1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not v	vrite or staple	e in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding _			, 20	See se	parate ins	structions.
Your first name	and mi	iddle initial	Last n	ame						Your so	cial secur	ity number
VIKAS AGA				RWAL						800	51 (0040
	oouse's	s first name and middle initial	Last n								· ·	ecurity number
SAKSHI			GUP'	ТА						695	69 9	9214
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			tion Campaigr
4727 W E	UCK	SKIN TRL								Check	here if you	i, or your
		ce. If you have a foreign address, also co	mplete	spaces bel	ow.	Sta	ite	ZIP co	ode			ntly, want \$3
PHOENIX						AZ	Z	850	83		o this tuna low will no	. Checking a
Foreign country	name			Foreign pr	ovince/state	'coun	ty	Foreig	n postal code	1	x or refund	•
											🗌 You	Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)								
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your sp	oouse. If yo	u che	ecked the HOH	l or QS	SS box, ente	er the ch	ild's nam	e if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	s a reward	l award or	navr	ment for prope	rtv or «	services): or	(h) sell		
Assets		ange, or otherwise dispose of a dig									Yes	XNo
Standard		eone can claim: You as a de					a dependent	/ (- /		
Deduction	_	Spouse itemizes on a separate retur	•		-							
Age/Blindness	You:	: Were born before January 2, 1	959	🗌 Are bli	ind Sp	ouse	: 🗌 Was bor	n befc	re January	2. 1959	∏ ls b	blind
Dependents	s (see	instructions):		(2) S	ocial securit		(3) Relationsh	14			ifies for (se	e instructions):
If more		irst name Last name		(_)	number	,	to you	, P	Child tax c	redit	Credit for o	other dependents
than four	SAA	ANVI AGARWAL		731	-72-630	8	Daughter		X	X 🗌		
dependents,						-						
see instructions and check	3 —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions) .					. 1a	2	62,728.
	b	Household employee wages not re	eported	d on Form	(s) W-2 .					. 1b)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ir	nstruction	s)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see	nstru	uctions)			. 1c	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 10	1	
get a Form W-2, see	h	Other earned income (see instruct						· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	tructions)			1 i					
	z	Add lines 1a through 1h	• •		· · ·					. 1z	: 2	62,728.
Attach Sch. B	2a	' –	2a		- 4		axable interest			. 2t		7,241.
if required.	3a		3a		243.		Ordinary divider			. 3b		243.
Standard	4a		4a	1	700		axable amoun		 יי דיים	. 4b		
Deduction for –	5a		5a	169,	723.		axable amoun		. ROLLOV			72.
 Single or Married filing 	6a	,	6a				axable amount	t		. 6b)	
separately,	С	If you elect to use the lump-sum e				`	,	• •	l	_		- 4
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche						· ·	l			71.
jointly or Qualifying	8	Additional income from Schedule						· ·		. 8		18,523.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-				• •		. 9		51,832.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10	-	
household, \$20,800	11	Subtract line 10 from line 9. This is	-					• •		. 11		51,832.
• If you checked	12	Standard deduction or itemized						• •		. 12		27,700.
any box under Standard	13	Qualified business income deduct			995 or Forn	1 899	95-A	• •		. 13		07 700
Deduction, see instructions.	14 15	Add lines 12 and 13				• •		· ·		. 14		27,700.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -		our 1	laxable incom	e.		. 15) 2	24,132.

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	1	16	40,569.
Credits	17	Amount from Schedule 2, lin	e3				1	17	
	18	Add lines 16 and 17					1	18	40,569.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	19	2,000.
	20	Amount from Schedule 3, lin	e8				2	20	
	21	Add lines 19 and 20					2	21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	38,569.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	23	304.
	24	Add lines 22 and 23. This is	your total tax				2	24	38,873.
Payments	25	Federal income tax withheld							
·	а	Form(s) W-2				25a 42	,323.		
	b	Form(s) 1099				25b	14.		
	с	Other forms (see instructions	s)			25c	747.		
	d	Add lines 25a through 25c	,					5d	43,084.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	•		-			33	43,084.
Refund	34	If line 33 is more than line 24						34	4,211.
neruna	35a	Amount of line 34 you want						5a	4,211.
Direct deposit?	b	Routing number 1 2 2					Savings		
See instructions.	ď	Account number 5 3 3					Samige		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24	•••••						
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	,						
Designee		structions	•				omplete belo	ow.	× No
	De	signee's		Phone		Perso	onal identificat	tion	
	nai	nē		no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here	Dei	ier, they are true, correct, and com	piete. Declaration	、					, ,
	Yo	ur signature		Date	Your occupation				you an Identity I, enter it here
Joint return?					IT		(see inst		
See instructions.	Sp	ouse's signature. If a joint return, i	ooth must sian.	Date	Spouse's occupat	ion	If the IRS	S sent	your spouse an
Keep a copy for	-1-						Identity I	Protec	ction PIN, enter it here
your records.					HOME MAKE	3	(see inst	.)	
	Ph	one no. (602) 561-500	3	Email address	VIKASAGARWAI	87@HOTMAIL.CC	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/25/2024	P020827	23	Self-employed
•	Fir	m's name GLOBAL TAX	XES LLC				Phone n	o. (6	578)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01**

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR VIKAS AGARWAL & SAKSHI GUPTA

VIKA	S AGARWAL & SAKSHI GUPTA		800-5	1-004	10
Par	t I 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. Att	ach Schedul	eE.	5	-18,773.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
с	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
ĥ	Jury duty pay	8h			
i	Prizes and awards	8i			
i	Activity not engaged in for profit income	8j			
ķ	Stock options	8k			
1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
ο	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:Other Income from box 3 of 1099-Misc250.	8z	250.		
9	Total other income. Add lines 8a through 8z			9	250.
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and o	n Form		
	1040, 1040-SR, or 1040-NR, line 8			10	-18,523.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			Schedule	1 (Form 1040) 2023

1	Adjustments to Income Educator expenses				. 11	
	•					
2	Certain business expenses of reservists, performing artists, and fee	-pasis	s gov	ernme	nt . 12	
`	officials. Attach Form 2106	• •	• •	• •	· 12	
3	Moving expenses for members of the Armed Forces. Attach Form 3903					
4						
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					a
b	Recipient's SSN	·			_	
С	Date of original divorce or separation agreement (see instructions):				_	
0	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
3	Archer MSA deduction				. 23	3
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				
•	Attorney fees and court costs for actions involving certain unlawful	9			_	
••	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	24i				
	Housing deduction from Form 2555	24i 24i				
۲ ا	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2 4j			_	
ĸ		24k				
-		24K				
z	Other adjustments. List type and amount:	24z				
F	Total athen adjustments Add lines 04- through 04-					
25	Total other adjustments. Add lines 24a through 24z				. 25)
6	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040, 1040-SR, or 1040-NR, line 10	• •			. 26	i

SCHEDULE 2 (Form 1040)

13

14

15

16

Additional Taxes

OMB No. 1545-0074

2023

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

Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VIKAS AGARWAL & SAKSHI GUPTA 800-51-0040 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. 5 Attach Form 4137 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 X 8 7. 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 Additional Medicare Tax. Attach Form 8959 11 11 297. 12 12

Interest on tax due on installment income from the sale of certain residential lots

Interest on the deferred tax on gain from certain installment sales with a sales price

Recapture of low-income housing credit. Attach Form 8611

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

(continued on page 2)

13

14

15

16

Schedule 2 (Form 1040) 2023

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
		17b		
	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	-	
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	_	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	-	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	_	
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe		0.1	
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b BAA		21 Schedu	304. ile 2 (Form 1040) 2023

SCHEDULE B (Form 1040)

Interest and	Ordinary	Dividends
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OMB No. 1545-0074 20

6

Attach to Form 1040 or 1040-SR.

	partment of the Treasury Attach to Form 1040 or 1040-SR. ernal Revenue Service Go to www.irs.gov/ScheduleB for instructions and the latest information		ion. Attac Sequ			B
Name(s) shown on r	e(s) shown on return		Your	social securi		
VIKAS AGAR	WAL 8	A SAKSHI GUPTA	800	-51-004	0	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	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		ROBINHOOD SECURITIES LLC				40.
Instructions for		FIDELITY BROKERAGE SERVICES LLC				2.
Form 1040,		AMERICAN EXPRESS NATIONAL BANK				35.
line 2b.) 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		DEPARTMENT OF THE TREASURY	1		7	<u>64.</u>
the total interest shown on that form.						
	2	Add the amounts on line 1	2		7,2	41.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. 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		7,2	41.
		If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer: FIDELITY BROKERAGE SERVICES LLC			2	43.
Ordinary Dividends (See instructions and the Instructions for Form 1040, line 3b.)			5			
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.	6 Note:	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.	6		2	43.
Part III	You m	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d	ividen	ds; (b) had	d a fo	reign
Foreign		nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign				0
Accounts					Yes	No
and Trusts Caution: If required, failure to		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) locate country? See instructions	ed in a			×
file FinCEN Form 114 may result in substantial penalties. Additionally, you			CEN F	orm 114 		
may be required to file Form 8938, Statement of Specified Foreign		If you are required to file FinCEN Form 114, list the name(s) of the foreign country(- financial account(s) is (are) located:				

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

REV 02/16/24 PRO

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

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

Financial Assets.

See instructions.

8

Schedule B (Form 1040) 2023

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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

Department of the Treasury

VIKAS AGARWAL & SAKSHI GUPTA

Your social security number

800-51-0040

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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	584.	513.			71.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6						()
7	7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back					71.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and 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					
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			
13	Capital gain distributions. See the instructions	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					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	

Part	III Summary	I
16	Combine lines 7 and 15 and enter the result	16 71.
	• 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?	
	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 02/16/24 PRO

Schedule D (Form 1040) 2023

8949

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Department of the Treasury Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification number
VIKAS AGARWAL & SAKSHI GUPTA	800-51-0040

Before you check Box A, B, or C 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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date sold or Proceeds See the Note		Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(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) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	2 01/01/23	12/31/23	584.	513.			71.	
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abor above is checked), or line 3 (if Box	tal here and inc ve is checked), li	lude on your ne 2 (if Box B	584.	513.			71.	

Note: If you checked Box A 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.

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

	EDULE E			Supplementa	I Income and Loss					OMB No. 1545-0074			
(Form	1040)	(From	rental real estate	e, royalties, partnersł	nips, S	corporat	ions, es	tates,	trusts, REMI	Cs, etc.)	ର		2
Departm	ent of the Treasury			Attach to Form 1040,	1040-	SR, 1040-	NR, or	1041.			Attachm	リ ム	U
	Revenue Service		Go to www.i	rs.gov/ScheduleE for	r instru	uctions an	d the la	itest in	formation.		Sequen	ce No.	13
Name(s)) shown on return	-								Your soci	al security	numbe	er
_	S AGARWAL									800-5	1-0040		
Part				al Real Estate an									
	Note: If yo	ou are in	the business of re	enting personal proper 35 on page 2, line 40.	ty, use	Schedule	e C. See	instru	ctions. If you a	are an indiv	/idual, rep	ort fai	rm
Α				t would require you	to file	Form(s)	10992 5	See ins	structions		∏ Ye	s X	No
			you file required								_		No
1a			,	treet, city, state, ZIF									
						,							
	BADA BAZA	R SAM	BHAR LAKE F	RAJASTHAN IN	3036	504							
B C													
 1b	Type of Prope	vrtu 0	For each rent		why lied	had		Га	in Dontol	Dereer			
10	(from list below		above, report	tal real estate prope t the number of fair i	rental	and		га	ir Rental Days	Person Da		C	ζĴΛ
Α	3	,		days. Check the Q			Α		365		0		
B				ne requirements to f			B						
C		_	qualified joint	venture. See instru	ctions	3.	C						
Туре	of Property:	I					_				I		
	Single Family R	esidenc	ce 3 Vacati	on/Short-Term Rent	tal	5 Lanc	ł	7	Self-Rental				
	Multi-Family Re			nercial		6 Roya	alties	8	Other (desc	ribe)			
						-							
Incom							Α		Propert B	les.		С	
3		4			3			84.	D			0	
4					4			01.					
Exper					-								
5					5								
6	0		nstructions)		6								
7			ance		7		2,8	74.					
8					8								
9					9								
10	Legal and othe	er profe	ssional fees .		10								
11	Management f	fees .			11		2,7	14.					
12				(see instructions)	12								
13	Other interest				13								
14	Repairs				14			85.					
15					15		3,0	10.					
16					16		F	0.0					
17					17			26.					
18	Other (list)	expense	or depletion .		18 19		3,5	48.					
19 20	· · · ·		lines 5 through 1	0	20		19,4	57					
	•		•		20		19,4	57.					
21				d/or 4 (royalties). If nd out if you must									
					21	.	-18,7	73.					
22	Deductible rer	ntal real	estate loss afte	r limitation, if any,									
			structions)		22	(18,77	3.)	()	(
23a	Total of all am	ounts re	eported on line 3	3 for all rental prope				23a		684.			
b				for all royalty prop				23b					
С				12 for all properties				23c					
d				18 for all properties				23d		8,548.			
е				20 for all properties				23e	19	9,457.			
24				n on line 21. Do not		-		• •		. 24	,		
25				and rental real estate							(18,7	773.
26				income or (loss).									
	nere. If Parts I	n, m, ar	iu iv, and line 4	0 on page 2 do no	т аррі	y to you,	aiso e	mer tr	is amount (ווכ			

For Paperwork Reduction Act Notice, see the separate instruction	s.
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26

-18,773.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2023 Attachment Sequence No. 47

Internari				•
Name(s)	shown on return	Your	social s	ecurity number
VIKAS	S AGARWAL & SAKSHI GUPTA	800	-51-	0040
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	251,832.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	251,832.
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000		5	2,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	2,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter $1,000$; if the result is $1,025$, enter $2,000$, etc.		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?	•	12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cr	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	•	13	40,569.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	nal cl	nild ta	x credit

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/16/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0
b 17 18a b 19	Number of qualifying children under 17 with the required social security number: x \$1,600. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b 17	
20	 Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	Puorto Pioo
Part		SOTI	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 1322		
23	Add lines 21 and 22		
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. Subtract line 24 from line 23. If zero or less, enter -0- 24	25	
25 26	Subtract line 24 from line 23. If zero or less, enter -0- . <td>25 26</td> <td></td>	25 26	
20	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	• • • • • • • • • • • • • • • • • • • •		3812 (Form 1040) 2023

88 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

3

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment Sequence No. **52**

2

Name(s)				of HSA beneficiary.
VIKA	AS AGARWAL	800-51		As, see instructions.
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du See instructions	ıring 2023.	□ Se	lf-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those mature that were for 2023. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 (family coverage). All others , see the instructions for the amount to enter	\$7,750 for	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	
5	Subtract line 4 from line 3. If zero or less, enter -0		5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to en		6	
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family under an HDHP at any time during 2023, enter your additional contribution amount. See inst		7	0.
8	Add lines 6 and 7		8	0.
9	Employer contributions made to your HSAs for 2023			
10	Qualified HSA funding distributions 10			
11	Add lines 9 and 10		11	
12	Subtract line 11 from line 8. If zero or less, enter -0		12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	i have sepa	rate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	400.
b	Distributions included on line 14a that you rolled over to another HSA. Also include a contributions (and the earnings on those excess contributions) included on line 14a			
	withdrawn by the due date of your return. See instructions		14b	
С	Subtract line 14b from line 14a		14c	400.
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	400.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on li are subject to the additional 20% tax. Also, include this amount in the total on Schedul 1040), Part II, line 17c	ne 16 that le 2 (Form	17b	
Part		he instructi		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,	line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu 1040), Part II, line 17d		21	

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

REV 02/16/24 PRO BAA

Form 886	7
(Rev. November 20)23)

B67	Paid Preparer's Due Diligence Checklist
	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status Department of the Treasury To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. OMB No. 1545-0074

Attachment

For t	ax year
20	23

	Internal Revenue Service	Go to www.irs.gov/Form8867 for instructions and the latest inform	Sequence No. 70			
Taxpayer name(s) shown on return			Taxpayer identification number			
	VIKAS AGARWAL	& SAKSHI GUPTA	800-51-0040			
	Preparer's name		Preparer tax identifica	tion number		
	SYAM PRIYA RAM	I SAGAR GUPTA TALLAM	P02082703			

Part I **Due Diligence Requirements**

For Paperwork Reduction Act Notice, see separate instructions.

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). X CTC/ACTC/ODC □ HOH EIC

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit			
	claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If " Yes ,"			
	answer questions 4a and 4b. If " No ," go to question 5.)		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure			
	the amount(s) of the credit(s)	×		
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?			
•	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and			
	correct Schedule C (Form 1040)?			

Form 8867 (Rev. 11-2023)

REV 02/16/24 PRO

Form 88	367 (Rev. 11-2023)			Page 2			
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)				
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A			
	and does not have a qualifying child, go to question 10.)						
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?						
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?						
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	TC, A	CTC,			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A			
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's						
	custodial parent has released a claim to exemption for the child?	×					
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X					
Part			Part \	/.)			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quituition and related expenses for the claimed AOTC?	. U	Yes	No			
Part	· · · · · · · · · · · · · · · · · · ·	s, go to	o Part	VI.)			
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year	Yes	No			
Part		•••					
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:						
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses or s) and/o	i the ref or HOH	turn or filing			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable			
	C. Submit Form 8867 in the manner required; and						
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under			

- 1. A copy of this Form 8867.
- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 02/16/24 PRO

Form 8867 (Rev. 11-2023)

Form **8959**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

VIKAS AGARWAL & SAKSHI GUPTA

Additional Medicare Tax

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

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

OMB No. 1545-0074

<u>8</u> 0	$\cap -$	51	- (\cap	Δ	Ω
00	0	U T	0	0	+	v

Your social security number

Part	Additional Medicare Tax on Medicare Wages			
	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	Form W-2, enter the total of the amounts from box 5	1 283,028.		
2	Unreported tips from Form 4137, line 6	2		
	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4 283,028.		
	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	5 250,000.		
	Subtract line 5 from line 4. If zero or less, enter -0		6	33,028.
	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).		_	0.07
Dout	Part II		7	297.
Part				
	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
	had a loss, enter -0	8	-	
	Enter the following amount for your filing status:			
	Married filing jointly			
	Single, Head of household, or Qualifying surviving spouse \$200,000	9		
	Enter the amount from line 4	10	-	
	Subtract line 10 from line 9. If zero or less, enter -0	11		
	Subtract line 11 from line 8. If zero or less, enter -0		12	
	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0		12	
		<i>'</i>	13	
Part I				
	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14	•		
	(see instructions)	14		
	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin			
	Enter here and go to Part IV		17	
Part I				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin	ne 11 (Form 1040-SS		
Deut	filers, see instructions), and go to Part V		18	297.
Part				
	Medicare tax withheld from Form W-2, box 6. If you have more than one Form	10 4 051		
	W-2, enter the total of the amounts from box 6	19 4,851. 20 283,028.		
		20 283,028.		
	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21 4,104.		
	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addi withholding on Medicare wages		22	747.
	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation			/4/.
	14 (see instructions)		23	
	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (see instructions)	-	24	7 / 7
	anwark Reduction Act Nation, and your tax return instructions		24	747. Form 8959 (2023)
	BAA	REV 02/16/24 PRO		(2023)

Form **8960**

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 20

Attach to your tax return.

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 20 Enter the smaller of line 18c or line 19c		5				
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and					20	
include on your tax return (see instructions)	- 1				21	
	For Pa					Form 8960 (2023)

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

BAA

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
VIKAS	AGARWAL	Enter	800 51 0040
Your Spouse's First Name and Initial (if filed joint)	l ast Name	your SSN(s).	Spouse's Social Security No.*
SAKSHI	GUPTA	33N(S).	695 69 9214

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)^{*Do Not Truncate}

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

	PART 3 – FINANCIAL INST	ITUTION INFORMATION
	Must be present when reques	sting direct debit or deposit.
0	Foreign Account Deposit/	Debit: See instructions below.
0	TYPE OF ACCOUNT	
0	🛛 Checking 🔲 Savings	1 2 2 1 0 0 0 2 4
	ACCOUNT NUMBER	
. 3,698 00	5 3 3 9 1 0 7 8 7	
	DIRECT DEBIT REQUEST DATE	\$
)	00 00 <u>3,698</u> 00 00	Must be present when request Image: marked base of the second basecond basecond base of the second base of the second b

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, *you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.*

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements 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 amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** X I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

RE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.			Arizona Form 140	Resident	Personal Inco	ome Tax	Return		2023	
Ë	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG		12.0.2.3			-	66F
IHE	``		First Name and Middle Initial		Last Name				cial Security Num	
Ē	1	VI	KAS		AGARWAL		Enter	800	1 51 J 0040	0
5 TO		Spou	ise's First Name and Middle I	Initial (if box 4 or 6 checked)	Last Name		your SSN(s).	Spouse	's Social Security	No.
NE.	1		KSHI		GUPTA			695	69 9214	4
ANY ITEMS	_		ent Home Address - number a			Apt. No.		Phone (w	ith area code)	
₹	2		27 W BUCKSKIN TRL Town or Post Office	State	ZIP Code		94 Last Names Used in L	act Four P	rior Voor(s) (if diffor	ont)
	3		OENIX	AZ	85083			asi roui r		97
PL.							REVENUE USE ONLY	DO NOT	MARK IN THIS ARE	
STA	ATI	4 5	Married filing joint retu	urn 4a [_] Injured Spouse		rpayment	88			
Ë	ST	J		inter name of qualitying child of c	iependent on next line.					
DO NOT STAPLE	FILING STATUS	6	Married filing separate	e return. Enter spouse's name a	and Social Security Numb	per above.				
8	긑	7	Single							
	NS		Enter the number clair	imed. Do not put a check i	mark.					
	XEMPTIONS	8	Age 65 or over (you ar		nes 8, 9, and 11a, also con lines 10a and 10b, also con	-	81 PM	I.	BO RCVD	
	ΔN	9	Blind (you and/or spou				81	Ľ		
		10a 11a	Dependents: Under ag Qualifying parents and		pendents: Age 17 and	l over.				
	-			endent Information. See inst	ructions. For more si	oace, check t	he box 🗌 and com	olete pac	ie 4. Part 1.	
			(8	a)	(b)	(c)	(d)	(e) ependent Ag	(f)	
	Its			LAST NAME rself or spouse.)	SOCIAL SECURITY NUMBER	RELATIONSHIF	LIVED IN YOUR	ncluded in:	this person on	your
	nder		(HOME IN 2023 1 (Box	2 2 10a) (Box 1	federal return du educational cre	ue to edits
	Dependents	10c	SAANVI A	GARWAL	731-72-6308	Daughter				
	۵	10d	I							
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			· · · · · · · · · · · · · · · · · · ·	ents and grandparents. See			1			
140	Qualifying Parentsand Grandparents		(a FIRST AND I	LAST NAME	(b) SOCIAL SECURITY	(c) RELATIONSHIF		(e) AGE 65 O	R (f) IF DIED	
after Form 14	lifying Parents Grandparents		(Do not list your	rself or spouse.)	NUMBER		LIVED IN YOUR HOME IN 2023	OVER	IN 2023	
ñ	ifying								-	
fte	Qual	11b 11c						∺		
nts a	Ī		Federal adjusted gross inc	come (from vour federal re	turn)			12	251,832 (00
			Small Business Income: 135						(00
m	ļ		Modified federal adjusted gr						251,832 (00
schedules or other docume	su		Non-Arizona municipal inter							00
	dditio		Partnership Income adjustm Total federal depreciation						3,548 (00
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			Subtotal: Add lines 14 throug	•					255,380 (
		20	Total net capital gain or (loss	s). See instructions		2		00		
			Total net short-term capital g					. 00		
che			Total net long-term capital ga					00		
			Net long-term capital gain fr					00	0 (
d AZ			Multiply line 23 by 25% (.25) Net capital gain derived from							00
an	s		Recalculated Arizona depres						3,548 (
ral	Subtractions		Partnership Income adjustm							00
de	otrac		Interest on U.S. obligations							00
d fe	Sub	29a	Exclusion for federal, Arizon	na state or local government	pensions (up to \$2,50	0 per taxpayeı	r)	. 29a		00
ire			Exclusion for benefits, annui							00
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any required federal and			Certain wages of American I Pay received for active servi							<u>00</u> 00
an			Net operating loss adjustme		•					00
Place			Contributions to: 34a 529 Colle							00
Pl			Subtract lines 24 through 34						251,832 (
	-		2 10/12 (22)		AZ Earm 140 (20				13/24 PRO Dogo 1	

36 Other Subtrations 37 Subtract line 38 Age 65 or ov 39 Blind: Multip 40 Other Exem 41 Qualifying pr 42 Arizona adj 43 Deductions 44 If you check 45 Arizona taxa 46 Tax: Multiply 47 Tax from record 48 Subtotal of the subtotal subtotal of the subtotal su	7 Subtract line 36 from line 35. Enter the difference 37 251,832 0 8 Age 65 or over: Multiply the number in box 8 by \$2,100 38 9 0 Other Exemptions. See instructions	[Your	Name (as shown on page 1)	y Number			
Subtract line37Subtract line38Age 65 or ov39Blind: Multip40Other Exem41Qualifying participation42Arizona adj43Deductions44If you check45Arizona taxa46Tax: Multiply47Tax from rec48Subtotal of t49Dependent50Family incor51Nonrefundal52Balance of532023 AZ ext56Increased E57Property Tax58Other refund59Total payme60TAX DUE: I61OVERPAYM62Amount of lin63Balance of c6474 VoluntarChild Abuse PreNeighbors HelpiI Didn't Pay Eno75Political Part	7 Subtract line 36 from line 35. Enter the difference 37 251,832 0 8 Age 65 or over: Multiply the number in box 8 by \$2,100 38 9 Blind: Multiply the number in box 8 by \$2,100 39 0 Other Exemptions. See instructions		VIF	KAS AGARWAL & SAKSHI GUPTA	800-51-00	40		
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If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

2023 Form 140 - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 31% (.31) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2023 through December 31, 2023 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on 5C.

NOTE 2: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

1C	2023 Gifts by cash or check	1C	800	00
2C	2023 Other than by cash or check	2C		00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	800	00
5C	Total charitable contributions made in 2023 for which you are claiming a credit under Arizona law for the current (2023) or prior (2022) tax year	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0"	6C	800	00
7C	Multiply line 6C by 31% (.31) and enter the result	7C	248	00

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

• Enter the amount shown on line 7C on page 2, line 44.

• Be sure to check box 43**S** for Standard Deduction on line 43.

• Check box **44C** for charitable contributions on line 44. If you do not check this box, you may be denied the increased standard deduction.