

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|  |   |
|--|---|
| Taxpayer's name<br><b>RAICHEL J LOORTHAIYA</b> | Social security number<br><b>637-49-6088</b>          |
| Spouse's name<br><b>MARIO C CHRISTU RAJA</b>   | Spouse's social security number<br><b>994-90-0957</b> |

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 95,000. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 7,639.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 9,491.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 1,852.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

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

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

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 6 | 0 | 8 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 0 | 9 | 5 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

**Don't enter all zeros**

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

|  |                                  |  |
|--|----------------------------------|--|
| Your first name and middle initial<br><b>RAICHEL J</b>   | Last name<br><b>LOORTHAIYA</b>   | Your social security number<br><b>637   49   6088</b>  |
| If joint return, spouse's first name and middle initial<br><b>MARIO C</b>                                      | Last name<br><b>CHRISTU RAJA</b> | Spouse's social security number<br><b>994   90   0957</b>  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>216 ARMOND OAKS</b>          |                                  | Presidential Election Campaign<br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>OCEAN SPRINGS</b> | State<br><b>MS</b>               |  |
| Foreign country name   | Foreign province/state/county    |  |
| ZIP code<br><b>39564</b>   |                                  |  |
| Foreign postal code  |                                  |  |

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  Qualifying surviving spouse (QSS)  
 Married filing separately (MFS)

Check only one box.  
 If you checked the MFS 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 a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

**Dependents** (see instructions):

| If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions):<br>Child tax credit | Credit for other dependents |
|--|--------------------------|----------------------------|-------------------------|--|-----------------------------|
|  |                          |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                          |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                          |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                          |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

**Income**

|  |  |                    |
|--|--|--------------------|
| <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)                                      |  | <b>1a</b> 109,250. |
| <b>b</b> Household employee wages not reported on Form(s) W-2  |  | <b>1b</b>          |
| <b>c</b> Tip income not reported on line 1a (see instructions)   |  | <b>1c</b>          |
| <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                       |  | <b>1d</b>          |
| <b>e</b> Taxable dependent care benefits from Form 2441, line 26                                       |  | <b>1e</b>          |
| <b>f</b> Employer-provided adoption benefits from Form 8839, line 29                                   |  | <b>1f</b>          |
| <b>g</b> Wages from Form 8919, line 6  |  | <b>1g</b>          |
| <b>h</b> Other earned income (see instructions)  |  | <b>1h</b> 0.       |
| <b>i</b> Nontaxable combat pay election (see instructions) <span style="float:right;"><b>1i</b></span> |  |                    |
| <b>z</b> Add lines 1a through 1h   |  | <b>1z</b> 109,250. |

|  |           |                             |                   |
|--|-----------|-----------------------------|-------------------|
| <b>2a</b> Tax-exempt interest  | <b>2a</b> | <b>b</b> Taxable interest   | <b>2b</b>         |
| <b>3a</b> Qualified dividends  | <b>3a</b> | <b>b</b> Ordinary dividends | <b>3b</b>         |
| <b>4a</b> IRA distributions  | <b>4a</b> | <b>b</b> Taxable amount     | <b>4b</b>         |
| <b>5a</b> Pensions and annuities   | <b>5a</b> | <b>b</b> Taxable amount     | <b>5b</b>         |
| <b>6a</b> Social security benefits   | <b>6a</b> | <b>b</b> Taxable amount     | <b>6b</b>         |
| <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>    |           |                             |                   |
| <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> |           |                             | <b>7</b>          |
| <b>8</b> Additional income from Schedule 1, line 10  |           |                             | <b>8</b> -14,250. |
| <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                |           |                             | <b>9</b> 95,000.  |
| <b>10</b> Adjustments to income from Schedule 1, line 26   |           |                             | <b>10</b>         |
| <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                    |           |                             | <b>11</b> 95,000. |
| <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)   |           |                             | <b>12</b> 27,700. |
| <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A  |           |                             | <b>13</b>         |
| <b>14</b> Add lines 12 and 13  |           |                             | <b>14</b> 27,700. |
| <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>              |           |                             | <b>15</b> 67,300. |

Attach Sch. B if required.

**Standard Deduction for—**

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 7,639. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 7,639. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |        |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |        |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 7,639. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 7,639. |

|                 |           |   |            |        |
|-----------------|-----------|---|------------|--------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 9,491. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 9,491. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |        |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |        |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |        |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |        |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |        |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |        |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 9,491. |

|                                      |            |   |            |        |
|--------------------------------------|------------|---|------------|--------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 1,852. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 1,852. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 1 2 1 0 0 0 3 5 8 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|                                      | <b>d</b>   | Account number 3 2 5 1 4 5 5 5 0 7 7 6  |            |        |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>  | <b>36</b>  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |                                      |                                      |   |
|---|--------------------------------------|--------------------------------------|---|
| Your signature  | Date                                 | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                 | Spouse's occupation<br>CHEF          | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (925) 577-3071                                      | Email address RAICHELJ6732@GMAIL.COM |                                      |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/01/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
|  |   |                    |                   | Firm's EIN<br>84-3171965                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

RAICHEL J LOORTHAIYA & MARIO C CHRISTU RAJA

Your social security number

637-49-6088

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -14,250. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -14,250. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    |            | <b>26</b>  |  |

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

RAICHEL J LOORTHAIYA & MARIO C CHRISTU RAJA

Your social security number

637-49-6088

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 5TH STREET, PERIYA NAGAR FLAT NO-3 A51 CHENNAI TAMILNADHU IN 600082

**B**  
**C**

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:   | Properties:            |   |   |
|---|------------------------|---|---|
|   | A                      | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 750 .         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>               |   |   |
| <b>Expenses:</b>  |                        |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>               |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>               |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 970 .         |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>               |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>               |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b> 2,540 .      |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b>              |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>              |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>              |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 4,250 .      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 3,900 .      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>              |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 3,340 .      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>              |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>              |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 15,000 .     |   |   |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b> -14,250 .    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 14,250 . ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 750 .       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>             |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>             |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>             |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 15,000 .    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>              |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 14,250 . ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | <b>26</b> -14,250 .    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

# Passive Activity Loss Limitations

See separate instructions.

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

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

RAICHEL J LOORTHAIYA & MARIO C CHRISTU RAJA

Identifying number

637-49-6088

**Part I 2023 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|  |           |              |  |           |
|--|-----------|--------------|--|-----------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .   | <b>1a</b> | 0 .          |  |           |
| <b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .      | <b>1b</b> | ( 14,250 . ) |  |           |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . . | <b>1c</b> | ( )          |  |           |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  | <b>1d</b> |              |  | -14,250 . |

**All Other Passive Activities**

|   |           |     |  |  |
|---|-----------|-----|--|--|
| <b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .   | <b>2a</b> |     |  |  |
| <b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .      | <b>2b</b> | ( ) |  |  |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . . | <b>2c</b> | ( ) |  |  |
| <b>d</b> Combine lines 2a, 2b, and 2c . . . . .   | <b>2d</b> |     |  |  |

|  |          |  |  |           |
|--|----------|--|--|-----------|
| <b>3</b> Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . . | <b>3</b> |  |  | -14,250 . |
|--|----------|--|--|-----------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|  |          |           |          |
|--|----------|-----------|----------|
| <b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .   | <b>4</b> |           | 14,250 . |
| <b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>5</b> | 150,000 . |          |
| <b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions . . . . .  | <b>6</b> | 109,250 . |          |
| <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.          |          |           |          |
| <b>7</b> Subtract line 6 from line 5 . . . . .   | <b>7</b> | 40,750 .  |          |
| <b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . . | <b>8</b> |           | 20,375 . |
| <b>9</b> Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions . . . . .                            | <b>9</b> |           | 14,250 . |

**Part III Total Losses Allowed**

|   |           |  |          |
|---|-----------|--|----------|
| <b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .  | <b>10</b> |  | 0 .      |
| <b>11 Total losses allowed from all passive activities for 2023.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . . | <b>11</b> |  | 14,250 . |

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

| Name of activity                                    | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
| 5TH STREET, PERIYA NAGAR                            | 0 .                      | 14,250 .               |                              |                      | 14,250 . |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c | 0 .                      | 14,250 .               |                              |                      |          |

For Paperwork Reduction Act Notice, see instructions.

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

| Name of activity                                    | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain             | (e) Loss |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c |                          |                        |                              |                      |          |

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio   | (c) Special allowance | (d) Subtract column (c) from column (a). |
|--------------------------|---|----------|-------------|-----------------------|--|
| 5TH STREET, PERIYA NAGAR | E Ln 22   | 14,250.  | 1.00000000  | 14,250.               | 0.                                       |
|                          |   |          |             |                       |  |
|                          |   |          |             |                       |  |
|                          |   |          |             |                       |  |
| <b>Total</b>             |   | 14,250.  | <b>1.00</b> | 14,250.               | 0.                                       |

**Part VII Allocation of Unallowed Losses.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio   | (c) Unallowed loss |
|------------------|---|----------|-------------|--------------------|
|                  |   |          |             |                    |
|                  |   |          |             |                    |
|                  |   |          |             |                    |
|                  |   |          |             |                    |
| <b>Total</b>     |   |          | <b>1.00</b> |                    |

**Part VIII Allowed Losses.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|---|----------|--------------------|------------------|
|                  |   |          |                    |                  |
|                  |   |          |                    |                  |
|                  |   |          |                    |                  |
|                  |   |          |                    |                  |
| <b>Total</b>     |   |          |                    |                  |



**MS8453-IIT**

**Mississippi  
Individual Income Tax Declaration  
For Electronic Filing  
2023**

Submission Number

|  |  |                     |                                  |                          |                                  |
|--|--|---------------------|----------------------------------|--------------------------|----------------------------------|
| Taxpayer First Name<br><b>RAICHEL</b>  |  | Initial<br><b>J</b> | Last Name<br><b>LOORTHAIYA</b>   |                          | <b>YOU MUST ENTER SSN</b>        |
| Spouse First Name<br><b>MARIO</b>  |  | Initial<br><b>C</b> | Last Name<br><b>CHRISTU RAJA</b> |                          |                                  |
| Mailing Address (Number and Street, Including Rural Route)<br><b>216 ARMOND OAKS</b> |  |                     |                                  |                          |                                  |
| City<br><b>OCEAN SPRINGS</b>   |  | State<br><b>MS</b>  | Zip<br><b>39564</b>              | County Code<br><b>30</b> |                                  |
|  |  |                     |                                  |                          | Taxpayer SSN<br><b>637496088</b> |
|  |  |                     |                                  |                          | Spouse SSN<br><b>994900957</b>   |

**PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)**

|   |          |              |
|---|----------|--------------|
| <b>1</b> Mississippi taxable income (Form 80-105, line 16; 80-205, line 19) | <b>1</b> | <b>78400</b> |
| <b>2</b> Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)      | <b>2</b> | <b>3420</b>  |
| <b>3</b> Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)   | <b>3</b> | <b>4883</b>  |
| <b>4</b> Refund (Form 80-105, line 34; 80-205, line 35)                     | <b>4</b> | <b>1463</b>  |
| <b>5</b> Amount you owe (Form 80-105, line 37; 80-205, line 38)             | <b>5</b> |              |

**PART II: DIRECT DEPOSIT/DIRECT DEBIT**

|                         |                     |                           |          |                                     |         |
|-------------------------|---------------------|---------------------------|----------|-------------------------------------|---------|
| <b>1</b> Routing number | <b>121000358</b>    | <b>3</b> Type of account: | Checking | <input checked="" type="checkbox"/> | Savings |
| <b>2</b> Account number | <b>325145550776</b> |                           |          |                                     |         |
| <b>4</b> Routing number |                     | <b>6</b> Type of account: | Checking |                                     | Savings |
| <b>5</b> Account number |                     |                           |          |                                     |         |

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

**PART III: DECLARATION OF TAXPAYER**

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

|                     |  |                 |                             |                        |                      |
|---------------------|--|-----------------|-----------------------------|------------------------|----------------------|
| <b>ERO Use Only</b> | ERO Signature  | Date            | Check if Also Paid Preparer | Check if Self-Employed | ERO SSN or PTIN      |
|                     |  | <b>03012024</b> |                             |                        |                      |
|                     | Firm Name (or yours if self-employed), address and ZIP code    |                 |                             | EIN                    |                      |
|                     | <b>GLOBAL TAXES LLC<br/>245 ROONEY CT E BRUNSWICK NJ 08816</b> |                 |                             | <b>843171965</b>       |                      |
|                     |  |                 |                             | Phone No.              | <b>(678)965-9522</b> |

Under 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. This declaration is based on all information of which I have any knowledge.

|                               |  |                 |                                     |                        |                      |
|-------------------------------|--|-----------------|-------------------------------------|------------------------|----------------------|
| <b>Paid Preparer Use Only</b> | Preparer Signature   | Date            | Check if Also Paid Preparer         | Check if Self-Employed | Preparer SSN or PTIN |
|                               | <b>SYAM PRIYA RAM SAGAR GUPTA</b>                              | <b>03012024</b> | <input checked="" type="checkbox"/> |                        | <b>P02082703</b>     |
|                               | Firm Name (or yours if self-employed), address and ZIP code    |                 |                                     | EIN                    |                      |
|                               | <b>GLOBAL TAXES LLC<br/>245 ROONEY CT E BRUNSWICK NJ 08816</b> |                 |                                     | <b>843171965</b>       |                      |
|                               |  |                 |                                     | Phone No.              | <b>(678)965-9522</b> |



# Mississippi Resident Individual Income Tax Return 2023

**Amended**

|  |                     |                                  |
|--|---------------------|----------------------------------|
| Taxpayer First Name<br><b>RAICHEL</b>  | Initial<br><b>J</b> | Last Name<br><b>LOORTHAIYA</b>   |
| Spouse First Name<br><b>MARIO</b>  | Initial<br><b>C</b> | Last Name<br><b>CHRISTU RAJA</b> |
| Mailing Address (Number and Street, Including Rural Route)<br><b>216 ARMOND OAKS</b> |                     |                                  |
| City<br><b>OCEAN SPRING</b>  | State<br><b>MS</b>  | Zip<br><b>39564</b>              |
|  |                     | County Code<br><b>30</b>         |

SSN **637496088**  
Spouse SSN **994900957**

- 1**  Married - Combined or Joint Return (\$12,000)
- 2** Married - Spouse Died in Tax Year (\$12,000)
- 3** Married - Filing Separate Returns (\$12,000)
- 4** Head of Family (\$8,000)
- 5** Single (\$6,000)

**EXEMPTIONS**

| Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative) |     |                   |  |    |                       |
|---|-----|-------------------|--|----|-----------------------|
| 6 (A) Name  | (B) | (C) Dependent SSN |  |    |                       |
|   |     |                   | <b>8</b> Taxpayer Age 65 or Over                                     |    | Spouse Age 65 or Over |
|   |     |                   | Taxpayer Blind   |    | Spouse Blind          |
|   |     |                   | <b>9</b> Total dependents line 7 plus number of boxes checked line 8 |    |                       |
|   |     |                   | <b>10</b> Line 9 x <b>\$1,500</b>                                    | 10 |                       |
|   |     |                   | <b>11</b> Enter filing status exemption                              | 11 | 12000                 |
| <b>7</b> Total number of dependents (from line 6 and Form 80-491)                 |     |                   | <b>12</b> Total (line 10 plus line 11)                               | 12 | 12000                 |

**MISSISSIPPI INCOME TAX**

|   | Column A (Taxpayer) | Column B (Spouse) |
|---|---------------------|-------------------|
| <b>13</b> Mississippi adjusted gross income (from page 2, line 66)                                    | 13A 95000           | 13B 0             |
| <b>14</b> Standard or itemized deductions (if itemized, attach Form 80-108)                           | 14A 4600            | 14B 0             |
| <b>15</b> Exemptions (from line 12; if married filing separately use 1/2 amount)                      | 15A 12000           | 15B 0             |
| <b>16</b> Mississippi taxable income (line 13 minus line 14 and line 15)                              | 16A 78400           | 16B 0             |
| <b>17</b> Income tax due (from Schedule of Tax Computation, see instructions)                         |                     | 17 3420           |
| <b>18</b> Credit for tax paid to another state (from Form 80-160, line 12; attach other state return) |                     | 18                |
| <b>19</b> Other credits (from Form 80-401, line 1)  |                     | 19 0              |
| <b>20</b> Net income tax due (line 17 minus line 18 and line 19)                                      |                     | 20 3420           |
| <b>21</b> Consumer use tax (see instructions)   |                     | 21                |
| <b>22</b> Catastrophe savings tax (see instructions)  |                     | 22                |
| <b>23</b> Total Mississippi income tax due (line 20 plus line 21 and line 22)                         |                     | 23 3420           |

**PAYMENTS**

|   |    |      |
|---|----|------|
| <b>24</b> Mississippi income tax withheld (complete Form 80-107)  | 24 | 4883 |
| <b>25</b> Estimated tax payments, extension payments and/or amount paid on original return              | 25 |      |
| <b>26</b> Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D) | 26 |      |
| <b>27</b> Refund received and/or amount carried forward from original return (amended return only)      | 27 |      |
| <b>28</b> Total payments (line 24 plus line 25 and line 26 minus line 27)                               | 28 | 4883 |

**REFUND OR BALANCE DUE**

|  |    |      |
|--|----|------|
| <b>29</b> Overpayment (if line 28 is more than line 23, subtract line 23 from line 28; if zero, skip to line 35) | 29 | 1463 |
| <b>30</b> Interest and penalty (from Form 80-320, line 11 and/or line 12)  | 30 |      |
| <b>31</b> Adjusted overpayment (line 29 minus line 30)   | 31 | 1463 |
| <b>32</b> Overpayment to be applied to next year estimated tax account   | 32 | 0    |
| <b>33</b> Voluntary contribution (from Form 80-108, part III)  | 33 |      |
| <b>34</b> Overpayment refund (line 31 minus line 32 and line 33)   | 34 | 1463 |

**55**  Direct Deposit Request  
**56** (check box and go to page 3)

|  |                       |           |
|--|-----------------------|-----------|
| <b>58</b> <b>35</b> Balance due (if line 23 is more than line 28, subtract line 28 from line 23) | <b>BALANCE DUE</b>    | <b>35</b> |
| <b>59</b> <b>36</b> Interest and penalty (from Form 80-320, line 19)                             |                       | <b>36</b> |
| <b>37</b> Total due (line 35 plus line 36)   | <b>AMOUNT YOU OWE</b> | <b>37</b> |

Installment Agreement Request  
(see instructions for eligibility; attach Form 71-661)

**PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3**



# Mississippi Resident Individual Income Tax Return 2023

SSN 637496088

| INCOME | Column A (Taxpayer) | Column B (Spouse) |
|--------|---------------------|-------------------|
|--------|---------------------|-------------------|

|   |     |        |     |   |
|---|-----|--------|-----|---|
| 38 Wages, salaries, tips, etc. <b>(complete Form 80-107)</b>                                  | 38A | 109250 | 38B |   |
| 39 Business income (loss) <b>(attach Federal Schedule C or C-EZ)</b>                          | 39A |        | 39B |   |
| 40 Capital gain (loss) <b>(attach Federal Schedule D, if applicable)</b>                      | 40A | 0      | 40B | 0 |
| 41 Rent, royalties, partnerships, S corporations, trusts, etc.<br>(from Form 80-108, part IV) | 41A | -14250 | 41B |   |
| 42 Farm income (loss) <b>(attach Federal Schedule F)</b>                                      | 42A |        | 42B |   |
| 43 Interest income (from Form 80-108, part II, line 3)  | 43A |        | 43B |   |
| 44 Dividend income (from Form 80-108, part II, line 6)  | 44A | 0      | 44B | 0 |
| 45 Alimony received   | 45A |        | 45B |   |
| 46 Taxable pensions and annuities <b>(complete Form 80-107)</b>                               | 46A |        | 46B |   |
| 47 Unemployment compensation <b>(complete Form 80-107)</b>                                    | 47A |        | 47B |   |
| 48 Other income (loss) (from Form 80-108, part V, line 10)                                    | 48A | 0      | 48B |   |
| 49 <b>Total income</b> (add lines 38 through 48)  | 49A | 95000  | 49B | 0 |

| ADJUSTMENTS | Column A (Taxpayer) | Column B (Spouse) |
|-------------|---------------------|-------------------|
|-------------|---------------------|-------------------|

|   |     |   |     |  |
|---|-----|---|-----|--|
| 50 Payments to IRA  | 50A | 0 | 50B |  |
| 51 Payments to self-employed SEP, SIMPLE and qualified retirement plans | 51A | 0 | 51B |  |
| 52 Interest penalty on early withdrawal of savings                      | 52A | 0 | 52B |  |
| 53 Alimony paid (complete below)  | 53A |   | 53B |  |

|      |     |       |                 |
|------|-----|-------|-----------------|
| Name | SSN | State | Date of Divorce |
|------|-----|-------|-----------------|

|   |     |       |     |   |
|---|-----|-------|-----|---|
| 54 Moving expense <b>(attach Federal Form 3903)</b>   | 54A |       | 54B |   |
| 55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)                     | 55A |       | 55B |   |
| 56 Mississippi Prepaid Affordable College Tuition (MPACT)                                     | 56A |       | 56B |   |
| 57 Mississippi Affordable College Savings (MACS)  | 57A |       | 57B |   |
| 58 Self-employed health insurance deduction   | 58A |       | 58B |   |
| 59 Health savings account deduction   | 59A |       | 59B |   |
| 60 Catastrophe savings account deduction  | 60A |       | 60B |   |
| 61 Self-employment tax deduction  | 61A |       | 61B |   |
| 62 First-time home buyer savings account deduction  | 62A |       | 62B |   |
| 63 Agricultural disaster program compensation deduction                                       | 63A |       | 63B |   |
| 64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction                        | 64A |       | 64B |   |
| 65 <b>Total adjustments</b> (add lines 50 through 64)   | 65A | 0     | 65B |   |
| 66 <b>Mississippi adjusted gross income</b> (line 49 minus line 65; enter on page 1, line 13) | 66A | 95000 | 66B | 0 |

|   |
|---|
| <b>AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)</b> |
|---|



# Mississippi Resident Individual Income Tax Return 2023

SSN 637496088

**DIRECT DEPOSIT INFORMATION**

**1** Overpayment refund (from page 1, line 34) 1 1463

|                           |                  |  |         |  |
|---------------------------|------------------|--|---------|--|
| <b>a</b> Routing Number 1 | Account Number 1 | <input checked="" type="checkbox"/> Checking | Savings | Direct Deposit 1 Amount                    |
| 121000358                 | 325145550776     |  |         | 1a <span style="float: right;">1463</span> |
| <b>b</b> Routing Number 2 | Account Number 2 | <input type="checkbox"/> Checking            | Savings | Direct Deposit 2 Amount                    |
|                           |                  |  |         | 1b   |

**SIGNATURE**

This return may be discussed with the preparer Yes No

**I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.**

|                          |          |                            |                             |
|--------------------------|----------|----------------------------|-----------------------------|
|                          |          | 9255773071                 | P02082703                   |
| Taxpayer Signature       | Date     | Taxpayer Phone Number      | Paid Preparer PTIN          |
|                          |          | 6789659522                 | syam@gtaxfile.com           |
| Spouse Signature         | Date     | Paid Preparer Phone Number | Paid Preparer Email Address |
| SYAM PRIYA RAM SAGAR GUP | 03012024 | 245 ROONEY CT              | E BRUNSWIC NJ 08816         |
| Paid Preparer Signature  | Date     | Paid Preparer Address      | City State Zip Code         |



# Mississippi Adjustments And Contributions 2023

Taxpayer Name  
**LOORTHAIYA, RAICHEL J & CHRIS**

SSN **637496088**

**PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)**

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

|   |    |       |    |
|---|----|-------|----|
| <b>1</b> Federal adjusted gross income from Federal Form 1040, line 11  | 1  | 95000 |    |
| <b>2 a</b> Medical and dental expenses  | 2a |       |    |
| <b>b</b> Multiply line 1 by 7.5% (.075)   | 2b |       |    |
| <b>c</b> Medical and dental expense deduction (line 2a minus line 2b)   |    |       | 2c |
| <b>3 a</b> Total taxes paid   | 3a | 4883  |    |
| <b>b</b> Less state income taxes (or other taxes in lieu of)  | 3b | 4883  |    |
| <b>c</b> Total taxes paid deduction (line 3a minus line 3b)   |    |       | 3c |
| <b>4</b> Total interest paid  |    |       | 4  |
| <b>5</b> Charitable contributions   |    |       | 5  |
| <b>6</b> Total casualty or theft loss ( <b>attach Federal Form 4684</b> )   |    |       | 6  |
| <b>7 a</b> Other miscellaneous deductions   | 7a |       |    |
| <b>b</b> Less Mississippi gambling losses   | 7b |       |    |
| <b>c</b> Total other miscellaneous deductions (line 7a minus line 7b)   |    |       | 7c |
| <b>8 Mississippi itemized deductions</b> (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a |    |       | 8  |
|   |    |       | 0  |

**PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)**

|  |   |   |
|--|---|---|
| <b>1</b> Interest income from all sources  | 1 | 0 |
| <b>2</b> Amount of Mississippi nontaxable interest in line 1   | 2 |   |
| <b>3</b> Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 43 or Form 80-205, line 44)  | 3 | 0 |
| <b>4</b> Total dividends from all sources  | 4 |   |
| <b>5</b> Amount of Mississippi nontaxable distributions reported in line 4   | 5 |   |
| <b>6</b> Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 44 or Form 80-205, line 45) | 6 |   |

**PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)**

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at [www.dor.ms.gov](http://www.dor.ms.gov)) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund  
Burn Care Fund  
Wildlife Heritage Fund  
Educational Trust Fund

Wildlife Fisheries and Parks Foundation  
Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 33



# Mississippi Adjustments And Contributions 2023

SSN 637496088

**PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES**

**A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES**

|  |    |        |
|--|----|--------|
| 1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E) | A1 | -14250 |
| 2 Add: depletion claimed in excess of cost basis   | A2 |        |
| 3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)                                 | A3 | -14250 |

**B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS**

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

| COLUMN A       | COLUMN B                 | COLUMN C                       |
|----------------|--------------------------|--------------------------------|
| NAME OF ENTITY | FEIN (MUST INCLUDE FEIN) | INCOME (LOSS) MISSISSIPPI K-1S |
|                |                          |                                |

1 Total income (loss) from partnerships, s corporations, estates and trusts (Column C) B1

**C Total of Section A and Section B income (loss)(line A3 plus line B1); enter here and on Form 80-105, line 41 or Form 80-205, line 42** C -14250

**PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME**

|   |   |  |
|---|---|--|
| 1 Net operating loss (enter from Form 80-155, line 2) | 1 |  |
| 2 First-time home buyer unqualified expenses          | 2 |  |
| 3 Catastrophe savings taxable distribution            | 3 |  |

List other types of income (loss)

|   |   |  |
|---|---|--|
| 4 | 4 |  |
| 5 | 5 |  |
| 6 | 6 |  |
| 7 | 7 |  |
| 8 | 8 |  |
| 9 | 9 |  |

10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 48 or Form 80-205, page 2, line 49 10



801072331163

# Mississippi Income / Withholding Tax Schedule 2023

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)

LOORTHAIYA, RAICHEL J & CHRIS

**THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING**

| 1 | A - Statement Information  | B - Income and Withholding   | C - Employer or Payer Information   |
|---|--|--|---|
| X | <p style="text-align: center;">Check appropriate box</p> <p>W-2                      W-2G                      1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7<br/>260106960</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099<br/>RAICHEL J LOORTHAIY</p> <p style="text-align: center;">Taxpayer Name<br/>637496088</p> <p style="text-align: center;">Taxpayer Social Security Number</p> | <p><b>MS</b>                      109250</p> <p>State                      State Wages, Tips, Etc.</p> <p style="text-align: right;">4883</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State                      Income from Other State</p> | <p>PHOTON INFOTECH INC</p> <p>Employer or payer name</p> <p>4835 LBJ FWY STE 540</p> <p>Address</p> <p>DALLAS                      TX 75244</p> <p>City, State, ZIP</p> |

| 2 | A - Statement Information  | B - Income and Withholding  | C - Employer or Payer Information                                    |
|---|--|---|--|
|   | <p style="text-align: center;">Check appropriate box</p> <p>W-2                      W-2G                      1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099</p> <p style="text-align: center;">Taxpayer Name</p> <p style="text-align: center;">Taxpayer Social Security Number</p> | <p><b>MS</b></p> <p>State                      State Wages, Tips, Etc.</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State                      Income from Other State</p> | <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p> |

| 3 | A - Statement Information  | B - Income and Withholding  | C - Employer or Payer Information                                    |
|---|--|---|--|
|   | <p style="text-align: center;">Check appropriate box</p> <p>W-2                      W-2G                      1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099</p> <p style="text-align: center;">Taxpayer Name</p> <p style="text-align: center;">Taxpayer Social Security Number</p> | <p><b>MS</b></p> <p>State                      State Wages, Tips, Etc.</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State                      Income from Other State</p> | <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p> |

| 4 | A - Statement Information  | B - Income and Withholding  | C - Employer or Payer Information                                    |
|---|--|---|--|
|   | <p style="text-align: center;">Check appropriate box</p> <p>W-2                      W-2G                      1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099</p> <p style="text-align: center;">Taxpayer Name</p> <p style="text-align: center;">Taxpayer Social Security Number</p> | <p><b>MS</b></p> <p>State                      State Wages, Tips, Etc.</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State                      Income from Other State</p> | <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p> |