Internal Revenue Service

# **IRS** e-file Signature Authorization

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
TANVI KOTE	851-37-1312
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Ent	ter 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	<b>1</b> 7,000.
<b>2</b> Total tax	<b>. 2</b> 0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3
4 Amount you want refunded to you	4
<b>5</b> Amount you owe	<b>5</b> 0.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	d 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 amend- my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for r	pove are the amounts from the income tax smitter, or electronic return originator (ERO)

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

			EBO firm name	_ 0 ,	E,	n
I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
					1 /	/

Ent	er fiv n't er	ve di nter a	gits, all ze	but	as my
7	1	3	1	2	

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

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

Your signature 🕨

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

		as my
	digits, r all ze	

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

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

Spouse's signation	ature Da	ate 🕨	•						
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 6 nter a		2	7	1

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

ERO's signature >	Date 🕨										
ERO Must Retain This Fo Don't Submit This Form to the II											
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/27/24 PRO	Form 8879 (Rev. 01-2021)								

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use O	nly—Do not	write or st	taple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See s	eparate	instructions.
Your first name	and m	iddle initial	Last r	name						Yours	social se	curity number
TANVI			кот	Έ						851	37	1312
-	pouse's	s first name and middle initial	Last r	name								al security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Presic	lential El	lection Campaigr
<u>5151 HIG</u>	HLA	ND ROAD						2	262			you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			j jointly, want \$3 und. Checking a
BATON RC	DUGE					LA	Ą	708	08			I not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	in postal coc	le your t	ax or ref	_
											<u> </u>	′ou 🔄 Spouse
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hao	l income)								
one box.		Married filing separately (MFS)					Qualifying					
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or Q	SS box, er	iter the c	hild's na	ame if the
	qu	alifying person is a child but not you	ir aep	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services);	or (b) sel	,	
Assets	exch	ange, or otherwise dispose of a dig	ital as	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instruct	ions.)	<b>Y</b>	′es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	, 2, 1959		Is blind
Dependents				(2) 9	Social security	,	(3) Relationsh	14				(see instructions):
If more		irst name Last name		(2)	number	,	to you		Child tax	credit	Credit f	for other dependents
than four												
dependents,												
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1	a	7,000.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1	b	
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructior	ıs)					. 1	lc	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	uctions)			. 1	d	
1099-R if tax	е	Taxable dependent care benefits f								. 1	le	
was withheld.	f	Employer-provided adoption bene								· [-	lf	
lf you did not get a Form	g	Wages from Form 8919, line 6 .									g	
W-2, see	h	Other earned income (see instruct					· · · ·	···		. 1	h	0.
instructions.	i	Nontaxable combat pay election (	see ins	structions)			<b>1</b> i					7 000
		Add lines 1a through 1h	 0- <sup> </sup>		· · .	 ⊾ <del>.</del>	••••••••••••••••••••••••••••••••••••••				Z	7,000.
Attach Sch. B if required.	2a	· · -	2a				axable interest				2b	
	<u>3a</u> 4a		3a 4a				Ordinary divider axable amount				Bb Ib	
Standard	4а 5а		4a 5a				axable amount				ib ib	
Deduction for— • Single or	5a 6a		5a 6a				axable amount				b b	
Married filing	c	If you elect to use the lump-sum e		method	check here							
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,				7	
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule									8	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9	7,000.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							0	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is				ne					1	7,000.
\$20,800	12	Standard deduction or itemized	-								2	13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct					95-A			. 1	3	· · · ·
Standard Deduction,	14	Add lines 12 and 13								. [1	4	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our 1	taxable incom	е.	<u> </u>	. 1	5	0.

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

Form **1040** (2023)

Form 1040 (2023	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	0.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	0.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	
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 fror				28			
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆	35a	
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	] Checking	Savings		
See instructions.	d	Account number X X X	X X X X	XXXX	X X X X X	XX			
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	0.
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 <b>Yes.</b> C	omplete b	elow.	× No
	De nai	signee's		Phone no.			onal identif ber (PIN)	ication	
Ciarra		der penalties of perjury, I declare th	at I have examined		accompanying sch		( )	ne hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
		0							PIN, enter it here
Joint return?					STUDENT		(see i	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see i		socion Fin, enter it here
	Ph	one no. (225) 302-283	9	Email address	<u>πα ΝΙζτ</u> Ω 2 <i>Α</i> 7 ι	GMAIL.COM			
		eparer's name	Preparer's signat		1411 1 1 0 2 4 / 1	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	, ,		СПРТА ТАТ.Т.АМ		P02082	>7∩3	Self-employed
Preparer		n's name GLOBAL TAX		TATA DUGUL	SOLIN INDAM	102/00/2024			(678) 965-9522
Use Only		m's address 245 ROONE		NSWICK N	J 08816			s EIN	84-3171965
Go to www.ire or		11040 for instructions and the late		ILOUI OIL IN			1,1,111		Form <b>1040</b> (2023)
30 10 WWW.113.90		in the for instructions and the late	st information.		BAA	REV 01/27/24 PRO			1 0mm <b>10-to</b> (2023)

R-8453 (1/24) LA 8453	1002		2023	Indiv	idual	l Inco			iana claratio		Elec	tron	ic Fi	ling	1								
	UISIA] RTMENT of REV	NA enue																					
Your first name and in TANVI KOTE						Last	t name			Your Soo Secu Num	rity	1	8	5	1	3	7	1	3	1	2		
Spouse's first name ar	nd initial					Last	t name		Soc	Spous tial Secu Num	rity	2	Π					Γ					
Present home address 5151 HIGHL		• •	artment n	number	or rura	al route	)			Dayti Telepho Num	one	2	2	5	3	0	2	2	8	3	9	20	23
City, town, or post office BATON ROUG										Stat LZ						ZIР 70	80	8					
Part A						Та	x Ret	turn li	nform	ation	1												
Balance Due		П	٦	Г	L .	٦	00		I	Refur	nd D	ue										68	00
Part B	,	Direct	Dep	osit	of R	efun	d (Op	tiona	l) 🛛 c	or Dir	ect	Debi	t (0	pti	ona	, l) [_	]			,			
Routing Number	The first 2 digit	s of the ro	outing																				
number must be (	1 through 12 o	21 throug	3h 32.										Direc	t D	ebit	Pay	/me	nt					. —
0 6 5 4	0 0 1 3	7														,				,			. 00
Account Number							-						Vith	dra	wal	Date					_		
8 8 7 1	2695	8																					
Type of Account:		XS	Savings	s									MN Full			DD ent [		Par	۲۲۱ ا tial		mer	nt 🗌	
(Check one.)															-					-			it card.
PART C									f Taxp	-													9/23 PRO
	at my refund a joint return,						•															B is c	orrect. If
	nt direct depo refund direct c	-									a, or	am	not	rec	eivir	ng a	ref	und	.lu	Inde	ersta	and tha	at by not
(direct debi authorize th	the Louisiana t) entry to the ne financial ins wer inquiries a	financia stitutions	l instit involv	tutior ved i	n acc n pro	count	indic	ated i ne ele	n Pari	t B fo	r pa	ymei	nt of	m	y st	ate	taxe	es o	wec	d on	thi	s retur	n. I also
	d that if I have my tax liabilit																		ot re	ceiv	/e fi	ull and	timely
	at I have exan my knowledge								red for	r elect	roni	c tra	nsm	issi	ion	to th	ne S	state	e of l	Lou	isiaı	na and	, to
Please sigr	here					_		Data			0												
		Your sign	ature					Date			Spol	use's	-					,				Dat	е
Dout D	Deeler	tion on	4 61.00			f Ela	atra m		+ C	) wi wi w						المأد							
Part D I declare that I the best of my k requirements of	have reviewed nowledge bas	ed on the	ve tax e infor	xpay rmati	er's i on si	returi ubmit	n and tted/fu	that t irnishe	the en ed by	tries of the ta	on tl xpa	ne re yer. I	eturn also	ar de	e co ecla	omp ire tl	lete nat	an	d co				
I declare that I the best of my k	have reviewed nowledge bas the Louisiana	I the abo ed on the Departm	ove tax e infor nent o	xpay rmati	er's i on si	return ubmit e and	n and tted/fu d in th	that t irnishe ie Lou	the en ed by uisiana	tries of the ta a Hand	on ti xpa <u>y</u> dboo	ne re yer. I	eturn also	o de ectre	e co ecla ronic	omp ire tl	lete nat	an	d co	om	olied	d with a	
I declare that I the best of my k requirements of	have reviewed nowledge bas the Louisiana	I the abo ed on the	ove tax e infor nent o	xpay rmati	er's i on si	return ubmit e and	n and tted/fu d in th	that t irnishe ie Lou ity Num	the en ed by	tries of the ta a Hand	on tl xpay dboo	ne re yer. I	eturn also r Ele	o de ectre	e co ecla	omp re tl c File	lete nat	an I ha	d co ve c	om; -	olieo Telep		

This form is to be maintained by ERO. Do not submit to LDR.

Name Change

Decedent Filing TANVI KOTE				Your SSN	6	351371	.312
Spouse Decedent				Spouse's SS	SN		
Address Change 5151 HIGHLAND ROAD		API	262				
Amended Return BATON ROUGE	LA	A 70808		Telephone	22	253022	2839
NOL Carryback							
_	060819 Your Date o		Spou	ise's Date of Birth			_
<b>FILING STATUS:</b> Enter the appropriate number in the filing status box. It must agree with your federal return.	6		INS:				
Enter a "1" in box if <b>single</b> .	6A	X Yourse	lf 65 or older	Blind	Qualifying Surviving Spouse	Total of	
Enter a "2" in box if <b>married filing jointly</b> . Enter a "3" in box if <b>married filing separate</b>	ely. 68	B Spouse	e 65 or older	Blind	opouse	6A & 6B	1
Enter a "4" in box if head of household. If the qualifying person is not your dependent, enter na	ame here.					_	
Enter a "5" in box if <b>qualifying surviving s</b> If the qualifying person is not your dependent, enter na						_	

6C DEPENDENTS - Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on Federal Form 1040 or 1040-SR here.

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
IMPOF	RTANT!	6D EXE	MPTIONS – Total of 6A, 6B, and	6C. <b>6D</b> 1
All four (4) pages of this	return MUST be ma			-

6E DEPENDENTS FOR CERTAIN ADOPTIONS 6E DEDUCTION - Enter the number of dependents included on Line 6C for whom you are claiming the Deduction for Certain Adoptions. Enter name here.

> 6F TOTAL EXEMPTIONS - Subtract Line 6E from Line 6D. 6F 1



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in together along with your W-2s and completed

schedules. Please paperclip. Do not staple.

#### FOR OFFICE USE ONLY

Flag

0

0

6C

# If you are not required to file a federal return, indicate wages here.

#### Mark this box and enter zero "0" on Line 12

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted       From Louisiana         Gross Income is less than zero, enter "0".       attached	7	7000
8A	FEDERAL ITEMIZED DEDUCTIONS	8A	0
8B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES	8B	0
8C	FEDERAL STANDARD DEDUCTION	8C	0
8D	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8C from Line 8B.	8D	0
9	YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less than zero, enter Use this figure to find your tax in the tax tables.	· '0'. 9	7000
10	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your fi status.	iling 10	49
11	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6 .	11	0
12	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 11 from Line If the result is less than zero, or you are not required to file a federal return, enter zero "0".	<sup>2 10.</sup> <b>12</b>	49
13	2023 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Incom must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instruct and the Refundable Child Care Credit Worksheet.	ne tions 13	0
13A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	13A	0
13B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	13B	0
14	2023 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your federal Adjusted Gros Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.	ss 9 14	0
	<b>5</b> 0 <b>4</b> 0 <b>3</b> 0 <b>2</b> 0		
15	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.	15	0
16	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9.	16	0
17	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 13, and 14 through 16. Do not include amounts on Lines 13A and 13B.	17	0
18	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS	18	49
19	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS	19	0
20	NONREFUNDABLE PRIOIRTY 3 CREDITS – From Schedule J, Line 16.	20	0
21	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 20 from Line 18.	21	49

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22A	CONSUMER USE TAX – You must mark one of these t	X poxes.	No use tax due. Amount from the Consumer Use Tax Worksheet.	22A	0
22B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE F	X	No usage fee due. Amount from Form R-19000A.	22B	0
23	TOTAL INCOME TAX, CONSUMER USE TAX, AND FEE – Add Lines 21, 22A and 22B.	ELECTRIC AND HYI	BRID VEHICLE ROAD USAGE	23	49
24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CR	mount from Line 19.	24	0	
25	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6.				0
PAYME	INTS				
26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 202	23 – Attach Forms V	V-2 and 1099.	26	117
27	AMOUNT OF CREDIT CARRIED FORWARD FROM	2022		27	0
28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR	2023		28	0
29	AMOUNT OF EXTENSION PAYMENT				0
30	TOTAL REFUNDABLE TAX CREDITS AND PAYMEN	TS – Add Lines 24 th	rough 29.	30	117
31	OVERPAYMENT – If Line 30 is greater than Line 23, be reduced by the Underpayment of Estimated Tax Pe			31	68
32	UNDERPAYMENT PENALTY – See the instructions f If you are a farmer, check the box.	or Underpayment Pe	nalty and Form R-210R.	32	0
33	3       ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38.       33				
34	TOTAL DONATIONS – From Schedule D, Line 22.			34	0
REFUN	ND DUE				
35	SUBTOTAL - Subtract Line 34 from Line 33. This am	ount of overpayment	is available for credit or refund.	35	68
36	AMOUNT OF LINE 35 TO BE CREDITED TO 2024 I	NCOME TAX	CREDIT	36	0
	AMOUNT TO BE REFUNDED – Subtract Line 36 from the address on the bottom of page 4.	-	LDR, use		
37	Enter a "2" in box if you want to receive your refund b Enter a "3" in box if you want to receive your refun information below. If information is unreadable, you are do not make a refund selection, you will receive your	nd by direct deposit. e filing for the first tim	e, or if you	37	68
	DIRECT DEPOSIT INFORMATION				
	Type: Checking Savings X		s refund be forwarded to a financial on located outside the United State	s? Yes	No X
	Routing Number 065400137	Accour Numbe			



Enter the first 4 letters of your last name in these boxes. REV 12/19/23 PRO

KOTE

#### AMOUNTS DUE LOUISIANA

38	AMOUNT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23.	38	0
39	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	39	0
40	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	40	0
41	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	41	0
42	INTEREST – From the Interest Calculation Worksheet, Line 5.	42	0
43	DELINQUENT FILING PENALTY - From the Delinquent Filing Penalty Calculation Worksheet, Line 3.	43	0
44	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	44	0
45	UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	45	0
46	BALANCE DUE LOUISIANA – Add Lines 38 through 45 lf mailing to LDR, use address below. For electronic payment options, see instructions. PAY THIS AMOUNT.	46	0

# **IMPORTANT!**

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.** 

Status 010

Contribution and Donation 0000

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 37.

Your Signature	Signature		Date (mm/dd/yyyy) Spouse's Signature (If filing join		ntly, both must sign.)		Date (mm/dd/yyyy)	
PAID	Print/Type Preparer' SYAM PRIYA		GUP	Preparer's S	Signature	Date (mm/dd/yyyy) 02/06/2024		
PREPARER	Firm's Name ►	GLOBAL TAXES LLC			Firm's FEIN ►	84-3171965		
USE ONLY	Firm's Address 🕨	245 ROONEY	5 ROONEY CT E BRUNSWICKNJ 08816			Telephone 🕨	678-965-9522	

### Name

KOTE

#### Individual Income Tax Return Calendar year return due 5/15/24

## P02082703

PTIN, FEIN, or LDR

Account Number of Paid Preparer

Mail to: Department of Revenue

PO BOX 3440 BATON ROUGE LA 70821-3440



For Office Use Only.



DO NOT SEND CASH.