Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Social security number Social security nu	Internal Nevertue Service	-		
Pert I	Submission Identification Number (SID)			
Spouse's social security number	Taxpayer's name	Social securit	y number	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	YOGITA V JUNGHARE	838-31-	-2807	
Enter whole dollars only on lines 1 through 5. Note: Form 100-05S filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 252. 4 Amount you want refunded to you 4 A 5, 111. 5 Amount you own 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return or leave the return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or elevationing, and to the best of my knowledge and belief, it is true, correct, and complete. I burther declares that the amounts in Part I above are the amounts from the best of my knowledge and belief, it is intermediate that the manual transmitter of the manual transmitter. The terms miles from the more than the income tax return (original and institution and the fuel to U.S. Treasury and its designated financial Agent to initiate an ACH electronic payment of the processing and its preparation of the processing and its preparation of the processing and its preparation of the tax preparation requests must be received no later than 2 payment, I must contact the U.S. Treasury Financial Agent to interm	Spouse's name	Spouse's soc	ial security number	
Enter whole dollars only on lines 1 through 5. Note: Form 100-05S filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 252. 4 Amount you want refunded to you 4 A 5, 111. 5 Amount you own 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return or leave the return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or elevationing, and to the best of my knowledge and belief, it is true, correct, and complete. I burther declares that the amounts in Part I above are the amounts from the best of my knowledge and belief, it is intermediate that the manual transmitter of the manual transmitter. The terms miles from the more than the income tax return (original and institution and the fuel to U.S. Treasury and its designated financial Agent to initiate an ACH electronic payment of the processing and its preparation of the processing and its preparation of the processing and its preparation of the tax preparation requests must be received no later than 2 payment, I must contact the U.S. Treasury Financial Agent to interm	Part I Tay Poturn Information Tay Year Ending December 21 2022	(Enter year year	ro outhorizina \	
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2 10,141. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · · · · · · · · · · · · · · · ·		1 81,2	279.
3 15, 252. 4 Amount you want refunded to you 4 4 5, 111. 5 Amount you want refunded to you 5 Amount you want refunded to you 6 5 Amount you owe 5 5 Amount you owe 5 5 Amount you owe 5 5 5 Amount you owe 5 5 5 Amount you owe 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perluy, 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 your knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are than understand to refund the processing the return or refund, and (o) the date of any refund. If applicable, I authorize the U.S. Tready principal or any refund. If applicable, I authorize the U.S. Tready and its designated Financial Agent to instate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any delay in gladical to require the refund to the entry to this account. This authorization is to remain in full force and effect until I norify the U.S. Treasury Financial institution of institution to deline entry to this account. This authorization is to remain in full force and effect until I norify the U.S. Treasury Financial agant to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agant to I remain institutions condition 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 the payment feeting that it is a submitted for the income tax return (original or amended) I am now authorizing of the electronic payment of the processing of the processing of the electronic payment of the processing of th	3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			
S Amount you owe	4 Amount you want refunded to you			
Under penalties of perjuny. 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 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 (FEN) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection for 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 withdreal (direct debid) entry to the financial institution account indication software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution 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 in to terminate the through the U.S. Treasury Financial Agent at 1-888-333-4637. 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 nequires and resolve issues related to the payment. I further acknowledge that the personal identification number (FIN) below is my signature for 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 leaves and substance on the income tax return (original or amende	5 Amount you owe		5	
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 original or amended in processing the return or refund, and (c) the date of any return. 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 return and/or a payment of setmated tax, and the financial institution to debt the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a gayment, I must contact the U.S. Treasury Financial Agent at 1-886-393-4937. Payment cancelation requests must be received no later than 2 apprent, I must contact the U.S. Treasury Financial Agent at 1-886-393-4937. Payment cancelation requests must be received no later than 2 apprent, I must contact the U.S. Treasury Financial Agent at 1-886-393-4937. Payment cancelation requests must be received no later than 2 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** I authorize GLOBAL TAXES LLC ERO firm name 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** Practitloner PIN Method Returns Only—continue below Part III Certifica	Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	t and keep a cop	y of your return	1)
Taxpayer's PIN: check one box only	return (original or amended) I am now authorizing. I consent to allow my intermediate service provider to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accompayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellate business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amen	, transmitter, or electron for rejection of the trace the U.S. Treasury arount indicated in the trace trace to debit the erminate the authorization requests must be done the processing of to the payment. I furt	onic return originator ansmission, (b) the nd its designated Fi ax preparation softw entry to this account ation. To revoke (ca e received no later the electronic payr ther acknowledge the	r (ERO) reason nancial vare for nt. This ancel) a than 2 ment of hat the
I authorize GLOBAL TAXES LLC to enter or generate my PIN Li 2 8 0 7 Enter five digits, but don't enter all zeros				
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. Your signature ▶ Date ▶ Spouse's PIN: check one box only ☐ I authorize		nerate my PIN	2 8 0 7	as mv
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Spouse's PIN: check one box only I authorize 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 Practitioner PIN Method Returns Only—continue below 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. 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 ERO Must Retain This Form — See Instructions	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI			
I authorize	Your signature ▶ Da	ate ▶		
I authorize	Spause's DIN: check one hay only			
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 ▶ Practitioner PIN Method Returns Only—continue below 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. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions		norate my DIN		00 mv
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ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature Date ERO Must Retain This Form — See Instructions	Practitioner PIN Method Returns Only—continue	below		
Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	Part III Certification and Authentication — Practitioner PIN Method Only			
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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ► Date ► ERO Must Retain This Form — See Instructions	ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.			1
ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a	m submitting this retu	ırn in accordanće w	
	ERO's signature ▶ Da	ate ►		

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20		See se	parate ins	tructions.
Your first name	and mi	iddle initial	Last na	ame					٠,	Your so	cial securi	ity number
YOGITA V	7		JUNG	SHARE						838	31 2	2807
If joint return, s	pouse's	s first name and middle initial	Last na	ame								curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			A	pt. no.	ı	Preside	ntial Electi	ion Campaign
10002 OI	LD PI	ROVIDENCE WAY					I	,			here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP c	ode				ntly, want \$3 Checking a
COCKEYS	/ILLE	E			MD)	210	30		0	ow will not	0
Foreign country	/ name			Foreign province/state/o	count	у	Foreig	ın postal c	ode	your tax	k or refund	
											You	Spouse
Filing Status	, X	Single				☐ Head of he	ouseh	old (HOH	- I)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviv	ing spou	use (C	(SS)		
	If y	you checked the MFS box, enter the	name o	of your spouse. If you	ı che	cked the HOH	or Q	SS box,	enter	the chi	ld's name	if the
	qu	alifying person is a child but not you	r deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or i	navn	nent for prope	rtv or	services): or (b	a) sell.		
Assets		nange, or otherwise dispose of a digi					-				☐ Yes	⊠ No
Standard	Som	neone can claim: You as a dep	penden	t Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate returr	•			'						
A /DI' l		<u> </u>		_					0	4050		P - d
		: Were born before January 2, 19	959 [_ Are blind Spo	ouse:	:			•		∐ Is b	
Dependents				(2) Social security number	·	(3) Relationsh to you	ip (4	Child t				e instructions): ther dependents
If more	(1) F	irst name Last name		number		to you		Offilia t		uit	Credit for ot	
than four dependents,	-							[+			
see instructions	s —							l	+			
and check here								l	_			
-	10	Total amount from Form(s) W-2, bo	ov 1 (cc	oo instructions)				l		1a		95 , 880.
Income	1a b	Household employee wages not re	•	,						1b		<i>55</i> ,000.
Attach Form(s)	C	Tip income not reported on line 1a	•	• • •						10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	*						1d		
W-2G and	e	Taxable dependent care benefits fi		, , , ,	istiu	Ctions)				1e		
1099-R if tax was withheld.	f	Employer-provided adoption benefit		· ·						1f		
If you did not	g g	Wages from Form 8919, line 6.								1g		
get a Form	b h	Other earned income (see instruction								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			l 1i	Ì					
	z	Add lines to through th								1z		95,880.
Attach Sch. B	2a		2a		b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds .			3b	,	
	4a		4a			axable amoun				4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t			5b	,	
Single or	6a	Social security benefits	6a		b Ta	axable amount	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here ((see i	instructions)						
\$13,850	7	Capital gain or (loss). Attach Sched	dule D i	f required. If not requ	ıired,	check here				7		
Married filing jointly or	8	Additional income from Schedule 1	1, line 1	0						8	_	14,601.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9		81,279.
\$27,700	10	Adjustments to income from Sched	dule 1,	line 26						10		
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne					11		81,279.
\$20,800 If you checked _r	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12	:	13,850.
any box under Standard	13	Qualified business income deduction	on fron	n Form 8995 or Form	899	5-A				13		
Deduction,	14	Add lines 12 and 13								14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	s, enter -0 This is y	our t	axable incom	ie .			15	, [67,429.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	10,141.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	10,141.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	10,141.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	10,141.
Payments	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 15	5,252.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,252.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
attach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812	·		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,252.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,111.
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a	5,111.
Direct deposit?	b	Routing number 0 5 2			c Type:	Checking	Savings		
See instructions.	d	Account number 4 4 6	0 5 0 5	7 0 1 !	5 7				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe					
You Owe		For details on how to pay, g	o to www.irs.go	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						
Designee							•		⊠ No
		signee's me		Phone no.			sonal ident iber (PIN)	ification	
Sign		der penalties of perjury, I declare t	hat I have examine		accompanying sche		. ,	the best	of my knowledge and
-		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Identity
									IN, enter it here
Joint return?				_	TEST SPEC			inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.								inst.)	301101111111111111111111111111111111111
	———Ph	one no. (667) 383-941	8	Email address	YOGTTAJUNGHA	ARE95@GMAIL.C	OM		
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/13/2024	P0208	2703	Self-employed
Preparer		m's name GLOBAL TA							(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			ı's EIN	84-3171965
	- "	2 10 110011		J J			1		01 01/1000

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

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

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

YOGI	TA V JUNGHARE		838-31-	2807	1
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1		
2a	Alimony received			3	
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				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	e E . 5		-14,601.
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			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z				
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and oi	n Form		

-14,601.

10

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		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	 _
16	Self-employed SEP, SIMPLE, and qualified plans		16	 _
17	Self-employed health insurance deduction	🗠	17	 _
18	Penalty on early withdrawal of savings		18	_
19a	Alimony paid		9a	_
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	 _
21	Student loan interest deduction		21	_
22	Reserved for future use		22	
23	Archer MSA deduction	🛂	23	 _
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 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		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	1	26	_

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

YOGI	TA V JUNGHARE						838-	31-2807	7
Part	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Ro ty, use	yalties Schedule	e C. See	instru	ctions. If you a	are an in	dividual, rep	oort farm
Α [Did you make any payments in 2023 that would require you	to file	Form(s)	1099? S	see ins	structions .		. 🗌 Ye	es 🛛 No
ВІ	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	cod	e)						
Α	QTR NO. M284 WCL COLONY DURGAPUR SHAKT	די או	AGAR CE	JANDR	A PITR	MAHARASI	TTR A	TN 4424	<u>0 4</u>
В	QIN NO. 11201 WEL COLONI BONGILON BIRMI		101111 01	111111111111111111111111111111111111111	11 010	<i>,</i> 111111111111111111111111111111111111	111(21	111 1121	0 1
C									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair in	rental	and		Fa	ir Rental Days		onal Use Days	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to fi qualified joint venture. See instru	ile as	a	В					
С	qualified joint venture: See instru	CLIOIT	J.	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc			
_						Properti	es:		
Incon				Α		В			С
3	Rents received	3		6	53.				
4 E venor	Royalties received	4							
Exper 5		5							
6	Advertising	6							
7	Cleaning and maintenance	7		2,8	63				
8	Commissions	8		2,0	03.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,4	1.0				
12	Mortgage interest paid to banks, etc. (see instructions)	12		2, 1	10.				
13	Other interest	13							
14	Repairs	14		2,7	96.				
15	Supplies	15		2,5					
16	Taxes	16		, -					
17	Utilities	17		2,1	32.				
18	Depreciation expense or depletion	18		2,4					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15,2	54.				
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		-14 , 6	01.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		14,60		()()
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		653.		
b	Total of all amounts reported on line 4 for all royalty proper	erties			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		,492.	_	
е	Total of all amounts reported on line 20 for all properties				23e	15	,254.		
24	Income. Add positive amounts shown on line 21. Do not		•				. 24	l I	
25	Losses. Add royalty losses from line 21 and rental real estate	e loss	es from lin	ie 22. Ei	nter to	tal losses her	e 25	5 (14,601.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar						on . 26	3	-14,601.

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury Go to www.irs.gov/Form8889 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0074

Attachment Sequence No. **52**

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

YOGITA V JUNGHARE

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 838-31-2807

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	⊠ Sel	f-only Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	800.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,050.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part	<u></u>	arate F	ISAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have seption complete a separate Part III for each spouse.	ions b	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	



MARYLAND FORM **EL101**

e-File DECLARATION FOR ELECTRONIC FILING



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

YOGITA		JUNGHARE	838312807	
First Name	MI	Last Name	SSN/Taxpayer Id	entification Number
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Id	entification Number
Part I Tax Return Information (v	whole dollars onl	у)		
1. Amount of overpayment to be applied	ed to 2024 estima	ted tax	1.	0
2. Amount of overpayment to be refun				1571 0
2. Amount of overpayment to be retain	idea to you			0
3. Total amount due (Pay in full by Ap	ril 15, 2024. See i	nstructions.)	▶3	0
Part II Taxpayer Declaration and	Signature Author	rization		
agree with the amounts shown on the knowledge and belief, my return is trustatements, be sent to the Maryland R software provider.	ue, correct and co	mplete. I consent that my retu	rn, including accompanyir	ng schedules an
Your PIN: check one box only				
				Enter five digits
X I authorize GLOBAL TAXES LL	iC	to enter or genera	ate my PIN 1 2 8 0 7	
as my signature on my tax year 20	firm name 023 electronically f	iled income tax return.	ate my PIN 1 2 8 0 7	Do not enter all zeros.
ERO	firm name 023 electronically for on my tax year 2	iled income tax return. 2023 electronically filed income t	ax return. Check this box (Do not enter all zeros.
as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re Your signature	firm name 023 electronically for on my tax year 2	iled income tax return. 2023 electronically filed income t	ax return. Check this box c e ERO must complete Part	Do not enter all zeros.
as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re Your signature Spouse's PIN: check one box only I authorize	firm name 023 electronically f re on my tax year 2 eturn is filed using	iled income tax return. 2023 electronically filed income t	ax return. Check this box c e ERO must complete Part ————Date	Do not enter all zeros. Donly if you are III below. Enter five digits Do not enter all
as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re Your signature Spouse's PIN: check one box only I authorize	firm name 023 electronically for e on my tax year 2 eturn is filed using	filed income tax return. 2023 electronically filed income to the Practitioner PIN method. The practitioner PIN method to enter or generate to enter or generate.	ax return. Check this box c e ERO must complete Part ————Date	Do not enter all zeros. Donly if you are III below.
as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re Your signature Spouse's PIN: check one box only I authorize ERO	firm name 023 electronically for e on my tax year 2 eturn is filed using firm name 023 electronically for e on my tax year 2	to enter or generalized income tax return. 2023 electronically filed income to the Practitioner PIN method. The to enter or generalized income tax return.	ax return. Check this box on the ERO must complete Part Date Date my PIN Dax return. Check this box on the complete part	Do not enter all zeros. Donly if you are III below. Enter five digits Do not enter all zeros. Donly if you are
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as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re Your signature Spouse's PIN: check one box only I authorize as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re	firm name 023 electronically for e on my tax year 2 eturn is filed using firm name 023 electronically for e on my tax year 2 eturn is filed using	to enter or generalized income tax return. 2023 electronically filed income to the Practitioner PIN method. The to enter or generalized income tax return.	ax return. Check this box on the ERO must complete Part Date Date my PIN Dax return. Check this box on the ERO must complete Part	Do not enter all zeros. Donly if you are III below. Enter five digits Do not enter all zeros. Donly if you are
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as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re Your signature Spouse's PIN: check one box only I authorize as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re	firm name 023 electronically for e on my tax year 2 eturn is filed using firm name 023 electronically for e on my tax year 2 eturn is filed using Practitione cation - Practition	to enter or generative income to the Practitioner PIN method. The to enter or generative income tax return. 2023 electronically filed income to the Practitioner PIN method. The the Practitioner PIN method. The practitioner PIN method income to the PIN Method Returns Only the PIN Method Only	ax return. Check this box on the ERO must complete Part Date Date my PIN Dax return. Check this box on the ERO must complete Part	Do not enter all zeros. Donly if you are III below. Enter five digits Do not enter all zeros. Donly if you are III below.
as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re Your signature Spouse's PIN: check one box only I authorize as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your re Spouse's signature Part III Certification and Authentice	firm name 023 electronically for e on my tax year 2 eturn is filed using firm name 023 electronically for e on my tax year 2 eturn is filed using Practitione Cation - Practition EFIN followed by your which is my signatuating this return in	to enter or generally filed income to enter or generalled income tax return. to enter or generalled income tax return. 2023 electronically filed income to the Practitioner PIN method. The practitioner PIN method. The practitioner PIN method only five-digit self-selected PIN. The property of the tax year 2023 electronically filed income to the practitioner PIN method. The property of the pink method only five-digit self-selected PIN.	ax return. Check this box on the ERO must complete Part Date Date my PIN ax return. Check this box on the ERO must complete Part Date 2 2 2 4 9 6 0 8 2 7 Inically filed income tax returns the ericular section of the part of the	Do not enter al zeros. Dolly if you are III below. Enter five digits Do not enter al zeros. Dolly if you are III below.
as my signature on my tax year 20 I will enter my PIN as my signature entering your own PIN and your reserved as my signature on my tax year 20 I authorize	firm name 023 electronically for e on my tax year 2 eturn is filed using firm name 023 electronically for e on my tax year 2 eturn is filed using Practitione Cation - Practition EFIN followed by your which is my signatuating this return in	to enter or generally filed income to enter or generalled income tax return. to enter or generalled income tax return. 2023 electronically filed income to the Practitioner PIN method. The practitioner PIN method. The practitioner PIN method only five-digit self-selected PIN. The property of the tax year 2023 electronically filed income to the practitioner PIN method. The property of the pink method only five-digit self-selected PIN.	ax return. Check this box on the ERO must complete Part Date Date my PIN ax return. Check this box on the ERO must complete Part Date 2 2 2 4 9 6 0 8 2 7 Inically filed income tax returns the ericular section of the part of the	Do not enter all zeros. Donly if you are III below. Enter five digits Do not enter all zeros. Donly if you are III below. 1 Do not enter all zeros. Donnot enter all zeros. Donnot enter all zeros.

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN



2023

\$

	145170	Princ OSI
	+	
Place your W-2 wage and tax statements and ATTACH HERE	with one staple. Do not attach check or money order to	Form 502. Attach check or money order to Form PV.

OR FISCAL YEAR E	BEGINNING	2023,	ENDING					
00001000								
838312807		· 16						
Your Social Security N	•	ocial Security Number						
≥ YOGITA	<u>V</u>							
YOGITA Your First Name JUNGHARE Your Last Name Spouse's First Name Spouse's Last Name 10002 OLD P	MI							
JUNGHARE		Does your name match	n the					
Your Last Name		name on your social se	ecurity					
o		card? If not, to ensure get credit for your per						
Spouse's First Name	MI	exemptions, contact S 1-800-772-1213	SA at					
Sing		or visit ssa.gov .						
Spouse's Last Name								
	ROVIDENCE WAY							
_	ss Line 1 (Street No. and	d Street Name or PO Box						
F			COCKEYS	VILLE		<u>MD</u>	21030	
Current Mailing Addre	ss Line 2 (Apt No., Suite	No., Floor No.)	City or Town			State	ZIP Code + 4	
Foreign Country Name	е				Foreign Pro	vince/State/County		
} > ———————————————————————————————————								
Foreign Postal Code								
0								
REQUIRED:	Maryland Physical a	address of taxing ar	ea as of Dece	ember 31,	2023 or	last day of the	taxable year for fi	scal year
taxpayers. Se	e Instruction 6. F	Part-year resident	s see Instru	ction 26				
REQUIRED: I taxpayers. Se 0 3 0 0 4 Digit Political St 10 0 0 2 OLI Maryland Physica F Maryland Physica F Maryland Physica COCKEYSTA		BALT	IMORE COU	NTY				
4 Digit Political Si	ubdivision Code (See Ins	truction 6) Maryland	l Political Subdivi	sion (See Ins	struction 6)			
10002 OLI	PROVIDENCE	WAY						
Maryland Physica	Address Line 1 (Street I	No. and Street Name) (No	PO Box)					
A Attra								
Maryland Physica	l Address Line 2 (Apt No.	, Suite No., Floor No.) (No	PO Box)					
COCKEYSV	LLE		MD	21030		BALTIMORE	COUNTY	
COCKE YSV			State	ZIP Code -	+ 4	Maryland County		
:								
FILING	1. X Single	(If you can be clain	ned on anoth	er nerson'	's tay retu	ırn ilse Filing S	Status 6)	
STATUS	J. Single	(11 you can be claim	nea on anoth	er person	3 tax retu	irii, use riiiiig s	rtatus 0.)	
CHECK ONE	2. Marrie	d filing joint return	or englise had	d no incor	no			
BOX ▶	2.	a ming joint return	or spouse nat	a no mcor	iie			
See Instruction	3. Marrie	d filing separately, s	Spausa SCN					
1 if you are	3. Marrie	u illing separately, s	spouse 55N			-		
required to file.	4 114	. 6						
	4. Head o	of household						
	5. Qualify	ing surviving spou	se with deper	ident child	1			
	6. Depen	dent taxpayer (Ente	er 0 in Exemp	tion Box ((A) - See	Instruction 7.)		
PART-YEAR		and Residence (M	M DD YYYY)	FROM		то		
RESIDENT	Other state of re							
See Instruction	, -	ended legal residen	•		•			
26.		ou or your spouse h		/land mili	tary incor	ne, place an M	in the box	▶
	Enter Military I	ncome amount her	e:					

RESIDENT INCOME TAX RETURN



2023Page 2

Name YOGITA V	JUNGHARE SSN838312807		
EXEMPTIONS See Instruction 10.	A. ▶ X Yourself ▶ Spouse Enter number checked 1 See Instruction 10 A. \$	3200	00
Check appropriate box(es). NOTE: If you are claiming	B. ▶ 65 or over ▶ 65 or over		
dependents, you must attach the Dependents'	▶ Blind ▶ Blind Enter number checked X \$1,000		00
Information Form 502B to this form to receive	C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$		00
the applicable exemption amount	D. Enter Total Exemptions (Add A, B and C.)	3200	00
MARYLAND	Check here ▶ ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ▶		
HEALTH CARE COVERAGE	Check here ▶ ☐ If your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶		
See Instruction 3.	Check here I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Connection for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.		
	E-mail address		
	1. Adjusted gross income from your federal return	31279	00
INCOME	1a. Wages, salaries and/or tips ▶ 1a. 95880 00		
See Instruction 11.	1b . Earned income		
	1c. Capital Gain or (loss)		
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d. 00		
	1e. Place a "Y" in this box if the amount of your investment income is more than \$11,000 . ▶		
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland 2.		00
ADDITIONS	3. State retirement pickup		00
TO MARYLAND			00
INCOME	5. Other additions (Enter code letter(s) from Instruction 12.)		00
See Instruction 12.	6. Total additions (Add lines 2 through 5. See instructions.) 6.		00
		81279	00
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 8.		00
	9. Child and dependent care expenses		00
SUBTRACTIONS FROM	10a. Pension exclusion from worksheet (13A) Yourself ▶ Spouse ▶ ▶ 10a.		00
MARYLAND	10b. Ranger pension exclusion from worksheet (13E) Yourself ▶ Spouse ▶ ▶ 10b.		00
INCOME	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.		00
See Instruction 13.			00
	13. Subtractions from attached Form 502SU ▶		00
	14. Two-income subtraction from worksheet in Instruction 13▶ 14.		00
	15. Total subtractions (Add lines 8 through 14. See instructions.)▶ 15.		00
	,	81279	00
	All taxpayers must select one method and check the appropriate box.		
DEDUCTION	X STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
DEDUCTION METHOD	► ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
See Instruction 16.	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a00		
COC INSCIDENTIAL	17b. State and local income taxes (See Instruction 14.) ▶ 17b00		
	Subtract line 17b from line 17a and enter amount on line 17.		
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).) ▶ 17.	2550	00
	18. Net income (Subtract line 17 from line 16.)	78729	00
	19. Exemption amount from Exemptions area (See Instruction 10.)	3200	00
	20. Taxable net income (Subtract line 19 from line 18.)	75529	00

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



2023 Page 3

Name YOGITA V	<u>JUNGHARE</u> <u>SSN</u> <u>838312807</u>	
	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21.	3535
IARYLAND	21a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR)	
AX	22. Earned income credit (EIC) (See Instruction 18.) ▶ 22	
COMPUTATION	Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.	
	Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.	
	23. Poverty level credit (See Instruction 18.) ▶ 23	
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	
	25. Business tax credits You must file this form electronically to claim business tax credits.	dits on Form 50
	26. Total credits (Add lines 22 through 25.)	
	27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.	3535
OCAL TAX	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
OMPUTATION	your local tax rate .0 $\frac{0320}{}$ or use the Local Tax Worksheet	2417
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
	32. Total credits (Add lines 29 through 31.)	
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	
	34. Total Maryland and local tax (Add lines 27 and 33.)	5952
ONTRIBUTIONS	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	00
ee Instruction 20.	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	00
ce man action 20.	37. Contribution to Maryland Cancer Fund	00
	38. Contribution to Fair Campaign Financing Fund	00
	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	5952
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	7500
	and attach if MD tax is withheld.)	7523
	41. 2023 estimated tax payments, amount applied from 2022 return, payment made	
	with an extension request, and Form MW506NRS \dots 41. —	
	42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42	
	43. Refundable income tax credits from Part CC, line 10 of Form 502CR	
	(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43. $-$	
	44. Total payments and credits (Add lines 40 through 43.)	7523
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	
	See Instruction 22.)	1571
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. —	
	47. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX	
EFUND	48. Amount of overpayment TO BE REFUNDED TO YOU	
	(Subtract line 47 from line 46.) See line 51	1571
	49. Check here if you are attaching Form 502UP. Enter interest charges from line 18,	
MOUNT BUT	or for late filing or homebuyer withdrawal penalty ► 49.	
AMOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.)	
	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV ▶ 50.	

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



2023 Page 4

Name YOGITA V JUNGHARE

SSN 838312807

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify t are requesting direct deposit of your refund, complete the follo		
X Check here if you authorize the State of Maryland to issue your refund by direct deposit.		
► Check here if this refund will go to an account outside	e of the United States.	
51a. Type of account: ► X Checking Savings	51b. Routing Number (9-digits)	052001633
51c. Account Number ▶ 446050570157	_	
51d. Name(s) as it appears on the bank account		
Daytime telephone no. Home telephone no.	▶ (CODE NUMBERS (3 digits per line)
Check here ☐ if you authorize your preparer to discuss this not to file electronically. Check here ▶ ☐ if you agree to receive Instruction 24.)	,	authorize your paid preparer
Under penalties of perjury, I declare that I have examined this the best of my knowledge and belief it is true, correct and combased on all information of which the preparer has any knowledge.	plete. If prepared by a person other that	
Your signature Date	Spouse's signature	Date
Tour signature Date	Spouse's signature	Date
GLOBAL TAXES LLC	245 ROONEY CT	
Printed name of the Preparer / or Firm's name	Street address of preparer or Firm's address	
SYAM PRIYA RAM SAGAR GUPTA TALLAM	E BRUNSWICK NJ 08816	
Signature of preparer other than taxpayer (Required by Law)	City, State, ZIP Code + 4	
For returns filed without payments, mail your		2082703 arer's PTIN (Required by Law)

completed return to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

For returns filed with payments, attach your check or money order to Form PV. Make your check or money order payable to Comptroller of Maryland. On your check or money order, you must include the Social Security number/Individual Taxpayer Identification Number of the taxpayer if filing individually. If filing jointly, you must include the Social Security number/ ITIN of the primary taxpayer, tax year, and tax type on the check/money order. Failure to include this information will delay the processing of your payment. Do not staple Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888

To make an online payment, scan the QR code below and follow instructions, or go to marylandtaxes.gov and click on Pay.