Control (I) First hand basis (I) Last name (I) Control (I) First hand (I) Child tax credit Credit for other dependents than four dependents, see instructions Image: See instructions	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not v	vrite or sta	aple in this space.
OMKAR AVIINASH PRADHAN 388 87 510 If port feature, spouse's first name and middle initial Last name Source's tool is sourcing number Source's tool is sourcing number Home address (number and sites), if you have a foreign address, also compete spaces below. Apt. no. Precidential Election Campaign SS MARLBOOKDEGH STREET Check here if you have a foreign address, also compete spaces below. M. 0.2116 Check here if you are or refund. Foreign country name Foreign powince/sitate/country Foreign powince/sitate/country Foreign powince/sitate/country Foreign powince/sitate/country If you checked the MIS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is child but not your dependent Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, eachange, or otherwise dispose of a digital asset (or famical interest in a digital asset)? (See instructions.) If yes No Standard Semence can child: name if the query of your your as a dependent If you checked the Nor box or payment for property or services); or (b) sell, eachange, or otherwise dispose or a digital asset (or famical interest in a digital asset)? See instructions.) If the dyname Dependents Semence can child: name if the repropendin	For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See se	parate	instructions.
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Deduction for- Sa Pensions and annulties	Standard											_	
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Deduction, 14 Add lines 12 and 13 14 13,850	any box under							95-A				_	
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	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our t	taxable incom	ie .		. 15	5	116,854.

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	21,445.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	21,445.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8					20	1
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	21,445.
	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	21,445.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 24	,814.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	24,814.
If you have a	26	2023 estimated tax payment					[26	
qualifying child,	27	Earned income credit (EIC)			No	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	24,814.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,369.
	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆 🛛	35a	3,369.
Direct deposit?	b	Routing number 0 1 1				Checking	Savings		
See instructions.	d	Account number 4 6 6	0 0 2 6	3 3 2 4	4 2				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					1
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	1
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 Yes. C	omplete be	elow.	× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	ation	
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	a hest i	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
							Protec	tion P	IN, enter it here
Joint return?					MACHINE LEA	RNING ENGINE			
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 in	,	clion Pin, enter it here
	Ph	one no. (802) 535-563	6	Email address		R06@GMAIL.CO	`	,	
		one no. (802) 535-563 eparer's name	0 Preparer's signat				PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	702	Self-employed
Preparer		n's name GLOBAL TAX		TAUN JAUAR	UNITY ATTAM	02/20/2024			678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TYDAATCI/ IN			1 11115		Form 1040 (2023)
GO 10 WWW.IIS.90		in the initial deciding and the late	st mornation.		BAA	REV 02/16/24 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.

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

OMB No. 1545-0074 20

Attachment

Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.						
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number			
OMKAR AVINASH	PRADHAN	388-87	-5910			

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. Atta	ach Schedule E .	5	-14,242.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form	- (
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
•	Tatal athen income. Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z.		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-14,242.
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 E Supplemental								OMB No. 1545-0074				
(Form	1040)	(Fr	om r	ental real est	tate, royalties, partners	• •		-	-	trusts, REMI	Cs, etc.)	20	23
	ent of the Treasury			Co to way	Attach to Form 1040					formation		Attachm	nent 10
	Revenue Service shown on return			GO to WW	w.irs.gov/ScheduleE fo	or instru	lctions an	d the la	itest in	formation.	Vauraasi	Sequen al security	ce No. 13
()	R AVINASH	גסס	גםט	N								7 - 5910	number
Part					ntal Real Estate a	nd Ro	valtios				500-0	1-3910	
T art	Note: If yo	ou are	e in th	he business o	f renting personal prope 4835 on page 2, line 40.	erty, use	Schedule	C . See	e instruc	ctions. If you a	are an indiv	vidual, rep	ort farm
					that would require you								s 🛛 No
B I	"Yes," did you	or w	vill yo	ou file requir	red Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a	Physical addr	ess	of ea	ach property	v (street, city, state, Z	IP code	e)						
Α	A-1704 AT	ELI	ER,	RUSTOMJE	E URBANIA, THAN	E WES	ST MAHA	RASH	TRA I	IN 400603	1		
В			,		,								
С													
1b	Type of Prope (from list below		2	For each r	ental real estate prop ort the number of fair	erty lis	ted and		Fa	ir Rental Days	Person Da		QJV
Α	3							Α		365		0	
B				if you mee	t the requirements to	file as	а	B				0	
				qualified jo	pint venture. See instr	uctions	6.	C					
	of Property:							-					
	Single Family R	esid	ence	e 3 Vac	ation/Short-Term Rei	ntal	5 Land	l	7	Self-Rental			
2	Multi-Family Re	side	nce	4 Cor	nmercial		6 Roya	alties	8	Other (desc	ribe)		
										Propert			
Incom	e:							Α		В			С
3		ł.				3			42.				•
4						4							
Expen													
5	Advertising .					5							
6	Auto and trave	l (se	e ins	structions)		6							
7	-					7		2,7	64.				
8	Commissions					8							
9						9							
10	•					10			1.0				
11					· · · · · · · ·	11		2,2	10.				
12					tc. (see instructions)	12 13							
13 14						14		2,9	45				
15	<u> </u>					15		2,4					
16						16							
17						17		2,1	78.				
18						18		2,3					
19	Other (list)					19							
20	Total expenses				h19	20		14,8	84.				
21					and/or 4 (royalties). If								
					o find out if you must			1 4 0	4.0				
	file Form 6198					21	-	-14,2	42.				
22					fter limitation, if any,	22	(14,24	12.))	(
23a	Total of all am	ount	s rep	ported on lin	e 3 for all rental prop	erties			23a		642.		
b					e 4 for all royalty pro				23b				
С					e 12 for all properties				23c				
d					e 18 for all properties				23d		2,374.		
е					e 20 for all properties				23e		,884.		
24					own on line 21. Do no		-				. 24	/	14 040
25 00					21 and rental real esta							(14,242.
26					l ty income or (loss). e 40 on page 2 do ne								

Schedule 1 (Form 1040), line 5. Otherwise, include this an	nount in the total	on line 41 on page 2 .
For Paperwork Reduction Act Notice, see the separate instructions.	NPA	-14,242.

26

-14,242.



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Your first name and initial	Last	name		Your Social Security number	r
OMKAR AVINASH PRADHAN				388875910	
If a joint return, spouse's first name and initial	Last	name		Spouse's Social Security nu	Imber
Present street address (and apartment number)					
85 MARLBOROUGH STREET APT NO 1					
City/Town/Post Office	State	Zip	Filing status:		O Married filing jointly
BOSTON	MA	02116		 Married filing separately 	O Head of household

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)1	130704
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	5640
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57).	
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature

Date

Spouse's signature Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

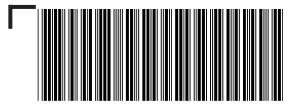
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if		
		02262024	843171	self-employed			
Firm name (or yours, if self-employe	d) and address	City/Town	State	Zip	O Fill in if also		
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer		

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		O Fill in if
P02082703	02262024 843171965		.965	self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	



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2023 Form 1 MA23001011555					
Massachusetts Resident Incom	ne Iax Return				
FOR FULL YEAR RESIDENTS ONLY					
For the year January 1-December 31, 2023 or other tax	able				
Year beginning Ending	1				
OMKAR AVINASH	PRADHAN	I	38887	5910	
85 MARLBOROUGH ST	REET		BOSTON		MA 02116
					1
Fill in if: Amended return Federal amendment	Other jurisdiction c Amended return	hange Enter dat n due to IRS BBA	•		
State Election Campaign Fund:				\$1 You	\$1 Spouse TOTAL XX
Fill in if veteran of Operations Enduring Fre	eedom, Iraqi Freedo	om, Noble Eagle or	Sinai Peninsula	You	Spouse
Taxpayer deceased				You	Spouse
Fill in if under age 18				You	Spouse
Fill in if name change				You	Spouse
a. Total federal income	1	.30704		Fill in if non	custodial parent
b. Federal adjusted gross income	1	.30704		Fill in if filin	g Schedule TDS
1. Filing status (select one only):	X Single			Fill in if filin	g Schedule FCI
	Married fili	ng jointly		Fill in if rep	orting crypto currency
	Married fili	ng separate return	NRA		
	Head of he	ousehold	You are a custodial pa	arent who has released claim	to exemption for child(ren)
2. Exemptions					
a. Personal exemptions				2a	4400
b. Number of dependents. (Do no	ot include yourself o	or your spouse.) En	ter number	× \$1,000 = 2b	
c. Age 65 or over before 2024	You + S	pouse =		× \$700 = 2c	XXXXX
d. Blindness	You + S	pouse =		× \$2,200 = 2d	XXXXX
e. Medical/dental				2e	
f. Adoption				2f	
g. Total exemptions. Add items 2a	-			2g	4400
SIGN HERE. Under penalties of perju	ry, I declare that to	•	-	nis return and enclosures an	e true, correct and complete.
Your signature	Date	Spouse	's signature	Date	
				802-	535-5636

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

02/26/2024 05:01 AM



2023 Form 1, pg. 2 MA23001021555

Massachusetts Resident Income Tax Return

388875910

3.	Wages, salaries, tips	3	144946
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a. – b. exemption	= 5	
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-14242
8a.	Unemployment	8a	XXXXXXXX
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 7	9	
10.	TOTAL 5.0% INCOME	10	130704
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	806
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	XXXXX
12.	Reserved for future use	12	XXXXX
13.	Reserved for future use	13	XXXXX
14.	Rental deduction. a. 9600	÷ 2 = 14	4000
15.	Other deductions from Schedule Y, line 19	15	8700
16.	Total deductions. Add lines 11 through 15	16	13506
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	117198
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	112798
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	112798
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	5640
23.	INCOME FROM SCHEDULE B. Not less than "0."		
	a. × .085 = 23a		
	b. × .12 = 23b		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2023 Form 1, pg. 3 MA23001031555 Massachusetts Resident Income Tax Return 388875910

24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing 3		24		
05	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			05	
25.	Credit recapture amount (from Credit Recapture Schedule)			25	
26.	Additional tax on installment sale			26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28				
28.	TOTAL INCOME TAX.				
	a. Income tax. Add lines 22 through 26	28a	5640		
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b			
	c. Total tax. Add lines 28a and 28b			28	5640
29.	Limited Income Credit			29	
30.	Income tax due to another state or jurisdiction			30	
31.	Other credits from Credit Manager Schedule			31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 f	less than "0"	32	5640	
33.	Voluntary Contributions				
	a. Endangered Wildlife Conservation			33a	
	b. Organ Transplant Fund			33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund			33c	
	d. Massachusetts U.S. Olympic Fund			33d	
	e. Massachusetts Military Family Relief Fund			33e	
	f. Homeless Animal Prevention and Care			33f	
	Total. Add lines 33a through 33f			33	
34.	Use tax due on Internet, mail order and other out-of-state purchases			34	
35.	Health care penalty a. You XXXXX + b. Spouse XXXXX			35	XXXXXXX
36.	Amended return only. Overpayment from original return			36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX	. Add lines 32 thro	ough 36	37	5640
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	0		
	b. Massachusetts income tax withheld from Form(s) 1099	38b			
	c. Massachusetts income tax withheld from other forms	38c			
	Total. Add lines 38a through 38c	000		38	
				-	



2023 Form 1, pg. 4 MA23001041555

Massachusetts Resident Income Tax Return

388875910

 39. 40. 41. 42. 43. 44. 45. 46. 	Note: You cannot claim the Earned Inco for an exception (see instructions). Fill i Senior Circuit Breaker Credit	ments e with original return. Not lalifying children b. / ome Credit if your filing sta	Amount from U.S. re atus is married filing		39 40 41 42 × .40 = 43 u qualify 44 45	XXXXX XXXXX XXXXX
47. 48. 49. 50. 51. 52. 53.	Amount of overpayment you want appl	es 48 and 49 le 50 ied to your 2024 estimat Aail to: Massachusetts DC unt checking savings		oston, MA 02204	× \$310 = 46 47 48 49 50 51 52 53	XXXXX
54.	Tax due. Pay online at www.mass.go Interest Penali		Mass. DOR, PO Bo M-2210 amt.	x 7003, Boston, MA (266	02204 54	5640 EX enclose Form M-2210
l do r Print SYZ Paid	the Department of Revenue discuss this n not want preparer to file my return electro paid preparer's name AM PRIYA RAM SAGAR preparer's signature AM PRIYA RAM SAGAR	nically GUPTA TALLAN	1	(this may delay you Date 02262024 Paid preparer's pho 678 - 965 - 9	Check if self-employed	Paid preparer's SSN/PTIN P02082703 Paid preparer's EIN 84-3171965

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

02/26/2024 05:01 AM





2023 Schedule Y

MA23SYY011555

8700
8700





2023 Schedule INC

MA23INC011555

OMKAR AVINASHPRADHAN388875910Form W-2 and 1099 Information

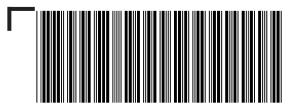
A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
770019522		144946	806		W2

TOTALS

144946

806

02/26/2024 05:01 AM





130704

2023 Schedule HC

MA23029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. OMKAR AVINASH PRADHAN

388875910

1a.	Date of birth	09061994	1b. Spouse's date of birth	1c. Family size	1

2. Federal adjusted gross income

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2023, you turned 18, you	3a You:	X Full-year MCC	Part-year MCC	No MCC/None				
were a part-year resident or a taxpayer was deceased.	3a Spouse:	Full-year MCC	Part-year MCC	No MCC/None				
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.								

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2023, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	You	Spouse
4b. MassHealth. Fill in and go to line 5	X You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net	You	Spouse
is not considered insurance or minimum creditable coverage.		

- 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

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2023 Schedule HC, pg. 2

388875910 MA23029021555

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2023 at or below 150% of the federal poverty level? 6 Yes No If you answer Yes, you are not subject to a penalty in 2023. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2023, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2023. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row),												

go to line 8a. Otherwise, a penalty does not apply to you in 2023. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
If you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2023 tax year?	8b You	Yes	No
		Spouse	Yes	No
If you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line 9		
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No
	Connector for the 2023 tax year?	Spouse	Yes	No
If you a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





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MA23029031555

OMKAR AVINASH PRADHAN 388875910

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2023 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	10 You	Yes	No	
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No	
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offer				
your employer, you were self-employed or you were unemployed.				
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	11 You	Yes	No	
Worksheet for Line 11 in the instructions?	Spouse	Yes	No	
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your	penalty amount.			
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	12 You	Yes	No	
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No	
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care	Penalty Worksh	eet in the		

instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2023 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

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2023 Schedule E

MA23013041555

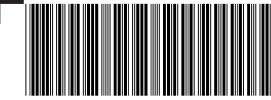
 OMKAR AVINASH
 PRADHAN
 388875910

 Income or Loss from Real Estate and Royalties

 Income

1.	Rents received	1	642
	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	2764
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	2210
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	2945
13.	Supplies	13	2413
14.	Taxes	14	
15.	Utilities	15	2178
16.	Other expenses	16	
17.	Add lines 3 through 16	17	12510
18.	Depreciation expense or depletion	18	2374
19.	Total expenses. Add lines 17 and 18	19	14884
20.	Income or loss from rental real estate or royalty properties	20	-14242
21.	Deductible rental real estate loss	21	-14242
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-14242
24.	Rental real estate and royalty income or loss	24	-14242

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MA23013051555

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Income or Loss from Partnerships and S Corporations 25. Passive loss allowed

25.	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
_	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
49.	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53.	Combine lines 51 and 52	53





2023 Schedule E, pg. 3

MA23013061555

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Farm Income

	Net farm rental income or loss	54	
	Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-14242
	Massachusetts differences Enclose statements	56	1 12 12
57.	Abandoned building renovation deduction	57	
58.	Total income or loss. Combine lines 55 through 57	58	-14242





2023 Schedule E-1

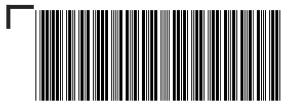
MA23013011555

OMKAR AVINASH PRADHAN 388875910 A -1704 ATELIER, RUSTOMJEE A-1704 ATELIER, RUSTOMJEE URBANIA, THANE WEST Check one: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	642
2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	2764
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	2210
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	2945
13.	Supplies	13	2413
14.	Taxes	14	
15.	Utilities	15	2178
16.	Other expenses	16	
17.	Add lines 3 through 16	17	12510
18.	Depreciation expense or depletion	18	2374
19.	Total expenses. Add lines 17 and 18	19	14884
20.	Income or loss from rental real estate or royalty properties	20	-14242
21.	Deductible rental real estate loss	21	-14242
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-14242
24.	Rental real estate and royalty income or loss	24	-14242
25.	Check if this rental property was used by you or your family for more than 14 days or more than		

10 percent of the total number of days that the property was rented at fair market value





2023 M-2210

MA23653011555 Underpayment of Massachusetts Estimated Income Tax

OMKAR AVINASH PRADHAN

388875910

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2024 You were a resident of Massachusetts for 12 months and not liable for taxes during 2022. Your estimated payments and withholding equal or exceed your 2022 tax (where taxable year was 12 months and a return was filed).

Part 1. Figuring your underpayment

1.	2023 tax				1	5640
2.	Total credits				2	
3.	Balance				3	5640
4.	Enter 80% of line 3 or 66.667% of line 3 if you are a qualified	ed farmer	or fisherman		4	4512
5.	Enter 2022 tax liability after credits				5	
6.	Enter the smaller of line 4 or line 5				6	4512
				– Installment	t due dates –	
7.	Installment due dates.		a. April 15, 2023	b. June 15, 2023	c. Sept. 15, 2023	d. Jan. 15, 2024
	Fiscal year filers, see instructions	7	04152023	06152023	09152023	01152024
8.	Divide the amount in line 6 by the number of installments re	quired				
	for the year. Enter the result in the appropriate columns	8	1128	1128	1128	1128
9.	Estimated taxes paid and taxes withheld for each installment	nt 9				
10.	Overpayment of previous installments	10				
11.	Total	11				
12.	Overpayment	12				
13.	Underpayment	13	1128	1128	1128	1128





AREA RESERVED FOR 2-D BARCODE

2023 M-2210 pg. 2 MA23653021555 Underpayment of Massachusetts Estimated

Income Tax

OMKAR AVINASH PRADHAN

388875910

Part 2. Figuring your underpayment penalty 14. Enter the date you paid the amount in line 13 or the 15th

14.	day of the 4th month after the close of the taxable year,					
	whichever is earlier	14	04172024	04172024	04172024	04172024
15.	Number of days from the due date of installment to the					
	date shown in line 14	15	365	307	215	92
16.	Number of days in line 15 after 4/15/23 and before 7/1/23	16	73	15		
17.	Number of days in line 15 after 6/30/23 and before 10/1/23	17	92	92	15	
18.	Number of days in line 15 after 9/30/23 and before 1/1/24	18	92	92	92	
19.	Number of days in line 15 after 12/31/23 and before 4/15/24	19	108	108	108	92
20.	Underpayment in line 13 $ imes$ (number of days in line 16 \div					
	365) × 8%	20	18	4		
21.	Underpayment in line 13 $ imes$ (number of days in line 17 \div					
	365) × 8%	21	23	23	4	
22.	Underpayment in line 13 $ imes$ (number of days in line 18 \div					
	365) × 9%	22	26	26	26	
23.	Underpayment in line 13 $ imes$ (number of days in line 19 \div					
	365) × 9%	23	30	30	30	26
24.	Penalty. Add all amounts shown in lines 20 through 23.				24	266
			SEE ST	TMT		





2023 M-2210 pg. 3 MA23653031555 Underpayment of Massachusetts Estimated Income Tax

OMKAR AVINASH PRADHAN

388875910

Part	t 3. Annualized income installn	nent n	nethod	Installmen	t due dates	
1.	Taxable 5.0% income each period (including long-term		Jan. 1–March 31	Jan. 1–May 31	Jan. 1–August 31	Jan. 1–Dec. 31
	capital gain income taxed at 5.0%)	1				
2.	Annualization amount	2	4	2.4	1.5	1
3.	Multiply line 1 by line 2	3				
4.	Tax on amount in line 3. Multiply line 3 by .05	4				
5.	Taxable 8.5% income each period	5				
6.	Annualization amount	6	4	2.4	1.5	1
7.	Multiply line 5 by line 6	7				
8.	Tax on amount in line 7. Multiply line 7 by .085	8				
9.	Taxable 12% income each period	9				
10.	Annualization amount	10	4	2.4	1.5	1
11.	Multiply line 9 by line 10	11				
12.	Tax on amount in line 11. Multiply line 11 by .12	12				
13.	Total tax. Add lines 4, 8, and 12	13				
14.	Total credits	14				
15.	Total tax after credits	15				
16.	Applicable percentage	16	20%	40%	60%	80%
17.	Multiply line 15 by line 16	17				
18.	Enter the combined amounts of line 24 from all preceding	periods	18			
19.	Subtract line 18 from line 17. Not less than "0"	19				
20.	Divide line 6 of Form M-2210 by 4 and enter result in each					
	column	20				
21.	Enter the amount from line 23 of this worksheet for the pre	eceding colu	ımn 21			
22.	Add lines 20 and 21	22				
23.	If line 22 is more than line 19, subtract line 19 from line 22					
	Otherwise enter "0"	23				
24.	Enter the smaller of line 19 or line 22 here and on Form					
	M-2210, line 8	24				