

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|-----------------------------------|---------------------------------------|
| Taxpayer's name PRATUL AGARWAL | Social security number 734-43-3263 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5.

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

| | | | |
|---|---|---|----------|
| 1 | Adjusted gross income | 1 | 230,040. |
| 2 | Total tax | 2 | 48,407. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 49,746. |
| 4 | Amount you want refunded to you | 4 | 1,339. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 2 | 6 | 3 |
|---|---|---|---|---|

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial PRATUL Last name AGARWAL Your social security number 734 43 3263

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

Home address (number and street). If you have a P.O. box, see instructions. 444 WASHINGTON BOULEVARD Apt. no. 1404 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. JERSEY CITY State NJ ZIP code 07310 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

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

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

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

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

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

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

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section. Total tax amount is 48,407.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section. Total payments amount is 49,746.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section. Amount of refund is 1,339.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section. Amount owed is 48,067.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No', and fields for name, phone number, and PIN.

Sign Here section. Declaration of preparer and signature lines for preparer and spouse. Includes fields for date and occupation.

Paid Preparer Use Only section. Fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

PRATUL AGARWAL

Your social security number

734-43-3263

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -16,755. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -16,755. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

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

Your social security number
734-43-3263

Part I Tax

| | | | |
|----------|--|----------|--|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | |

Part II Other Taxes

| | | | |
|-----------|--|-----------|------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | 399. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|-----------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | |
| q | Any interest from Form 8621, line 24 | 17q | |
| z | Any other taxes. List type and amount: _____ _____ | 17z | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 |
| 19 | Reserved for future use | | 19 |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 |

399.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Name(s) shown on return

PRATUL AGARWAL

Your social security number

734-43-3263

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 25,876. | 18,719. | | 7,157. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 7,157. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 1,251. | 6,700. | | -5,449. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -5,449. |

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

Schedule D (Form 1040) 2023

Part III Summary

| | | | |
|-----------|--|-----------|--------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 1,708. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | () |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

PRATUL AGARWAL

734-43-3263

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). | |
|------------------|--|---|---|--|--|--|--------------------------------|--|--------|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | | |
| | FIDELITY BROKERAGE SERVICES LLC | 01/01/23 | 12/31/23 | 25,876. | 18,719. | | | 7,157. | |
| | | | | | | | | | |
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| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | | 25,876. | 18,719. | | | 7,157. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

| | |
|---|---|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRATUL AGARWAL | Social security number or taxpayer identification number 734-43-3263 |
|---|---|

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|--|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | FIDELITY BROKERAGE SERVICES LLC | 01/01/23 | 12/31/23 | 1,251. | 6,700. | | | -5,449. |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . . | | | | 1,251. | 6,700. | | | -5,449. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

PRATUL AGARWAL

734-43-3263

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A 10/902 NRI COMPLEX NERUL, NAVI MUMBAI MAHARASHTRA IN 400706

B
C

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

Type of Property:

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

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 750. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 2,255. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 2,950. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 3,465. | | |
| 15 Supplies | 15 3,985. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 4,850. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 17,505. | | |
| 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 -16,755. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (16,755.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 750. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 17,505. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (16,755.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | 26 -16,755. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-16,755.

Schedule E (Form 1040) 2023

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return
 PRATUL AGARWAL

Your social security number
 734-43-3263

Part I Additional Medicare Tax on Medicare Wages

| | | | | |
|----------|--|----------|----------|---------|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 244,323. | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | |
| 3 | Wages from Form 8919, line 6 | 3 | | |
| 4 | Add lines 1 through 3 | 4 | 244,323. | |
| 5 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 5 | 200,000. | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | 44,323. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 399. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|-----------|--|-----------|--|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- | 8 | | |
| 9 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 9 | | |
| 10 | Enter the amount from line 4 | 10 | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|-----------|--|-----------|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | |
| 15 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 15 | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 | | |

Part IV Total Additional Medicare Tax

| | | | | |
|-----------|--|-----------|--|------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V | 18 | | 399. |
|-----------|--|-----------|--|------|

Part V Withholding Reconciliation

| | | | | |
|-----------|---|-----------|----------|------|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 3,942. | |
| 20 | Enter the amount from line 1 | 20 | 244,323. | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 3,543. | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 399. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) | 24 | | 399. |

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return
PRATUL AGARWAL

Your social security number or EIN
734-43-3263

Part I Investment Income Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

| | | | | |
|-----------|---|----------|-----------|----------|
| 1 | Taxable interest (see instructions) | | 1 | |
| 2 | Ordinary dividends (see instructions) | | 2 | 764. |
| 3 | Annuities (see instructions) | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) | -16,755. | | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | | | |
| c | Combine lines 4a and 4b | | 4c | -16,755. |
| 5a | Net gain or loss from disposition of property (see instructions) | 1,708. | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | | | |
| d | Combine lines 5a through 5c | | 5d | 1,708. |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | 6 | |
| 7 | Other modifications to investment income (see instructions) | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | -14,283. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | | |
|-----------|---|--|-----------|--|
| 9a | Investment interest expenses (see instructions) | | 9a | |
| b | State, local, and foreign income tax (see instructions) | | 9b | |
| c | Miscellaneous investment expenses (see instructions) | | 9c | |
| d | Add lines 9a, 9b, and 9c | | 9d | |
| 10 | Additional modifications (see instructions) | | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | | 11 | |

Part III Tax Computation

| | | | | |
|----------------------------|---|----------|------------|----|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- | | 12 | 0. |
| Individuals: | | | | |
| 13 | Modified adjusted gross income (see instructions) | 230,040. | | |
| 14 | Threshold based on filing status (see instructions) | 200,000. | | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 30,040. | | |
| 16 | Enter the smaller of line 12 or line 15 | | 16 | 0. |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 17 | 0. |
| Estates and Trusts: | | | | |
| 18a | Net investment income (line 12 above) | | 18a | |
| b | Deductions for distributions of net investment income and charitable deductions (see instructions) | | 18b | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | | 18c | |
| 19a | Adjusted gross income (see instructions) | | 19a | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | | 19b | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | | 19c | |
| 20 | Enter the smaller of line 18c or line 19c | | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 21 | |



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 PRATUL AGARWAL | Spouse's name (jointly filed return only) |
|-----------------------------------|---|

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.

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.

General instructions

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

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*.

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

Part A – Tax return information

| | | |
|--|----|-----------|
| 1 Federal adjusted gross income (from applicable line) | 1. | 230040. |
| 2 Refund | 2. | 7408. |
| 3 Amount you owe | 3. | |
| 4 Financial institution routing number | 4. | 021000021 |
| 5 Financial institution account number | 5. | 198581800 |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings | | |

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 design 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 TALLAM | Date 03032024 |



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning

23

and ending

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | | | |
|--|----------|---|----------------------|---|-------------------------------|--|-----------------------------|
| Your first name and middle initial PRATUL | | Your last name (for a joint return, enter spouse's name on line below) AGARWAL | | Your date of birth (mmddyyyy) 10141993 | | Your Social Security number 734433263 | |
| Spouse's first name and middle initial | | Spouse's last name | | Spouse's date of birth (mmddyyyy) | | Spouse's Social Security number | |
| Mailing address (see instructions) (number and street or PO Box) 444 WASHINGTON BOULEVARD | | | | Apartment number 1404 | | New York State county of residence NR | |
| City, village, or post office JERSEY CITY | | State NJ | ZIP code 07310 | Country UNITED STATES | | School district name NR | |
| Taxpayer's permanent home address (see instructions) (no. and street or rural route) | | | | Apartment no. | City, village, or post office | | School district code number |
| State | ZIP code | Country | Decedent information | | Taxpayer's date of death | Spouse's date of death | |

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2023 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? Yes No



D2 (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2023? Yes No

If Yes: (2) Number of months you lived in Yonkers in 2023 ...

(3) Number of months your spouse lived in Yonkers in 2023 ...

If No: (4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ... Yes No

E New York City part-year residents only (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)

(1) Number of months you lived in NY City in 2023

(2) Number of months your spouse lived in NY City in 2023

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 (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

(if Yes, complete Form IT-203-B)

I Dependent information

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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



203001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
734433263

Federal income and adjustments

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Rental real estate included in line 11; Farm income or loss; Unemployment compensation; Taxable amount of Social Security benefits; Other income; Add lines 1 through 11 and 13 through 16; Total federal adjustments to income; Federal adjusted gross income.

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations; Public employee 414(h) retirement contributions; Other; Add lines 19 through 22.

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes; Pensions of NYS and local governments and the federal government; Taxable amount of Social Security benefits; Interest income on U.S. government bonds; Pension and annuity income exclusion; Other; Add lines 24 through 29; New York adjusted gross income.

32 Enter the amount from line 31, Federal amount column 230040.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002233555



Name(s) as shown on page 1
PRATUL AGARWAL

Enter your Social Security number
734433263

Standard deduction or itemized deduction

| | | | |
|----|--|----|-----------|
| 33 | Enter your standard deduction or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized | 33 | 8000.00 |
| 34 | Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 34 | 222040.00 |
| 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 | 222040.00 |

Tax computation, credits, and other taxes

| | | | |
|----|--|----|-----------|
| 37 | New York taxable income (from line 36) | 37 | 222040.00 |
| 38 | New York State tax on line 37 amount | 38 | 13915.00 |
| 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 | 13915.00 |
| 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 | 13915.00 |
| 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 | 13915.00 |
|----|---|----|----------|

| | | | | |
|----|-------------------|------------------------------------|-----------------------------|----------------------------------|
| 45 | Income percentage | New York State amount from line 31 | Federal amount from line 31 | Round result to 4 decimal places |
| | | 244323.00 | 230040.00 | 1.0621 |

| | | | |
|----|--|----|----------|
| 46 | Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | 14779.00 |
| 47 | New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | .00 |
| 48 | Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | 14779.00 |
| 49 | Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | .00 |
| 50 | Total New York State taxes (add lines 48 and 49) | 50 | 14779.00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | | | |
|-----|---|-----|-----|---|
| 51 | Part-year New York City resident tax (Form IT-360.1) | 51 | .00 | See instructions to compute New York City and Yonkers taxes, credits, and surcharges. |
| 52 | Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 | |
| 52a | Subtract line 52 from line 51 | 52a | .00 | |
| 52b | MCTMT net earnings base for Zone 1 | 52b | .00 | See instructions to compute the MCTMT for each zone. |
| 52c | MCTMT net earnings base for Zone 2 | 52c | .00 | |
| 52d | MCTMT for Zone 1 | 52d | .00 | |
| 52e | MCTMT for Zone 2 | 52e | .00 | |
| 52f | Total MCTMT (add lines 52d and 52e) | 52f | .00 | |
| 53 | Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 | |
| 54 | Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 | |
| 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 | 14779.00 |
|----|--|----|----------|

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003233555



Enter your Social Security number
734433263

59 Enter amount from line 58 59 14779.00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2024 tax, amount owed, and other penalties and interest.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021000021 73c Account number 198581800

74 Electronic funds withdrawal Date [] Amount [].00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Preparer information: Paid preparer must complete. Includes signature, printed name, firm name, address, PTIN, and employer ID.

Taxpayer information: Taxpayer(s) must sign here. Includes signature, occupation, spouse's signature, date, and phone number.

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

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

734433263

Box b Employer identification number (EIN)

132730828

Box c Employer's information

| | | | |
|---|-------------|-------------------|---------|
| Employer's name DEUTSCHE BANK SECURITIES INC | | | |
| Employer's address (number and street) 1 COLUMBUS CIRCLE 8N | | | |
| City NEW YORK | State NY | ZIP code 10019 | Country |

Box 1 Wages, tips, other compensation

244323.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

60.00

Code

C

Box 12b Amount

4500.00

Code

AA

Box 12c Amount

6062.00

Code

DD

Box 12d Amount

.00

Code

Box 14a Amount

21.00

Description

SDI

Box 14b Amount

399.00

Description

NY PFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

244323.00

Box 17a NYS income tax withheld

22187.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

| | | | |
|---|-------|----------|---------|
| Employer's name | | | |
| Employer's address (number and street) | | | |
| City | State | ZIP code | Country |

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001233555

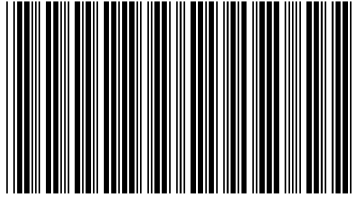


2023 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2023
Page 1



040MP01230

Your Social Security Number (required)
734433263

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.)
AGARWAL PRATUL

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

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
444 WASHINGTON BOULEVARD APT 1404

City, Town, Post Office State ZIP Code
JERSEY CITY NJ 07310

Driver's License Number (Voluntary) (See instructions)
A30646330010931

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

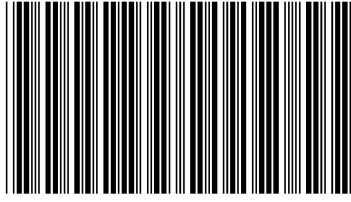
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

| | | | |
|---|-------------------|-----|----|
| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You | Yes | No |
| If joint return, does your spouse want to designate \$1? | Spouse/CU Partner | Yes | No |

Direct Deposit Information

| | | |
|--|------|---|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | 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. | |
| dd5. Account number | dd5. | |





Name(s) as shown on Form NJ-1040
AGARWAL PRATUL

Your Social Security Number
734433263

1555

Part-year residents, provide months/days you were a New Jersey resident during 2023:
From: To:

Fiscal year filers only:
Enter month of your year end 2 0 2 4

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2021 2022

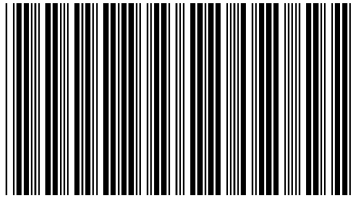
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

| | | | | | | | |
|--|-------------------------------------|------|-------------------|------------------|---|-------------|---------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1958 or earlier) | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | <input type="checkbox"/> | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | 13. | <u>1000</u> . |

14. Dependent Information. Provide the following information for each dependent.

| | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____ | | | |
| b. | _____ | | | |
| c. | _____ | | | |
| d. | _____ | | | |



040MP03230

Name(s) as shown on Form NJ-1040
AGARWAL PRATUL

Your Social Security Number
734433263

1555

| | | | |
|--|-----------|--------|------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 244323 | . |
| 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. | 764 | . |
| 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. | 1708 | . |
| 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. | 246795 | . |
| 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. | 246795 | . |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 1000 | . |
| 31. Medical Expenses (See Worksheet F and instructions) | 31. | . | . |
| 32. Alimony and separate maintenance payments (See instructions) | 32. | . | . |
| 33. Qualified Conservation Contribution | 33. | . | . |
| 34. Health Enterprise Zone Deduction | 34. | . | . |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 | . |
| 36. Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . | . |
| 37a. NJBEST Deduction | 37a. | . | . |
| 37b. NJCLASS Deduction | 37b. | . | . |
| 37c. NJ Higher Ed. Tuition Deduction | 37c. | . | . |
| 38. Total Exemptions and Deductions (Add lines 30 through 37c) | 38. | 1000 | . |
| 39. Taxable Income (Subtract line 38 from line 29) | 39. | 245795 | . |
| 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. | 245795 | . |
| 43. Tax on amount on line 42 (Tax Table page 52) | 43. | 13531 | . |
| 44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 44. | 13395 | . |
| Enter Code | | 32 | |
| 45. Balance of Tax (Subtract line 44 from line 43) | 45. | 136 | . |
| 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. | 136 | . |
| 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 | 51. | 0 | . |
| 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. | | |



Name(s) as shown on Form NJ-1040
AGARWAL PRATUL

Your Social Security Number
734433263

1555

| | | | |
|---|--|------|-------|
| 53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions) | | 53b. | |
| 53c. Shared Responsibility Payment (See instructions) | REQUIRED Enclose Schedule NJ-HCC and fill in <input checked="" type="checkbox"/> | 53c. | 0 . |
| 54. Total Tax Due (Add lines 50 through 53c) | | 54. | 136 . |
| 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions) | | 55. | . . |
| 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) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | | 58. | . . |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | | 59. | . . |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | | 60. | . . |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | | 61. | . . |
| 62. Wounded Warrior Caregivers Credit (See instructions) | | 62. | . . |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions) | | 63. | . . |
| 64. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit | | 64. | . . |
| 65. New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2023 | | 65. | . . |
| 66. Total Withholdings, Credits, and Payments (Add lines 55 through 65) | | 66. | . . |
| 67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77. | | 67. | 136 . |
| 68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment | | 68. | . . |
| 69. Amount from line 68 you want to credit to your 2024 tax | | 69. | . . |
| 70. Contribution to N.J. Endangered Wildlife Fund | | 70. | . . |
| 71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse | | 71. | . . |
| 72. Contribution to N.J. Vietnam Veterans' Memorial Fund | | 72. | . . |
| 73. Contribution to N.J. Breast Cancer Research Fund | | 73. | . . |
| 74. Contribution to U.S.S. New Jersey Educational Museum Fund | | 74. | . . |
| 75. Other Designated Contribution (See instructions) | Enter Code | 75. | . . |
| 76. Other Designated Contribution (See instructions) | Enter Code | 76. | . . |
| 77. Other Designated Contribution (See instructions) | Enter Code | 77. | . . |
| 78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77) | | 78. | . . |
| 79. Balance due (If line 67 is more than zero, add line 67 and line 78) | | 79. | 136 . |
| 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 examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date _____ Spouse's/CU Partner's Signature (required if filing jointly) Date _____

Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Federal Identification Number P02082703

Firm's Name GLOBAL TAXES LLC Firm's Federal Employer Identification Number 84-3171965

Tax Due Address
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
Revenue Processing Center - Payments
PO Box 111
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:
nj.gov/taxation

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2023

| List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D. | | | | | | |
|---|---|----------------------------|------------------------|-------------------|--|----------------------------|
| | (a) | (b) | (c) | (d) | (e) | (f) |
| 1. | Kind of property and description | Date acquired (mm/dd/yyyy) | Date sold (mm/dd/yyyy) | Gross sales price | Cost or other basis as adjusted (see instructions) and expense of sale | Gain or (loss) (d minus e) |
| | FIDELITY BROKERAGE SERVICES LLC | 01/01/2023 | 12/31/2023 | 25,876. | 18,719. | 7,157. |
| | FIDELITY BROKERAGE SERVICES LLC | 01/01/2023 | 12/31/2023 | 1,251. | 6,700. | -5,449. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. | Capital Gains Distributions | | | | | |
| 3. | Other Net Gains..... | | | | | |
| 4. | Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.)..... | | | | | 1,708. |

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2023

| | | | |
|---|--|----|--------|
| <p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," enter the name and Social Security number of the qualifying service member.</p> <p style="text-align: center;">_____ - _____</p> <p style="display: flex; justify-content: space-between;"> Last Name, First Name, Initial Social Security number </p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 62, NJ-1040.</p> | | | |
| 1. | Enter the federal disability compensation of the armed services member | 1. | |
| 2. | Maximum credit allowed | 2. | 675 00 |
| 3. | Enter the lesser of line 1 or line 2 | 3. | |
| 4. | <p>Were you the only caregiver for this service member during the tax year?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If "No," enter your share (percentage) of the total care expenses for the year.</p> | 4. | % |
| 5. | <p>If you answered "Yes" at line 4, enter the amount from line 3 here and on line 62, NJ-1040.</p> <p>If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040</p> | 5. | |

Keep a copy of this schedule for your records

| | |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040 AGARWAL PRATUL | Social Security Number 734-43-3263 |
|--|---------------------------------------|

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2023

| Part I Net Profits From Business | | List the net profit (loss) from business(es). See instructions. | |
|---|---|---|------------------|
| | Business Name | Social Security Number/ Federal EIN | Profit or (Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) | | 4. |

| Part II Distributive Share of Partnership Income | | List the distributive share of income (loss) from partnership(s). See instructions. | |
|---|---|---|---------------------------------------|
| | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) | | 4. |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.) | | 5. |

| Part III Net Pro Rata Share of S Corporation Income | | List the pro rata share of income (usable loss) from S corporation(s). See instructions. | |
|--|--|--|---|
| | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) | | 4. |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040) | | 5. |

| Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights | | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights | |
|---|---|--|-------------------------------------|
| | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN | Type – Enter number from list above |
| 1. | 10/902 NRI COMPLEX | 734433263 | 1 |
| 2. | | | |
| 3. | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) | | 4. |

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2023**
(Form NJ-1040) Alternative Business Calculation Adjustment

| Part I Income (Loss) | | Column A | | | Column B | | |
|---|---|------------------------------------|------|-----------|------------------------------------|---|--|
| | | Reportable Regular Business Income | | | Alternative Business Income (Loss) | | |
| 1. | Net Profits From Business | 1a. | 0. | 1b. | 0. | | |
| 2. | Distributive Share of Partnership Income | 2a. | 0. | 2b. | 0. | | |
| 3. | Net Pro Rata Share of S Corporation Income | 3a. | 0. | 3b. | 0. | | |
| 4. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a. | 0. | 4b. | -16,755. | | |
| 5. | Loss Carryforward From Tax Year 2022 | | | 5b. | (15,310. |) | |
| 6. | Totals | 6a. | 0. | 6b. | -32,065. | | |
| Part II Adjustment Calculation | | | | | | | |
| 7. | Total Regular Business Income | 7. | 0. | | | | |
| 8. | Total Alternative Business Income/(Loss) (If loss, enter zero) | 8. | 0. | | | | |
| 9. | Business Increment (Subtract line 8 from line 7) | 9. | 0. | | | | |
| 10. | Adjustment Percentage | 10. | 0.50 | | | | |
| 11. | Alternative Business Calculation Adjustment (Line 9 x 0.50) | 11. | 0. | | | | |
| Part III Loss Carryforward to Tax Year 2024 | | | | | | | |
| 12. | Loss Carryforward to Tax Year 2024 | 12. | | (32,065. |) | | |

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

REQUIRED

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

| | |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040 AGARWAL PRATUL | Social Security Number 734-43-3263 |
|--|---------------------------------------|

Schedule NJ-HCC

Health Care Coverage

2023

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

Part I

Did you and, if applicable, all members of your tax 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 | Social Security Number | | | | | | | | | | | | |
| Exemption number: <input type="text"/> | | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: <input type="text"/> | | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: <input type="text"/> | | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: <input type="text"/> | | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: <input type="text"/> | | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

Keep a copy of this schedule for your records