Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Тахрау	er's name	Social secu	rity number	
NIL	IMA GURJAR	821-5	5-9679	
Spouse	s's name	Spouse's se	ocial securi	ty number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r vear vou	are auth	orizina.)
Enter	whole dollars only on lines 1 through 5.	, ,		3,
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	48,161.
2	Total tax		2	3,899.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,237.
4	Amount you want refunded to you		4	2,338.
5			5	•
Part				ur return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

GLOBAL	TAXES	LLC	to enter or generate my l	PIN
			to enter or generate my i	1 11 1

5	9	6	7	9	as mv
	er fiv n't er				as my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

X I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature D			•							
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Certi	ification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN.	. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 	0 all ze	 2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >			
Dor	ERO Must Retain This F n't Submit This Form to the I		
For Department Peduction Act Nation	a and your toy return instructions	 BE\/ 02/07/24 BBO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	vrite or sta	aple in this space.		
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.		
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number		
NILIMA		JAR						821	55	9679				
If joint return, spouse's first name and middle initial Last name								I security number						
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	intial Ele	ection Campaigr		
600 N MC	CLU	RG CT						2	903	Check I	nere if y	/ou, or your		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode	spouse if filing jointly, want \$3 to go to this fund. Checking a				
CHICAGO						II	L	606	11			not change		
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code			und.		
Filing Status		Single					Head of h	ouseh	old (HOH)					
Check only] Married filing jointly (even if only or	ne hac	l income)										
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)				
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOF	l or QS	SS box, ent	er the ch	ild's na	ime if the		
	qu	alifying person is a child but not you	ır depe	endent:										
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); o	r (b) sell,				
Assets	exch	hange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	et)? (Se	e instructio	ons.)	Y	es 🛛 No		
Standard Deduction	_	neone can claim: You as a de	•		•		a dependent							
		Spouse itemizes on a separate retur	-	Are b				n hofe		2 1050		s blind		
			909		•	ouse		14	ore January			(see instructions):		
Dependents		instructions): irst name Last name		(2) 5	Social security number	/	(3) Relationsh to you	ip (4	Child tax of			or other dependents		
lf more than four	(1)				Папівсі			_			orodit it			
dependents,														
see instructions	s —													
and check here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	48,161.		
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)			
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	ı (see i	nstructior	ıs)					. 10	;			
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ii	nstru	uctions)			. 1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e	,			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	8839, line 29					. 1f				
If you did not	g	Wages from Form 8919, line 6 .								. 1g				
get a Form W-2, see	h	Other earned income (see instruction	ions)					· ·		. 1 h		0.		
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i							
	Z	Add lines 1a through 1h	···		· · · ·					. 1z		48,161.		
Attach Sch. B	2a		2a				axable interest			. 2b				
if required.	3a		3a				Ordinary 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				•		• •						
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee		•	•		-				_			
jointly or Qualifying	8	Additional income from Schedule								. 8	_	0.		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,				com	е	• •		. 9		48,161.		
 Head of 	10	Adjustments to income from Sche				· ·				. 10		40 1 6 1		
household, [\$20,800	11	Subtract line 10 from line 9. This is						• •		. 11		48,161.		
• If you checked	12	Standard deduction or itemized				,		• •		. 12		13,850.		
any box under Standard	13 14	Qualified business income deducti Add lines 12 and 13	IUII (ro		Sec In Lorw	099	"у-ң	• •	· · ·	. 13		13,850.		
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	· ·		 -0- This is y		· · · · ·	 		· 14		34,311.		
	15				0 1115 15 y	Jui		. 51		. 10	<u> </u>	JT, JTT.		

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

Form **1040** (2023)

Credits 17 Amount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 3, 899. 19 Child tax credit or credit for other dependents from Schedule 8012 19 20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0. 22 3, 899. 24 Add lines 22 and 23. This is your total tax 24 3, 899. 24 Add lines 22 and 23. This is your total tax 24 3, 899. 24 Add lines 25 and rough 25c. 25d 6, 237. 25 Form(s) V-2. 25d 6, 237. 26 2022 estimated tax payments and amount applied from 2022 return 26d 6, 237. 27 Add lines 25d, 26, and 31. These are your total other payments and rough 24 add rough 24	Form 1040 (2023	3)								Page 2
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32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 6, 237. 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 24 2, 338. 35a Amount of line 34 you want femded to you. If Form 8888 is attached, check here 35a 2, 338. 36 Account number 0 7 1 0 0 0 1 3 c Type: X Checking Sain 2, 338. Sain 2, 338. 37 Bouting number 0 7 1 0 0 0 1 3 c Type: X Checking Sain 2, 338. 38 Account number 0 7 1 0 0 0 1 3 c Type: X Checking Sain 2 33 2, 338. 39 8 5 3 1 1 1 1 1 1 1 3 3 2, 338. 35a 2, 338. 35a 2, 338. 35a 3 36 37 36 37 36<									-	
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	Use Only	Fir	n's address 245 ROONEY C	r e bru	NSWICK N	J 08816				
	Go to www.irs.go	ov/Form	11040 for instructions and the latest info	rmation.		BAA	REV 03/07/24 PRO			

8 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	Attachment Sequence No. 52
	ber of HSA beneficiary. HSAs, see instructions
01 EE	0000

2

NI-		0 ! - !		of HSA beneficiary.
Name(s				As, see instructions.
NIL	IMA GURJAR	821-55	5-967	'9
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (Contracts, if	^f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d	uring 2023.		·· · · · ·
	See instructions		⊠ Se	If-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those m			
	unextended due date of your tax return that were for 2023. Do not include employer co			
	contributions through a cafeteria plan, or rollovers. See instructions		2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during			
	were, or were considered, an eligible individual with the same coverage, enter \$3,850			0 0 5 0
	family coverage). All others, see the instructions for the amount to enter		3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from			
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs			0
5			4 5	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to en		6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had famil			5,050.
1	under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7	0.
8	Add lines 6 and 7		8	3,850.
9	Employer contributions made to your HSAs for 2023	450.		5,050.
10	Qualified HSA funding distributions	150.		
11	Add lines 9 and 10		11	450.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	3,400.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction	ons.		
Part	II HSA Distributions. If you are filing jointly and both you and your spouse eac a separate Part II for each spouse.	h have sepa	arate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a	any excess		
	contributions (and the earnings on those excess contributions) included on line 14a	that were		
	withdrawn by the due date of your return. See instructions		14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
172	If any of the distributions included on line 16 meet any of the Exceptions to the Addition		10	
IIa	Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on	line 16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedu			
	1040), Part II, line 17c		17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See completing this part. If you are filing jointly and both you and your spouse each			
	complete a separate Part III for each spouse.			
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schede	ule 2 (Form		
	1040) Part II line 17d		21	

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



Department of Taxation and Finance 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 NILIMA GURJAR	Spouse's name (jointly filed return only)
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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-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended 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.

Part A – Tax return information

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.

	art A – Tax return information		
1	Federal adjusted gross income (from applicable line)	1.	48161.
2	Refund	2.	
3	Amount you owe	3.	56.
4	Financial institution routing number	4.	
	Financial institution account number	5.	
6	Account type: Dersonal checking Personal savings Business checking Business saving	ngs	

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 04102024



Department of Taxation and Finance Nonresident and Part-Year Resident

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

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REV 01/17/24 PRO

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IT-203

Your first name and middle initial NILLIMA Your fast name (or a joint return, enter spoce's name on line below) Your date of thirt (mondyyyy) Your Social Social Yourthy number 821559679 Spouse's first name and middle initial Spouse's first name and middle initial State Spouse's first name and middle name (PITCASO New York State county number Apartment no. New York State county of district code number New York State county of district name and middle initial School district information New York State part of death (PITCASO New Yes No Ne A Filing Status (mork an X in one box):	For help completing your re	turn, see the instruc	tions, Form IT-20	3-I.		and	d ending	g
Spouse's first name and middle initial Spouse's last name Spouse's due of tark (nmddyyy) Spouse's Social Security number Mailing address (see instructions) (number and atreet or PO Box) Apartment number Apartment number New York State county of residence City, village, or post office IIL GO6111 UNITED STATES NR Taxpayer's permanent home address (see instructions) (nu. and street or rours route) Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district code number State ZIP code Country Apartment no. City, village, or post office School district code number State ZIP code Country Married filling joint return (mark an X in one box): Spouse's Sace Sceal Security numbers above) Q 10 dy ou ary our spouse maintain living quarkers in 2023 Married filling separate return No X X X O Qualifying surviving spouse No X X <td></td> <td></td> <td></td> <td></td> <td>You</td> <td>r date of birth <i>(mmddyyyy)</i></td> <td>Your S</td> <td>Social Security number</td>					You	r date of birth <i>(mmddyyyy)</i>	Your S	Social Security number
Mailing address (see instructions) (number and street or PO Box) Apartment number New York State county of residence City, village, or post office TL 60611 UNITED STATES NR Taxpayer's permanent home address (see instructions) (no. and street or run' route) Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Apartment no. City, village, or post office School district name State ZIP code Country Married filing joint return File School district name School district name Married filing separate return Married filing separate return Married filing person School district name School district name G Qualifying	NILIMA	GURJAR				821559679		
600 N MCCLURG CT 2903 NR City, village, or post office State ZIP code Country School district name Taxpayer's permanent home address (see instructions) (no. and street or rural route) Apattment no. City, village, or post office School district code number State ZIP code Country Apattment no. City, village, or post office School district code number State ZIP code Country Apattment no. City, village, or post office School district code number State ZIP code Country Apattment no. City, village, or post office School district code number State ZIP code Country Apattment no. City, village, or post office School district name Married filing point return (enter both spouses Social Security numbers above) If Yes: No X If you Qualifying surviving spouse Married filing point return Yes No X If dearal income tax return? Yes No X X Xes Xes Xes If dearal income tax return? Yes No Xes Xes Xes Xes Xes	Spouse's first name and middle initial Spouse's last name Spouse's date of						Spous	e's Social Security number
City, village, or post office State ZIP code Country School district name Taxpayor's permanent home address (see instructions) (no. and street or numl nume) Apartment no. City, village, or post office School district code number State ZIP code Country Apartment no. City, village, or post office School district code number State ZIP code Country Apartment no. City, village, or post office School district code number Status Country Married filing point return (information) Taxpayer's date of death Spouse's date of death (mark an X) Married filing separate return (information) Married filing separate return (information) X (2) Married filing separate return (information) Yes: (2) Number of months your spouse work in Yonkers in 2023 If Noc: (3) Qualifying surviving spouse Yes No X X C Can you be claimed as a dependent on another taxpayer's federal income tax return? Yes No X C1 Did you have a financial account located in a foreign country? Yes No X C Can you be claimed as a dependent on another taxpayer's federal retur	Mailing address (see instructions) (nu	Imber and street or PO Box)				Apartment number	New Y	ork State county of residence
CHICAGO IL 60611 UNITED STATES NR Taxpayer's permanent home address (see instructions) (no. and street or num roule) Apartment no. City village, or post office School district code number State ZIP code Country Apartment no. City village, or post office School district code number State ZIP code Country Taxpayer's date of death Spouse's date of death Information A Filing ① Single Taxpayer's date of death Information Taxpayer's date of death Information (mark and ? ① Married filing joint retum (emer bodi spouses' Social Security numbers above) In Yonkers for any part of 2023						2903	NR	
Taxpayer's permanent home address (see instructions) (no. and street or rural route) Apartment no. City, village, or post office School district State ZIP code Country Decedent Taxpayer's date of death spouse's date of death information A Filing ① X in one Image: constructions (no. and street or rural route) Decedent Taxpayer's date of death spouse's date of death spouse's date of death spouse's date of death information X in one Image: constructions (no. and street or rural route) Image: constructions (no. and street or rural route) Decedent Taxpayer's date of death spouse's date of death spouse spouse lived in Yorkers for any part of 2023 (See the spouse date of month's you represent spouse date of month's you represent spouse for month's you represent spouse's date of death spouse's date of month's you represent spouse's date	City, village, or post office	State	ZIP code	Country			Schoo	l district name
State ZIP code Country Decedent information Taxpayer's date of death Spouse's date of death Spouse's date of death Information A Filing III and IIII and IIIII and IIIII and IIIIIIII and IIIIIIIIII				UNITED	SI	ATES	NR	
A Filing Implementation status Implementation Implementation (mark an X in ore box): Implementation Implementation (mark an X in ore box): Implementation Implementation (mark an X) Implementation Implementation	Taxpayer's permanent home addres	SS (see instructions) (no. and s	treet or rural route) A	Apartment no.		City, village, or post office		
 A Filing (x) Single (x) Single	State ZIP code Co	ountry				Decedent	r's date o	of death Spouse's date of dea
(mark an X in one box): • Married filing joint return (enter both spouses' Social Security numbers above) • Married filing separate return (enter both spouses' Social Security numbers above) • • Head of household (with qualifying person) • • Head of household (with qualifying person) • • • • • • • • • • • • • • •	A Filing ^① X Single			D2				
box): Married filing separate returm (enter both spouses' Social Security numbers above) Head of household (with qualifying person) Qualifying surviving spouse (3) Number of months your spouse lived in Yonkers in 2023 If No: Qualifying surviving spouse B Did you itemize your deductions on your 2023 federal income tax return? Yes No (4) C Can you be claimed as a dependent on another taxpayer's federal return? Yes No (2) D1 Did you have a financial account located in a foreign country? Yes No (2) I Did you have a financial account located in a foreign country? Yes No (2) I Did you have a financial account located in a foreign country? Yes No (3) I Did you have a financial account located in a foreign country? Yes No (3) I Did you have a financial account located in a foreign country? Yes No (3) I Did you have a financial account located in a foreign country? Yes No (3) I Did you have a financial account located in a foreign country? (3) No (4) I Did you have a financial account located	(mark an ② Married	filing joint return th spouses' Social Security n	numbers above)				lived in	Yonkers in 2023
(a) Qualifying surviving spouse (b) Did you ispudse work in rolkers wine not living in Yonkers for any part of 2023Yes No (c) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X (c) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X (c) Did you have a financial account located in a foreign country? Yes No X (c) Number of months your spouse lived in NY City in 2023 (2) Number of months your spouse lived in NY City in 2023 (2) (c) No X F Enter your 2-character special condition code(s) if applicable (2) (c) No X F Enter the date you moved into or out of NYS (mmddyyyy) (2) (c) No X (2) Lived outside NYS; received income from NYS sources during nonresident period (2) (d) Lived outside NYS; received no income from NYS sources during nonresident period (2) (2)	box): 3 Married (enter box	th spouses' Social Security nu		(pouse liv	ved in Yonkers in 2023
B Did you itemize your deductions on your 2023 federal income tax return? Yes No X C Can you be claimed as a dependent on another taxpayer's federal return? Yes No X D1 Did you have a financial account located in a foreign country? Yes No X F Enter your 2-character special condition code(s) if applicable Implicable Implicable Implication Yes No X Implicable Implicable Implication Yes No X Implicable Implicable Implicable Implication Yes No X Implicable Implicable Implicable Implicable Implication Yes No X Implicable Implicab	④ Head of	f household (with qualifyir	ng person)	(
federal income tax return? Yes No (1) Number of months you lived in NY City in 2023 C Can you be claimed as a dependent on another taxpayer's federal return? Yes No (2) Number of months your spouse lived in NY City in 2023 D1 Did you have a financial account located in a foreign country? Yes No (3) F Enter your 2-character special condition code(s) if applicable (1) G New York State part-year residents Enter the date you moved into or out of NYS (mmddygyg) On the last day of the tax year (mark an X in one box): 1) Lived outside NYS; received income from NYS sources during nonresident period 3) Lived outside NYS; received no income from NYS sources during nonresident period H Did you or your spouse maintain living quarters in NYS in 2023? No X								
taxpayer's federal return? P1 Did you have a financial account located in a foreign country? Yes No No F Enter your 2-character special condition code(s) if applicable G New York State part-year residents Enter the date you moved into or out of NYS (<i>mmddyyyy</i>) On the last day of the tax year (<i>mark an X in one box</i>): 1) Lived outside NYS; received income from NYS sources during nonresident period 3) Lived outside NYS; received no income from NYS sources during nonresident period H Did you or your spouse maintain living quarters in NYS in 2023? No	federal income tax return?		Yes No 🗙] ,	(1) N	lumber of months you	lived in	NY City in 2023
foreign country? Yes No X Initial you if 2 initiation operation o	taxpayer's federal return?		Yes No X]				
Enter the date you moved into or out of NYS (mmddyyyy) On the last day of the tax year (mark an X in one box): 1) Lived in NYS 2) Lived outside NYS; received income from NYS sources during nonresident period 3) Lived outside NYS; received no income from NYS sources during nonresident period H Did you or your spouse maintain living quarters in NYS in 2023?Yes No X	•		Yes No X					
or out of NYS (<i>mmddyyyy</i>) On the last day of the tax year (<i>mark an X in one box</i>): 1) Lived in NYS 2) Lived outside NYS; received income from NYS sources during nonresident period 3) Lived outside NYS; received no income from NYS sources during nonresident period H Did you or your spouse maintain living quarters in NYS in 2023?Yes No X				G	New	York State part-year	resider	nts
1) Lived in NYS 2) Lived outside NYS; received income from NYS sources during nonresident period 3) Lived outside NYS; received no income from NYS sources during nonresident period H Did you or your spouse maintain living quarters in NYS in 2023? No								
NYS sources during nonresident period								
NYS sources during nonresident period H Did you or your spouse maintain living quarters in NYS in 2023?	ann aigeachdaraichteachar braithan aisteachar braithn Ann a' ann an ann ann ann ann ann ann ann	II		:	'			
living quarters in NYS in 2023?Yes No				;	'			
	Dependent information			I	living	g quarters in NYS in 20	23?	Yes No 🖸
First name and middle initial Last name Relationship Social Security number Date of birth (mmddyyyy)	-	Last name	Relatio	nship	Τ	Social Security num	ber	Date of birth (mmddyyyy)
					+			
					_			
					+			
					\vdash			

If more than 6 dependents, mark an **X** in the box.



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Enter your Social Security number

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	821559679				
For	deral income and adjustments		Federal amount		New York State amount
re	deral income and adjustments		Whole dollars only		Whole dollars only
1	Wages, salaries, tips, etc	1	48161.00	1	10645.00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local				
	income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included				
	in line 11 (federal amount) 12. .00				
	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	, (15	.00	15	.00
	Other income Identify:	16	.00	16	.00
	Add lines 1 through 11 and 13 through 16	17	48161.00	17	10645.00
	Total federal adjustments to income				
L	Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	48161.00	19	10645.00
Nev	w York additions				
20	Interest income on state and local bonds and obligations	00	20	00	22
	(but not those of New York State or its localities)	20	.00	20	.00
	Public employee 414(h) retirement contributions	21	.00	21	.00
	Other (Form IT-225, line 9)	22 23	.00 48161.00	22	.00 10645.00
23	Add lines 19 through 22	23	48101.00	23	10045.00
Nev	v York subtractions)				
21	Taxable refunds, credits, or offsets of state and				
24	local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the	24	.00	24	.00
23	federal government	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27		27	.00	27	.00
	Pension and annuity income exclusion	28	.00	28	.00
29		20	.00	20	.00
	Add lines 24 through 29	30	.00	30	.00
	New York adjusted gross income (subtract line 30 from line 23)	-	48161.00	31	10645.00
32	Enter the amount from line 31, <i>Federal amount</i> column		►	32	48161.00





Name(s) as shown on page 1	Enter your Social Security number	IT-203 (2023)	Page 3 of 4
NILIMA GURJAR	821559679	REV 01/17/24 PRO	

Sta	andard deduction or itemized deduction		
33	Enter your standard deduction or your itemized deduction (from Form IT-196).		
	Mark an X in the appropriate box: X Standard – or – Itemized	33	8000.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	40161.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	40161.00
Tax	c computation, credits, and other taxes		
37	New York taxable income (from line 36)	37	40161.00
38	New York State tax on line 37 amount	38	2045.00
39	New York State household credit	39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	2045.00
41	New York State child and dependent care credit	41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	2045.00
43	New York State earned income credit	43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	2045.00
	Income New York State amount from line 31 Federal amount from line 31 percentage		Round result to 4 decimal places
	10645.00 ÷ 48161.00 =	45	0.2210
40		40	45.0.00
	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46 47	452.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8)		.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48 49	452.00
	Net other New York State taxes (Form IT-203-ATT, line 33)	49 50	.00 452.00
JU		50	452.00
Ne	w York City and Yonkers taxes, credits, and surcharges, and MCTMT		
51	Part-year New York City resident tax (Form IT-360.1) 51]	See instructions to compute
	Part-year resident nonrefundable New York City	,	New York City and Yonkers
	child and dependent care credit		taxes, credits, and
52a	Subtract line 52 from 51	1	surcharges.
52b	MCTMT net earnings	,	
	base for Zone 1 52b .00		
52c	MCTMT net earnings		
	base for Zone 2 52c .00		
52d	MCTMT for Zone 1		
52e	MCTMT for Zone 2		See instructions to compute
52f	Total MCTMT (add lines 52d and 52e)		the MCTMT for each zone.
53	Yonkers nonresident earnings tax (Form Y-203)]	
54	Part-year Yonkers resident income tax surcharge		
	(Form IT-360.1)		
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54)	55	.00
56	Sales or use tax (Do not leave blank.)	56	0.00
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00
58	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,		
	and voluntary contributions (add lines 50, 55, 56, and 57)	58	452.00





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Enter your Social Security number 821559679

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59 E	nter amount from line 58					59	452.00
Pay	ments and refundable credits						
60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60			.00]	If applicable, complete
	NYC school tax credit (rate reduction amount)	60a			.00		Form(s) IT-2 and/or IT-1099-R
	Other refundable credits (<i>Form IT-203-ATT, line 17</i>)	61			.00		and submit them with your return.
	Total New York State tax withheld	62			396.00		
63	Total New York City tax withheld	63			.00		Do not send federal Form W-2 with your return.
	Total Yonkers tax withheld	64			.00		
65	Total estimated tax payments/amount paid with Form IT-370	65			.00		
66	Total payments and refundable credits (add lines 60 thro	ugh 65)				66	396.00
γοι	r refund, amount you owe, and account information						
67	Amount overpaid (if line 66 is more than line 59, subtract line	e 59 from line 66)				67	.00
68	Amount of line 67 available for refund (subtract line 69 from	m line 67)				68	.00
	TIP: Use this amount to check your refund status online.						
	Amount of line 68 that you want to deposit into a NYS 529 account	,			,		.00
68b	Total refund after NYS 529 account deposit (subtract line 68	Ba from line 68)				68b	.00
	Mark one refund choice: direct deposit to savings account	checking or	or ·		paper		Refund? Direct deposit is the
60	Amount of line 67 that you want applied to your 2024	(1111 111 1111 117 117 13)			check		easiest, fastest way to get your
09	estimated tax (see instructions)	69			.00		refund.
70	Amount you owe (if line 66 is less than line 59, subtract line 6		a a	av bv			See instructions for payment
	funds withdrawal, mark an X in the box and fill in I						options.
	or money order you must complete Form IT-201-V and					70	56.00
71	Estimated tax penalty (include this amount on line 70,						
	or reduce the overpayment on line 67)	71			.00		See instructions for the
72	Other penalties and interest	72			.00		proper assembly of your return.
73	Account information for direct deposit or electronic funds v						
	If the funds for your payment (or refund) would come from (or go to) an acco	our	nt outs	de the U.S.,	marl	an X in this box
	73a Account type: Personal checking - or - Per	sonal savings - o	or		Business ch	ocki	ng - or - Business savings
		sonar savings - (, 10		Dusiness of		
	73b Routing number 730	Account number	rl				
74	Electronic funds withdrawal	Date			Amoun		.00
					Amour		.00
	Third-party Print designee's name	Des	iar	ee's ph	one number		Personal identification
des	ignee? (see instr.)	(Ŭ)			number (PIN)
Yes	No X Email:						
		YTPRIN ccl. code 0 9	Γ		▼ Taxpa	yer(s) must sign here ▼
Prepa	AM PRIYA RAM SAGAR GUP SYAM PRIYA RAM	SAGAR GUP	Ľ	Your sig	nature		
Firm'	s name (or yours, if self-employed) Preparer's PT	IN or SSN	t		cupation		
GL(Addr	DBAL TAXES LLC P02 ess Employer ider	STUDENT Spouse's signature and occupation <i>(if joint return)</i>					
	5 POONEX CT	171965			.g		
	BRUNSWICK NJ 08816	ate 04102024		Date			Daytime phone number (413)406 9252
	SYAM@GTAXFILE.COM			Email:	NGURJAR@	UMA	, ,
L							

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM







Department of Taxation and Finance

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

Do not detach or separate the W-	I-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the Box c Employer's information	e back.
W-2 Record 1	Employer's name	
Box a Employee's Social Security number	AMMON HEISLER SACHS ARCHITECTS	
for this W-2 Record	Employer's address (number and street)	
821559679	300 WEST PRATT STREET SUITE 275	
Box b Employer identification number (EIN)	City State ZIP code Country	
261284694	BALTIMORE MD 21201	
Box 1 Wages, tips, other compensation	Box 12a Amount Code Box 14a Amount Description	
16188.00	.00	·
Box 8 Allocated tips	Box 12b Amount Code Box 14b Amount Description	·
.00	.00	·
	Box 12c Amount Code Box 14c Amount Description	
.00	.00	
	Box 12d Amount Code Box 14d Amount Description	
.00	.00	
100		
Box 13 Statutory employee Retirem	ment plan X Third-party sick pay Corrected	(W-2c)
	Box 16a NYS wages, tips, etc. Box 17a NYS income tax withheld	· · <u> </u>
NY State information: Box 15a	N Y .00 .00	
NY State	Box 16b Other state wages, tips, etc. Box 17b Other state income tax withheld	
Other state information: Box 15b	M D 16188.00 1232.00	
other state		
NYC and Yonkers Box 1	18 Local wages, tips, etc. Box 19 Local income tax withheld Box 20 Locality	name
information (see instr.):	.00 Locality a .00 Locality a	
Locality b	.00 Locality b .00 Locality b	
Box a Employee's Social Security number for this W-2 Record 821559679	JONES LANG LASALLE AMERICAS INC Employer's address (number and street) 200 EAST RANDOLPH	
Box b Employer identification number (EIN)	City State ZIP code Country	
364160760	CHICAGO IL 60601	
Box 1 Wages, tips, other compensation	Box 12a Amount Code Box 14a Amount Description	
31973.00	27.00 C 60.00 NYPFL	
Box 8 Allocated tips	Box 12b Amount Code Box 14b Amount Description	
.00	2746.00 D .00	
Box 10 Dependent care benefits	Box 12c Amount Code Box 14c Amount Description	
.00	450.00 W .00	
Box 11 Nonqualified plans	Box 12d Amount Code Box 14d Amount Description	
.00	1734.00 DD .00	
Box 13 Statutory employee Retiren	ment plan X Third-party sick pay Corrected	(W-2c)
	Box 16a NYS wages, tips, etc. Box 17a NYS income tax withheld	
NY State information: Box 15a NY State	N Y 10645.00 396.00	
	Box 16b Other state wages, tips, etc. Box 17b Other state income tax withheld	
Other state information: Box 15b other state	M D 21328.00 1705.00	
	18 Local wages, tips, etc. Box 19 Local income tax withheld Box 20 Locality	name
information (see instr.):	.00 Locality a .00 Locality a	
Locality b	.00 Locality b .00 Locality b	
102001233555		

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IT-2

2023 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

dd5.

1555

No No

NJ-1040 2023 Page 1

0906

821559679

040MP01230

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.) GURJAR NILIMA

Spouse's/CU Partner's SSN (if filing jointly)

Your Social Security Number (required)

Home Address (Number and Street, including apartment number) County/Municipality Code (See Table page 50) 600 N MCCLURG CT APT 2903

City, Town, Post Office	State	ZIP Code
CHICAGO	IL	60611

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.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	1
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	1
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	4		
dd2. Account type (C for checking, S for savings)		dd2.			
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			
dd4. Routing number		dd4.			

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

dd5. Account number

Gubernatorial Elections Fund



Γ			Name(s) as shown on GURJAR NI			
NJ- 2023 Page		P02230	Your Social Security 821559679			1555
Part-	year residents, provide months/days yo		lent during 2023:	Fiscal year	filers only:	
Fron	п: 100123 То: 1	123123	Ū.	Enter mon	th of your year end	2024
	ig Status 1 only one.					
1.	× Single					
2.	Married/CU Couple, filing joi					
3.	Married/CU Partner, filing sep	parate return				
4.	Head of Household	CUD		Enter spouse's/CU partner	r's SSN	
5.	Qualifying Widow(er)/Surviv Indicate the year of your spou	0	2021 2	022		
	nptions 1 the ovals that apply. You must enter a total i	n the boxes to the right and co	mplete the calculation.			
6.	Regular	× Self	Spouse/CU Partner	Domestic Partner	1 x \$1,000 =	
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. 10.	Veteran Qualified Dependent Children	Self	Spouse/CU Partner		x \$6,000 = x \$1,500 =	
11.	Other Dependents				x \$1,500 =	
12.	Dependents Attending Colleges (See i	instructions)			x \$1,000 =	
13.	Total Exemption Amount (Add totals		h 12)		13.	1000 .
14.	Dependent Information. Provide the	-	each dependent.			
	Last Name, First Name, Middle Initia	1		Social Security Number	Birth Year	No Health Insurance
a.						
b.						
с. d.						
u.						



NJ-1040 2023

Page 3

Name(s) as shown on Form NJ-1040 GURJAR NILIMA

Your Social Security Number 821559679

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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.	11525 .
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.	11525 .
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.	11525 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	250 .
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.	250 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	11275 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	
40b.	Indicate your residency status during 2023 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	11275 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	158 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	
	Enter Code		
45.	Balance of Tax (Subtract line 44 from line 43)	45.	158 .
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.	158 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	130 ·
52.	Interest on Underpayment of Estimated Tax	52.	• •
	Fill in if Form NJ-2210 is enclosed		
53a	Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.	
<i>55a</i> .		<i></i>	



NJ-1040 2023 Page 4

Name(s) as shown on Form NJ-1040 GURJAR NILIMA

Your Social Security Number 821559679

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53b.	If you indicated at line 53a that someone in your tax household do	53b.		
	Get Covered New Jersey to assist with obtaining coverage (See ins			
53c.	Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule NJ-HCC a	and fill in 53c.	
54.	Total Tax Due (Add lines 50 through 53c)		54.	. 158 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Pa	art-year residents, see instructions)	55.	. 90 .
56.	Property Tax Credit (See instructions page 24)		56.	
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 creater	lit		
	Fill in if you are a CU couple claiming the NJ Earned Income Tax	Credit		
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	. •
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form N	JJ-2450) (See instructions)	60.	. •
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose For	rm NJ-2450) (See instructions)	61.	
62.	Wounded Warrior Caregivers Credit (See instructions)		62.	. •
63.	Pass-Through Business Alternative Income Tax Credit (See instrue	63.	. •	
64.	Child and Dependent Care Credit (See instructions)		64.	
	Fill in if you are a CU couple claiming the Child and Dependent C	are 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	55)	66.	. 90 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from	m line 54 and enter the amount you owe	67.	68.
	If you owe tax, you can still make a donation on lines 70 through 7	7.		
68.	If the total on line 66 is more than line 54, you have an overpayment	nt. Subtract line 54 from line 66 and enter the over	payment 68.	. •
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	r Code 75.	. •
76.	Other Designated Contribution (See instructions)	Enter	r Code 76.	. •
77.	Other Designated Contribution (See instructions)	Enter	r Code 77.	. •
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69	through 77)	78.	. •
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	68.
80.	Refund amount (If line 68 is more than zero, subtract line 78 from	line 68)	80.	. •

Under penalties of perjury, I declare that I have exam the best of my knowledge and belief, it is true, correct based on all information of which the preparer has an	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation			
Your Signature	Date	Spouse's/CU Partner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111	
Paid Preparer's Signature SYAM PRIYA RAM SAGAR	CIIDTA	Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:	
	001 171	102002705	nj.gov/taxation Refund or No Tax Due Address Use the labels provided with the envelope and mail to	
Firm's Name		Firm's Federal Employer Identification Number	New Jersey Division of Taxation	
GLOBAL TAXES LLC		84-3171965	Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555	

____4___

____5___

6_

7

Division Use:

1 _____

2_

____3___

REQUIRED

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

	/ Number						
821-55-9679							
Care Coverage 2023							
If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.							
	Ith Care Coverage 2023						

			10 20	10 0	. 01		1011	unc	, III	ing u					110 <i>)</i> , u		oomp		10 001		•
Part I																					
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.																					
	Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.																				
No. Continue to Part II.																					
If you or any member of your tax household does not currently have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)																					
Part II										,											
Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.																					
										Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name			S	ocia	Sec	curit	y Nı	imbe	er												
Exemption numb	er:										c	heck b	ox if thi	s indivi	dual ha	s more	than or	ne exer	nption r	number	
									Г	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name			S	ocia	Sec	curit	y Nı	ımbe	er												
Exemption numb	er:											Check b	ox if thi	s indivi	dual ha	s more	than or	ne exer	nption r	number	
									Г	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name			S	ocia	Sec	curity	y Nı	ımbe	er												
Exemption numb	er:											heck b	ox if thi	s indivi	dual ha	s more	than or	ne exer	nption r	number	
									Г	Jan	Eab	Mor	Apr	May	lun		Aug	Son	Oct	Nov	Dec
Name Social Security Number				er	Jan		IVIAI		IVIAY	Jun		Aug	Зер			Dec					
Exemption numb	er:								Ĺ			heck b	ox if thi	s indivi	dual ha	s more	than or	ne exer	nption r	number	
									Г	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name			S	ocia	Sec	curit	y Nı	ımbe	er	Jan				Iviay	Jun		Aug				Dec
Exemption numb	-r.	\square										L heck b	I OX if thi	I s indivi	l dual ba	s more	than or		nntion r		
Exemption number:																					

1555

REV 01/29/24 PRO

Statement for Wages, Salaries, and Tips NJ-1040 or NJ-1040NR, line 15

2023

Name <u>GUR</u>	AR NILIMA	Social Security No. 821-55-9679			
	Not applicable if a part-year nonresident with NJ source income.	Incon from a sourc	all	Income attributed to New Jersey (part-year resident or non- resident only)	
b c d	Wages, from Form W-2		,686.		
11	Total wages, salaries, tips, etc Enter on line 15 of NJ-1040 or NJ-1040NR	59	,686.	11,525.	

njiw1501.SCR 11/10/23



e-File DECLARATION FOR ELECTRONIC FILING



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

5 É NILIMA		GURJAR	821559679
First Name	MI	Last Name	SSN/Taxpayer Identification Number
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Identification Number
Part I Tax Return Information (whole dollar	ars onl	lγ)	
1. Amount of overpayment to be applied to 2024	estima	ted tax	· · · · · 1 00
2. Amount of overpayment to be refunded to you			REFUND 2. 364 00
3. Total amount due (Pay in full by April 15, 2024	I. See i	nstructions.)	
Part II Taxpayer Declaration and Signature	Autho	rization	
Under penalties of perjury, I declare that I have that I provided to my Electronic Return Originat agree with the amounts shown on the correspon knowledge and belief, my return is true, correct statements, be sent to the Maryland Revenue Adr software provider.	or (ERC iding lin and co	D) or entered on-line and that the name nes of my 2023 Maryland electronic incomplete. I consent that my return, includ	(s) and amounts described above me tax return. To the best of my ling accompanying schedules and
Your PIN: check one box only			Enter five digits,

X I authorize GLOBAL TAXES LLC	to enter or generate my PIN $\frac{5 \ 9 \ 6 \ 7 \ 9}{2 \ 2 \ 2 \ 2 \ 2 \ 2 \ 2 \ 2 \ 2 \ 2 \$						
as my signature on my tax year 2023 electronically filed income	tax return.						
I will enter my PIN as my signature on my tax year 2023 electron entering your own PIN and your return is filed using the Practitio							
Your signature	Date						
Spouse's PIN: check one box only I authorize ERO firm name as my signature on my tax year 2023 electronically filed income for I will enter my PIN as my signature on my tax year 2023 electronically filed using the Practition entering your own PIN and your return is filed using the Practition	nically filed income tax return. Check this box only if you are						
Spouse's signature	Date						
Practitioner PIN Method Returns Only							
Part III Certification and Authentication - Practitioner PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digi							
I certify this numeric entry is my PIN, which is my signature for the ta taxpayer(s). I confirm that I am submitting this return in accordance							

Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature

Date 04102024

DO NOT MAIL





2023

¢

OR FISCAL YEAR BE	GINNING	2023,	ENDING			
821559679						
Your Social Security Nu	mber Spouse's Sc	ocial Security Number				
NILIMA						
Your First Name	MI					
GURJAR						
Your Last Name Spouse's First Name		Does your name match name on your social se card? If not, to ensure	ecurity you			
Spouse's First Name	MI	get credit for your pers exemptions, contact S 1-800-772-1213 or visit ssa.gov.				
Spouse's Last Name		. or visit 332.90				
600 N MCCLUR	G CT					
Current Mailing Addres	s Line 1 (Street No. and	d Street Name or PO Box)				
2903			CHICAGO		IL	60611
Current Mailing Addres	s Line 2 (Apt No., Suite	No., Floor No.)	City or Town		State	ZIP Code + 4
Foreign Country Name				Foreign F	Province/State/County	
Foreign Postal Code						
0300	Thisti dettori 0. F	Part-year residents		ction 20.		
4 Digit Political Sub	odivision Code (See Inst	truction 6) Maryland		NTY sion (See Instruction (5)	
A Digit Political Sub APT 1721, Maryland Physical A	ARRIVE INNER		Political Subdivis I		5)	
4 Digit Political Sut APT 1721, Maryland Physical	ARRIVE INNE	truction 6) Maryland R HARBOR,10 L No. and Street Name) (No	Political Subdivis I_ PO Box)		5)	
4 Digit Political Sut APT 1721, Maryland Physical Maryland Physical Maryland Physical	ARRIVE INNE	truction 6) Maryland R HARBOR,10 L	Political Subdivis I PO Box) PO Box)	sion (See Instruction 6		COINTY
4 Digit Political Sut APT 1721, Maryland Physical Maryland Physical BALTIMORE City	ARRIVE INNE	truction 6) Maryland R HARBOR,10 L No. and Street Name) (No	Political Subdivis I PO Box) PO Box) MD	sion (See Instruction of 21202	BALTIMORE	COUNTY
4 Digit Political Sut APT 1721, Maryland Physical Maryland Physical BALTIMORE City	ARRIVE INNE	truction 6) Maryland R HARBOR,10 L No. and Street Name) (No	Political Subdivis I PO Box) PO Box)	sion (See Instruction 6		COUNTY
4 Digit Political Sut APT 1721, Maryland Physical Maryland Physical BALTIMORE City FILING STATUS	ARRIVE INNE Address Line 1 (Street M Address Line 2 (Apt No.	truction 6) Maryland R HARBOR,10 L No. and Street Name) (No	Political Subdivis	Sion (See Instruction of 21202 ZIP Code + 4	BALTIMORE Maryland County	
FILING	ARRIVE INNE Address Line 1 (Street M Address Line 2 (Apt No., 1. X Single	truction 6) Maryland R HARBOR,10 L No. and Street Name) (No , Suite No., Floor No.) (No	Political Subdivis	$\frac{21202}{\text{ZIP Code + 4}}$	BALTIMORE Maryland County	
FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are	ARRIVE INNE Address Line 1 (Street M Address Line 2 (Apt No.) 1. X Single 2. Married	truction 6) Maryland R HARBOR, 10 L No. and Street Name) (No , Suite No., Floor No.) (No (If you can be claim	Political Subdivis	$\frac{21202}{\text{ZIP Code + 4}}$ er person's tax re	BALTIMORE Maryland County	
FILING STATUS CHECK ONE BOX ► See Instruction	ARRIVE INNE Address Line 1 (Street M Address Line 2 (Apt No.) 1. X Single 2. Married 3. Married	truction 6) Maryland R HARBOR, 10 L No. and Street Name) (No , Suite No., Floor No.) (No (If you can be claim d filing joint return o	Political Subdivis	$\frac{21202}{\text{ZIP Code + 4}}$ er person's tax re	BALTIMORE Maryland County	
FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are	ARRIVE INNE Address Line 1 (Street M Address Line 2 (Apt No.) 1. X Single 2. Married 3. Married 4. Head o	truction 6) Maryland R HARBOR,10 L No. and Street Name) (No , Suite No., Floor No.) (No (If you can be claim d filing joint return of d filing separately, S	Political Subdivis I PO Box) PO Box) MD State ned on another or spouse hac Spouse SSN	21202 ZIP Code + 4 er person's tax re	BALTIMORE Maryland County	
FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are	ARRIVE INNE Address Line 1 (Street M Address Line 2 (Apt No.) 1. X Single 2. Married 3. Married 4. Head of 5. Qualify	truction 6) Maryland R HARBOR,10 L No. and Street Name) (No , Suite No., Floor No.) (No (If you can be claim d filing joint return of d filing separately, S of household	Political Subdivis	21202 ZIP Code + 4 er person's tax re d no income	BALTIMORE Maryland County	Status 6.)
FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are	ARRIVE INNE Address Line 1 (Street M Address Line 2 (Apt No.) 1. X Single 2. Married 3. Married 4. Head of 5. Qualify 6. Depend Dates of Maryla	truction 6) Maryland R HARBOR, 10 L No. and Street Name) (No , Suite No., Floor No.) (No (If you can be claim d filing joint return of d filing separately, S of household ving surviving spous dent taxpayer (Ente and Residence (MI	Political Subdivis	sion (See Instruction of $\frac{21202}{\text{ZIP Code + 4}}$ er person's tax read no income	BALTIMORE Maryland County eturn, use Filing S	Status 6.)
FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are required to file. PART-YEAR	ARRIVE INNE Address Line 1 (Street M Address Line 2 (Apt No.) 1. X Single 2. Married 3. Married 4. Head of 5. Qualify 6. Depend Other state of res	truction 6) Maryland R HARBOR, 10 L No. and Street Name) (No , Suite No., Floor No.) (No (If you can be claim d filing joint return of d filing separately, S of household ying surviving spous dent taxpayer (Ente and Residence (MI sidence: NJ	Political Subdivis I PO Box) PO Box P	21202 ZIP Code + 4 er person's tax re d no income d no income dent child tion Box (A) - Se FROM 01012	BALTIMORE Maryland County eturn, use Filing S ee Instruction 7.) 023 TO 0930	Status 6.) 02023
APT 1721, Maryland Physical A Maryland Physical A BALTIMORE City FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are required to file. PART-YEAR RESIDENT	ARRIVE INNE Address Line 1 (Street M Address Line 2 (Apt No.) 1. X Single 2. Married 3. Married 4. Head of 5. Qualify 6. Depend Dates of Maryla Other state of result you began or e	truction 6) Maryland R HARBOR, 10 LT No. and Street Name) (No , Suite No., Floor No.) (No (If you can be claim d filing joint return of d filing separately, S of household /ing surviving spous dent taxpayer (Ente and Residence (MI sidence: NJ ended legal residence	Political Subdivis I PO Box) PO Box P	$\frac{21202}{\text{ZIP Code + 4}}$ er person's tax read no income dino income $FROM 01012$ d in 2023 place a	BALTIMORE Maryland County eturn, use Filing S ee Instruction 7.) 023 TO 0930 P in the box	Status 6.) 02023





2023 Page 2

NameNILIMA G	URJAR SSN 821559679		
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If	A. ► X Yourself ► Spouse Enter number checked 1 See Instruction 10 A. \$ B. ► 65 or over ► 65 or over	3200	00
you are claiming dependents, you must attach the Dependents'	Blind Blind <td< td=""><td></td><td>00</td></td<>		00
Information Form 502B to this form to receive	C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$		00
the applicable exemption amount	D. Enter Total Exemptions (Add A, B and C.) 1 Total AmountD. \$	3200	00
MARYLAND	Check here ► If you do not have health care coverage DOB (mm/dd/yyyy) ►		
HEALTH CARE COVERAGE	Check here ► If your spouse does not have health care coverage DOB (mm/dd/yyyy) ►		
See Instruction 3.	Check here L authorize the Comptroller of Maryland to share information from this tax retur Maryland Health Connection for the purpose of determining pre-eligibility for no low-cost health care coverage.		
	E-mail address 🕨		
	1. Adjusted gross income from your federal return▶ 1.	48161	00
INCOME	1a. Wages, salaries and/or tips		
See Instruction 11.	1b. Earned income ▶ 1b. 00		
	1c. Capital Gain or (loss)		
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ► 1d.		
	1e. Place a "Y" in this box if the amount of your investment income is more than \$11,000.	•	
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.		00
ADDITIONS	3. State retirement pickup		00
TO MARYLAND	4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4.		00
INCOME	5. Other additions (Enter code letter(s) from Instruction 12.) ► 5.		00
See Instruction 12.	6. Total additions (Add lines 2 through 5. See instructions.)		00
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)7.	48161	00
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.		00
SUBTRACTIONS	9. Child and dependent care expenses		00
FROM	10a. Pension exclusion from worksheet (13A) Yourself ► Spouse ► ► 10a.		00
MARYLAND	10b. Ranger pension exclusion from worksheet (13E) Yourself ► Spouse ► ► 10b.		00
INCOME	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.		00
See Instruction 13.	12. Income received during period of nonresidence (See Instruction 26.) ▶ 12.	10645	00
	13. Subtractions from attached Form 502SU		00
	14. Two-income subtraction from worksheet in Instruction 13 ▶ 14.	10645	00
	15. Total subtractions (Add lines 8 through 14. See instructions.)▶ 15.	10645	00
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	37516	00
	All taxpayers must select one method and check the appropriate box.		
DEDUCTION			
METHOD	 ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) Total federal itemized deductions (from line 17 federal Schedule A) = 17a 	00	
See Instruction 16.	 17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a. 17b. State and legal income taxes (See Instruction 14) 	00	
	17b. State and local income taxes (See Instruction 14.) ▶ 17b		
	Subtract line 17b from line 17a and enter amount on line 17.	1986	0.0
	 17. Deduction amount (Part-year residents see Instruction 26 (I and m).)	35530	00
	18. Net income (Subtract line 17 from line 16.) 18. 19. Exampling amount from Examplings area (See Instruction 10.) 10.	2493	00
	19. Exemption amount from Exemptions area (See Instruction 10.)	33037	00
	20. Taxable net income (Subtract line 19 from line 18.)		00





NameNILIMA GU		1 - 1 - 2
	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21.	1516
IARYLAND	21a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) 21a.	
AX	22. Earned income credit (EIC) (See Instruction 18.) ▶ 22	
OMPUTATION	Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.	
	Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.	
	23. Poverty level credit (See Instruction 18.)	
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	
	25. Business tax credits You must file this form electronically to claim business tax credits	lits on Form 50
	26. Total credits (Add lines 22 through 25.)	
	27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.	1516
OCAL TAX	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
OMPUTATION	your local tax rate .0 0320 or use the Local Tax Worksheet	1057
	 Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.). 	
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
	32. Total credits (Add lines 29 through 31.)	
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	1057
	34. Total Maryland and local tax (Add lines 27 and 33.)	2573
ONTRIBUTIONS	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35	00
e Instruction 20.	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	00
e filsti uction 20.	37. Contribution to Maryland Cancer Fund	00
	38. Contribution to Fair Campaign Financing Fund	00
	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	2573
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	0000
	and attach if MD tax is withheld.)	2937
	41. 2023 estimated tax payments, amount applied from 2022 return, payment made	
	with an extension request, and Form MW506NRS An extension request, and Form MW506NRS	
	42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42	
	43. Refundable income tax credits from Part CC, line 10 of Form 502CR	
	(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43. —	
	44. Total payments and credits (Add lines 40 through 43.)	2937
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	
	See Instruction 22.)	264
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. —	364
	47. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX ▶ 47. —	
EFUND	48. Amount of overpayment TO BE REFUNDED TO YOU	
-	(Subtract line 47 from line 46.) See line 51	364
	49. Check here if you are attaching Form 502UP. Enter interest charges from line 18,	
	or for late filing or homebuyer withdrawal penalty ► 49	
MOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.)	





2023 Page 4

	235020313	
NameNILIMA GURJAR SSN	821559679	
DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify that	t all account information is correct	t and clearly legible. If you
are requesting direct deposit of your refund, complete the following		
► X Check here if you authorize the State of Maryland to issu	e your refund by direct deposit.	
Check here if this refund will go to an account outside of	the United States.	
51a. Type of account: ► X Checking Savings 51b	D. Routing Number (9-digits) ►	071000013
51c. Account Number ► 887389853		
51d. Name(s) as it appears on the bank account		
► 4134069252 Daytime telephone no. Home telephone no.	► __	ODE NUMBERS (3 digits per line)
Check here if you authorize your preparer to discuss this return to file electronically. Check here ► if you agree to receive Instruction 24.)	5	authorize your paid preparer tement electronically (See
Under penalties of perjury, I declare that I have examined this ret the best of my knowledge and belief it is true, correct and comple based on all information of which the preparer has any knowledge	te. If prepared by a person other tha	
Your signature Date	Spouse's signature	Date
GLOBAL TAXES LLC Printed name of the Preparer / or Firm's name	245 ROONEY CT Street address of preparer or Firm's address	55
SYAM PRIYA RAM SAGAR GUPTA	E BRUNSWICK NJ 08816	
Signature of preparer other than taxpayer (Required by Law)	City, State, ZIP Code + 4	
For returns filed without payments, mail your completed return to:		082703 rer's PTIN (Required by Law)
Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001	To make an online payment, s follow instructions, or go to n on Pay.	
For returns filed with payments, attach your check or money order to Form PV. Make your check or money order payable to Comptroller of Maryland. On your check or money order, you must include the Social Security number/Individual Taxpayer Identification Number of the taxpayer if filing individually. If filing jointly, you must include the Social Security number/ ITIN of the primary taxpayer, tax year, and tax type on the check/money order. Failure to include this information will delay the processing of your payment. Do not staple Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:		
Payment Processing PO Box 8888		

Annapolis, MD 21401-8888