

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name RAICHEL J LOORTHAIYA	Social security number 637-49-6088
Spouse's name MARIO C CHRISTU RAJA	Spouse's social security number 994-90-0957

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.

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

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

Under penalties of 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.

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
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 as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶  Date ▶ _____

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 RAICHEL J Last name LOORTHAIYA Your social security number 637 49 6088

If joint return, spouse's first name and middle initial MARIO C Last name CHRISTU RAJA Spouse's social security number 994 90 0957

Home address (number and street). If you have a P.O. box, see instructions. 216 ARMOND OAKS Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. OCEAN SPRINGS MS 39564 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

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

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

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

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation 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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/01/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 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 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

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-14,250.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLÉ 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	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 here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-14,250.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	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		
c	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		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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 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	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<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
3 Rents received	3 750 .		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 970 .		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10 2,540 .		
11 Management fees	11		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 4,250 .		
15 Supplies	15 3,900 .		
16 Taxes	16		
17 Utilities	17 3,340 .		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 15,000 .		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -14,250 .		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (14,250 .)		
23a Total of all amounts reported on line 3 for all rental properties	23a 750 .		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 15,000 .		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (14,250 .)		
26 Total rental real estate and royalty income or (loss). 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 .	26 -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 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.)

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

All Other Passive Activities

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

3 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	3			-14,250 .
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- 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.

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

Part III Total Losses Allowed

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

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
Total. 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.
Total		14,250.	1.00	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
Total			1.00	

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
Total				

MS8453-IIT

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

Submission Number

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

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

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

PART II: DIRECT DEPOSIT/DIRECT DEBIT

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

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

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.

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



Mississippi Resident Individual Income Tax Return 2023

Amended

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

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)	8	Taxpayer Age 65 or Over	Spouse Age 65 or Over
6 (A) Name	(B)	(C) Dependent SSN	Taxpayer Blind
			Spouse Blind
7 Total number of dependents (from line 6 and Form 80-491)			
9 Total dependents line 7 plus number of boxes checked line 8			
10 Line 9 x \$1,500		10	
11 Enter filing status exemption		11	12000
12 Total (line 10 plus line 11)		12	12000

MISSISSIPPI INCOME TAX

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

PAYMENTS

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

REFUND OR BALANCE DUE

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

55 <input checked="" type="checkbox"/> Direct Deposit Request (check box and go to page 3)		
58 35 Balance due (if line 23 is more than line 28, subtract line 28 from line 23)	BALANCE DUE	35
59 36 Interest and penalty (from Form 80-320, line 19)		36
37 Total due (line 35 plus line 36)	AMOUNT YOU OWE	37

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. (complete Form 80-107)	38A 109250	38B
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39A	39B
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40A 0	40B 0
41 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41A -14250	41B
42 Farm income (loss) (attach Federal Schedule F)	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 (complete Form 80-107)	46A	46B
47 Unemployment compensation (complete Form 80-107)	47A	47B
48 Other income (loss) (from Form 80-108, part V, line 10)	48A 0	48B
49 Total income (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 (attach Federal Form 3903)	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 Total adjustments (add lines 50 through 64)	65A 0	65B
66 Mississippi adjusted gross income (line 49 minus line 65; enter on page 1, line 13)	66A 95000	66B 0

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



Mississippi Resident Individual Income Tax Return 2023

SSN **637496088**

DIRECT DEPOSIT INFORMATION

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

a Routing Number 1	Account Number 1	<input checked="" type="checkbox"/> Checking	Savings	Direct Deposit 1 Amount
121000358	325145550776			1a 1463
b Routing Number 2	Account Number 2	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.

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



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.

1 Federal adjusted gross income from Federal Form 1040, line 11	1	95000	
2 a Medical and dental expenses	2a		
b Multiply line 1 by 7.5% (.075)	2b		
c Medical and dental expense deduction (line 2a minus line 2b)			2c
3 a Total taxes paid	3a	4883	
b Less state income taxes (or other taxes in lieu of)	3b	4883	
c Total taxes paid deduction (line 3a minus line 3b)			3c
4 Total interest paid			4
5 Charitable contributions			5
6 Total casualty or theft loss (attach Federal Form 4684)			6
7 a Other miscellaneous deductions	7a		
b Less Mississippi gambling losses	7b		
c Total other miscellaneous deductions (line 7a minus line 7b)			7c
8 Mississippi itemized deductions (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)

1 Interest income from all sources	1		0
2 Amount of Mississippi nontaxable interest in line 1	2		
3 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
4 Total dividends from all sources	4		
5 Amount of Mississippi nontaxable distributions reported in line 4	5		
6 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) 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
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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 260106960</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099 RAICHEL J LOORTHAIY</p> <p style="text-align: center;">Taxpayer Name</p> <p style="text-align: center;">637496088</p> <p style="text-align: center;">Taxpayer Social Security Number</p>	<p>MS 109250</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: center;">4883</p> <p style="text-align: center;">Mississippi Withholding Only</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>MS</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: center;">Mississippi Withholding Only</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>MS</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: center;">Mississippi Withholding Only</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>MS</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p>	<p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>