETEKOMAL28@GMAIL.COM Preparer's name SYAM PRIYA RAM SACAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	See instructions.	d	Account number 3 5 5	0 1 2 4	4 1 2	3 9 -				
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	v/Payments or	see instructions .			37	
Designee's name Phone no. Phone no. Preparer's signature. Phone no. Sign at the property of the preparer of the prep		38	Estimated tax penalty (see in	nstructions) .			38			
Designee's name Phone Personal identification Number (PIN)	Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Name No. Number (PIN)	Designee	ins	structions				_	•		⊠ No
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									cation	
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 ENGINEER Spouse's signature. If a joint return, both must sign. Keep a copy for your records. Phone no. (314)465-0860 Email address SHETEKOMAL28@GMAIL.COM Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Phone no. (678)965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	Cian			nat I have examine		accompanying sche		. ,	e hest	of my knowledge and
Your signature Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Phone no. (314)465-0860 Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2024 Phone no. (678)965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	_					, , ,		,		, ,
Joint return? See instructions. Keep a copy for your records. Phone no. (314)465-0860 Preparer's name Protection PIN, enter it here (see inst.) EMGINEER Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (314)465-0860 Preparer's name Preparer's signature Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O2/06/2024 Po2082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
See instructions. Keep a copy for your records. Phone no. (314)465-0860 Preparer's name Preparer's signature Preparer'Use Only Prim's name GLOBAL TAXES LLC Firm's address Ploint return, both must sign. Date Spouse's occupation Firm's name Preparer's signature Preparer's signature Preparer's signature Date PTIN Check if: Phone no. (678)965-9522 Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 PAGENTATION OF THE PROPERTY OF THE P								Prote	ction P	
Keep a copy for your records. Phone no. (314)465-0860								`		
your records. (see inst.) Phone no. (314)465-0860 Email address SHETEKOMAL28@GMAIL.COM Paid Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2024 P02082703 Self-employed Firm's name Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	ion			
Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2024 P02082703 Self-employed									-	ection Fire, enter it here
Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2024 P02082703 Self-employed		———Ph	one no. (314)465-086	0	Email address	SHETEKOMAI.	28@GMATI. CC	······································		
Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2024 P02082703 Self-employed Prim's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965						SHELEKOPALI				Check if:
Freparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965			·	' "		GUPTA TALLAM			703	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	•						1 - 2 / 0 0 / 2 0 2 1			
1010	Use Only				NSWICK N	J 08816				
	Go to www.irs.ac						REV 01/27/24 PRO	,		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

KOMAL SHETE

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

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

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

Your social security number 659-28-6826

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-17,240.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente			15 040
	1040, 1040-SR, or 1040-NR, line 8		10	-17,240.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN	·			
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		_	
Z	Other adjustments. List type and amount:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/2	27/24 PRO	Schedu	le 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

KOMA	AL SHETE						659-2	8-6826	
Part							-		
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you a	are an indiv	vidual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.		- / \ /	2000					57
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. ∐ Ye	s U No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
Α	TAWARE BUILDING, ATUL NAGAR MARUNJI, PUN	JE M	IAHARAS	HTRA	IN ·	411057			
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q	JV box	only	Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	ictions	S	С					
Tvpe	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (desc	ribe)		
			,.						
_				_		Properti	ies:		
Incon				<u> </u>	0.0	В			С
3	Rents received	3		5	80.				
4	Royalties received	4							
Expe		_							
5	Advertising	5			20				
6	Auto and travel (see instructions)	7			30.				
7	Cleaning and maintenance	8		2,2	40.				
8 9		9							
10	Insurance	10							
11	Management fees	11		1,3	20				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,3	۷0.				
13	Other interest	13							
14	Repairs	14		4,2	40				
15	Supplies	15		4,5					
16	Taxes	16		1,5	00.				
17	Utilities	17		4,9	10.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		17,8	20.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-17,2	40.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(17,24	0.)	()	(
23 a	Total of all amounts reported on line 3 for all rental prope				23a		580.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	17	7,820.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate							(17,240.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no						on		_17 240



For Calendar Year January 1 - December 31, 2023

Print	in BLACK ink only and DO NOT STAPLE.
	Amended Return Composite Return (For use by S corporations or Partnerships)
	Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).
	Department of Social Services Application of Eligibility form attached.
Fisca	ag a fiscal year return enter the beginning and ending dates here. I Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) To be partment Use Only 1555
Filing Status	X Single Claimed as a Married Filing Married Filing Head of Dependent Combined Separately Household Widow(er)
	Age 62 through 64
Name	Social Security Number in 2023 Spouse's Social Security Number in 2023 659 - 28 - 6826 First Name M.I. Last Name Suffix KOMAL Spouse's First Name M.I. Spouse's Last Name Suffix In Care Of Name (Attorney, Executor, Personal Representative, etc.)
Address	Present Address (Include Apartment Number or Rural Route) 16404 WESTBORO DR City, Town, or Post Office State ZIP Code CHESTERFIELD MO 63017 - County of Residence STCO
You	may contribute to any one or all of the trust funds on Line 51. See pages 11-12 of the instructions for more trust fund information.

Children's Trust Fund Veterans Trust Fund

23322011555

Workers

Workers'

Memorial Fund

X

Missouri

National Guard

Trust Fund

Elderly Home Delivered Meals Trust Fund

Missouri Medal of Honor Fund

IN

Law
Enforcement
Memorial
Foundation Fund

Soldiers
Memorial
Military Museum
in St. Louis Fund

Kansas

City Regional Law Enforcement

LIFE

Organ Donor Program Fund

Misson

General Revenue Fund

LEAD

Childhood

Lead Testing Fund Missouri Military

Family Relief Fund

				Yourse	elf (Y)			Spouse (S)		
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	6	4402	00	18			00
									7	
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y			00	28].[] [00
ne	3.	Total income - Add Lines 1 and 2	3Y	6	4402	00	38].[00
Income	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y			00	48			00
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	6	4402	00	58			00
	6.	Total Missouri adjusted gross income - Add columns 5Y and 55	3		6	64	4402	00		
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		100	%	78		9	%
	8.	Pension, Social Security and Social Security Disability exemption Section D)				,	8].[00
	9.	Tax from federal return		9	6434	. 0	0			
	10.	Other tax from federal return.		10			0			
	11.	Total tax from federal return. Do not enter federal income tax with	held.	11	6434	. 0	0			
	12.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage		12 15.0	00	9/	, 0			
eductions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less 35 \$25,001 to \$50,000 25 \$50,001 to \$100,000 15 \$100,001 to \$125,000 5 \$125,001 or more 0	5% 5% 5% 5%	centage:		233	2202155	 		
Ω	13.	Federal income tax deduction – Multiply Line 11 by the percenta amount not to exceed \$5,000 for an individual or \$10,000 for co					13	965].[00
Exemptions and	14.	Missouri standard deduction or itemized deductions. (If itemizin • Single or Married Filing Separate-\$13,850 • Head of House • Married Filing Combined or Qualifying Widow(er)-\$27,700	seholo	1-\$20,800	,		14	13850].[00
Щ	15.	Additional Exemption for Head of Household and Qualifying Wie	dow(e	er)			15].[00
	16.	Long-term care insurance deduction					16].[00
	17.	Health care sharing ministry deduction					17].[00
	18.	Active Duty Military income deduction					18].[00
	19.	Inactive Duty Military income deduction					19].[00
	20.	Bring jobs home deduction					20].[00
	21.	Farmland sold, rented, leased, or crop-shared to a beginning fa of Lines 21A, 21B, and 21C on Line 21					21].[00
	21	A. Sold _ 21B. Rented/		21C. Crop-	ф					
		\$. 00 Leased \$	00	Share	Ф		00	IN REV 01/2		DD 0

	22.	First time home buyers deduction. A.	В.			22		. 00)
		Long term dignity savings account deduction				23		. 00)
penu		Foster parent tax deduction				24		. 00)
Deductions Continued		Total deductions - Add Lines 8 and 13 through 24				25	14815	00	_
ctions		Subtotal - Subtract Line 25 from Line 6				26	49587	00	_ 7
Dedu		Multiply Line 26 by appropriate percentages (%) on							_
	21.	Lines 7Y and 7S	27Y	49587	. 00	278		. 00)
	28.	Enterprise zone or rural empowerment zone income modification	28Y		. 00	28S		. 00)
			29Y	49587	00	298		00	7
		Taxable income - Subtract Line 28 from Line 27		2270	1				7
		Tax (see tax chart on page 26 of the instructions)	30Y	2270	. 00	308		. 00	IJ
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y		. 00	31S		. 00	,
	32.	Missouri income percentage - Enter 100% if not completing Form MO-NRI. Attach Form MO-NRI and federal return if app	olicable.	32Y 1	00	% 32S		%	
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	2270		33\$. 00)
	34.	Other taxes - Select box and attach federal form indicated.							_
	34.	Other taxes - Select box and attach federal form indicated. Lump sum distribution (Form 4972)				031555			_
	34.		34Y					. 00	
		Lump sum distribution (Form 4972)	34Y 35Y	2270	23322	031555		. 00	7
	35.	Lump sum distribution (<u>Form 4972</u>) Recapture of low income housing credit (<u>Form 8611</u>)	35Y	2270	23322	34S	2270		_)
	35.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S	35Y	2270	23322	34S 35S 36		. 00))
	35. 36.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099	35Y	2270	23322	34S 34S 35S 36	2270	. 00	
lits	35. 36.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation.	35Y om 2022 on share	2270 2270 applied to 2023 .	23322] 00] 00 	34S 34S 35S 36 37 . 38	2270	. 00	
nd Credits	35. 36. 37.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP	35Y om 2022 on share	2270 2270 applied to 2023 . holders - Attach F	23322]. 00]. 00 	34S 34S 35S 36 37 . 38	2270	. 00	
ents and Credits	35. 36. 37. 38.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments for nonresident entertainers - Attach Forms Missouri tax payments - Attach Forms Missouri tax payments - Attach Forms Missouri tax payments	35Y om 2022 on share	2270 2270 applied to 2023 . cholders - Attach F	23322]. 00]. 00 	34S 34S 35S 36 37 . 38	2270	. 00	
Payments and Credits	35. 36. 37. 38. 39.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP. Missouri tax payments for nonresident entertainers - Attach Form Amount paid with Missouri extension of time to file (Form MO-MO-MO-MO-MO-MO-MO-MO-MO-MO-MO-MO-MO-M	35Y 35Y 50m 2022 50n share 50rm MO	2270 applied to 2023 . holders - Attach F	23322]. 00]. 00 	34S 34S 35S 36 37 38 39 40	2270	. 00	
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	35. 36. 37. 38. 39. 40. 41.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34 Total Tax - Add Lines 35Y and 35S MISSOURI tax withheld - Attach Forms W-2 and 1099 2023 Missouri estimated tax payments - Include overpayment from Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP. Missouri tax payments for nonresident entertainers - Attach Form Mo-2NR and with Missouri extension of time to file (Form MO-Miscellaneous tax credits (from Form MO-TC, Line 13) - Attack Property tax credit - Attach Form MO-PTS	35Y 2022 on share orm MO 60) th Form	2270 2270 applied to 2023 . holders - Attach F	23322]. 00]. 00 	34S 34S 35S 36 37 38 40 41 42 43	2270	. 00	
	35. 36. 37. 38. 39. 40. 41. 42.	Lump sum distribution (Form 4972) Recapture of low income housing credit (Form 8611) Subtotal - Add Lines 33 and 34	35Y	2270 2270 applied to 2023 . holders - Attach F -2ENT	23322]. 00]. 00	34S 34S 35S 36 37 38 39 40 41 42 43 44	2270	. 00	

	Sk	cip Lines 46 through 48 if you are not filing an amended return.
	46.	Amount paid on original return.
	47.	Overpayment as shown (or adjusted) on original return
		Indicate Reason for Amending
Amended Return		A. Federal audit. Enter date of IRS report (MM/DD/YY) Enter date of IRS report (MM/DD/YY) Enter year of loss (YY)
Amend		B. Net Operating Loss carryback Enter year of credit (YY)
		C. Investment tax credit carryback Enter date of federal amended return, if filed. (MM/DD/YY)
		D. Correction other than A, B, or C
	48.	Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47. Enter on Line 48. 48 00
		If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference. Amount of OVERPAYMENT
		Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.
	51	Children's a. Trust Fund . 00 51b. Trust Fund . 00 51c. Trust Fund . 00 51c. Trust Fund . 00 51d. Trust Fund . 00 51d. Trust Fund . 00 51d. Trust Fund . 00
	51	Workers' e. Memorial Fund O Testing Fund O Soldiers Missouri Military Family Relief Fund Soldiers Memorial Missouri Military Family Relief Fund Soldiers Memorial
Refund	51	Organ Donor
∝	51	Additional Fund Fund Amount Some Solution Additional Fund Amount Solution S
		Total Donation - Add amounts from Boxes 51a through 51n and enter here
	52.	Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632.
	53.	REFUND - Subtract Lines 50, 51, and 52 from Line 49 and enter here



	54.	If Line 36 is larger than Line 45 or Line 48, enter the difference. Amount of UNDERPAYMENT	. 54			00		
Amount Due	55.	Underpayment of estimated tax penalty - Attach <u>Form MO-2210</u> . Enter penalty amount here .	55		. [00		
	56.	Select this box if you are a farmer exempt from the underpayment of estimated tax pena. AMOUNT DUE - Add Lines 54 and 55.	alty.					
		If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically	. 56			00		
	of notine the bas impunated unated	der penalties of perjury, I declare that I have examined this return, including accompanying schedule my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signa" Department of Revenue with my signature as required under <u>Section 143.561, RSMo.</u> Declaration of sed on all information of which he or she has knowledge. As provided in <u>Chapter 143, RSMo.</u> , posed on any individual who files a frivolous return. I also declare under penalties of per authorized aliens as defined under federal law and that I am not eligible for any tax exemption, credens. I am aware of any applicable reporting requirements of <u>Section 135.805, RSMo</u> , and the penaltimo.	ature" fiel of prepar a penal jury tha dit, or ab	d(s) below, I a er (other than ty of up to \$5 t I employ n atement if I e	am provid taxpayer 500 shall o illegal employ su	ling f) is be or uch		
	Sig	nature	e (MM/DD)/YY)				
ıre	Spo	buse's Signature (If filing combined, BOTH must sign) Date	e (MM/DD)/YY)				
	E-n	nail Address Day	time Tele	phone				
Signature	S	YAM@GTAXFILE.COM	4465	0860				
Si	Pre	parer's Signature Date	Date (MM/DD/YY)					
	S	YAM PRIYA RAM SAGAR GUPTA TALLAM	2	06	24			
	Pre	parer's FEIN, SSN, or PTIN Prep	oarer's Te	lephone				
	84	4-3171965	78965	9522				
	Pre	parer's Address State	е	ZIP Code				
	24	45 ROONEY CT E BRUNSWICK	J	08816				
	or a	uthorize the Director of Revenue or delegate to discuss my return and attachments with the pre- any member of the preparer's firm	r provide e			No No		
		Department Use Only						
	Α	FA E10 DE F						
	l to:	Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200 Proved on active duty in the United States Armed Forces? Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500 Jefferson City, MO 65105-0500 Phone: (573) 751-3505 Inquiry and content of Revenue P.O. Box 500 Submission of Email: income Inquiry and content of Revenue P.O. Box 500 Submission of Email: income Inquiry and content of Revenue P.O. Box 329 Phone: (573) 751-3505	taxprod Individ @dor.n	ual Income 1 10.gov	r.mo.gov	<u>/</u>		

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/