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



| <b>1040</b>  |               | artment of the Treasury-Internal Revenue Servi                                  |   | urn                | 202                  | 3                             | OMB No. 1545    | -0074          | IRS Use    | Only-           | -Do not w | rite or sta         | aple in this space.              |
|--|---------------|---|---|--------------------|----------------------|-------------------------------|-----------------|----------------|------------|-----------------|-----------|---------------------|----------------------------------|
| For the year Jai   | n. 1–Dec      | c. 31, 2023, or other tax year beginning  |   | '                  | , 2023, end          | ling                          |                 |                | , 20       |                 | See se    | oarate i            | instructions.                    |
| Your first name  | and m         | iddle initial   | Last na   | me                 |                      |                               |                 |                |            |                 |           |                     | curity number                    |
| AMOL RAI   |               |   | PATI  |                    |                      |                               |                 |                |            |                 |           |                     | 7828                             |
| If joint return, s   | pouse's       | s first name and middle initial   | Last nai  | me                 |                      |                               |                 |                |            |                 | •         |                     | security number                  |
| SUREKHA  | SHI           | VAJIRAO   | DESA  | Ι                  |                      |                               |                 |                |            |                 | 341       | 99                  | 9155                             |
| Home address   | (numbe        | er and street). If you have a P.O. box, see                                     | instruction   | ons.               |                      |                               |                 | 1              | Apt. no.   |                 | Preside   | ntial Ele           | ection Campaigr                  |
| <u>17030 N</u>   | 49T           | H STREET  |   |                    |                      |                               |                 | 2              | 2122       |                 |           |                     | ou, or your                      |
| City, town, or p   | ost offi      | ce. If you have a foreign address, also co                                      | mplete s  | paces belo         | ow.                  | Sta                           | te              | ZIP c          | ode        |                 |           | -                   | jointly, want \$3 nd. Checking a |
| SCOTTSD  | ALE           |   |   |                    |                      | AZ                            | 1               | 852            | :54        |                 | _         |                     | not change                       |
| Foreign countr   | y name        |   | F   | oreign pro         | ovince/state/        | count                         | у               | Foreig         | n postal c | ode             | your tax  | or refu             |                                  |
| Filing Status  | s [           | ] Single  |   |                    |                      |                               | ☐ Head of h     | ouseh          | old (HOI   | <del>-</del>  ) |           |                     |                                  |
| Check only   | _             | Married filing jointly (even if only or   | ne had ii   | ncome)             |                      |                               |                 |                |            |                 |           |                     |                                  |
| one box.   |               | Married filing separately (MFS)   |   |                    |                      |                               | ☐ Qualifying    | surviv         | ing spo    | use (0          | QSS)      |                     |                                  |
|  | If y          | you checked the MFS box, enter the  | name o  | of your sp         | ouse. If you         | ı che                         | cked the HOF    | or Q           | SS box,    | enter           | the chi   | ld's na             | me if the                        |
|  | qu            | alifying person is a child but not you  | ır depen  | ident:             |                      |                               |                 |                |            |                 |           |                     |                                  |
| District.  | Λ+ o.         | ny time during 2023, did you: (a) rec   | oivo (oo  |                    |                      |                               |                 |                |            |                 |           |                     |                                  |
| Digital<br>Assets  |               | ny time during 2023, did you: (a) rect<br>nange, or otherwise dispose of a digi |   |                    |                      |                               |                 |                |            |                 |           | ∏ Y€                | es 🗵 No                          |
|  |               | neone can claim: You as a de  |   |                    |                      |                               | a dependent     | .,,, (0,       | oc mona    | Otion           | o.,       |                     | 20 23 110                        |
| Standard Deduction   | _             | Spouse itemizes on a separate retur   | •   |                    |                      |                               | •               |                |            |                 |           |                     |                                  |
| Deduction  | <u> </u>      | Spouse iternizes on a separate retur  | ii or you   | weieat             | Juai-Status          | allell                        |                 |                |            |                 |           |                     |                                  |
| Age/Blindnes   | s You         | : Were born before January 2, 1   | 959   | Are bli            | nd <b>Spo</b>        | ouse                          | : U Was bor     | n befo         | ore Janu   | ary 2,          | , 1959    | ls                  | s blind                          |
| Dependent  | <b>s</b> (see | instructions):  |   | <b>(2)</b> S       | ocial security       | ,                             | (3) Relationsh  | lationship (4) |            | ck the box if   |           | fies for (          | (see instructions):              |
| If more  | (1) F         | (1) First name Last name  |   | number to you      |                      | to you                        | Child tax c     |                | ax cre     | edit            | Credit fo | or other dependents |                                  |
| than four  |               |   |   |                    |                      |                               |                 |                |            |                 |           |                     |                                  |
| dependents, see instruction  | c             |   |   |                    |                      |                               |                 |                |            |                 |           |                     |                                  |
| and check  | ·             |   |   |                    |                      |                               |                 |                |            |                 |           |                     |                                  |
| here   |               |   |   |                    |                      |                               |                 |                |            |                 |           |                     |                                  |
| Income   | 1a            | Total amount from Form(s) W-2, b  | ox 1 (see   | e instruct         | tions) .             |                               |                 |                |            |                 | 1a        |                     | 75 <b>,</b> 179.                 |
| Attach Form(s)   | b             | Household employee wages not re   | eported   | on Form            | (s) W-2 .            |                               |                 |                |            |                 | 1b        |                     |                                  |
| W-2 here. Also   | С             | Tip income not reported on line 1a (see instructions)                           |   |                    |                      |                               |                 | 1c             |            |                 |           |                     |                                  |
| attach Forms   | d             | Medicaid waiver payments not rep  | caid waiver payments not reported on Form(s) W-2 (see instructions)           |                    |                      |                               |                 | 1d             |            |                 |           |                     |                                  |
| W-2G and<br>1099-R if tax  | е             | Taxable dependent care benefits f   | rom For   | m 2441, line 26    |                      |                               |                 |                | 1e         |                 |           |                     |                                  |
| was withheld.  | f             | Employer-provided adoption bene   | fits from   | n Form 88          | 839, line 29         |                               |                 |                |            |                 | 1f        |                     |                                  |
| If you did not   | g             | Wages from Form 8919, line 6 .  |   |                    |                      |                               |                 |                |            |                 | 1g        |                     |                                  |
| get a Form<br>W-2, see   | h             | Other earned income (see instruct   | ions) .   |                    |                      |                               |                 | ι.             |            |                 | 1h        |                     | 0.                               |
| instructions.  | i             | Nontaxable combat pay election (s   | see instr   | ructions)          |                      |                               | <u>1</u> i      |                |            |                 |           |                     |                                  |
|  | Z             | Add lines 1a through 1h   |   |                    |                      |                               |                 |                |            |                 | 1z        |                     | 75,179.                          |
| Attach Sch. B  | 2a            | Tax-exempt interest   | 2a  |                    |                      | b Ta                          | axable interest | t.             |            |                 | 2b        |                     |                                  |
| if required.   | 3a            | Qualified dividends   | 3a  |                    |                      | <b>b</b> 0                    | rdinary divide  | nds .          |            |                 | 3b        |                     |                                  |
| Name desired   | 4a            | IRA distributions   | 4a  |                    |                      |                               | axable amoun    |                |            |                 | 4b        |                     |                                  |
| Standard<br>Deduction for—   | 5a            | Pensions and annuities  | 5a  |                    |                      | b Ta                          | axable amoun    | t              |            |                 | 5b        |                     |                                  |
| Single or  | 6a            | Social security benefits  | 6a  |                    |                      | b Ta                          | axable amoun    | t              |            |                 | 6b        |                     |                                  |
| Married filing separately, c If you elect to use the lump-sum election method, |               |   |   |                    |                      | check here (see instructions) |                 |                |            |                 |           |                     |                                  |
| \$13,850<br>Married filing   | 7             | Capital gain or (loss). Attach Sche   | ll gain or (loss). Attach Schedule D if required. If not required, check here |                    |                      |                               |                 |                | 7          |                 |           |                     |                                  |
| jointly or   | 8             | Additional income from Schedule   | 1, line 10  | 0                  |                      |                               |                 |                |            |                 | 8         |                     | -16,113.                         |
| Qualifying surviving spouse,   | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,  | , and 8.  | This is yo         | our <b>total inc</b> | come                          |                 |                |            |                 | 9         |                     | 59 <b>,</b> 066.                 |
| \$27,700   | 10            | Adjustments to income from Sche   | nts to income from Schedule 1, line 26  |                    |                      |                               |                 |                | 10         |                 |           |                     |                                  |
| Head of household,   | 11            | Subtract line 10 from line 9. This is   | s your <b>a</b> c   | djusted (          | gross incor          | ne                            |                 |                |            |                 | 11        |                     | 59,066.                          |
| \$20,800<br>If you checked   | 12            | Standard deduction or itemized  | deducti   | i <b>ons</b> (fror | m Schedule           | A)                            |                 |                |            |                 | 12        |                     | 27,700.                          |
| any box under  | 13            | Qualified business income deduct  | ion from  | Form 89            | 995 or Form          | 899                           | 5-A             |                |            |                 | 13        |                     |                                  |
| Standard<br>Deduction,   | 14            | Add lines 12 and 13   |   |                    |                      |                               |                 |                |            |                 | 14        |                     | 27,700.                          |
| see instructions.  | 15            | Subtract line 1/1 from line 11. If zer  | o or loca   | c ontor            | O This is w          | Our t                         | avabla inaam    |                |            |                 | 15        |                     | 31 366                           |

| Form 1040 (202                     | 3)  |   |                          |                           |                      |                        |                         |  | Page <b>2</b>         |  |
|------------------------------------|---|---|--------------------------|---------------------------|----------------------|------------------------|-------------------------|--|-----------------------|--|
| Tax and                            | 16  | Tax (see instructions). Check           | if any from Form         | (s): <b>1</b> 881         | 4 <b>2</b> 4972      | 3 🗌                    |                         | 16   | 3,325.                |  |
| Credits                            | 17  |   |                          |                           |                      |                        |                         | 17   |                       |  |
|                                    | 18  | Add lines 16 and 17                     |                          |                           |                      |                        |                         | 18   | 3,325.                |  |
|                                    | 19  | Child tax credit or credit for          | other dependent          | ts from Sched             | ule 8812             |                        |                         | 19   |                       |  |
|                                    | 20  | Amount from Schedule 3, lin             | e8                       |                           |                      |                        |                         | 20   |                       |  |
|                                    | 21  | •                                       |                          |                           |                      |                        |                         | 21   |                       |  |
|                                    | 22  | Subtract line 21 from line 18           |                          |                           |                      |                        |                         | 22   | 3,325.                |  |
|                                    | 23  | Other taxes, including self-e           | mployment tax,           | from Schedule             | e 2, line 21         |                        |                         | 23   | 0.                    |  |
|                                    | 24  | Add lines 22 and 23. This is            |                          |                           | ·                    |                        |                         | 24   | 3,325.                |  |
| Payments                           | 25  | Federal income tax withheld             |                          |                           |                      |                        |                         |  | ,                     |  |
| ,                                  | а   | Form(s) W-2                             |                          |                           |                      | <b>25a</b> 9           | ,694.                   |  |                       |  |
|                                    | b   | Form(s) 1099                            |                          |                           |                      | 25b                    |                         |  |                       |  |
|                                    | С   | Other forms (see instructions           | s)                       |                           |                      | 25c                    |                         |  |                       |  |
|                                    | d   | Add lines 25a through 25c               |                          |                           |                      |                        |                         | 25d  | 9,694.                |  |
| If you have a                      | 26  | 2023 estimated tax payment              | s and amount a           | pplied from 20            | 22 return            |                        |                         | 26   |                       |  |
| qualifying child,                  | 27  | Earned income credit (EIC)              |                          |                           | No                   | 27                     |                         |  |                       |  |
| attach Sch. EIC.                   | 28  | Additional child tax credit from        | n Schedule 8812          |                           |                      | 28                     |                         |  |                       |  |
|                                    | 29  | American opportunity credit             | from Form 8863           | 3, line 8                 |                      | 29                     |                         |  |                       |  |
|                                    | 30  | Reserved for future use .               |                          |                           |                      | 30                     |                         |  |                       |  |
|                                    | 31  | Amount from Schedule 3, lin             | e 15                     |                           |                      | 31                     |                         |  |                       |  |
|                                    | 32  | Add lines 27, 28, 29, and 31.           |                          |                           |                      | indable credits        |                         | 32   |                       |  |
|                                    | 33  | Add lines 25d, 26, and 32. T            |                          |                           |                      |                        |                         | 33   | 9,694.                |  |
| Refund                             | 34  | If line 33 is more than line 24         | , subtract line 2        | 4 from line 33.           | This is the amour    | nt you <b>overpaid</b> |                         | 34   | 6,369.                |  |
|                                    | 35a   | Amount of line 34 you want i            | refunded to you          | ı. If Form 8888           | s is attached, chec  | ck here                |                         | 35a  | 6,369.                |  |
| Direct deposit?                    | b   | Routing number 1 2 2                    |                          |                           |                      | _                      | Savings                 |  |                       |  |
| See instructions                   | d   | Account number 8 9 4                    |                          |                           |                      |                        | •                       |  |                       |  |
|                                    | 36  | Amount of line 34 you want a            | applied to your          | 2024 estimate             | ed tax               | 36                     |                         |  |                       |  |
| Amount                             | 37  | Subtract line 33 from line 24           | . This is the <b>amo</b> | ount you owe.             |                      |                        |                         |  |                       |  |
| You Owe                            |   | For details on how to pay, go           |                          |                           |                      |                        |                         | 37   |                       |  |
|                                    | 38  | Estimated tax penalty (see in           | structions) .            |                           |                      | 38                     |                         |  |                       |  |
| <b>Third Party</b>                 |   | you want to allow another               | person to disc           | cuss this retur           | n with the IRS?      |                        |                         |  |                       |  |
| Designee                           |   | structions                              |                          |                           |                      |                        | mplete b                |  | ⊠ No                  |  |
|                                    |   | signee's<br>me                          |                          | Phone no.                 |                      |                        | nal identif<br>er (PIN) | ication  |                       |  |
| Sign                               |   | der penalties of perjury, I declare the | nat I have examined      |                           | accompanying sche    |                        | . ,                     | ne best  | of my knowledge and   |  |
| Here                               | bel   | lief, they are true, correct, and com   | plete. Declaration of    | of preparer (other        | than taxpayer) is ba | sed on all information | n of which              | prepar   | er has any knowledge. |  |
| Here                               | Yo  | Your signature                          |                          |                           |                      |                        | If the                  | If the IRS sent you an Identity  |                       |  |
|                                    |   |   |                          |                           |                      |                        | /:                      | Protection PIN, enter it here (see inst.)                              |                       |  |
| Joint return?<br>See instructions. |   |   |                          | SOFTWARE QUALITY ENGINEER |                      |                        | 1/ /                    |  |                       |  |
| Keep a copy for                    |   | ouse's signature. If a joint return, t  | ooth must sign.          | Date                      | Spouse's occupation  |                        |                         | f the IRS sent your spouse an<br>dentity Protection PIN, enter it here |                       |  |
| your records.                      |   |   |                          |                           | HOME MAKER           |                        |                         | (see inst.)  |                       |  |
|                                    | Ph  | one no. (623) 261-316                   | 1                        | Email address             | AMOLRPATIL1          | 984@GMAIL.CO           | M                       |  |                       |  |
| Doid                               | Pre   | eparer's name                           | Preparer's signat        | ure                       |                      | Date                   | PTIN                    |  | Check if:             |  |
| Paid                               | SYA   | M PRIYA RAM SAGAR GUPTA                 | SYAM PRIY                | A RAM SAC                 | GAR GUPTA            | 03/23/2024             | P02082                  | 2703   | Self-employed         |  |
| Preparer                           | Fin   | Firm's name GLOBAL TAXES LLC Phot       |                          |                           |                      |                        | ne no. (678) 965-9522   |  |                       |  |
| Use Only                           | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm' |   |                          |                           |                      | n's EIN                |                         |  |                       |  |
| Go to www irs o                    | ov/Forn   | n1040 for instructions and the late     | st information.          |                           | DAA                  | DEV 02/07/24 DDO       |                         |  | Form 1040 (2023)      |  |

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

AMOL RAMESH PATIL & SUREKHA SHIVAJIRAO DESAI

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

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

|           | Sequence No. <b>01</b> |
|-----------|------------------------|
| Your soci | ial security number    |
| 764-11    | -7828                  |

| Par | t 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. Atta |                  | 5  | -16,113. |
| 6   | Farm income or (loss). Attach Schedule F                                       |                  | 6  |          |
| 7   | Unemployment compensation  |                  | 7  |          |
| 8   | Other income:  |                  |    |          |
| а   | Net operating loss   | 8a (             |    |          |
| b   | Gambling   | 8b               |    |          |
| С   | Cancellation of debt   | 8c               |    |          |
| d   | Foreign earned income exclusion from Form 2555                                 | 8d ( )           |    |          |
| е   | Income from Form 8853  | 8e               |    |          |
| f   | Income from Form 8889  | 8f               |    |          |
| g   | Alaska Permanent Fund dividends  | 8g               |    |          |
| h   | Jury duty pay  | 8h               |    |          |
| i   | Prizes and awards  | 8i               |    |          |
| j   | Activity not engaged in for profit income                                      | 8j               |    |          |
| k   | Stock options  | 8k               |    |          |
| ı   | Income from the rental of personal property if you engaged in the rental       |                  |    |          |
|     | for profit but were not in the business of renting such property               | 81               |    |          |
| m   | Olympic and Paralympic medals and USOC prize money (see                        |                  |    |          |
|     | instructions)  | 8m               |    |          |
| n   | Section 951(a) inclusion (see instructions)                                    | 8n               |    |          |
| 0   | Section 951A(a) inclusion (see instructions)                                   | 80               |    |          |
| р   | Section 461(I) excess business loss adjustment                                 | 8p               |    |          |
| q   | Taxable distributions from an ABLE account (see instructions)                  | 8q               |    |          |
| r   | Scholarship and fellowship grants not reported on Form W-2                     | 8r               |    |          |
| S   | Nontaxable amount of Medicaid waiver payments included on Form                 |                  |    |          |
|     | 1040, line 1a or 1d  | 8s (             |    |          |
| t   | Pension or annuity from a nonqualifed deferred compensation plan or            |                  |    |          |
|     | a nongovernmental section 457 plan   | 8t               |    |          |
| u   | Wages earned while incarcerated  | 8u               |    |          |
| Z   | Other income. List type and amount:  |                  |    |          |
|     |  | 8z               |    |          |
| 9   | Total other income. Add lines 8a through 8z                                    |                  | 9  |          |
| 10  | Combine lines 1 through 7 and 9. This is your additional income. Enter         | here and on Form |    |          |
|     | 1040, 1040-SR, or 1040-NR, line 8  |                  | 10 | -16,113. |

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

| Par | t II Adjustments to Income   |      |    |  |
|-----|--|------|----|--|
| 11  | Educator expenses  |      | 11 |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis governr   | nent |    |  |
|     | 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   |      | 9a |  |
| b   | Recipient's SSN  |      |    |  |
| С   | Date of original divorce or separation agreement (see instructions):                 |      |    |  |
| 20  | IRA deduction  |      | 20 |  |
| 21  | Student loan interest deduction  |      | 21 |  |
| 22  | Reserved for future use  | _    | 22 |  |
| 23  | Archer MSA deduction   | 🔯    | 23 |  |
| 24  | Other adjustments:   |      |    |  |
| а   | Jury duty pay (see instructions)   |      |    |  |
| b   | Deductible expenses related to income reported on line 8I from the                   |      |    |  |
|     | rental of personal property engaged in for profit                                    |      |    |  |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals                      |      |    |  |
|     | and USOC prize money reported on line 8m   |      |    |  |
| d   | Reforestation amortization and expenses  | -    |    |  |
| е   | Repayment of supplemental unemployment benefits under the Trade Act of 1974          |      |    |  |
| f   | Contributions to section 501(c)(18)(D) pension plans                                 |      |    |  |
| g   | Contributions by certain chaplains to section 403(b) plans 24g                       |      |    |  |
| _   | Attorney fees and court costs for actions involving certain unlawful                 |      |    |  |
|     | discrimination claims (see instructions)   |      |    |  |
| 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   |      |    |  |
| j   | Housing deduction from Form 2555   |      |    |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form                  |      |    |  |
|     | 1041)  |      |    |  |
| 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 |      |    |  |
|     | Form 1040, 1040-SR, or 1040-NR, line 10  | :    | 26 |  |

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number AMOL RAMESH PATIL & SUREKHA SHIVAJIRAO DESAI 764-11-7828 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) B-601 SCRUM UTKARSH HOUSING SOCIETY, HINJEWADI PHASE 1 PUNE IN 411057 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 654. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 3,125. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 2,075. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,298. 14 Repairs . . . . 2,910. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 2,356. 18 3,003. 18 Depreciation expense or depletion . . . . . . Other (list) 19 19 20 20 16,767. Total expenses. Add lines 5 through 19 . . . . . 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 -16,113. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 16,113.) 654. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 3,003. 23d Total of all amounts reported on line 18 for all properties 23e 16,767. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 16,113.

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 .

-16,113.

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(Rev. November 2023)

Department of the Treasury

### Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year **20** \_ 23

Attachment

Sequence No. 70 Internal Revenue Service Taxpayer name(s) shown on return Taxpayer identification number AMOL RAMESH PATIL & SUREKHA SHIVAJIRAO DESAI 764-11-7828 Preparer's name Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC X CTC/ACTC/ODC ☐ AOTC ☐ HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer No N/A × If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. · Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes." X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

| orm 88 | 867 (Rev. 11-2023)  |                           |                   | Page 2             |
|--------|---|---------------------------|-------------------|--------------------|
| Part   | Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go  | to Part                   | III.)             |                    |
| 9a     | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)      | Yes                       | No                | N/A                |
| b      | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?  |                           |                   |                    |
| С      | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?   |                           |                   |                    |
| Part   | Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)   | claim C                   | CTC, A            | CTC,               |
| 10     | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?  | Yes                       | No                | N/A                |
| 11     | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | ×                         |                   |                    |
| 12     | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?   | ×                         |                   |                    |
| Part   |   |                           | <br>Part \        | /\                 |
| 13     | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qui   | alified                   | Yes               | No                 |
| D      | tuition and related expenses for the claimed AOTC?  |                           |                   |                    |
| Part   | · · · · · · · · · · · · · · · · · · ·   |                           |                   |                    |
| 14     | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?   | x year                    | Yes               | No                 |
| Part   | VI Eligibility Certification  |                           |                   |                    |
|        | You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:   | or HO                     | H filing          | status             |
|        | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo<br>in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(<br>status and to figure the amount(s) of the credit(s);            | nses on<br>s) and/c       | the ret<br>or HOH | urn or<br>filing   |
|        | <ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check<br/>credit(s) claimed and HOH filing status, if claimed;</li> </ul>  | list for a                | ny app            | licable            |
|        | C. Submit Form 8867 in the manner required; and   |                           |                   |                    |
|        | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.   | 67 instr                  | uctions           | under              |
|        | 1. A copy of this Form 8867.  |                           |                   |                    |
|        | 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.  |                           |                   |                    |
|        | <ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer<br/>credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>   | 's eligib                 | ility for         | the                |
|        | <ol><li>A record of how, when, and from whom the information used to prepare this form and the applica<br/>obtained.</li></ol>  | ble worl                  | ksheet(           | s) was             |
|        | <ol><li>A record of any additional information you relied upon, including questions you asked and the tax<br/>determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>  | payer's<br>ınt(s) of      | respon<br>the cre | ses, to<br>dit(s). |
|        | If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information   | :h failur<br>).           | e to co           | mply               |
| 15     | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?  | t, and                    | Yes               | No                 |
|        | complete?   | · · ·<br>Form <b>88</b> 0 |                   | 11-2023            |