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



| £1040 | | artment of the Treasury-Internal Revenue Servi | | urn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use | e Only- | –Do not w | rite or sta | aple in this sp | pace. |
|------------------------------|-------------|---|----------------------------------|------------|----------------|------------------------|-----------------|-------|-------------|---------|-----------|-------------|---|------------|
| For the year Ja | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | | See se | oarate i | instruction | ns. |
| Your first name | and m | iddle initial | Last na | me | | | | | | | Your so | cial sec | urity numl | ber |
| GAURAV KUMAR ROY | | | | | | | | | | | 101 | 81 | 1753 | |
| | | s first name and middle initial | Last na | me | | | | | | | | | security n | umber |
| FNU | | | ROSH | INI | | | | | | | 988 | 97 | 6533 | |
| | (numbe | er and street). If you have a P.O. box, see | | | | | | A | Apt. no. | | | | ction Can | npaign |
| 9400 WA | DE B | LVD | | | | | | | L135 | İ | Check h | nere if y | ou, or you | ır |
| | | ice. If you have a foreign address, also co | mplete s | paces bel | low. | Sta | te | ZIP c | | | | | jointly, wa | |
| FRISCO | | | | | | TX | ζ | 750 | 35 | | 0 | | nd. Checki not chang | • |
| Foreign countr | y name | | ı | Foreign pr | rovince/state/ | count | ty | | gn postal c | ode | your tax | | • | C |
| | | | | | | | | | | | | Yo | ıu 🗌 S | pouse |
| Filing Status | s \square | Single | | | | | Head of h | ouseh | old (HOI | H) | | | | |
| Check only | | Married filing jointly (even if only o | ne had i | ncome) | | | | | • | , | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying | survi | ving spo | use (| QSS) | | | |
| | lf y | you checked the MFS box, enter the | name o | of your sp | oouse. If you | ı che | ecked the HOH | or Q | SS box, | enter | the chi | ld's na | me if the | |
| | | ualifying person is a child but not you | | | | | | | | | | | | |
| B: :::: | Λ± α. | nuting during 2002 did your (a) rea | oive (oo | | | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi | | | | | | | | | | ∏ Y€ | es 🛛 N | Jo. |
| | | neone can claim: You as a de | | | | | a dependent |), (O | oc motra | Otion | J., | | . <u>. </u> | |
| Standard Deduction | _ | Spouse itemizes on a separate retur | • | | • | | • | | | | | | | |
| Deddollon | <u> </u> | | 11 O1 yOC | - word a | duai Status | ancii | <u>'</u> | | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 | _ Are bl | ind Sp | ouse | : U Was bo | | | | | | s blind | |
| Dependent | s (see | instructions): | (2) Social security (3) Relation | | (3) Relationsh | onship (4) Check the I | | | | | | | | |
| If more | (1) F | First name Last name | | | number | | to you | | Child t | tax cre | edit | Credit fo | r other depe | endents |
| than four | | | | | | | | | | | | | | |
| dependents, see instruction | s — | | | | | | | | | | | | | |
| and check | , — | | | | | | | | | | | | _ <u>_</u> | |
| here L | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | • | | , | | | | | | 1a | | 81,8 | 58. |
| Attach Form(s) | b | Household employee wages not re | eported | on Form | ı(s) W-2 . | | | | | | 1b | | | |
| W-2 here. Also | С | Tip income not reported on line 1a | • | | • | | | | | | 1c | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | | nstru | ıctions) | | | | 1d | | | |
| 1099-R if tax | е | Taxable dependent care benefits f | | | | | | | | | 1e | _ | | |
| was withheld. | f | Employer-provided adoption bene | fits fron | n Form 8 | 839, line 29 | • | | | | | 1f | | | |
| If you did not get a Form | g | Wages from Form 8919, line 6 . | | | | | | | | | 1g | | | |
| W-2, see | h | Other earned income (see instruct | , | | | | | · · | | | 1h | | | 0. |
| instructions. | i | Nontaxable combat pay election (s | see insti | ructions) | | | <u>1</u> i | | | | | | 01 0 | F 0 |
| | <u>z</u> | Add lines 1a through 1h | . ; | | · · i | | | | | | 1z | _ | 81,8 | |
| Attach Sch. B | 2a | | 2a | | | | axable interes | | | | | _ | 3 | 00. |
| if required. | 3a_ | | 3a | | | | ordinary divide | | | | | _ | | |
| Standard | 4a | | 4a | | | | axable amoun | | | | | _ | | |
| Deduction for— | 5a | - | 5a | | | | axable amoun | | | | | _ | | |
| Single or Married filing | 6a | , | 6a | | | | axable amoun | t | | | 6b | | | |
| separately, | C | If you elect to use the lump-sum e | | | | ` | , | | | | - | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | | | | | | | . L | 7 | + | 1.0 . | |
| jointly or Qualifying | 8 | Additional income from Schedule | • | | | | | | | | 8 | + | -16,4 | |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | • | | | | | | | 9 | + | 65 , 7 | <u>us.</u> |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | | | 10 | | | 0.0 |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | • | - | - | | | | | | 11 | | 65,7 | |
| If you checked | 12 | Standard deduction or itemized | | | | | | | | | 12 | | 27,7 | <u>UU.</u> |
| any box under Standard | 13 | Qualified business income deducti | | | | | | | | | 13 | | | 0.0 |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | | | 14 | | 27 , 7 | |
| | 15 | SUBTRACT LING 1/1 trom ling 11 It zon | O Or Icc | c anter | II INICICA | OUR ! | ravania incom | | | | 1 45 | | < × () | 114 |

| Form 1040 (202) | 3) | | | | | | _ | | Page Z |
|---|------------|--|------------------------|-------------------|---|------------------------|-----------------------|-----------|---|
| Tax and | 16 | Tax (see instructions). Check if | any from Form | (s): 1 881 | 4 2 🗌 4972 | з 🗌 | | 16 | 4,123. |
| Credits | 17 | Amount from Schedule 2, line | 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 4,123. |
| | 19 | Child tax credit or credit for o | ther dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, line | 8 | | | | | 20 | 200. |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 200. |
| | 22 | Subtract line 21 from line 18. | If zero or less, | enter -0 | | | | 22 | 3,923. |
| | 23 | Other taxes, including self-em | nployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is ye | our total tax | | | | | 24 | 3,923. |
| Payments | 25 | Federal income tax withheld f | rom: | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 10 | ,263 | | |
| | b | Form(s) 1099 | | | | 25b | 72 | | |
| | С | Other forms (see instructions) | | | | 25c | | | |
| | d | Add lines 25a through 25c . | | | | | | 25d | 10,335. |
| If you have a | 26 | 2023 estimated tax payments | and amount a | pplied from 20 |)22 return | | | 26 | |
| Tax and Credits 16 Tax (see instructions). Check if any from Form Credits 17 Amount from Schedule 2, line 3 | | | 27 | | | | | | |
| attach Sch. ElC. | 28 | Additional child tax credit from | Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit for | rom Form 8863 | , line 8 | | 29 | | | |
| | 30 | Reserved for future use | | | | 30 | | | |
| | 31 | Amount from Schedule 3, line | 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. | These are your | total other pa | ayments and refu | ndable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. The | ese are your to | tal payments | | | | 33 | 10,335. |
| Refund | 34 | If line 33 is more than line 24, | subtract line 24 | 4 from line 33. | This is the amour | nt you overpaid | | 34 | 6,412. |
| | 35a | | | | is attached, chec | k here | 🗌 | 35a | 6,412. |
| | | | | | c Type: | Checking | Savings | | |
| See instructions. | d | Account number 7 3 5 | 3 9 1 9 | 1 1 | | | | | |
| | 36 | Amount of line 34 you want a | oplied to your | 2024 estimate | ed tax | 36 | | | |
| | 37 | | | | | | | | |
| You Owe | 00 | | _ | - | | 1 1 | | 37 | |
| | | | | | | 38 | | | |
| | | , | | | | _ | omplete | helow | ⊠ No |
| Designee | | | | Phone | | | omplete sonal iden | | ⊠ NO |
| | | - 3 | | no. | | | ber (PIN) | unoauon | |
| - | | 1 1 1 1 1 | | | , , , | | , | | , , |
| Here | Υn | ur signature | | Date | Your occupation | | l If th | ne IRS se | nt you an Identity |
| | | ar olgrature | | Dato | Tour occupation | | Pro | tection P | IN, enter it here |
| | | | | | SOFTWARE E | NGINEER | (se | e inst.) | |
| Keep a copy for | Sp | ouse's signature. If a joint return, bo | oth must sign. | Date | Spouse's occupati | | Ide | | nt your spouse an ection PIN, enter it here |
| | | one no | | Email address | HOME MAKER | | | | |
| | | | | | GAURAVROY17 | Date | PTIN | | Check if: |
| Paid | | · | | | תווסיים ייז אור אור בווסיים האדד אור. בווסיים ייז אור בווסיים האדד אור בווסיים האדד אור בווסיים האדד אור בווסיים | 02/16/2024 | P0208 | 27703 | Self-employed |
| | | L | | TATA DAGAK | GOLIA TALLAM | 02/10/2024 | | | (678) 965-9522 |
| Use Only | | | | NSMICK N | т 08816 | | | n's EIN | |
| | <u>'</u> - | 1040(: 1 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: | C1 11 DIVO | TANATON IN | 00010 | | 11111 | II 3 LIIN | 84-3171965 |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2023
Attachment
Seguence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

GAURAV KUMAR ROY & FNU ROSHNI

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

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

| | Sequence No. 01 |
|-----------|------------------------|
| Your soci | al security number |
| 101-81 | -1753 |

| Par | 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 | -16,455. |
| 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 | | |
| - 1 | 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 | 4 | |
| 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 | 4 | |
| 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 | | 4.0 | 1 6 4 5 5 |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -16 , 455. |

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 government | 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 | | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | |
| 17 | Self-employed health insurance deduction | . 17 | |
| 18 | Penalty on early withdrawal of savings | | |
| 19a | Alimony paid | | a |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions): | | |
| 20 | IRA deduction | | |
| 21 | Student loan interest deduction | | |
| 22 | Reserved for future use | | |
| 23 | Archer MSA deduction | . 23 | |
| 24 | Other adjustments: | | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8l 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 | | |
| 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 3 (Form 1040)

Department of the Treasury

Additional Credits and Payments

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

OMB No. 1545-0074 Attachment Sequence No. **03**

Your social security number

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

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

| GAU: | RAV KUMAR ROY & FNU ROSHNI | 101-8 | 81-175 | 3 |
|------|--|--------|---------|--------------|
| Par | t I Nonrefundable Credits | | | |
| 1 | Foreign tax credit. Attach Form 1116 if required | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Form 2441 | Attach | 2 | |
| 3 | Education credits from Form 8863, line 19 | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | 4 | 200. |
| 5a | Residential clean energy credit from Form 5695, line 15 | | 5a | |
| b | Energy efficient home improvement credit from Form 5695, line 32 | | 5b | |
| 6 | Other nonrefundable credits: | | | |
| а | General business credit. Attach Form 3800 6a | | | |
| b | Credit for prior year minimum tax. Attach Form 8801 6b | | | |
| С | Adoption credit. Attach Form 8839 6c | | | |
| d | Credit for the elderly or disabled. Attach Schedule R 6d | | | |
| е | Reserved for future use 6e | | | |
| f | Clean vehicle credit. Attach Form 8936 6f | | | |
| g | Mortgage interest credit. Attach Form 8396 6g | | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 6h | | | |
| i | Qualified electric vehicle credit. Attach Form 8834 6i | | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 6j | | | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 6k | | | |
| I | Amount on Form 8978, line 14. See instructions 61 | | | |
| m | Credit for previously owned clean vehicles. Attach Form 8936 . 6m | | | |
| Z | Other nonrefundable credits. List type and amount: | | | |
| | 6z | | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | 7 | |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-1040-NR, line 20 | SR, or | 8 | 200. |
| | | (cc | ontinue | d on page 2) |

Schedule 3 (Form 1040) 2023 Page **2**

| Par | Other Payments and Refundable Credits | | | | |
|-----|---|-----|---|----|--|
| 9 | Net premium tax credit. Attach Form 8962 | | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | | 12 | |
| 13 | Other payments or refundable credits: | | | | |
| а | Form 2439 | 13a | | | |
| b | Credit for repayment of amounts included in income from earlier years | 13b | | | |
| С | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c | | | |
| d | Deferred amount of net 965 tax liability (see instructions) | 13d | | | |
| Z | Other payments or refundable credits. List type and amount: | 13z | | | |
| 14 | Total other payments or refundable credits. Add lines 13a through | 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31 | - | - | 15 | |

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 Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

| GAUI | RAV KUMAR ROY & FNU ROSHNI | | | | | | 101-8 | 1-1753 | 3 |
|-------|--|-----------|-------------|----------|---------|-------------------|--------------|-------------|-----------|
| Par | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | rtv. use | | C. See | instru | ctions. If you a | re an indiv | /idual, rep | oort farm |
| | Did you make any payments in 2023 that would require you | | | | | | | | |
| В | If "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . 🗌 Ye | es 🗌 No |
| 1a | Physical address of each property (street, city, state, ZII | P code |) | | | | | | |
| Α | WARD NO 9, NAUHATTA SAHARSA BIHAR IN 8 | 85212 | 3 | | | | | | |
| В | | 00222 | | | | | | | |
| C | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair | rental a | and | | Fa | ir Rental Days | Person Da | | QJV |
| Α | g personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to qualified joint venture. See instru | | | В | | | | | |
| С | | 401101101 | | С | | | | | |
| | of Property: | | | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren | ntal | 5 Land | | | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | lties | 8 | Other (descr | ibe) | | |
| | | | | | | Properti | | | |
| Incor | ne: | <u> </u> | | Α | | В | | | С |
| 3 | Rents received | 3 | | | 52. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | nses: | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 2,8 | 90. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 2,4 | 63. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 3,7 | 18. | | | | |
| 15 | Supplies | 15 | | 2,5 | 33. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 2,9 | 45. | | | | |
| 18 | Depreciation expense or depletion | 18 | | 2,5 | 58. | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 17,1 | 07. | | | | |
| 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 | | 16,4 | 55. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (| (- | 16,45 | 5.) | (|) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | erties | | | 23a | | 652. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | perties | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | 2 | ,558. | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 17 | ,107. | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | t includ | le any los | ses | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | te losses | s from line | e 22. Ei | nter to | tal losses her | e 25 | (| 16,455.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no | | | | | | 1 1 | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this a | mount | in the tot | al on li | ne 41 | on page 2 | . 26 | | -16,455. |

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8880 for the latest information. OMB No. 1545-0074 Attachment Sequence No. 54

Name(s) shown on return

Your social security number

GAURAV KUMAR ROY & FNU ROSHNI

101-81-1753



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a student (see instructions).

| | | | | , , | , | | (a) Yo | u | (b) Your spouse |
|---|-----------------|------------------------|--|--------------------------|--------------------------|--------|--------|------|-----------------|
| 1 | | | ontributions, and AB 023. Do not include ro | | , | 1 | , , | | |
| 2 | | |) or other qualified er (D) plan contributions | | | 2 | 4, | 509. | |
| 3 | Add lines 1 an | d2 | | | | 3 | | 509. | |
| 4 | extensions) of | your 2023 tax | ed after 2020 and return (see instruction oth columns. See inst | ns). If married filing j | ointly, include | 4 | | | |
| 5 | Subtract line 4 | from line 3. If | zero or less, enter -0- | | | 5 | 4, | 509. | |
| 6 | In each colum | n, enter the sm | naller of line 5 or \$2,0 | 00 | | 6 | 2, | 000. | |
| 7 | | | zero, stop ; you can't 1040, 1040-SR, or 10 | | 1 | 1 | | 7 | 2,000. |
| 9 | | | amount from the tabl | | | | | | |
| | If line | 8 is- | | and your filing statu | s is— | | | | |
| | Over— | But not over— | Married filing jointly | Head of household | Single, Mari separate | ly, or | | | |
| | | | Enter on | | Qualifying survi | | oouse | | |
| | | \$21,750 | 0.5 | 0.5 | 0.5 | | | | |
| | \$21,750 | \$23,750 | 0.5 | 0.5 | 0.2 | | | | Į. |
| | \$23,750 | \$32,625 | 0.5 | 0.5 | 0.1 | | | 9 | x .1 |
| | \$32,625 | \$35,625 | 0.5 | 0.2 | 0.1 | | | | |
| | \$35,625 | \$36,500 | 0.5 | 0.1 | 0.1 | | | | |
| | \$36,500 | \$43,500 | 0.5 | 0.1 | 0.0 | | | | |
| | \$43,500 | \$47,500 | 0.2 | 0.1 | 0.0 | | | | |
| | \$47,500 | \$54,750 | 0.1 | 0.1 | 0.0 | | | | |
| | \$54,750 | \$73,000 | 0.1 | 0.0 | 0.0 | | | | |
| | \$73,000 | | 0.0 | 0.0 | 0.0 | | | | |
| | | | f line 9 is zero, stop ; y | | | | | 1.5 | |
| | Multiply line 7 | • | | | | | | 10 | 200. |
| | | | ity. Enter the amount | | | | | 11 | 4,123. |
| | | | lent savings contrib 40), line 4 | | | | | | |

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.