Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Тахрауе	er's name	Social securit	y number	
MON	IT MOHANTY	122-97-	-1217	
Spouse'	s name	Spouse's soc	ial security nu	mber
MAN	ISHA PADHY	070-95-	-7650	
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you a	re authoriz	ing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1 2	235,965.
2	Total tax		2	36,784.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	44,594.
4	Amount you want refunded to you		4	8,609.
5	Amount you owe		5	
Part			y of your r	eturn)

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

Taxpayer's PIN: check one box only

X	l authorize	GLOBAL	TAXES	ERO firm name	to enter or generate my PIN	E	n
$\mathbf{\nabla}$	I authorize	CTODAT		TTC	to enter an exercise rev DIN		1

/	T	2	T	/	20
7	1	2	1	7	
	7	7 1	7 1 2	7 1 2 1	7 1 2 1 7

5 0

6

Enter five digits, but don't enter all zeros

5 7 my

as mv

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature 🕨	Da	te 🕨	•						
	Method Returns Only—continue	belo	w						
Part III Certification and Authentication –	Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	/ your five-digit self-selected PIN.	2	2		6 (nter all		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 🕨	
	his Form — See Instructions the IRS Unless Requested To Do So	
E. D		E 9970 (D 01 0001)

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-	-0074	IRS Use Only	–Do not w	rite or stap	le in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing	I		, 20	See se	parate in	structions.
Your first name	and mi	iddle initial	Last nar	me						Your so	cial secu	irity number
MONIT			MOHA	NTY						122	97	1217
	oouse's	s first name and middle initial	Last nar									security number
MANISHA			PADH	v						070	95	7650
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.		• • •	tion Campaign
100 OSTF												u, or your
		ce. If you have a foreign address, also co	mplete sr	oaces bel	ow.	Sta	te	ZIP co	ode	pintly, want \$3		
HUTTO						TX	ζ	786	34			d. Checking a ot change
Foreign country	name		F	oreign pr	ovince/state/				n postal code	1	or refun	0
							-			-	🗌 You	J Spouse
Filing Status	. [] Single					Head of ho	ouseh	old (HOH)			
•		Married filing jointly (even if only o	ne had ir	ncome)								
Check only one box.		Married filing separately (MFS)		,				surviv	ing spouse	(QSS)		
	lf v	ou checked the MFS box, enter the	name o	f your s	oouse. If you	ı che					ld's nam	1e if the
		alifying person is a child but not you			,				,			
										 a \		
Digital		ny time during 2023, did you: (a) reco									Yes	s 🛛 No
Assets		ange, or otherwise dispose of a dig					-	1) ? (36		15.)		
Standard Deduction	_	eone can claim: You as a de					a dependent					
	-	Spouse itemizes on a separate retur		_								
		Were born before January 2, 1	959 🗋	Are bl	ind Spc	ouse		14	ore January 2			blind
Dependents				(2) S	Social security number		(3) Relationshi	ip (4	Check the b Child tax c			ee instructions): other dependents
If more	(1) F	irst name Last name			number		to you			reait	Credit IOF	
than four dependents,												
see instructions	s ——											
and check here												
	1a	Total amount from Form(s) W-2, b	ov 1 (so) a instruc	tions)					. 1a		 235,965.
Income	b	Household employee wages not re	•		,					. 1a . 1b		<u> </u>
Attach Form(s)	c	Tip income not reported on line 1a	•		. ,					. 10 . 10	-	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•		,			• •		. 10		
W-2G and	e	Taxable dependent care benefits f			, ,	10110		• •		. 1e	-	
1099-R if tax was withheld.	f	Employer-provided adoption bene				•		• •		. 16 . 1f	-	
If you did not	q	Wages from Form 8919, line 6 .			-			• •		. 1g	-	
get a Form	9 h	Other earned income (see instruct				•		• •		. <u>19</u> . 1h	-	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			•	 1 i	i .				
	z	Add lines 1a through 1h								. 1z		235,965.
Attach Sch. B	2a	-	2a			bТ	axable interest			. 2b		
if required.	3a	· ·	3a				ordinary divider			. 3b		
	4a		4a				axable amount			. 4b		
Standard	5a		5a				axable amount			. 5b		
Deduction for — • Single or	6a		6a				axable amount			. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lection n	nethod,	check here	(see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche				•	,		[7		
 Married filing jointly or 	8	Additional income from Schedule								. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-							. 9		235,965.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10		<u> </u>
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11	-	235,965.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		27,700.
 If you checked any box under 	13	Qualified business income deduct				,	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14	-	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	-0 This is y	our t	taxable incom	е.		. 15		208,265.
					,							

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

Form **1040** (2023)

Credits 17 Amount from Schedule 2, line 3 17 18 Add lines 16 and 17 19 20 Amount from Schedule 3, line 8 19 21 20 20 22 Subtract line 21 from line 18. If zero or less, enter -0. 21 23 Other taxes, including self-endprovent tax, from Schedule 2, line 21 23 0, 1. 24 Add lines 22 and 23. This is your total tax 24 36, 784. 24 Add lines 22 and 23. This is your total tax 24 36, 784. 25 Federal lineome tax withheld from: 256 44, 495. 26 Christians 256 99. 24 244 36, 784. 263 Add lines 25d, 29. 264 44, 594. 27 Add lines 25d, 29. 264 44, 594. 28 Add lines 25d, 28. 30 30 30 29 Add lines 25d, 28. 30 31 799. 33 30 Add lines 25d, 26., and 32. These are your total other payments and refundable credits 32 7.99. 33 45, 609. 33 Add lines 25d,	Form 1040 (2023	3)								Page 2
Credits 17 Amount from Schedule 2, line 3 17 18 Add lines 15 and 17 19 20 Anount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0 21 22 Subtract line 21 from line 18. If zero or less, enter -0 22 23 Other tasks, including self-endpyment tax, from Schedule 2, line 21 23 24 Add lines 19 point line 18. If zero or less, enter -0 24 25 Federal income tax withheld from: 24 a Formigi 1098 256 20 2263 44, 495. 25 256 99. 4 Add lines 25 at through 256 29 20 Add lines 26. Joint 200 30 21 Add lines 26. Joint 200 226 2020 settimated tax payments and amount applied from 2022 return 29 21 Add lines 27. 28, 29, and 31. These are your total other payments and archudabe credits 32 26 Amount from Schedule 3, line 15 31 7.99. 33 Add lines 26. de, and 32. Threse are your total o	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	36,784.
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35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 8,609. Direct deposit? b Routing number 1 1 1 0 0 6 1 4 c Type: Checking Savings 36 Amount on line 34 you want applied to your 2024 estimated tax 36 36 Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. 36 37 You Owe For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions. 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions </td <td>Refund</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Refund									
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See instructions. d Account number 9 9 0 7 1 7 2 0 1 <	Direct deposit?									
36 Amount of line 34 you want applied to your 2024 estimated tax	See instructions.							ouvingo		
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Phone no. Personal identification number (PIN) Yes. Complete below. X No Sign Here 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. Your signature Date Your occupation IT If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Spouse's signature. 512) 751–1338 Email address MONITMOHANTY@GMAIL.COM Preparer's name Preparer's signature Date PTIN IT Check if: SYM PRIYA RM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O2/07/2024 PO2082703 Self-employed Firm's ande GLOBAL TAXES LLC Phone no. (678) 965–9522 Finm's ello 84–3171965 Ptote						ed tax	36			
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1010		Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/27/24 PRO			Form 1040 (2023)

Additional Credits and Payments

OMB No. 1545-0074 2

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

	nent of the Treasury Revenue Service						Attachment Sequence No. 03			
Name	(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR				cial s	security number			
Par		& MANISHA PADHY fundable Credits			122-9	9/-1	217			
1	0	credit. Attach Form 1116 if required				1				
2	Form 2441	child and dependent care expenses from Form 244				2				
3	Education c	credits from Form 8863, line 19			••	3				
4	Retirement	savings contributions credit. Attach Form 8880				4				
5a	Residential	clean energy credit from Form 5695, line 15			••	5a				
b	Energy effic	ient home improvement credit from Form 5695, line 32	<u> </u>			5b				
6	Other nonre	fundable credits:								
а	General bus	siness credit. Attach Form 3800	6a							
b	Credit for p	rior year minimum tax. Attach Form 8801	6b							
С	Adoption cr	edit. Attach Form 8839	6c							
d	Credit for th	e elderly or disabled. Attach Schedule R	6d							
е	Reserved for	or future use	6e							
f	Clean vehic	le credit. Attach Form 8936	6f							
g	Mortgage in	nterest credit. Attach Form 8396	6g							
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h							
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i							
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j							
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k							
I	Amount on	Form 8978, line 14. See instructions	61							
m	Credit for p	reviously owned clean vehicles. Attach Form 8936 .	6m							
z	Other nonre	fundable credits. List type and amount:								
			6z							
7	Total other	nonrefundable credits. Add lines 6a through 6z				7				
8		through 4, 5a, 5b, and 7. Enter here and on Form 1				8				

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

(continued on page 2)

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II 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	799.
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)-SR, or 1040-NR,	15	799.
	BAA REV	01/27/24 PRO	Schedule	e 3 (Form 1040) 2023

Form **8959**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

MONIT MOHANTY & MANISHA PADHY

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

122-97-1217

Your social security number

Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	Form W-2, enter the total of the amounts from box 5	1 248,438.		
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4 248,438.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	5 250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).			
	Part II		7	0.
Part	Additional Medicare Tax on Self-Employment Income			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
	had a loss, enter -0	8		
9	Enter the following amount for your filing status:			
	Married filing jointly.			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0	11		
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0	/		
Part	go to Part III	Composition	13	
		Compensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14	14		
15	(see instructions)	14	-	
15	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin			
.,	Enter here and go to Part IV		17	
Part	V Total Additional Medicare Tax			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li	ne 11 (Form 1040-SS		
	filers, see instructions), and go to Part V		18	0.
Part	Withholding Reconciliation			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
	W-2, enter the total of the amounts from box 6	19 3,701.		
20	Enter the amount from line 1	20 248,438.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			
	withholding on Medicare wages	21 3,602.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add	itional Medicare Tax		
	withholding on Medicare wages		22	99.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation			
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c			
Fee D			24	99.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 01/27/24 PRO		Form 8959 (2023)