

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name NIDHI PASHAM	Social security number 056-65-7592
Spouse's name	Spouse's social security number

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	62,966.
2	Total tax	2	6,115.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,382.
4	Amount you want refunded to you	4	4,267.
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

5	7	5	9	2
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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 _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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 NIDHI Last name PASHAM Your social security number 056 65 7592

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 7303 SOCIETY DRIVE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. CLAYMONT State DE ZIP code 19703 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 [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
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 [X] 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. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 72,224. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 72,224.

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

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10 -9,258. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 62,966. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 62,966. 12 Standard deduction or itemized deductions (from Schedule A) 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 49,116.

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.

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	6,115.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6,115.
	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	6,115.
	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	6,115.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	10,382.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	10,382.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) NO	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	10,382.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,267.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,267.
	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 0 6 7 9 9 8 3 6 4			
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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (858) 201-9055 Email address NIDHI.PASHAM@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 02/26/2024	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
NIDHI PASHAM

Your social security number
056-65-7592

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	-9,258.
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 ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a 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	-9,258.

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)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

NIDHI PASHAM

Your social security number

056-65-7592

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 VISION CASCADE GREENS APT HYDERABAD TELANGANA IN 500014

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		345		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	650.		
4 Royalties received			
Expenses:			
5 Advertising			
6 Auto and travel (see instructions)			
7 Cleaning and maintenance	1,455.		
8 Commissions			
9 Insurance			
10 Legal and other professional fees			
11 Management fees	1,365.		
12 Mortgage interest paid to banks, etc. (see instructions)			
13 Other interest			
14 Repairs	2,245.		
15 Supplies	2,365.		
16 Taxes			
17 Utilities	2,478.		
18 Depreciation expense or depletion			
19 Other (list) _____			
20 Total expenses. Add lines 5 through 19	9,908.		
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	-9,258.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(9,258.)		
23a Total of all amounts reported on line 3 for all rental properties	650.		
b Total of all amounts reported on line 4 for all royalty properties			
c Total of all amounts reported on line 12 for all properties			
d Total of all amounts reported on line 18 for all properties			
e Total of all amounts reported on line 20 for all properties	9,908.		
24 Income. Add positive amounts shown on line 21. Do not include any losses			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	(9,258.)		
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 .	-9,258.		



DELAWARE 2023
DIVISION OF REVENUE FORM PIT-RES
DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning and ending

Your Taxpayer ID
0 5 6 6 5 7 5 9 2

Spouse Taxpayer ID

Amended Return
Must include page 3

Filing Status (Must check one)

- 1. X Single, Divorced, Widow(er)
2. Joint
3. Married & Filing Separate Forms
4. Married & Filing Combined Separate on this form
5. Head of Household

Your First Name M.I. Last Name Suffix
NIDHI PASHAM
Spouse First Name M.I. Last Name Suffix

Present Home Address (Number and Street) Apartment #
7303 SOCIETY DRIVE
City State Zip Code
CLAYMONT DE 19703

Form PIT-UND Attached
Claimed as Dependant on someone else's return

If you were a part-year resident in 2023, give the dates you resided in Delaware:
mm-dd-yyyy mm-dd-yyyy

Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

SECTION A - ADDITIONS

COLUMN A

COLUMN B

Table with 4 columns: Line Number, Description, Column A Amount, Column B Amount. Includes lines 1-4 for additions.

SECTION B - SUBTRACTIONS

Table with 4 columns: Line Number, Description, Column A Amount, Column B Amount. Includes lines 5-12 for subtractions.

SECTION C - DEDUCTIONS

If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

Table with 4 columns: Line Number, Description, Column A Amount, Column B Amount. Includes lines 13-18 for deductions.

19. If you elect the DELAWARE STANDARD DEDUCTION check here

If you elect DELAWARE ITEMIZED DEDUCTIONS check here

- a. X Filing Statuses 1, 3, & 5 enter \$3250 in Column B;
Filing Status 2 enter \$6500 in Column B;
Filing Status 4 enter \$3250 in Column A and in Column B
b. Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 18 in Column B;
Filing Status 4 enter itemized deductions from Line 18 in Columns A and B

20. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)

Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.

Table with 4 columns: Line Number, Description, Column A Amount, Column B Amount. Includes line 20 for additional standard deductions.

SECTION D - CALCULATIONS

Table with 4 columns: Line Number, Description, Column A Amount, Column B Amount. Includes lines 22-24 for calculations.



DELAWARE 2023

DIVISION OF REVENUE F O R M PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

	COLUMN A		COLUMN B
25. TOTAL TAX - Add Line 23 and Line 24	25.	.00	2928 .00
26a. PERSONAL CREDITS Enter number of exemptions <u>1</u> x \$110 On Line 26a, enter the number of exemptions for: Column A Column B <u>1</u>	26a.	.00	110 .00
26b. CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B) Enter number of boxes checked on Line 26b x \$110	26b.	.00	.00
27. TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27.	.00	.00
28. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	28.	.00	.00
29. OTHER NON-REFUNDABLE CREDITS (See instructions)	29.	.00	0 .00
30. CHILD CARE CREDIT . Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00	.00
31. TOTAL NON-REFUNDABLE CREDITS (See instructions)	31.	.00	110 .00
32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	.00	2818 .00
33. EARNED INCOME TAX CREDIT . REFUNDABLE NON-REFUNDABLE (See instructions)	33.	.00	.00
34. DELAWARE TAX WITHHELD (Attach W2s/1099s)	34.	.00	3718 .00
35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35.	.00	.00
36. S CORP PAYMENTS	36.	.00	.00
37. REFUNDABLE BUSINESS CREDITS	37.	.00	.00
38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)	38.	.00	.00
39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	.00	3718 .00
40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.	40.	.00	0 .00
41. OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.	41.	.00	900 .00
42. CONTRIBUTIONS TO SPECIAL FUNDS . If electing a contribution, complete and attach PIT-RSS.	42.	.00	.00
43. AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT	43.	.00	.00
44. PENALTIES AND INTEREST DUE . If Line 40 is greater than \$800, see estimated tax instructions	44.	.00	.00
45. NET BALANCE DUE . For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.	45.	.00	.00
46. NET REFUND . For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line 41.	46.	.00	900 .00

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input checked="" type="checkbox"/> CHECKING	1 2 1 0 0 0 3 5 8	3 2 5 0 6 7 9 9 8 3 6 4
<input type="checkbox"/> SAVINGS		

Is this refund going to or through an account that is located outside of the United States?

YES NO

DMV STATE ID #

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE DATE

SPOUSE SIGNATURE DATE

HOME PHONE NUMBER BUSINESS PHONE NUMBER

EMAIL ADDRESS

PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/26/2024

PAID PREPARER SIGNATURE DATE

ADDRESS

245 ROONEY CT

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN PHONE NUMBER

843171965 678-965-9522

EMAIL ADDRESS

SYAM@GTAXFILE.COM

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 45) MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

REFUND (LINE 46) MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

ALL OTHER RETURNS MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



DELAWARE 2023

DIVISION OF REVENUE F O R M
PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

COLUMN A

COLUMN B

47. TOTAL REFUNDABLE CREDITS - Add Line 39 and any EITC on Line 33.	47.	.00	47.	.00
48. AMOUNT PAID ON ORIGINAL RETURN	48.	.00	48.	.00
49. SUBTOTAL. Add Lines 47 and 48.	49.	.00	49.	.00
50. REFUND RECEIVED (If any, see instructions)	50.	.00	50.	.00
51. Estimated tax carryover and/or Special Funds contributions as shown on original return	51.	.00	51.	.00
52. Subtract Line 50 and Line 51 from Line 49.	52.	.00	52.	.00
53. BALANCE DUE. If Line 32 is greater than Line 52, Subtract 52 from 32.	53.	.00	53.	.00
54. OVERPAYMENT. If Line 52 is greater than Line 32, Subtract 32 from 52.	54.	.00	54.	.00
55. AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See instructions)			55.	.00
56. PENALTIES AND INTEREST DUE			56.	.00
57. NET BALANCE DUE For Filing Status 4, see instructions. For all other filing statuses Add Line 53, Line 55, and Line 56.			57.	.00
58. NET REFUND For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 55 and Line 56 from Line 54.			58.	.00

59. Is an amended Federal return being filed? Yes No
 If no, please explain. If the changes pertain to the DE return only, list the line numbers being amended.

60. Has the Delaware Division of Revenue advised you your original return is being audited? Yes No
61. Is this amended return being filed as a protective claim? Yes No
 A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH
 PAYMENT ENCLOSED (LINE 57)
 MAIL COMPLETED FORM TO:**
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 58)
 MAIL COMPLETED FORM TO:**
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS
 MAIL COMPLETED FORM TO:**
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



DELAWARE 2023

DIVISION OF REVENUE F O R M PIT-RSS

DELAWARE RESIDENT SCHEDULES



FIRST NAME	LAST NAME	TAXPAYER ID
NIDHI	PASHAM	0 5 6 6 5 7 5 9 2

Columns: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

Filing Status 4 ONLY
Spouse Information
COLUMN A

All other filing statuses
You or You plus Spouse
COLUMN B

See the instructions and complete the worksheet prior to completing DE Schedule I.

1.	Tax imposed by State of _____ (Enter 2 character state name)	1.	.00	1.	.00
2.	Tax imposed by State of _____ (Enter 2 character state name)	2.	.00	2.	.00
3.	Tax imposed by State of _____ (Enter 2 character state name)	3.	.00	3.	.00
4.	Tax imposed by State of _____ (Enter 2 character state name)	4.	.00	4.	.00
5.	Tax imposed by State of _____ (Enter 2 character state name)	5.	.00	5.	.00
6.	Enter the total here and on Form PIT-RES Page 2, Line 27. You must attach a copy of the other state return(s) with your Delaware tax return	6.	.00	6.	.00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

QUALIFYING CHILD INFORMATION

7a. CHILD'S FIRST NAME	7b. CHILD'S LAST NAME	8. CHILD'S SSN	9. CHILD'S DATE OF BIRTH
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		CHILD 1	CHILD 2	CHILD 3
10.	Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	Yes No	Yes No	Yes No
11.	Was the child permanently and totally disabled during any part of 2023?	Yes No	Yes No	Yes No
12.	DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS – Enter the higher tax amount from Column A or Column B of Form PIT-RES Line 32		12.	.00
13.	FEDERAL EARNED INCOME TAX CREDIT (EITC) – Enter amount from IRS form 1040 or 1040-SR, Line 27		13.	.00
14.	REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.045 and enter here		14.	.00
15.	NON-REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.20 and enter here		15.	.00
16.	REFUNDABLE EITC – If Line 14 is greater than or equal to Line 12, enter the amount from Line 14 here and on Line 33 of Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES		16.	.00
17.	NON-REFUNDABLE EITC – If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of Form PIT-RES		17.	.00

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

18.	A. Non-Game Wildlife	.00	H. DE National Guard	.00	O. Senior Trust Fund	.00
	B. Beau Biden Fund	.00	I. Juvenile Diabetes Fund	.00	P. Veterans Trust Fund	.00
	C. Emergency Housing	.00	J. Multiple Sclerosis Soc.	.00	Q. Protect DE's Child Fund	.00
	D. Breast Cancer Edu.	.00	K. Ovarian Cancer Fndn	.00	R. Food Bank of DE	.00
	E. Organ Donations	.00	L. <i>Intentionally left blank</i>		S. DE Hab For Humanity	.00
	F. Diabetes Education	.00	M. White Clay Creek	.00	T. B+ Childhood Cancer	.00
	G. Veterans Home	.00	N. Home of the Brave	.00	U. Combined Campaign for Justice	.00
19.	Enter the total Contribution amount here and on Form PIT-RES, Line 42				19.	.00

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



DELAWARE 2023
 DIVISION OF REVENUE F O R M
 PIT-RSS
DELAWARE RESIDENT SCHEDULES



DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
X W-2						X Taxpayer
1099-R	IDEAL CONSULT LLC	261234845	DE	72224	3718	Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
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