Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Taxpay	ver's name	Social securi	ty number	
HEL	EN TEKLU	474-47	-6926	
Spouse	e's name	Spouse's soo	cial security	y number
Part	t I Tax Return Information – Tax Year Ending December 31, 2023 (En	ter year you a	are autho	orizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	74,925.
2	Total tax		2	6,126.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,537.
4	Amount you want refunded to you		4	1,411.
5	Amount you owe		5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

×	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	
			ERO firm name		Enter five digits, but don't enter all zeros
	signature on	the income tax ret	urn (original or amended) I am now	authorizing.	

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

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

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6

as my

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 s	ignature 🕨 Da	ate								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 0 all ze	 2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
	ERO Must Retain This Form — Se Don't Submit This Form to the IRS Unless		
Fee Demonstruction Act N	lation and constructions in structures		Farm 9970 (Day, 01 0001)

Single or Married filing jointly or Qualifying surviving spouse, \$27,700 6a Social security benefits	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	ple in this space.
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Deduction for- Single or Married filing separately, \$13,850 Sa D Taxable amount Sa Sb 6a Social security benefits 6a b Taxable amount 6b 7 28,357. 8 Additional income from Schedule 1, line 10 7 28,357. 9 Additional income from Schedule 1, line 10 8 -227. Qualifying surviving spouse, \$27,700 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 74,925. 10 Adjustments to income from Schedule 1, line 26 10 11 74,925. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 74,925. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 2. 13 14 13,852. 14 13,852. 14 13,852.	Standard												
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) 	Deduction for—									· · ·			
Stopparticly, \$13,8507Capital gain or (loss). Attach Schedule D if required. If not required, check here728,357.Married filing jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-227.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income974,925.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131413,852.					mothod				τ	· · ·	. 00)	
Married filing jointly or Qualifying surviving spouse, \$27,700Additional income from Schedule 1, line 10Image: Comparison of the standard (comparison of the standard deduction or itemized deductions (from Schedule A)Image: Comparison of the standard deduction of the standard deduction or itemized deduction from Schedule A)10Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income974, 925.10Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income974, 925.10Adjustments to income from Schedule 1, line 26101174, 925.1012Subtract line 10 from line 9. This is your adjusted gross income1113Qualified business income deduction from Form 8995 or Form 8995-A1214Add lines 12 and 131413, 852.			,				`	,	• •	· · · [28 357
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income974,925.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1174,925.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413,852.	 Married filing 				•	•			• •	l			
Subtract line 10Adjustments to income from Schedule 1, line 2610Head of household, \$20,800Subtract line 10 from line 9. This is your adjusted gross income1174,925.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1213If you checked any box under Standard Deduction,13	Qualifying												
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1174,925.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A132.14Add lines 12 and 131413,852.					-								
\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A132.14Add lines 12 and 131413,852.	 Head of household. 												74,925.
13Qualified business income deduction from Form 8995 or Form 8995-A132.14Add lines 12 and 131413,852.	\$20,800			-									
Deduction, 14 Add lines 12 and 13 14 13,852.	any box under							5-A			. 13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 61,073.	Deduction,	14	Add lines 12 and 13								. 14		13,852.
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our	taxable incom	ie .		. 15		61,073.

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

Form 1040 (2023)

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	6,126.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	6,126.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,126.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	6,126.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25 a 7	,537.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	7 , 537.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			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	7,537.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	1,411.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆	35a	1,411.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 0 0 0	0 0 0 7	0 8 0 8	3 3 2 6 1				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	o to <i>www.irs.gov</i>	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	person to disc	uss this retu	rn with the IRS?				_
Designee		tructions					omplete b		× No
	De nai	signee's ne		Phone no.			onal identifi ber (PIN)	cation	
Sian		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	ne hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
		5							IN, enter it here
Joint return?					DEVELOPER		(see i	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see ii		ection Fin, enter it here
	Ph	one no. (312) 394-909	8	Email address	HELENTESE	AY@GMAIL.CC)M	-	
		parer's name	 Preparer's signat 	1	110101110021	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		ITTU DAGAN	SOLIN INDAM	00/00/2024			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irc.or		1040 for instructions and the late		TADAATOIN IN			i;		Form 1040 (2023)
ao to www.iis.yc		noto for instructions and the late	scanornation.		BAA	REV 02/23/24 PRO			1 0mm 1 0 TO (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	al security number
HELEN TEKLU		474-47	-6926
Part I Additio	onal Income		

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach	Schedule E .	5	-227.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	ı ()	
b	Gambling)		
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555	I ()	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options	<u> </u>		
I	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 8	_		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 80			
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	; ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan		_	
u	Wages earned while incarcerated 8u	I	_	
Z	Other income. List type and amount:			
-				
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter he			0.07
	1040, 1040-SR, or 1040-NR, line 8	<u>· · · · · · ·</u>	10	-227.
⊢or Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				+		
2	officials. Attach Form 2106	-Dasis	s go	vennn	ent	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
- 5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
/ 8	Penalty on early withdrawal of savings					18	
9a						19a	
b	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):						
20						20	
21	Student loan interest deduction					21	
22	Reserved for future use					22	
23	Archer MSA deduction	• •	• •	• •	·	23	
24	Other adjustments:						
а		24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
		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		24g					
ĥ	Attorney fees and court costs for actions involving certain unlawful						
		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	24i					
i	Housing deduction from Form 2555	24i					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,					
		24k					
z	Other adjustments. List type and amount:						
~		24z					
25	Total other adjustments. Add lines 24a through 24z					25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income					23	
.0	Form 1040, 1040-SR, or 1040-NR, line 10					26	
		• •	• •	• •	•	-	1 (Form 10

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return HELEN TEKLU

Department of the Treasury

Your social security number 474-47-6926

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on th lines below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	D (sales price)	(or other basis)	Form(s) 8949, F line 2, column		combine the result with column (g)
1a Totals for all short-term transactions reported on Forr 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 transaction on Form 8949, leave this line blank and go to line 1b	r				
1b Totals for all transactions reported on Form(s) 8949 wit Box A checked					
2 Totals for all transactions reported on Form(s) 8949 wit Box B checked					
3 Totals for all transactions reported on Form(s) 8949 wit Box C checked					
4 Short-term gain from Form 6252 and short-term gain o	r (loss) from Forms 4	684, 6781, and 88	324	4	
5 Net short-term gain or (loss) from partnerships Schedule(s) K-1				5	11.
6 Short-term capital loss carryover. Enter the amount, if Worksheet in the instructions	any, from line 8 of y	•	-	6	()
7 Net short-term capital gain or (loss). Combine lines term capital gains or losses, go to Part II below. Otherw				7	11.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from		(h) Gain or (loss) Subtract column (e) from column (d) and		
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)		
8a	Totals for all long-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 8b.							
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	30,638.	2,145.			28,493.		
9	Totals for all transactions reported on Form(s) 8949 with Box E checked							
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.							
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11			
12	Net long-term gain or (loss) from partnerships, S corporat			.,	12	-147.		
13				13				
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,					

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	28,357.
	• 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 line 22.		
	• 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? X 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 amount, if any, from line 7 of that worksheet	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.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ 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.		

BAA REV 02/23/24 PRO

Schedule D (Form 1040) 2023

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side HELEN TEKLU

Social security number or taxpayer identification number 474-47-6926 2

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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) a (see instructions)	and see <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
AMERITRADE	01/01/22	12/31/23	30,638.	2,145.			28,493.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your ne 9 (if Box E	30,638.	2,145.			28,493.

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.

Schedul	e E (Form 1	040) 2023				Attachment	Sequen	ce No. 1	3				Page 2
Name(s)	shown on r	return. Do not enter name an	d social sec	urity number	if show	n on other s	ide.				Your soc	cial security	number
HELE	N TEKL	U									474-4	47-6926	5
Cautio	on: The IF	RS compares amounts	reported	l on your ta	ax retu	urn with a	mounts	s showr	n on S	Schedule(s) K-	1.		
Part		come or Loss From											
		te: If you report a loss, re box in column (e) on line											
		ount is not at risk, you m										<i>y</i>	
27		reporting any loss not											
		activity (if that loss wa				<i>,</i> .			•			·	wered "Yes," Yes 🔀 No
28	366 1130	luctions before comple	sung uns	3601011		 Enter P for	(c) Ch					Check if	(f) Check if
20		(a) Name				nership; S corporation	fore	ign		d) Employer fication number	basis c	computation required	any amount is not at risk
Α	NORTH	BRIDGE CONNECT	LLC		101.0	P]	86-	-1464719			
В	NORTH	BRIDGE CONNECT	LLC			Р]	86-	-1464719			
C]					
D						1							
	(2)	Passive Income							_	sive Income a			
		Passive loss allowed h Form 8582 if required)		assive income Schedule K-		(i) Nonpa (see \$	issive los Schedule			(j) Section 179 exp eduction from For			assive income chedule K-1
Α								227					
В		0.											
C													
<u>D</u>									_				
29a	Totals					_						<u> </u>	
b 30		0 . umns (h) and (k) of line	200					227			30		
30 31		umns (g), (i), and (j) of li									31		227.)
32		artnership and S corp									32	`	-227.)
Part	_	come or Loss From				, comon		oo ano					-227.
33					lame							(b) Emp	
				(a) 1	anic							identificatio	on number
		Passive	Income a	and Loss					N	Ionpassive In	come	and Loss	
		Passive deduction or loss allo				e income) Dedu	ction or loss		(f) Other inc	come from
		(attach Form 8582 if required	d)	fron	n Sche	dule K-1		tr	rom Sc	hedule K-1		Schedu	ile K-1
 											_		
34a	Totals												
b	Totals												
35		umns (d) and (f) of line	34a .								35	T	
36		umns (c) and (e) of line									36	()
37		tate and trust incom									37		
Part	IV Inc	come or Loss From	Real E	state Mo	rtgag	-				-		al Holde	r
38		(a) Name			Employ			s inclusio I les Q , lin		(d) Taxable in (net loss) fr	rom		come from Iles Q, line 3b
				identific	auuiin		(see ir	nstruction	ıs)	Schedules Q,	line 1b	Schedu	1103 W , 11110 3D
39	Combin	e columns (d) and (e) c	only Ento	r the result	here	and inclu	de in tl	ne total	on lir	l ne 41 helow	39	+	
Part		immary											
40		n rental income or (loss	s) from Fc	orm 4835. /	Also,	complete	line 42	below			40		
41	Total in	come or (loss). Combi	ine lines 2		39, ar	nd 40. Ent	er the i						-227.
42		iliation of farming a							.		TI		~~ / •
		and fishing income rep											
	(Form 10	065), box 14, code B; S	Schedule	K-1 (Form	1120-	-S), box 1	7, code						
		Schedule K-1 (Form 10						42					
43		iliation for real estate											
		onal (see instructions I anywhere on Form											
		rental real estate activ											
		e passive activity loss											

Form 4952
Department of the Treasury Internal Revenue Service

Investment Interest Expense Deduction

OMB No. 1545-0191

Attach to your tax return.

Go to www.irs.gov/Form4952 for the latest information.



Identifying number

474-47-6926

Name(s) shown on return

HELEN TEKLU

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2023 (see instructions)	1	3,808.
2	Disallowed investment interest expense from 2022 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	3,808.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from				
	the disposition of property held for investment)	4a	476.		
b	Qualified dividends included on line 4a	4b	387.		
с	Subtract line 4b from line 4a			4c	89.
d	Net gain from the disposition of property held for investment	4d	28,357.		
е	Enter the smaller of line 4d or your net capital gain from the disposition				
	of property held for investment. See instructions	4e	28,346.		
f	Subtract line 4e from line 4d			4f	11.
g	Enter the amount from lines 4b and 4e that you elect to include in investment inc	ome.	See instructions	4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	100.
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0			6	100.
Part	III Investment Interest Expense Deduction				
7	Disallowed investment interest expense to be carried forward to 2024. Sub	tract	line 6 from line		
	3. If zero or less, enter -0			7	3,708.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. Set	ee ins	tructions	8	100.

For Paperwork Reduction Act Notice, see page 4. BAA

REV 02/23/24 PRO

Form **4952** (2023)

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294 20 Attachment Sequence No. 55

Name(s) shown on return

Your taxpayer identification number

HELEN TEKLU

474-47-6926

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	• • •	Qualified business ncome or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
_		2		
3		3 ()		
4		4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
		6 8.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	_ /		
-		7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 8.		
9	or less, enter -0		9	2.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	2.
11		11 61,075.	10	<u></u>
12	Enter your net capital gain, if any, increased by any qualified dividends			
		12 28,733.		
13		I3 32,342.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	6,468.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also e	nter this amount on		
	the applicable line of your return (see instructions)		15	2.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than a	zero, enter -0	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and			
	zero, enter -0		17	(0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/23	/24 PRO		Form 8995 (2023)

Form 8582

Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Name(s)	shown on return				Iden	tifying r	umber
HELE	N TEKLU				474	4-47-	-6926
Par	t 2023 Passive Activity Loss	6					
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	I Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, se	ee Special		
1a	Activities with net income (enter the a	mount from Part IN	/, column (a))	1 a			
b	Activities with net loss (enter the amound						
с	Prior years' unallowed losses (enter th)		
d	Combine lines 1a, 1b, and 1c					1d	
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	. column (a))	2a	0.		
b	Activities with net loss (enter the amound				-84.)		
с	Prior years' unallowed losses (enter th)		
d	Combine lines 2a, 2b, and 2c				, ,	2d	-84.
3	Combine lines 1d and 2d and subtra				thia lina ia		
3	zero or more, stop here and include						
	prior year unallowed losses entered of						
	normally used				Schedules	3	-84.
	If line 3 is a loss and: • Line 1d is a l					•	
			zero or more) sk	ip Part II and go to	line 10		
Cauti	on: If your filing status is married filing					voar	do not complete
	Instead, go to line 10.	Separately and yo		spouse at any time		, year	
Par		tal Roal Estato	Activities With	Active Particina	ation		
r ar	Note: Enter all numbers in Par			-			
4	Enter the smaller of the loss on line 1					4	
5	Enter \$150,000. If married filing separ			5		-	
6	Enter modified adjusted gross income	-					
0	Note: If line 6 is greater than or equal					-	
7	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7			
8	Multiply line 7 by 50% (0.50). Do not er					8	
9 Dort	Enter the smaller of line 4 or line 8. If Total Losses Allowed	line 3 includes any	/ CRD, see instruc			9	0.
Part			4-4-1			10	
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv						0
Part	out how to report the losses on your ta Complete This Part Before	a Part I lines 1	 a 1h and 1c S	<u></u>		11	0.
T ar t	Complete This Fait Defore						
	Name of activity	Currer	nt year	Prior years	Ove	erall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gai	n	(e) Loss
Total.	Enter on Part I, lines 1a, 1b, and 1c						

For Paperwork Reduction Act Notice, see instructions.

REV 02/23/24 PRO

Form **8582** (2023)

Total. Enter on Part I, lines 2a, 2b, and 2c 0. 84. 100 Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. (c) Special allowance (d) Subtract column (a). Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special allowance (d) Subtract column (a). Total Total Name of activity Form or schedule and line number to be reported on (see instructions. Total Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Unallowed loss NORTH BRIDGE CONNECT LLC E Ln 28B 84. 1.00000000 84 Total NORTH BRIDGE CONNECT LLC E Ln 28B 84. 1.00 84 Part VIII Allowe	Form 8582 (2023)									Page 2
Name of activity (a) Net income (line 2a) (b) Net loss (line 2b) (c) Unallowed loss (line 2c) (d) Gain (e) Loss NORTH BRIDGE CONNECT LLC 0. 84. 34 Image: Straight of the str	Part V Complete This Part Befo	re P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			
(a) Net income (line 2b) (b) Net loss (line 2b) (c) Unallowed loss (line 2c) (d) Gain (e) Loss NORTH BRIDGE CONNECT LLC 0. 84. 84. 84. 84. Total. Enter on Part I, lines 2a, 2b, and 2c 0. 84. 94. 94. Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. (c) Special allowance (c) Special allowance (d) Subtract column (e) fro column (a). Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special allowance (d) Subtract column (a). Total			Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss
Total. Enter on Part I, lines 2a, 2b, and 2c 0. 84. 1000 Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. (c) Special allowance (d) Subtract column (a). Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special allowance (d) Subtract column (a). Total Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special column (a). Total Total Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Unallowed loss NORTH BRIDGE CONNECT LLC E Ln 28B 84. 1.00000000 84 Total NORTH BRIDGE CONNECT LLC E Ln 28B 84. 1.00 84 Part VII Allowed Losses. See	Name of activity	(a						(d) Gain		(e) Loss
Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special allowance (d) Subtract column (a). Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (a)<	NORTH BRIDGE CONNECT LLC		0.		84.					84.
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Part VII Allocation of Unallowed Losses. See instructions. Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Unallowed loss NORTH BRIDGE CONNECT LLC E Ln 28B 84. 1.00000000 84 Total Total Part VIII Allowed Losses. See instructions. 84. 1.00 84 Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Unallowed loss (c) Allowed loss		Fo ar to	rm or schedule nd line number be reported on							(d) Subtract column (c) from column (a).
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NORTH BRIDGE CONNECT LLC E Ln 28B 84. 84. C			Form or sche and line nur to be reporte	nber ed on	(a) L	_OSS	(b) Ur	allowed loss	(c) Allowed loss
	NORTH BRIDGE CONNECT LLC		E Ln 28	В		84.		84.		0.
Total	Total					84.		84.		0.

REV 02/23/24 PRO

Form **8582** (2023)





23PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

474476926

Your Social Security Number

If Joint Return, Spouse's Social Security Number

HELEN Your First Name

MI

MI

TEKLU

Your Last name

If Joint Return, Spouse's First Name

Spouse's Last Name

3701 TWIN LAKES CT

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

T650

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

WINDSOR MILL	MD	21244
City or Town	State	ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

1.	X Estimated Payment/Quarterly (502D)	Tax Year:	2024
	1a. First time filer or change in filing sta	tus	
2.	Extension Payment (502E)	Tax Year:	
3.	Payment with resident return (502)	Tax Year:	
4.	Payment with nonresident return (505)	Tax Year:	

PAYMENT AMOUNT

	Dollars	951	Cents
money order: your socia taxpayer identification	and. Include on your che al security number or ind number, tax year, and ta nformation will delay the	ividual ax type.	sing
Comptroller of Maryla	nd		
Payment Processing			
PO Box 8888			
Annapolis, MD 21401-	8888		





23PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

474476926

Your Social Security Number

If Joint Return, Spouse's Social Security Number

HELEN Your First Name

MI

MI

TEKLU

Your Last name

If Joint Return, Spouse's First Name

Spouse's Last Name

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	Dollars	951	Cents
money order: your socia taxpayer identification	and. Include on your che al security number or ind number, tax year, and ta nformation will delay the	ividual ax type.	sing
Comptroller of Maryla	nd		
Payment Processing			
PO Box 8888			
Annapolis, MD 21401-	8888		





23PTPV013

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474476926

Your Social Security Number

If Joint Return, Spouse's Social Security Number

HELEN Your First Name

MI

MI

TEKLU

Your Last name

If Joint Return, Spouse's First Name

Spouse's Last Name

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	1a. First time filer or change in filing sta	tus	
2.	Extension Payment (502E)	Tax Year:	
3.	Payment with resident return (502)	Tax Year:	
4.	Payment with nonresident return (505)	Tax Year:	

PAYMENT AMOUNT

	Dollars	951	Cents
money order: your socia taxpayer identification	and. Include on your che al security number or ind number, tax year, and ta nformation will delay the	ividual ax type.	sing
Comptroller of Maryla	nd		
Payment Processing			
PO Box 8888			
Annapolis, MD 21401-	8888		





23PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

474476926

Your Social Security Number

If Joint Return, Spouse's Social Security Number

HELEN Your First Name

MI

MI

TEKLU

Your Last name

If Joint Return, Spouse's First Name

Spouse's Last Name

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Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

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	1a. First time filer or change in filing sta	tus	
2.	Extension Payment (502E)	Tax Year:	
3.	Payment with resident return (502)	Tax Year:	
4.	Payment with nonresident return (505)	Tax Year:	

PAYMENT AMOUNT

	Dollars	951	Cents
money order: your socia taxpayer identification	and. Include on your che al security number or ind number, tax year, and ta nformation will delay the	ividual ax type.	sing
Comptroller of Maryla	nd		
Payment Processing			
PO Box 8888			
Annapolis, MD 21401-	8888		



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.

nlv.						
Ink Only.	HELEN		TEKLU	474476926		
or Black		MI	Last Name	SSN/Taxpayer Identifica	ation Numb	ber
na Bl	Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Identifica	ation Numb	per
Print Using Blue	Part I Tax Return Information (whole dolla	ars onl	ly)			
	1. Amount of overpayment to be applied to 2024	estima	ted tax	1		00
	2. Amount of overpayment to be refunded to you			FUND 2.		00
	3. Total amount due (Pay in full by April 15, 2024	. See i	instructions.)	Þ 3	3256	00
	Part II Taxpayer Declaration and Signature	Autho	rization			
	Under penalties of perjury, I declare that I have of that I provided to my Electronic Return Originat agree with the amounts shown on the correspon knowledge and belief, my return is true, correct statements, be sent to the Maryland Revenue Adr software provider.	or (ERC ding lin and co	O) or entered on-line and that the name(s) nes of my 2023 Maryland electronic income omplete. I consent that my return, includin) and amounts desc e tax return. To the ng accompanying scl	cribed at best of hedules	ove my and

Your	PIN:	check	one	box	on	ly
------	------	-------	-----	-----	----	----

X I authorize GLOBAL TAXES LLC	to enter or generate my PIN 7 6 9 2 6 Constraints Do not enter all zeros.						
ERO firm name as my signature on my tax year 2023 electronically filed income							
as my signature on my tax year 2025 electronically med income							
I will enter my PIN as my signature on my tax year 2023 electro entering your own PIN and your return is filed using the Practition							
Your signature	Date						
Spouse's PIN: check one box only Enter five digits. I authorize to enter or generate my PIN as my signature on my tax year 2023 electronically filed income tax return. Enter five digits. I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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						
Practitioner PIN Meth	od Returns Only						
Practitioner PIN Meth Part III Certification and Authentication - Practitioner PIN Meth	thod Only						
	ethod Only						
Part III Certification and Authentication - Practitioner PIN Me	thod Only it self-selected PIN. 22249608271 ax year 2023 electronically filed income tax return for the						
Part III Certification and Authentication - Practitioner PIN Meters ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig I certify this numeric entry is my PIN, which is my signature for the tataxpayer(s). I confirm that I am submitting this return in accordance Maryland MeF Handbook for Authorized e-file Providers.	Sthod Only it self-selected PIN. 22249608271 ax year 2023 electronically filed income tax return for the with the requirements of the Practitioner PIN method and the						
Part III Certification and Authentication - Practitioner PIN Me ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig I certify this numeric entry is my PIN, which is my signature for the to taxpayer(s). I confirm that I am submitting this return in accordance	Sthod Only it self-selected PIN. 22249608271 Do not enter all zeros. ax year 2023 electronically filed income tax return for the with the requirements of the Practitioner PIN method and the						



RESIDENT INCOME TAX RETURN



2023

50					235020013		\$
OR FISCAL YEAR B	EGINNING	202	3, ENDING		_		
					-		
474476926							
Your Social Security N	umber Spouse's S	ocial Security Number					
HELEN							
Your First Name	MI						
TEKLU							
Your Last Name		Does your name ma name on your socia card? If not, to ensu	l security				
Spouse's First Name	MI	get credit for your p exemptions, contac 1-800-772-1213					
Spouse's Last Name		or visit ssa.gov .					
3701 TWIN L	AKES CT						
	s Line 1 (Street No. an	d Street Name or PO B	ox)				
Т620			WINDSOR	MILL	MD	21244	
	ss Line 2 (Apt No., Suite	e No., Floor No.)	City or Town		State	ZIP Code + 4	
_							
Foreign Country Name				Foreigr	Province/State/County	/	_
Foreign Postal Code							
Foreign Postal Code							
3701 TWIN Maryland Physical T620 Maryland Physical	bdivision Code (See Ins LAKES CT Address Line 1 (Street Address Line 2 (Apt No	truction 6) Maryla	(No PO Box)	sion (See Instruction			
WINDSOR M	ILL		MD	21244	BALTIMORE	COUNTY	
City	1		State	ZIP Code + 4	Maryland County		
FILING STATUS CHECK ONE BOX ►		(If you can be cla d filing joint retur			return, use Filing S	Status 6.)	
See Instruction	3. Marrie	d filing separately	, Spouse SSN	▶			
1 if you are required to file.	4. Head of	of household					
		ying surviving spo	ouse with deper	ndent child			
	6. Depen	dent taxpayer (Er	nter 0 in Exemp	tion Box (A) - S	See Instruction 7.))	
PART-YEAR RESIDENT See Instruction	Dates of Maryl Other state of re	and Residence (MM DD YYYY)	FROM	то		
26.						in the hey	
_~.				riana military ir	icome, place an M	in the box	
	Enter Military I	ncome amount h	ere:				



RESIDENT INCOME TAX RETURN



Name HELEN TE	EKLU	Jssn474476926		
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming	А. В.	X Yourself Spouse Spouse See Instruction 10 A. \$ 65 or over 65 or over	3200	00
dependents, you must attach the Dependents'		Blind Blind Blind X \$1,000 Blind		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.) 1 Total AmountD. \$	3200	00
MARYLAND	C	heck here ► If you do not have health care coverage DOB (mm/dd/yyyy) ►		
HEALTH CARE COVERAGE	C	heck here If your spouse does not have health care coverage DOB (mm/dd/yyyy)		
See Instruction 3.	C	heck 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 of low-cost health care coverage.		
	E	-mail address 🕨		
	1.	Adjusted gross income from your federal return	74925	00
INCOME	1a.	Wages, salaries and/or tips 1a. 46400 00		
See Instruction 11.	1b.	Earned income b 1b. 00		
	1c.	Capital Gain or (loss) ▶ 1c. 28357 00		
	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 > Y		
	2.	Tax-exempt interest on state and local obligations (bonds) other than Maryland \ldots 2.		00
ADDITIONS	3.	State retirement pickup 3.		00
TO MARYLAND	4.	Lump sum distributions (from worksheet in Instruction 12.) 4.		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
	7.	Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	74925	00
	8.	Taxable refunds, credits or offsets of state and local income taxes included in line 1 8.		00
SUBTRACTIONS	9.	Child and dependent care expenses 9.		00
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 $1 \dots h 11$.		00
See Instruction 13.	12.	Income received during period of nonresidence (See Instruction 26.)		00
	13.	Subtractions from attached Form 502SU		00
	14.	Two-income subtraction from worksheet in Instruction 13 ▶ 14.		00
	15.		74005	00
		Maryland adjusted gross income (Subtract line 15 from line 7.)	74925	00
		Taxpayers must select one method and check the appropriate box.		
DEDUCTION		STANDARD DEDOCTION HErrod (Enter amount on mile 17.)		
METHOD			00	
See Instruction 16.		17a. Total federal itemized deductions (from line 17, federal Schedule A) . ► 17a	00	
		17b. State and local income taxes (See Instruction 14.) ▶ 17b	00	
	17	Subtract line 17b from line 17a and enter amount on line 17.	2550	0.0
		Deduction amount (Part-year residents see Instruction 26 (I and m).)	72375	00
		Net income (Subtract line 17 from line 16.)	3200	00
	1	Exemption amount from Exemptions area (See Instruction 10.)	69175	00
	2 0.	Taxable net income (Subtract line 19 from line 18.)	00110	00



RESIDENT INCOME TAX RETURN



	SSN 474476926	NeHELEN TEKLU
3233	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21
	a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) 21a.	RYLAND 21
	Earned income credit (EIC) (See Instruction 18.) 22.	C 22
	Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.	MPUTATION
	Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.	
	Poverty level credit (See Instruction 18.)	23
	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	24
lits on Form 500	Business tax credits You must file this form electronically to claim business tax cre	25
	Total credits (Add lines 22 through 25.)	26
3233	Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. $_$	27
	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	CAL TAX 28.
2214	your local tax rate .0 $\frac{0320}{}$ or use the Local Tax Worksheet	MPUTATION
	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29. $_$	29
	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) \ldots 30. $_$	30
	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	31.
	Total credits (Add lines 29 through 31.)	32.
2214	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	33.
5447	Total Maryland and local tax (Add lines 27 and 33.)	
00	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35	ITRIBUTIONS 35
0.0	Contribution to Developmental Disabilities Services and Support Fund ▶ 36	36
00	Contribution to Maryland Cancer Fund	instruction 20.
00	Contribution to Fair Campaign Financing Fund	
5117	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.). 39.	
01.01	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	40.
2191	and attach if MD tax is withheld.)	
	2023 estimated tax payments, amount applied from 2022 return, payment made	41.
	with an extension request, and Form MW506NRS \ldots	
	Refundable earned income credit (from worksheet in Instruction 21) $\dots\dots\dots\dots$ 42. $_$	42.
	Refundable income tax credits from Part CC, line 10 of Form 502CR	43
	(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43. $-$	
2191	Total payments and credits (Add lines 40 through 43.)	44.
	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	45
3256	See Instruction 22.)	
	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.). \ldots Þ 46. $_$	46.
(Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX 47.	
	Amount of overpayment TO BE REFUNDED TO YOU	UND 48
	(Subtract line 47 from line 46.) See line 51	
	Check here if you are attaching Form 502UP. Enter interest charges from line 18,	49
	or for late filing or homebuyer withdrawal penalty \blacktriangleright 49.	
	TOTAL AMOUNT DUE (Add lines 45 and 49.)	50.



RESIDENT INCOME TAX RETURN



2023 Page 4

	235020313	
NameHELEN TEKLU s	_{SSN} 474476926	
DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify		t and clearly legible. If you
are requesting direct deposit of your refund, complete the follo		
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 outsid	e of the United States.	
51a. Type of account: Checking Savings	51b. Routing Number (9-digits)	
51c. Account Number ►		
51d. Name(s) as it appears on the bank account		
3123949098		
Daytime telephone no. Home telephone no.		DDE 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 reconstruction 24.)		authorize your paid preparer ement electronically (See
Under penalties of perjury, I declare that I have examined this the best of my knowledge and belief it is true, correct and con based on all information of which the preparer has any knowle	nplete. If prepared by a person other thar	
Your signature Date	Spouse's signature	Date
GLOBAL TAXES LLC Printed name of the Preparer / or Firm's name	245 ROONEY CT Street address of preparer or Firm's address	S
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 completed return to:		082703 er's PTIN (Required by Law)
Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001	To make an online payment, se follow instructions, or go to m on Pay.	
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





23PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

474476926

Your Social Security Number

If Joint Return, Spouse's Social Security Number

HELEN Your First Name

MI

MI

TEKLU

Your Last name

If Joint Return, Spouse's First Name

Spouse's Last Name

3701 TWIN LAKES CT

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

T650

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

WINDSOR	MILL

City or Town

MD 21244 State ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

1.	Estimated Payment/Quarterly (502D)	Tax Year:
	1a. First time filer or change in filing sta	tus
2.	Extension Payment (502E)	Tax Year:

3.	X	Payment with	resident r	return ((502)	Tax Yea	r: c	2022

4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

	3256 00 Dollars Cents
2023	Make your check or money order payable to Comptroller of Maryland . Include on your check or money order: your social security number or individual taxpayer identification number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:
	Comptroller of Maryland
	Payment Processing
	PO Box 8888
	Annapolis, MD 21401-8888