## 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

1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 5 Amount you owe 5 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorizy and its designated Financial Agent to Initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of similar institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of similar institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-889-353-4537. Payment cancellation requests must be received not later than 2 business days prior to the payment, Septant at 1-880-353-4537. Payment cancellation requests must be received not later than 2 business days prior to the payment. Full the personal identification number (PIN) below is my signature for the income tax return (orig	Submission Identification Number (SID)		-	
Spouse's social security number   Spouse's social security number   332 = 97 = 96 0 0	Taxpayer's name	Social security	y number	
Part   Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	MAINAK BHOWMICK	884-90-	-8570	
Enter whole dollars only on lines 1 through 5.  Note: Form 104-0-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 93, 771. 2 Total tax 2 2 7, 483. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 18, 836. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 10 Amount you want you want you want to be 10 Amount you want you you want you	Spouse's name	Spouse's soci	al security number	
Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	TAPAPRAVA SIL	332-97-	-9600	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 18, 89 €. 4 Amount you want refunded to you 5 Amount you want refunded to you 10 Amount you want refunded to you 10 Amount you want refunded to you 11 Adaptive Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 11 Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (FBO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the respective of the person of any delay in processing the return or return (and (c) the date of any return (II applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate and ACH electronic funds withdrawal (bered debt) entry to the financial institution account in dicated in the tax preparations of the payment. I must contact the U.S. Treasury Financial Agent to Instead institution account in dicated in the tax preparation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to Instead in sequent to instead the payment. I must contact the U.S. Treasury Financial Agent to Instead in the payment acceletion requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions curvolved in the processing of the electronic payment of the payment acceletion requests must be received no later than 2 business days prior to the payment. I further acknowledge that the personal identification number (FIPI) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Enter the U.S. Treasury Financial Agent to Reprose the Payment of t	Part I Tax Return Information — Tax Year Ending December 31, 202	3 (Enter year you ar	re authorizing.)	
1 93,771. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 18,836. 4 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 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjury, Ideoter that I have examined a copy of the income tax return (original or amended) I am now authorizing to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended). I am now authorizing and (c) the date of any refund. If applicable, I authorize the U.S. Treasing and (c) the date of any refund. If applicable, I authorize the U.S. Treasing and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for any debt in least a ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for any debt in least an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for any refund. If applicable, authorize the U.S. Treasury Financial Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution indicated in the tax preparation software for any refund. If applicable, any payment of the payment of the electronic funds with a fund and the payment of the electronic institutions and institutions and a flag payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the separation and the payment (settlement) dat	Enter whole dollars only on lines 1 through 5.			
2	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
Amount you want refunded to you	1 Adjusted gross income		<b>1</b> 93,7	71.
Amount you want refunded to you  5 Amount you owe  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjun, 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 (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of racept or reason for rejection throat withorize than a acknowledgement of racept or reason for rejection throat withoric funds withorized early to the financial institution account indications on Stowar for the service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and a acknowledgement of racept 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 return (f applicable, I authorize the U.S. Treasury and its designated Financial Agent to terminate an ACH electronic brush withorized (ERO) to surpment, I must contact the U.S. Treasury Financial Agent at 1-888-353-457. Payment conneclation 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 texas 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	2 Total tax		2 7,4	89.
S Amount you owe	3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 18,8	96.
Part II	4 Amount you want refunded to you		4 11,4	07.
Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above whe the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization and Appent to intrinsicated 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 account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This undividual formation are payment (actiment) from the payment of the payment (actiment) of the control taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I truther acknowledge that the presonal identification number (PiN) below is my signature for the income tax return (original or amended) I am now authorizing. I truther acknowledge that the presonal identification number (PiN) below is my signature for 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 piN: check one box			-	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund, if applicable, Luthorize 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 symmetry of the payment of the payment of the tax preparation software for apprent of the payment of the tax preparation software for apprent of the payment of the tax preparation software for apprent of the tax preparation in the payment of the tax preparation software for apprent in the payment of the payment of the tax preparation software for the payment of the tax preparation software for the payment of the tax preparation software for the payment of the tax preparation of the payment of the tax preparation software for the payment of the tax preparation of the payment of the p	Part II Taxpayer Declaration and Signature Authorization (Be sure you go	et and keep a copy	y of your return)	
I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶ Date ▶ 04/06/2024  Spouse's PIN: check one box only  □ I authorize GLOBAL TAXES LLC to enter or generate my PIN 7 9 6 0 0 as my Enter five digits, but don't enter all zeros  □ I will enter my PIN as my 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 ▶ Date ▶ 04/06/2024  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  □ 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.	return (original or amended) I am now authorizing. I consent to allow my intermediate service provided to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepament 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 payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellibusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related.	er, transmitter, or electro on for rejection of the traitize the U.S. Treasury and count indicated in the table in the table in the table in the table in the authoriza ation requests must be red in the processing of the to the payment. I furth	nic return originator ( ansmission, (b) the re and its designated Fina ex preparation softwa entry to this account ition. To revoke (can received no later the the electronic payme her acknowledge tha	(ERO) eason ancial are for it. This acel) a han 2 ent of at the
I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶ Date ▶ 04/06/2024  Spouse's PIN: check one box only  □ I authorize GLOBAL TAXES LLC to enter or generate my PIN 7 9 6 0 0 as my Enter five digits, but don't enter all zeros  □ I will enter my PIN as my 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 ▶ Date ▶ 04/06/2024  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  □ 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.				
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   O4/06/2024  Spouse's PIN: check one box only   ERO firm name signature on the income tax return (original or amended) I am now authorizing.	X I authorize GLOBAL TAXES LLC to enter or g	enerate my PIN Ent	er five digits, but	s my
Spouse's PIN: check one box only    Authorize   GLOBAL   TAXES   LLC	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner Fibelow.			
Spouse's PIN: check one box only    Authorize   GLOBAL   TAXES   LLC	Your signature >	Date ► 04/06/202	24	
ERO's signature ►  LIC to enter or generate my PIN 7 9 6 0 0 0 as my 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				
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 ▶ Date ▶ 04/06/2024  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. 2 2 2 4 9 6 0 8 2 7 1  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 ▶	Spouse's PIN: check one 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.    Date   O4/06/2024	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente	er five digits, but 't enter all zeros	,
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	if you are entering your own PIN and your return is filed using the Practitioner F			
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 ▶	-p		)24	
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		e below		
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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶	<u> </u>			
	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I	am submitting this retui	rn in accordance wit	
	FRO's signature ▶	Date ►		

Don't Submit This Form to the IRS Unless Requested To Do So

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this spa	ace.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		'	, 2023, end	ling			, 20		See se	oarate i	nstruction	ıs.
Your first name	and m	iddle initial	Last na	me	<del></del>						Your so	cial sec	urity numb	er
MAINAK			BHOW	MICK							884	90	8570	
	pouse's	s first name and middle initial	Last na										security nu	ımber
TAPAPRA	VΑ		SIL								332	97	9600	
		er and street). If you have a P.O. box, see		ons.				A	Apt. no.				ction Cam	paign
8691 MAI	RAIS	DR									Check h	nere if y	ou, or your	
		ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode			•	jointly, war	
UNION						KY	7	410	91		•		nd. Checkir not change	•
Foreign countr	y name		F	oreign pro	ovince/state/	count	:y	Foreig	n postal c		your tax		•	•
												Yo	u 🗌 Sp	oouse
Filing Status	s $\Box$	Single					Head of he	ouseh	old (HOI	<u>-</u> -				
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (C	QSS)			
	If y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
		ialifying person is a child but not you												
B: ::::		ny time during 2023, did you: (a) rec	oive (oo											
Digital Assets		ny time during 2023, did you: (a) rect nange, or otherwise dispose of a dig										ΠYe	s 🗵 No	^
		neone can claim: You as a de					a dependent	1): (0)	JC IIISti u	Ctions	3.)		,3 /3 110	
Standard Deduction	_	Spouse itemizes on a separate retur	•		-		•							
Deduction	<u> </u>	Spouse iternizes on a separate retur	ii or you	were a c	Juai-Status	allell								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd <b>Sp</b>	ouse	: Was bor	n befo	ore Janu	ary 2,	1959		blind	
Dependent	s (see	instructions):		( <b>2)</b> S	ocial security	,	(3) Relationsh	ip (4	) Check t	he bo			see instruct	
If more	(1) F	irst name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other deper	ndents
than four														
dependents, see instruction	e —													
and check _														
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .						1a		103,66	59.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruction						ι.			1h	_		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1i</u>							
	z	Add lines 1a through 1h	· ; ·		· · ;						1z		103,66	
Attach Sch. B	2a	· —	2a				axable interest				2b		9,02	<u> 44.</u>
if required.	3a_		3a				rdinary divider				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	<del>-</del>	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		· <u>·</u>	6b			
separately,	С	If you elect to use the lump-sum e				•	,							•
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7			0.
jointly or Qualifying	8	Additional income from Schedule	•								8		-18,92	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9		93,77	/1.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household,	11	Subtract line 10 from line 9. This is	•	-	-						11		93,77	
\$20,800 If you checked	12	Standard deduction or itemized									12		27,70	<u>)0.</u>
any box under Standard	13	Qualified business income deducti									13			
Deduction, see instructions.	14										14		27,70	
coo monuciono.	15	Subtract line 1/1 from line 11 If zer	o or loce	contor	u Thioliou	Our t	avable incom	•			15	1	66 07	/ 1

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if a	ny from Form(	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	7,489.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	7,489.
	19	Child tax credit or credit for other	er dependent	s from Sched	ule 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 a	zero or less, e	enter -0				22	7,489.
	23	Other taxes, including self-empl	loyment tax, f	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is you	ır total tax					24	7,489.
<b>Payments</b>	25	Federal income tax withheld fro	m:						
-	а	Form(s) W-2				<b>25a</b> 18	8,896		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	18 <b>,</b> 896.
If you have a	26	2023 estimated tax payments a	nd amount ap	oplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from S	chedule 8812			28			
	29	American opportunity credit from	m Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1							
	32	Add lines 27, 28, 29, and 31. Th	ese are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. Thes	e are your <b>to</b>	tal payments				33	18,896.
Refund	34	If line 33 is more than line 24, su	ubtract line 24	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	11,407.
	35a	Amount of line 34 you want refu	unded to you	ı. If Form 8888	is attached, chec	k here		35a	11,407.
Direct deposit?	b	Routing number 1 2 1 0				Checking	Savings	;	
See instructions.	d	Account number 3 2 5 0	7 4 2	1 4 9 1	1   8				
	36	Amount of line 34 you want app	lied to your 2	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. Th							
You Owe		For details on how to pay, go to	www.irs.gov	/Payments or	see instructions .			37	
	38	Estimated tax penalty (see instr	uctions) .			38			
<b>Third Party</b>		you want to allow another pe							
Designee		structions				_	•		<b>⊠</b> No
		signee's me		Phone no.			onal ider ber (PIN)	itification	
Sign		der penalties of perjury, I declare that I	have examined	this return and	accompanying sche		. ,		of my knowledge and
Here	be	lief, they are true, correct, and complete	e. Declaration o	of preparer (other	r than taxpayer) is ba	sed on all informati	on of whi	ch prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity
								otection P e inst.)	IN, enter it here
Joint return?				<b>5</b> .	SOFTWARE E				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b>	n must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.					SOFTWARE E	- 1	(see inst.)		
	Ph	one no. (510) 330-7694		Email address	MAINAK.BHOWN		DM MC		
D-!-l	Pr		eparer's signati	ure		Date	PTIN		Check if:
Paid	SYA	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04					P020	82703	Self-employed
Preparer		m's name GLOBAL TAXES		Phone no. (678) 965-9522					
Use Only		m's address 245 ROONEY (		NSWICK N	J 08816			m's EIN	84-3171965
	/_	4040 ( ' )							- 1010

## SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR MAINAK BHOWMICK & TAPAPRAVA SIL

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
884-90	-8570

	t I Additional Income			
	Taxable refunds, credits, or offsets of state and local income taxes			
a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
	Business income or (loss). Attach Schedule C			
	Other gains or (losses). Attach Form 4797			
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			-18 <b>,</b> 922
	Farm income or (loss). Attach Schedule F			
	Unemployment compensation	, . ,	7	
	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		
ı	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		
o	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
a	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:			
_	enter income. Electype and amount.	8z		
)	Total other income. Add lines 8a through 8z		9	

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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			19a	
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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h		-	
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	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

#### **SCHEDULE B** (Form 1040)

### **Interest and Ordinary Dividends**

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleB for instructions and the latest information. Attachment Sequence No. **08** 

OMB No. 1545-0074

MAINAK BHO	WMIC	K & TAPAPRAVA SIL	884	1-90-857	0	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Ame	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:				
(See instructions and the Instructions for Form 1040, line 2b.)		J.P.MORGAN SECURITIES LLC			9,02	24.
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.	0		1			
	2 3	Add the amounts on line 1	2		9,02	24.
	3	Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		9,02	24.
	Note:	If line 4 is over \$1,500, you must complete Part III.  List name of payer:		Amo	ount	
Ordinary Dividends (See instructions and the Instructions for Form 1040, line 3b.)  Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.		Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b  If line 6 is over \$1,500, you must complete Part III.	5			
Part III Foreign Accounts		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dunt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign				
and Trusts Caution: If required, failure to file FinCEN Form 114 may result in		At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat country? See instructions	ed in  and	a foreign Financial	Yes	X
substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign		Accounts (FBAR), to report that financial interest or signature authority? See Fin0 and its instructions for filing requirements and exceptions to those requirements.  If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) is (are) located:	 -ies) v	 where the		

Financial Assets.

See instructions.

During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

X

#### SCHEDULE D (Form 1040)

Department of the Treasury

#### **Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Name(s) shown on return

MAINAK BHOWMICK & TAPAPRAVA SIL

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) to gain or loss from from column (d) and Proceeds Cost (or other basis) Form(s) 8949, Part II, (sales price) combine the result line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form

#### See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 225,000. 225,000. 0. Totals for all transactions reported on Form(s) 8949 with **Box E** checked . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 0. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 0.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MAINAK BHOWMICK & TAPAPRAVA SIL

Social security number or taxpayer identification number 884-90-8570

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
J.P.MORGAN SECURITIES LLC	01/01/23	12/31/23	225,000.	225,000.			0.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) . . .

225,000.

225,000.

#### **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.

Your social security number

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

OMB No. 1545-0074

MAII	NAK BHOWMICK & TAPAPRAVA SIL						884	-90-8	570		
Par											
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C. See	instru	ctions. If you a	are an i	individua	al, repo	ort farm	
	rental income or loss from <b>Form 4835</b> on page 2, line 40.		- () (	2000					7.7		
	Did you make any payments in 2023 that would require you										
В	f "Yes," did you or will you file required Form(s) 1099? .							٠ . ١	_ Ye	5 <u>N</u>	lo
1a	Physical address of each property (street, city, state, ZIF	ode	e)								
Α	B 16/8, NAVJEEVAN COMPLEX RAMNI NAGAR, E	BARII	OIH JAM	ISHED	PUR	IN 83101	7				
В											
С											
1b	Type of Property 2 For each rental real estate prope	rtv list	ted		Fa	ir Rental	Per	sonal L	lse		
	(from list below) above, report the number of fair	rental	and			Days		Days		QJ/	/
Α	personal use days. Check the Q			Α		365			0		
В	if you meet the requirements to f qualified joint venture. See instru			В							
С	quained joint venture. See institu	ICTIONS	·.	С							
Туре	of Property:										
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (desc	ribe)				
	·										
				Α		Propert B	ies:			С	
Incon 3	Rents received	3		A	45.	В				<u> </u>	
4		4		- 0	43.						
	Royalties received	4									
=xpe 5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		3 /	56.						
8	Commissions	8		٥,٦	50.						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		2 9	10.						
12	Mortgage interest paid to banks, etc. (see instructions)	12		۷, ۶	10.						
13	Other interest	13									
14	Repairs	14		3.8	25.						
15	Supplies	15			33.						
16	Taxes	16			-						
17	Utilities	17		3,2	57.						
18	Depreciation expense or depletion	18			86.						
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		19,5	67.						
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 <b>Form 6198</b>	21	-	-18 <b>,</b> 9	22.						
22	Deductible rental real estate loss after limitation, if any,										
	on Form 8582 (see instructions)	22	(	18,92	22.)	(		)(			)
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope	rties			23a		645	5.			
b	Total of all amounts reported on line 4 for all royalty prop	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		3,186				
е	Total of all amounts reported on line 20 for all properties				23e	19	567	7.			
24	Income. Add positive amounts shown on line 21. Do not		-					24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses her	re 2	25 (	1	L8 <b>,</b> 922	2.)
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no						on				
	Schedule 1 (Form 10/0) line 5. Otherwise, include this ar	maunt	in the tot	al on li	na /11	on nage 2		06	_	12 01	22

## 2023 VA760CG Page 1





Page 1 of 2

MAINAK TAPAPRAVA 8691 MARAIS DR

BHOWMICK SIL

IINTON	KY	41091

SSN - You	BHOW	8849085	570	Vendor ID	1555		XXXXX	
SSN - Spouse	SIL	3329796	600					
Fed Adj Gross Income (FA	AGI) 1	. 937	71.	Withholding (VA) - Yo	ou	19A.		1126.
Additions	2			Withholding (VA) - Sp	oouse	19B.		4476.
Subtotal	3	. 937	71.	Estimated Payments		20.		
Age Deduction - You	4.4	١.		2022 Overpayment		21.		
Age Deduction - Spouse	4E	3.		Extension Payments		22.		
Soc Sec & Tier 1 Railroad	d 5			Credit - Low-Income	or EIC	23.		
State Income Tax Overpa	yment 6			Credit - Schedule OS	С	24.		
Subtractions	7			Credits - Schedule CF	₹	25.		
Subtotal Subtractions	8			Total Payments / Cre	edits	26.		5602.
Total VA Adj Gross Incom	e (VAGI) 9	937	71.	Tax You Owe		27.		
Itemized Deductions - VA	Sch A 1	0.		Tax Overpayment		28.		1593.
Standard Deduction	1	1. 1600	00.	Overpayment Credite	d to Next Year	29.		
Exemptions	1	2. 186	60.	VAC - Virginia 529 / A	ABLE	30.		
Deductions	1	3.		VAC - Other Contribu	itions	31.		
Subtotal (Deductions & E	xemptions) 1	4. 1786	60.	Addition to Tax, Pena	Ity & Interest	32.		
VA Taxable Income	1	5. 7592	11.	Sales and Use Tax		33.		
Amount of Tax	1	6. 410	07.	Amount You Owe				
Spouse Tax Adjustment (	STA) 1	7.	98.	Will Pay by Credit/Debit Your Refund	Card N	1		1593.
VAGI - Spouse	17	A. 9022	23.	David Davidson #	,	<b>_</b>	101	000250
Net Amount of Tax	1	8. 400	09.	Bank Routing #	(	C 20507		000358
	L			Bank Account #		3250/	421491	δ





#### Filing Status, Age & License Information **Additional Filing Information** 2 059 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 09291983 DOB - You Name or Filing Status Change VA Driver's License ID - You Address Change VA Driver's License - Iss. Date - You VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman 06271986 DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (B) Exemptions (A) 65 & Over - You Federal EIC & Amount You 1 Spouse 65 & Over - Spouse **Deceased Indicator** Form 760C or 760F Dependents Blind - You 2 Total (A) Blind - Spouse No Sales & Use Tax Due Indicator Χ Total (B) Obtain Electronic 1099G

#### **Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You Date Phone - You \_\_\_\_ Date Signature - Spouse \_\_\_\_\_

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA Date 040624 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer.

File by May 1, 2024

Include Page 1, Page 2 and all supporting 760CG documents. 245 ROONEY CT E BRUNSWICK

GLOBAL TAXES LLC

ID Theft PIN

Phone - Spouse

Preparer Information

NJ 08816

7

Page 2 of 2

P02082703

### 2023 Schedule INC/CG

884908570

Report all W-2s, 1099s & VK-1s with VA Withholding



MAINAK

BHOWMICK

TAPAPRAVA

SIL

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
332979600	W	4476.	542053754	30542053754F001	81199.
884908570	M	1126.	251873382	30251873382F001	22470.

Total VA Withholding	SSN	VA Withholding
You	884908570	1126.
Spouse	332979600	4476.
Total # of W-2s,1099s & VK-1s	02	

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

## DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Your Name B Your Social Security Numl											urity Number									
MAINAK BHOWMICK									884-90-8570											
Spo	use	's Na	me														A Spouse	A Spouse's Social Security Number		
TAPAPRAVA SIL											332-97-9600									
Par	tΙ	Ta	x Ret	urn In	format	ion											A Spot	ıse	B Yourself	
1.	F	edera	Adjus	ted Gros	ss Incom	ne (Fo	rm 760C	CG, Lir	ne 1; 76	0PY, l	Line 1, o	column	ıs A & B	3; F	orm 763, Lin	e 1)			93771.	
2.	2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)												93771.							
3.	A T III (5 T0000 II 45 T00D) (11 40 I A 0 D 5 T00 II 47)											75911.								
4.	\	/irginia	Incom	e Tax (F	orm 76	OCG,	Line 18;	760P	Y, Line 1	7, colu	umns A	& B; F	orm 76	3 Li	ine 18)				4009.	
5.	٧	Vithho	ding (F	orm 760	OCG, Lir	ne 19a	a & 19b;	760P	Y, Lines	19a &	. 19b; Fo	orm 76	3, Lines	19	9a & 19b)				5602.	
6.																				
7.	F	Refund	(Form	760CG,	Line 36	3; 760	PY, Line	36; F	orm 763	, Line	36)								1593.	
Par	-								ture A										s for the year ending	
December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																				
Taxpayer's e-File PIN: check one box only  I authorize the ERO named below to enter my e-File PIN 0 8 5 7 0 as my signature on my 2023 e-filed Virginia individual income tax return.  Do not enter all zeros																				
	_	GLO	BAL	TAXE	S LLC							DO Ei	m Nam							
	ERO Firm Name  I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.																			
Your Signature Date																				
Spouse's e-File PIN: check one box only																				
I authorize the ERO named below to enter my e-File PIN 7 9 6 0 0 as my signature on my 2023 e-filed Virginia individual income tax return.  Do not enter all zeros																				
	_	GLO	BAL	TAXE	S LLC	<u> </u>														
	ERO Firm Name  I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.																			
Spouse's Signature Date																				
Part III Certification and Authentication – Practitioner PIN Method Only																				
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1																				
Do not enter all zeros  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																				
ERO's Signature Date																				