For the year Jun. 1–Doc. 31, 2020, or other tax year beginning      2022, and ng      202       See separate instructions.         Your frame and middle initial       Last name       Vour start name and middle initial       Last name       Vour start name and middle initial       See separate instructions.         Presidential Electric Campaign       Last name       Spouse's social security number       Spouse's social security number         Home address furnher and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Electric Campaign         111 NATIN WEST       Concek time for the way of the foreign position of the foreig	<b>1040</b>		-		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	aple in this space.
SNEHA         BORNCHA         638         63         2077           Fjort exture, spouse's first sume and middle initial         Last same         Spouse's such security number         Spouse's such security number           Home address further and street), Hyou have a forogn address, also complete spouse backs.         Act. no.         Act. no.         Chr. town, or post office. Hyou have a forogn address, also complete spouse backs.         Sete         ZP code         Spouse's fourther with a forogn address, also complete spouse backs.         Sete         ZP code         Spouse's post code         Spouse's post code         Spouse's post code         Spouse's post code         You 's appuse'           Fling Status         Single         Image address fourther with a for the spouse if you checked the HCH or QGS back, enter the anne of your spouse.         Married fling sports'         Spouse's fourther with a fourthy and the child's name if the qualifying spouse of a digital asset for a financial interest in a digital asset of a digital asset for a financial interest in a digital asset of a spouse'         Was born backors danage, 1989         Image address fourther born' fourther born' fourther born' fourther address fourther born' fourther address fourther born'         Image address fourther born'         Image address fourther address fourther born'           Spouse terminase on a support or term' or pouve or aduad-status alian         Image aduad-status	For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.
If jort estur, spouse's first name and middle initial       Last name       Spouse's social security number         Hone address (number and shree), if you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         111: MALIN WEST       Chrok there of you car your       Double of filling highly (seen if only one had income)       Presidential Election Campaign         Foreign rowine/state/county       Foreign provine/state/county       Foreign provine/state/county       Presidential Election Campaign         Filing Status       Single       Image for each state	Your first name	and m	iddle initial	Last r	ame					Your social security number			
Home address further and street). If you have a PO. box, see instructions.       Act. no.       Presidential Election Campaign Of the time, or yout office. If you have a freign address, also complete spaces below.       State       210       Check here if you, or yout approach if ling jointly, went 30         Foreign country name       Foreign country name       Foreign country name       Foreign province/strate/country       Foreign country name       Fo	SNEHA			BOR	ANCHA						638	63	2077
L11       MAIN       MEST       10       Check here if you cryour         City, town, or pot office. if you have a foreign address, also complete spaces below.       W2       24.9.8.6       pouse if fing (pointy, ware) approximate if gointy, ware is pouse if fing (pointy, ware) approximate if gointy, ware is pouse if fing (pointy, ware) approximate it is pouse if (pouse) approximate it is pous	-	oouse's	s first name and middle initial	1									
L11       MAIN       MEST       10       Check here if you cryour         City, town, or pot office. if you have a foreign address, also complete spaces below.       W2       24.9.8.6       pouse if fing (pointy, ware) approximate if gointy, ware is pouse if fing (pointy, ware) approximate if gointy, ware is pouse if fing (pointy, ware) approximate it is pouse if (pouse) approximate it is pous													
City. town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       to be office the space of filing jointly, went Si to below will not change yourt acro refland.         Foreign country name       Foreign province/state/county       Foreign post-filing jointly, went Si to below will not change yourt acro refland.       Image: State of the space of filing jointly, went Si to below will not change yourt acro refland.         Foreign country name       Foreign province/state/county       Foreign post-filing jointly, went Si to below will not change yourt acro refland.       Image: State of the space of filing jointly, went Si to below.         Filing Status       & Single       Image: State of the MS box, enter the name of your spouse. If you checket the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Image: State of the MS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital       At any time during 2023, did your (a) receive (as a reward, award, or payment for property or services); or (b) sell, east or the second of digital asset of rain famcula interest in a digital asset? (See instructions)       Image: State of the second of the MS box, enter the child's name if the payment for property or services in a digital asset? (See instructions)         Standard       Someone can claim:       You sa dependent       You repose the box of qualifies for (see instructions)         Dependents       See instructions)       Image: See instructions)       Image: See instructions)	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	vpt. no.	Preside	ntial Ele	ction Campaigr
City, Umit by Discline: In you have a belight access, eacy charges queues, eacy cha	<u>111 MAIN</u>	WE:	ST						1	.0			
INITIC SULPRUR. SPRINGS       INV       24.986       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       box below will not change         Filing Status       A Single       Image: Single and the MSE box, enter the name of your spouse. If you checked the MSE box, enter the child's name if the qualifying person is a child but not your dependent:       Image: Single and the MSE box, enter the name of your spouse. If you checked the MOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital       A any time during 2023, did you: (a receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Im	City, town, or p	ost offi	.ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode		0	
Filing Status       Single       Image: Status	WHITE SU	LDH	UR SPRINGS		1		M/	J	249	86			0
Filing Status       Single       Image: Check only	Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax	_	_
Check only       Married filing jointly (even if only one had income)       Cualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse, If you checked the MOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:													u Spouse
ClickColling       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you obcked the MFS box, enter the name of your spouse. If you drecked the MOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse iterustics on asperate return or you were a dual-status alien         Age/Blindness       You:       (P the born before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (2) Heatstonahip       (2) Check the box if qualities for fee instructions and check         If more       10       Instructions       Image: Spouse iterustic on spouse and reported on form(s) W-2, box 1 (see instructions)       Image: Spouse iterustic on spouse and reported on form(s) W-2, box 1 (see instructions)       Image: Spouse iterustic on spouse and reported on form (s) W-2.         If were aread income to reported on line 1a (see instructions)       Image: Spouse iterustic on spouse and reported on form SB39, line 29       Image: Spouse iter	Filing Status		-					Head of he	ouseh	old (HOH)			
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Ves       No         Standard Deduction       Someone can claim:       You souse as a dependent       You spouse as a dependent         Dependents       See instructions):       (P) Social security       (P) Relationship       (P) Check the box if qualifies for (see instructions)         If more there instructions):       (P) Social security       (P) Relationship       (P) Check the box if qualifies for (see instructions)         If more there instructions):       (P) Social security       (P) Relationship       (P) Check the box if qualifies for (see instructions)         If come       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       35, 919.         If bousehold employee wages not reported on Form(s) W-2 (see instructions)       1       1       1       1         Was withhed.       1       1       0       1       1       0       1         Was and notic transported on Form 839, line 2       1       1       1       0       1       1	Check only			ne hac	l income)			<b>—</b>					
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       \receiver Yes       No         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien	one box.										• •		16.1
Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard Deduction       Someone can claim: Spouse itemizes on a separate return or you were a dual-status alien       Image: Comparison of the separate return or you were a dual-status alien       Image: Comparison of the separate return or you were a dual-status alien         Age/Blindness       You:       Were bom before January 2, 1959       Ik are blind       Image: Comparison of the separate return or you were a dual-status alien         Age/Blindness       You:       Were bom before January 2, 1959       Ik are blind       Image: Comparison of the separate return or you were a dual-status alien         Age/Blindness       You:       Ik are blind       Image: Comparison of the separate return or you were a dual-status alien       Image: Comparison of the separate return or you were a dual-status alien         Income       10       Total amount from Form(s) W-2, box 1 (see instructions)       Image: Comparison of the separate return or you were a dual-status alien       Image: Comparison of the separate return or you were a dual-status alien         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: Comparison of the separate return or you were a dual-status alien       Image: Comparison of the separate return or you were a dual-status alien         We						pouse. It you	u che	ecked the HOF	l or Q	SS box, ente	er the ch	ld's na	me if the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Bindness You:       Were bom before January 2, 1959       Are bind       Spouse:       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions;       (1) First name       Last name       (1) Great for other dependent in under       (1) Great for other dependent in a dot check       (1)       Creat for other dependent in a dot check         If more than our dependents, see instructions;       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1         Income thatch Form(s)       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1         W-26 and gear after get a form were a dia       1       Total amount from Form S0 W-2, box 1 (see instructions)       1       1       1         W-26 and were a were a dincome (see instructions)       1       1       1       1       1         W-26 and were a were a dincome (see instructions)       1       1       1       1       1		qu	anying person is a child but not you	ur debe	endent:								
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Was born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Age/Blindness       You:       Was born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       Inumber       (3) Relationship       (4) Check the box if qualifies for (see instructions)         Imore       Last name       number       Inumber       Inumber <td< td=""><td>Digital</td><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td>•</td><td></td><td>.,</td><td></td><td></td></td<>	Digital			•					•		.,		
Use of the space in Flow of the two year beginning	Assets												
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions)         if more than four dependents, see instructions and check		Som	<b>leone can claim:</b> 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Dependents       (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions) Child tax credit         If more than four dependents, see instructions and check       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions) Child tax credit       Credit for other dependents         see instructions and check       (1) First name       Last name       (2) Social security number       (3) Relationship to you         Income and check       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1)       (1)         Attach Forms W-2 there. Also attach Forms was withheld.       to an out reported on line 1a (see instructions)       (1)       (1)         (1) Generation and the component of reported on line 1a (see instructions)       (1)       (1)       (1)         (2) Generation and the component of reported on sorm(s) W-2 (see instructions)       (1)       (1)       (1)         (2) W-2 area       Medicaid waiver payments not reported on Form 839, line 29       (1)       (1)       (1)         (3) Generation and anothe combat pay election (see instructions)       (1)       (1)       (1)       (1)         (4) Generation and anothe social security benefits       (2)       (2)       (1)       (2)       (3)	Deduction		Spouse itemizes on a separate retur	vidual Income Tax Return       VV       OMB No. 1545-0074       IRS L         or other tax year beginning       .2023, ending       .20         Last name       DORANCHA       .20         avand middle initial       Last name       .20         ave a foreign address, also complete spaces below.       Xate       ZIP code         INGS       Foreign province/state/county       Foreign post         filing jointly (even if only one had income)       Gualifying surviving sp         filing separately (MFS)       Cualifying surviving sp         ed the MFS box, enter the name of your spouse. If you checked the HOH or QSS box         arring 2023, did you: (a) receive (as a reward, award, or payment for property or service/state/state alignal asset (or a financial interest in a digital asset)? (See instructions)         ot claim:       You as a dependent:       Your spouse as a dependent         miss:       (2) Social security       (3) Relationship         e bom before January 2, 1959       Are blind       Spouse:         undue from Form(s) W-2, box 1 (see instructions)									
CP Drotected       (c) First name       (c) Goal adduiny       (c) Hist name       Child tax credit       Credit for other dependents         than four       dependents,	Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 ls	s blind
If more than four dependents, and check heres       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents, and check here         see instructions and check here       Image: see instructions, image: see instructions	Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	ip (4	) Check the b	ox if quali	fies for (	see instructions):
than four   dependents, see instructions   and check   here   lincome   1a   Total amount from Form(s) W-2, box 1 (see instructions)   b   Household employee wages not reported on Form(s) W-2.   b   tatach Form(s)   W-2 here, Also   d   Medicaid waiver payments not reported on Form(s) W-2.   d   Medicaid waiver payments not reported on Form(s) W-2.   d   Medicaid waiver payments not reported on Form(s) W-2.   d   Medicaid waiver payments not reported on Form(s) W-2.   d   Medicaid waiver payments not reported on Form(s) W-2.   d   Medicaid waiver payments not reported on Form(s) W-2.   d   mask of the form Safe form Form Schedule D if required.   a add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income   a add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income   a add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income   a add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income   a add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income </td <td>•</td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td>Child tax c</td> <td>redit</td> <td>Credit fo</td> <td>r other dependents</td>	•					,				Child tax c	redit	Credit fo	r other dependents
see instructions       and check       and check       and check         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       and check         Attach Form(s)       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       C       Tip income not reported on Form(s) W-2.       1c         Attach Form(s)       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W23 and       Taxable dependent care benefits from Form 2441, line 26       1d         If you did not get a Form       Wages from Form 8919, line 6       1g         W2, see       in Nortaxable combat pay election (see instructions)       1h       0.         W2, see       in Nortaxable combat pay election (see instructions)       1a       35, 919.         Xtach Sch. B       2a       Tax-exempt interest       1g       1z       35, 919.         Xtach Sch. B       2a       Tax-exempt interest       3a       b       b       Taxable interest       2b         Standard       Deduction for       5a       Densions and annuittes       5a       b       Taxable amount       4b         Standard       Gat again or (loss). Attach Schedule 1, line 10       .       7       Gatidiag ain or (loss). Attach Schedule 1, line 10													
and check       here													
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       35, 919.         Match Forms       b       Household employee wages not reported on Form(s) W-2.       1b       1b         W-2 here. Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c       1b         W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c       1c         was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1d       1e         was withheld.       g       Wages from Form 8919, line 6       1f       1g         get a Form get a Form was vitheld.       Nontaxable combat pay election (see instructions)       1i       1z       35, 919.         Attach Sch. B       a       Qualified dividends       3a       b       b       1a       35, 919.         Attach Sch. B       a       Qualified dividends       3a       b       1a       0.       0.         Add lines 1a through 1h       1       235, 919.       1a       35, 919.       0.       0.         Attach Sch. B       frequired.       1a       1a       1a       0.       0.         Attach Sch. B       frequired.		·											
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2	here 🗌												
Attach Forms       Tip income not reported on line 1a (see instructions)       1c         W-2 here, Also       C       Tip income not reported on line 1a (see instructions)       1d         W-26 and       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       E       Taxable dependent care benefits from Form 2441, line 26       1e         1f you did not       g       Wages from Form 8919, line 6       1f         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       instructions.       It       1d       1d         W-2, see       instructions.       It       1g       1d       1d         Attach Sch. B       a       Qualified dividends       3a       b       D       1a       2b       1h       0.         Standard       B       Resions and annuities       5a       b       Dordinary dividends       3b       3b       1b         Standard       Seal ascurity benefits       5a       b       Taxable amount       6b       6b<	Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1a		35,919.
W-2 here. Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-26 and 1099-R if tax       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         was withheld.       f       Taxable dependent care benefits from Form 2441, line 26       1e         if you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1g         was withheld.       f       Other earned income (see instructions)       1i         w.2.2, see       h       Other earned income (see instructions)       1i         w.2.2, see       h       Other earned income (see instructions)       1i         x.2       Add lines 1a through 1h       1z       35, 919.         attach Sch. B       2a       Tax-exempt interest       2b         a Qualified dividends       3a       b       Datable amount       4b         Standard Deduction for- segnarately, pointly or Qualifying grouse, Str7700       Faxable amount       5b       6b         44       If you elect to use the lump-sum election method, check here       7       7         8       Additional income from Schedule 1, line 26       10       8         Cualifying youse, Standard Deduction for Surget or Married filing yourking spouse, Str7700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. Th	Attach Form(s)	b	Household employee wages not reported on Form(s) W-2						. 1b				
W-2G and 1099-R if tax       e       Taxable dependent care benefits from Form 841, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 839, line 29       1f         If you did not get a form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         Z       Add lines 1a through 1h       1z       35, 919.         Z       Add lines 1a through 1h       1z       35, 919.         Z       Add lines 1a through 1h       2a       b       Taxable dependent care benefits from Form 9b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable dependent care benefits from 5b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing pointy or Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Additional income from Schedule 1, line 26       7       7       8         9       Addi lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your	W-2 here. Also	С								. 10	-		
1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         If you did not get a form       g       Wages from Form 8919, line 6       1         W-2, see       h       Other earned income (see instructions)       1         W-2, see       i       Nontaxable combat pay election (see instructions)       1         Add lines 1a through 1h       .       .       1         Attach Sch. B       2a       b       Taxable interest       2b         Attach Sch. B       a       Qualified dividends       3a       b       Dordinary dividends       3b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       4b         Standard       Deduction for-       6a       b       Taxable amount       6b          Standard       Deduction for-       6a       b       Taxable amount       6b          Standard       Deduction for-       6a       b       Taxable amount       6b          Standard       Deduction for-       6a       b       Taxable amount       6b       <		d								-			
If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1h       0.         instructions.       i       Nontaxable combat pay election (see instructions)       1i       1h       0.         Attach Sch. B       2a       Add lines 1 a through 1h       1z       35, 919.       2b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Draxable interest       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         Single or Married filing signity or Qualifying surviving spose, Struction form Schedule 1, line 10       b       Taxable amount       7         Standard Deduction for Household, for Household, Struct line 10 from line 9. This is your adjusted gross income       7       7         6a       Social security benefits to income from Schedule 1, line 26       10       11       35, 919.         10       Additional income from Schedule 1, lin		e	•						• •				-
get a Form W-2, see instructions.       h       Other earned income (see instructions)       11       0.         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1z       35, 919.         Attach Sch. B if required.       2a       b       Tax-exempt interest       2b       2b         Attach Sch. B if required.       3a       Qualified dividends       3a       b       D Ordinary dividends       3b         Standard Deduction for- Standard Deduction for- single or Married filing separately, \$13,850       4a       b       Taxable amount       4b         Standard Deduction for- Single or Married filing separately, \$13,850       5a       b       Taxable amount       5b         Standard Deduction for- Single or Married filing sinity or Qualifying surviving spouse, \$27,700       6a       b       Taxable amount       5b         Standard Deduction for- Sage arately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or Qualifying \$20,800       9       Additional income from Schedule 1, line 10       7       8         \$20,800       11       35,919.       10       Adjustments to income from Schedule 1, line 26       10       11       35,919.         14       Add l									• •				
W-2, see instructions.       in       Outer earlied informe (see instructions)       11         instructions.       i       Nontaxable combat pay election (see instructions)       11       12       35, 919.         Attach Sch. B if required.       2a       b       Tax-exempt interest       2b       2b         Attach Sch. B if required.       3a       Qualified dividends       3a       b       0rdinary dividends       2b         Standard Deduction for- Single or Married fling jointy or Qualifying surviving spouse, \$27,700       4a       b       Taxable amount       4b         7       Gaptal gain or (loss). Attach Schedule D if required. If not required, check here       7       6b         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       35, 919.         10       11       35, 919.       35, 919.         11       35, 919.       11       35, 919.         12       13, 850.       13       14       13, 850.         14       Add lines 12 and 13       14       13, 850.	,		-								0		
z       Add lines 1a through 1h       35,919.         Attach Sch. B       2a       Tax-exempt interest       2a         if required.       3a       Qualified dividends       3a         4a       Bardende       Bardende       Bardende         5a       4a       IRA distributions       4a         9       Social security benefits       5a         6a       Social security benefits       6a         9       Social security benefits       6a         9       Additional income from Schedule 1, line 10       7         7       Additional income from Schedule 1, line 26       10         9       35, 919.       35, 919.         \$27.700       Additional income from Schedule 1, line 26       10         11       35, 919.       12         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12         13       Qualified business income deduction from Form 8895 or Form 8995-A       13       13	W-2, see								. <u>In</u>		0.		
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       4a       B       b       Taxable amount       3b       3b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       5a       6a       b       Taxable amount       5b       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         6b       C       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8         8       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       35, 919.         9       Adjustments to income from Schedule 1, line 26       10       11       35, 919.         10       Adjustments to income from Schedule 1, line 26       11       35, 91	instructions.			seems	structions		• •	🔤 🛙			1.		35,919
if required.       3a       3a       b       Ordinary dividends       3b         Standard Deduction for-       4a       4a       b       5a       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       7axable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       6a       b       Taxable amount       6b         Varied filing signer tely, \$13,850       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         8       Additional income from Schedule 1, line 10       7       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       35, 919.         9       Adjustments to income from Schedule 1, line 26       10       11       35, 919.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       35, 919.         12       13, 850.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       13, 850.       14       14       13, 850. </td <td>Attach Soh P</td> <td></td> <td>- 1</td> <td> 2a ∣</td> <td></td> <td></td> <td> ьт</td> <td>· · · · ·</td> <td>•</td> <td></td> <td></td> <td></td> <td></td>	Attach Soh P		- 1	 2a ∣			 ьт	· · · · ·	•				
4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing jointly or       c       If you elect to use the lump-sum election method, check here (see instructions)       1       6b         Married filing jointly or       8       Additional income from Schedule 1, line 10       7       8         Qualifying surviving spouse, \$27,700       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       35, 919.         10       Adjustments to income from Schedule 1, line 26       10       11       35, 919.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       35, 919.         12       Standard deduction or itemized deductions (from Schedule A)       12       13, 850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13, 850.			· ·									-	
Standard Deduction for-       5a       Pensions and annuities								-				-	
6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7         8       Additional income from Schedule 1, line 10       .       .       .       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       9       35, 919.         10       Adjustments to income from Schedule 1, line 26       .       .       10         Head of household,       11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       11       35, 919.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       .       .       .       12       13, 850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       13       .       14       13, 850.	Standard											-	
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .												-	
Standardy, Standard Deduction,       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse, Standard Deduction,       8       9       Additional income from Schedule 1, line 10       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       35, 919.         10       Adjustments to income from Schedule 1, line 26       10         11       35, 919.       10         12       Standard deduction or itemized deductions (from Schedule A)       12       13, 850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14	Married filing				n method.	check here				[			
Married filing jointly or Qualifying surviving spouse, \$27,700       8       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       35,919.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       35,919.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       13,850.	\$13,850		•							[	7		
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income935, 919.10Adjustments to income from Schedule 1, line 261010Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1135, 919.12Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314	<ul> <li>Married filing jointly or</li> </ul>				-	-					_		
Subtract line 10 from line 9. This is your adjusted gross income       10         Head of household, \$20,800       11         Subtract line 10 from line 9. This is your adjusted gross income       11         Subtract line 10 from line 9. This is your adjusted gross income       11         Subtract line 10 from line 9. This is your adjusted gross income       11         Subtract line 10 from line 9. This is your adjusted gross income       11         Subtract line 10 from line 9. This is your adjusted gross income       11         Standard deduction or itemized deductions (from Schedule A)       12         If you checked any box under Standard Deduction from Form 8995 or Form 8995-A       13         Id       13         Add lines 12 and 13       14	Qualifying	9									. 9		35,919.
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1135,919.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	\$27,700	10									. 10		
\$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         It       Add lines 12 and 13       14       13,850.       14       13,850.	household,	11	Subtract line 10 from line 9. This is	s your	adjusted	gross inco	me				. 11		35,919.
any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850		12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)				. 12		13,850.
Deduction,         14         Add lines 12 and 13         13,850.	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	ı 899	95-A			. 13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 22,069.	Deduction,	14									. 14		13,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	ourt	taxable incom	ie .		. 15		22,069.

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

Form **1040** (2023)

Form 1040 (2023	5)						Page <b>2</b>				
Tax and	16	Tax (see instructions). Check if any from Forr	m(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3	16	2,429.				
Credits	17	Amount from Schedule 2, line 3				17					
	18	Add lines 16 and 17				18	2,429.				
	19	Child tax credit or credit for other depende	nts from Sched	lule 8812		19					
	20	Amount 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			22	2,429.				
	23	Other taxes, including self-employment tax	, from Schedul	e 2, line 21 .		23	0.				
	24	Add lines 22 and 23. This is your total tax				24	2,429.				
Payments	25	Federal income tax withheld from:									
2	а	Form(s) W-2			<b>25a</b> 4,	342.					
	b	Form(s) 1099			25b						
	с	Other forms (see instructions)			25c						
	d	Add lines 25a through 25c				<b>25</b> d	4,342.				
If you have a	26	2023 estimated tax payments and amount	applied from 20	)22 return		26					
qualifying child,	27	Earned income credit (EIC)			27						
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28						
	29	American opportunity credit from Form 886			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 you	r total other p	ayments and refu	undable credits	32					
	33	Add lines 25d, 26, and 32. These are your 1				33	4,342.				
Refund	34	If line 33 is more than line 24, subtract line				34	1,913.				
	35a	Amount of line 34 you want refunded to yo				. 🗌 35a	1,913.				
Direct deposit?	b	Routing number 0 5 1 5 0 3 1	avings								
See instructions.	d		Routing number       0       5       1       5       0       3       1       7       4       c Type:       X Checking       Savings         Account number       0       0       8       9       2       6       7       4       7       0       9       1								
	36	Amount of line 34 you want applied to you	r 2024 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24. This is the an			1 1						
You Owe	•	For details on how to pay, go to www.irs.go				37					
	38	Estimated tax penalty (see instructions)	-		38						
Third Party	Do	you want to allow another person to dis			See						
Designee		tructions				mplete below	. 🗙 No				
<b>J</b>	De	signee's	Phone			nal identificatior	ı				
	nar		no.			er (PIN)					
Sign		der penalties of perjury, I declare that I have examin ief, they are true, correct, and complete. Declaratior									
Here		0	1	T		1					
	Yo		Date	Your occupation			ent you an Identity PIN, enter it here				
Joint return?				соок		(see inst.)	,				
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	If the IRS s	ent your spouse an					
Keep a copy for						-	ptection PIN, enter it here				
your records.						(see inst.)					
	Ph	one no. (304)741-0222	Email address	BORANCHASNE	HA123@GMAI.COM	1	-				
Paid	Pre	parer's name Preparer's signa	ature			PTIN	Check if:				
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/02/2024 4	202082703					
Use Only	Firi	n's name GLOBAL TAXES LLC				Phone no.	(678)965-9522				
	Firi	n's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's EIN	84-3171965				
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/27/24 PRO		Form <b>1040</b> (2023)				

CU VILST CO		STATE OF WEST VIRGINIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING								
WV-8453 Rev. 09/2020	Period begin	ning (MM/DD/YYYY) 01/01/2023	Period e	nding (MM/DD/YYYY) 12/3	31/2023					
1007.03/2020	Your first nar SNEHA	me and middle Initial	Last Nar RANCHA	ne	<b>Your Socia</b> 6386320	Security Number				
	-	rn, spouse's first name and middle		ne, if different		ocial Security Number				
	Home Addre	ess (number and street) N WEST APT 10			Daytime te	ephone number				
		post office, state and ZIP code	36	I						
Part I			rmation (whole do	ollars only)						
1. Federal Adjusted G	ross Income			1		35919.00				
2. West Virginia Incon	ne Tax			2		1024.00				
3. Balance Due				3		.00				
4. Refund				4		196.00				
Part II		Direct Deposit or	Electronic Funds	Withdrawal						
5. Routing transit num	nber (RTN)	051503174	The firs	t two numbers of the	RTN must be (	1 through 12 or 21 through 32				
6. Depositor account	number (DAN)	008926747091								
7. Electronic Fund	ls Withdrawal (Cl	hecking only; No Partial Payments)								
8. Type of account:	X Checking	Savings (Direct Deposit Only	')							
Part III		Decla	ration of Taxpaye	er						
for any entries in error into my Checki	ing or Savings account as ir	ue be withdrawn by electronic debit as designated in Part ndicated above in Part II and the Financial Institution indic o receive the refund or authorize the electronic debit.								
the corresponding lines of my West V to the West Virginia State Tax Depart	/irginia income tax return. To ment, upon request by the I	formation contained on my return with the information I ha o the best of my knowledge and belief, my return is true, o Department. If I have filed a joint federal and state return, to my ERO and <i>l</i> or the transmitter the reason(s) for th	correct, and complete. I consent that r I understand that, if there is an error of	my return, including this declar on either return, my state retu	ration and accomp	anying schedules and statements, be sent				
Please			▶							
Sign Here	Your signatu	ire Date	Spou	se's signature		Date				
Part IV	Declar	ation & Signature of Electr	onic Return Orig	inator (ERO)	& Paid P	reparer				
must ensure that Form WV-8453 acc information to filed with the West Virg	curately reflects the data on jinia State Tax Department,	that entries on Form WV-8453 are complete and correct the return.) I have obtained the taxpayer's signature on and have followed all other requirements described in the irn and accompanying schedules and statements, and to	Form WV-8453 before submitting thi e West Virginia Handbook for Electror	s return to the State Tax Dep nic Filers of Individual Income	partment, have pro Tax Returns. If I a	vided the taxpayer a copy of all forms and m also the Paid Preparer, under penalty of				
ERO's Signature			Date	Check if:		Your PTIN/SSN				
Firm Name (or yours, if se			0202202	4 Self-Em	bloyed	FIN0 0421710CE				
	GLOBAL	TAXES LLC			bloyed	El No. 843171965 Zip Code 08816				
(or yours, if se employed) and address	GLOBAL 245 RO	OONEY CT, E BRUNSWICK,	NJ	4 Self-Em Phone # <sub>67</sub>	bloyed 3965952	Zip Code <sub>08816</sub>				
<ul> <li>(or yours, if se employed) and address</li> <li>ERO's are ins</li> </ul>	GLOBAL 245 RO	OONEY CT, E BRUNSWICK,	NJ upporting docum	4 Self-Em Phone # <sub>67</sub>	bloyed 3965952 ess than	Zip Code <sub>08816</sub> three (3) years.				
<ul> <li>(or yours, if se employed) and address</li> <li>ERO's are ins</li> </ul>	GLOBAL 245 RO	OONEY CT, E BRUNSWICK,	NJ upporting docum	4 Self-Em Phone # <sub>67</sub>	bloyed 3965952 ess than	Zip Code <sub>08816</sub> three (3) years.				
(or yours, if se employed) and address ERO's are ins Under penalties of perjury. I declare to	GLOBAL 245 RO Structed to re hat I have examined this re Preparer's Signature	OONEY CT, E BRUNSWICK,	NJ upporting docum	4 Self-Em Phone #67; eents for not I , they are true, correct and co e Check if:	Bioyed 3965952 ess than mplete. Declaration	Zip Code <sub>08816</sub> three (3) years.				
<ul> <li>(or yours, if se employed) and address</li> <li>ERO's are ins</li> <li>Under penalties of perjury. I declare t which preparer has any knowledge.</li> <li>Paid</li> </ul>	GLOBAL 245 RO Structed to re hat I have examined this re Preparer's	OONEY CT, E BRUNSWICK,	NJ upporting docum	4 Self-Em Phone #67; eents for not I , they are true, correct and co e Check if:	ess than mplete. Declaratic	Zip Code 0816 three (3) years. n of preparer is based on all information of Your PTIN/SSN				

NOTE: Part IV of this form MUST be completed in full as required.

ERO's are required to file and hold this document and all attachments for three (3) years from date filed.

IT-140WEST VIRGINIA PERSONAL INCOME TAX RETURN2023										
SOCIAL SECURITY NUMBER 638632077 Deceased Deceased Deceased	1*	**SPOUSE'S SOCIAL SECURITY NUMBER			Deceased Date of De	eath*				
LAST NAME BORANCHA		SUFFIX	YOUR FIRST NAME	SNEHA		МІ				
SPOUSE'S LAST NAME		SUFFIX	SPOUSE'S FIRST NAME			MI				
FIRST LINE OF ADDRESS     111 MAIN WEST APT 10     SECOND LINE OF ADDRESS										
CITY WHITE SULPHUR SPRIN	GS	STATE WV	ZIP CODE	24986	5					
TELEPHONE     3047410222     EMAIL     BORANCHASNEHA123@GMAI.COM     EXTENDED DUE DATE MM/DD/YYYY										
* ONLY INLCLUDE A DECEASED TAXPAYER AND THEIR DATE OF DEATH IF IT OCCURRED IN THIS TAX YEAR. FOR THE NEXT TWO YEARS, PLEASE LIST THEM BELOW ON THE SURVIVING SPOUSE EXPEMPTION. AMENDED RETURN NONRESIDENT SPECIAL NONRESIDENT/PART YEAR RESIDENT FORM WV-8379 FI LED AS AN INJURED SPOUSE										
FILING STATUS I SINGLE 2 HEAL (CHECK ONE)	O OF 3 MARRIED			G SEPARATE	the boxes above	5 WIDOW(ER				
EXEMPTIONS										
(a) YOURSELF To claim an exemption for y	ourself, enter 1. If some	eone can claim y	ou as a de	pendent, leav	ve box (a) blar	nk.) (a)	1			
(b) SPOUSE To claim an exemption for y	our spouse, enter 1. Th	ey may not be cl	aimed as a	an exemption	by anyone el	se. (b)				
(c) DEPENDENTS List your dependents. If over	four dependents, continu	e on Schedule DF	on page 4	9. Enter total	I number of de	ependents (c)				
Dependent First name	Depende	nt Last name		Social Secu	rity Number	Date of Birth (MM	I DD YYYY)			
(d) SURVIVING SPOUSE (See page 21) Decedents SSI	V	Year Spo	ouse Died:			(d)				
(e) <b>Total Exemptions</b> (add boxes a, b, c, and d).	Enter here and on line 6	below. If box e i	s zero, ent	er \$500 on li	ne 6 below.	(u) (e)	1			
						25.01.0				
1. Federal Adjusted Gross Income or income to c	laim senior citizen tax cr	edit from Sched	ule SCTC-	A 1		35919	.00			
2. Additions to income (line 59 of Schedule M)				2			.00			
3. Subtractions from income (line 50 of Schedule	M)			3			.00			
4. West Virginia Adjusted Gross Income (line 1 pl	us line 2 minus line 3)			4		35919	.00			
5. Low-Income Earned Income Exclusion (see wo	rksheet on page 29)			5			.00			
6. Total Exemptions as shown above on Exemption	on Box (e)1 x \$	2,000		6		2000	.00			
7. West Virginia Taxable Income (line 4 minus line	es 5 & 6) IF LESS THAN	I ZERO, ENTER	ZERO	7		33919	.00			
8. Income Tax Due (Check One)	Nonresident/Part-yea			8		1024	.00			
	calculation schedule						I			
PAY COR SCTC NRSR HEPTC FORM	NCLUDE WITH S WITH THIS R W-2s, 1099s, Et	RETURN		*T 0 4 (		3 0 1*				

	PRIMARY LAST NAME	BORANCHA			SOCIAL SECURITY NUMBER	638	632077	
9. (	Credits from Tax C	redit Recap Schedule	see schedule on page 5	)		9		.00
10. 1	Fotal Income Tax D	ue. Line 8 minus 9. If I	ine 9 is greater than line	8, enter 0		10	1024	.00
11 (			lited (are and a ration on					00
	Overpayment previ altv Due	11		.00				
		Tax Due on out-of-state	G WAIVER OR QUALIFI					
(	See Schedule UT on	page 44).		X CHECK IF NO	O USE TAX DUE	12		.00
13. <i>A</i>	Add lines 10 throug	gh 12. This is your tota	amount due			13	1024	.00
14. V	Nest Virginia Incor	ne Tax Withheld (See i	nstructions page 23)	Check if w (Nonresiden	vithholding from NRSR t Sale of Real Estate)	14	1220	.00
15. E	Estimated Tax Pay	15	0	.00				
16. N	Non-Family Adoptic	on Tax Credit, if applica	able (include Schedule W	/V NFA-1)		16		.00
17. S	Senior Citizen Tax	Credit for property tax	paid (include Schedule S	SCTC-A)		17		.00
18. H	Homestead Excess	Property Tax Credit fo	or property tax paid (inclu	de Schedule HEPT	C-1 and Class 2 receipt)	18		.00
19. E	Build WV Property	Value Adjustment Refu	Indable Tax Credit			19		.00
20. Amount paid with original return (amended return only)						20		.00
	21. Payments and Refundable Credits (add lines 14 through 20)						1220	.00
22. Balance Due (line 13 minus line 21). If Line 21 is greater than line 13, complete line 23 PAY THIS AMOUNT						21		
22. E	Balance Due (line 1	3 minus line 21). If Line 21 i	s greater than line 13, complet	e line 23 <b>PAY</b>	THIS AMOUNT	22		.00
23. Line 21 minus line 13. This is your overpayment							196	.00
24 <u>. I</u>			ow and enter the sum of	1	3, and 24C on Line 24			
24A.     24B.     24C.       CHILDREN'S TRUST     4WV DEPT. OF VETERANS     STATE VETERANS       FUND     ASSISTANCE     CEMETERY								.00
	I	I				24		
25. /	Amount of Overpay	ment to be credited to	your 2024 estimated tax	, 		25		.00
26. F	Refund due to you	(line 23 minus line 24 a	nd line 25)		REFUND	26	196	.00
	ect Deposit Refund		SAVINGS	05150317	74 0	08926747091		
••••			ON FOR ACCURACY. INCORR					ARGE
Lautho		discuss my return with my pre		NO		ι φ10.00 N		ANGE.
			his return, accompanying sche	]	, and to the best of mv knowl	edge and	belief, it is true, correct and	d complet
/	Shehe	K						
Your Sig	•	Date	e Spouse	e's Signature	Date		Telephone Num	ber
	to efile		AM PRIYA RAM ature of preparer other than abov		PTA 0202202 Date	24	678965 Telephone Numl	
SYA	M PRTYA R	RAM SAGAR GU	ЈРТА ТАТ.Т.АМ	GI,ORAT.	TAXES LLC			
-	rer's Printed Name		arer's Firm					
		AIL TO THIS ADDRESS:	FOR BALANCE DUE, MAI					
_	P.O.	AX DIVISION BOX 1071 N. WV 25324 1071	WV TAX DIV P.O. BOX	3694				
	Payment Options: Ret	DN, WV 25324-1071 urns filed with a balance of tax	CHARLESTON, W	following methods:				
	<ul> <li>Check or Money Ord</li> </ul>	ler payable to the WV Tax Divi	due may pay through any of the sion - Enclose check or money o axes.wvtax.gov and clicking on "F	rder with your return.	их"	4 0	<b>    50       1000       50     </b>    2 0 2 3 0 2*	