<b>1040</b>		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		ırn	202	3	OMB No. 1545-	-0074	IRS Use Only	—Do not w	rite or sta	aple in this space.
For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, ending , 20 S				See se	parate i	instructions.	
Your first name	and mi	 ddle initial	Last nar	me						Your so	cial sec	urity number
KAJAL			MANO							150		2777
	oouse's	first name and middle initial	Last nar									security number
SANDEEP			KUMA							723		0846
	(numbe	r and street). If you have a P.O. box, see						Α	pt. no.			ection Campaign
1985 FOX	•	, <b>.</b>							.p			ou, or your
		ce. If you have a foreign address, also co	mplete sr	oaces bel	ow.	Sta	te	ZIP co	ode			jointly, want \$3
BROOKFIE						WI		530				nd. Checking a
			n postal code	your tax		not change Ind						
· - · - · g. · · · · · ,				<u>-</u>			, ,			<b>J G G G</b>	Yc	
Filing Status		Single					Head of ho	nuseh	old (HOH)			
-		Married filing jointly (even if only or	he had ir	ncome)				000011				
Check only one box.		Married filing separately (MFS)	io naa n	1001110)				surviv	ing spouse	(OSS)		
one box.	lf v	ou checked the MFS box, enter the	name o	f vour si	ouse If you	ı che					ild's na	me if the
		alifying person is a child but not you			Jouco. Il you	i one						
		, ,	•									
Digital		y time during 2023, did you: (a) rece			•	-					<b>—</b>	
Assets		ange, or otherwise dispose of a digi						t)? (Se	e instruction	าร.)	∐ Ye	es 🛛 No
Standard	_	eone can claim: 🗌 You as a de			•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alien						
Age/Blindness	S You:	Were born before January 2, 1	959	Are bl	ind <b>Spo</b>	use	: 🗌 Was bor	n befo	ore January 2	2, 1959		s blind
Dependents	s (see i	instructions):		( <b>2</b> ) S	Social security		(3) Relationsh	ip (4	) Check the b	ox if quali	fies for (	see instructions):
If more	<b>(1)</b> Fi	rst name Last name			number		to you		Child tax ci	redit	Credit fo	r other dependents
than four	SAN	IJAL SHARMA		974	-92-8879	9	Son					×
dependents, see instructions												
and check	, 											
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	tions)					. 1a		312,003.
Attach Form(s)	b	Household employee wages not re	eported of	on Form	(s) W-2					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	(see ins	struction	s)	•				. 1c	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted or	ו Form(s	) W-2 (see ir	nstru	ictions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f	rom Fori	m 2441,	line 26 .	•				. 1e	•	
was withheld.	f	Employer-provided adoption bene			-	•				. 1f	_	
lf you did not get a Form	g	Wages from Form 8919, line 6 .		• •		•				. <b>1</b> g		
W-2, see	h	Other earned income (see instruction		• •		•	· · · · ·	· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		•	<b>1</b> i			_		
	<u>z</u>	Add lines 1a through 1h	· ; ·			•		• •		. 1z	-	312,003.
Attach Sch. B	2a		2a				axable interest			. 2b	-	
if required.	<u>3a</u>		3a				ordinary divider			. 3b	-	
Standard	4a		4a				axable amount			. 4b	-	
Deduction for –	5a		5a				axable amount			. 5b	-	
<ul> <li>Single or Married filing</li> </ul>	6a		6a				axable amount		· · · -	. 6b		
separately,	c	If you elect to use the lump-sum e					,	• •	L			
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee		•	•			• •	· · · L			
jointly or Qualifying	8	Additional income from Schedule						· ·		. 8		0.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	ome	9	• •		. 9		312,003.
\$27,700 • Head of	10	Adjustments to income from Sche				•		• •		. 10		210 222
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			· ·		. 11		312,003.
• If you checked	12	Standard deduction or itemized						• •		. 12	_	42,926.
any box under Standard	13	Qualified business income deduction	on from	⊢orm 8	995 or Form	899	5-A	• •		. 13		40.005
Deduction, see instructions.	14	Add lines 12 and 13		•••	· · · ·	•		• •		. 14		42,926.
	15	Subtract line 14 from line 11. If zer	o or less	s, enter ·	-U This is ye	our <b>t</b>	taxable incom	е.		. 15		269,077.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	16	51,378.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	51,378.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	50,878.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	733.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	51,611.
Payments	25	Federal income tax withheld from:		
•	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	48,370.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15	1	
	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	48,370.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number       X		
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	3,241.
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	elow.	🗙 No
		signee's Phone Personal identif	ication	
<u></u>	nar		ha haat i	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here			· ·	nt you an Identity
	10			N, enter it here
Joint return?		MANAGING CONSULTANT (see i	inst.)	
See instructions.	Sp			t your spouse an
Keep a copy for your records.				ection PIN, enter it here
,		SOFTWARE CONSULTANT		
		one no.     (480)843-3914     Email address     KAJALMANOCHA@GMAIL.COM       parer's name     Preparer's signature     Date     PTIN		Check if:
Paid			<u>, , , , , , , , , , , , , , , , , , , </u>	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/12/2024 P02082		Self-employed
Use Only				678)965-9522
			s EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information. BAA REV 03/04/24 PRO		Form <b>1040</b> (2023)

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
KAJAL MANOCHA & SANDEEP KUMAR	150-55-2777
Dout L Additional Income	

Par	Additional income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1		
2a	Alimony received		2a		
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C		3		
4	Other gains or (losses). Attach Form 4797		4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5		0.
6	Farm income or (loss). Attach Schedule F.		6		
7	Unemployment compensation		7		
8	Other income:				
а	Net operating loss	8a (	)		
b	Gambling	8b	7		
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (	)		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81	/		
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n	_ !		
0	Section 951A(a) inclusion (see instructions)	80	_ !		
р	Section 461(I) excess business loss adjustment	8p	_		
q	Taxable distributions from an ABLE account (see instructions)	8q	_  /		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_		
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s (	<u>)</u>		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t	_		
u	Wages earned while incarcerated	8u	_  /		
Z	Other income. List type and amount:				
-		8z			
9	Total other income. Add lines 8a through 8z		9		
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040, SP, or 1040, NP, line 8.	r nere and on Form			0
	1040, 1040-SR, or 1040-NR, line 8		10		0.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ule 1 (Form 10	40) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee 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			
С	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		24a	-	
b	Deductible expenses related to income reported on line 8I from the			
_		24b	-	
С		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e	-	
T	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g		24g	-	
h	, ,	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	04;		
:	tax law violations	24i	-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j	-	
К		24k		
7	1041)	241	-	
2		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	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		26	
	ВАА	REV 03/04/24 PRO	Schedu	ıle 1 (Form 1040) 2023
	~			

SCHE	DULE	2
(Form	1040)	

## Additional Taxes

OMB No. 1545-0074

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

20 Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KAJAL MANOCHA & SANDEEP KUMAR 150-55-2777 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . . . . . . . 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . . 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. 5 Attach Form 4137 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 Household employment taxes. Attach Schedule H . . . . . 9 . . . . . . . . Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . 10 10 Additional Medicare Tax. Attach Form 8959 11 11 733. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . . 13 . . . . . . . . . . . . . . Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15

15 Recapture of low-income housing credit. Attach Form 8611 . . . . . . . . . . . . . 16 16

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

(continued on page 2)

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)					
17	Other additional taxes:					
а	Recapture of other credits. List type, form number, and amount:					
		17a				
b	Recapture of federal mortgage subsidy, if you sold your home					
		17b		_		
-	Additional tax on HSA distributions. Attach Form 8889	17c				
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d				
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e				
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f				
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g				
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h				
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	<b>17</b> i				
j	Section 72(m)(5) excess benefits tax	17j				
k	Golden parachute payments	17k				
I	Tax on accumulation distribution of trusts	17I				
m	Excise tax on insider stock compensation from an expatriated corporation	17m				
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n				
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170				
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p				
q	Any interest from Form 8621, line 24	17q				
z	Any other taxes. List type and amount:					
		17z				
18	Total additional taxes. Add lines 17a through 17z			. 18		
19	Reserved for future use			. 19		
20	Section 965 net tax liability installment from Form 965-A	20				
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.			d . 21		733.
	ВАА		EV 03/04/24 PRO		lule 2 (Form	

SCHE	DULE	Α
(Form	1040)	

Department of the Treasury Internal Revenue Service

## **Itemized Deductions**

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Go to www.irs.gov/ScheduleA for instructions and the latest information. Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

20 Attachment Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR Your social s						
KAJAL MAN	DCH.	A & SANDEEP KUMAR		150-5	55-2777	
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)	1	_		
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2				
Expenses		Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	<u>· · · · · · · · · · · · · · · · · · · </u>	4		
Taxes You		State and local taxes.				
Paid	а	State and local income taxes or general sales taxes. You may include				
		either income taxes or general sales taxes on line 5a, but not both. If				
		you elect to include general sales taxes instead of income taxes, check this box	<b>5a</b> 10,08		•	
	h	-	<b>5a</b> 10,08 <b>5b</b> 8,820			
			5c 8,82	·		
			5d 18,90	5		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	10,50	5.		
	Ŭ		5e 10,00	o.		
	6	Other taxes. List type and amount:				
			6			
	7	Add lines 5e and 6		7	10,000.	
Interest	8	Home mortgage interest and points. If you didn't use all of your home				
You Paid		mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your mortgage interest		instructions and check this box				
deduction may be	а	Home mortgage interest and points reported to you on Form 1098.	•			
limited. See instructions.			<b>8a</b> 32,926	5.		
	b	Home mortgage interest not reported to you on Form 1098. See				
		instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no.,				
			8b			
			0.5			
	с	Points not reported to you on Form 1098. See instructions for special				
	•		8c			
	d		8d			
			<b>8e</b> 32,926	5.		
		Investment interest. Attach Form 4952 if required. See instructions	9			
		Add lines 8e and 9		10	32,926.	
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11			
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,				
made a gift and got a benefit for it,			12			
see instructions.	13	Carryover from prior year	13			
	14	Add lines 11 through 13		14		
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other				
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 18				
<b>•</b> ··	10			15		
Other	16	Other-from list in instructions. List type and amount:				
Itemized Deductions				16		
	17	Add the amounts in the far right column for lines 4 through 16. Also	ntor this amount -			
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, en Form 1040 or 1040-SR, line 12		n 17	42,926.	
Deductions	18	If you elect to itemize deductions even though they are less than your s			12,520.	
		check this box		.,		
	Ded	uction Act Nation, son the Instructions for Form 1040		0 - 1	le A (Earm 1040) 2022	

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2023

#### SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

## Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

3

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

Attachment Sequence No. 47

20

Name(s)	shown on return	Your	social	security number
KAJA	L MANOCHA & SANDEEP KUMAR	150-	-55-	2777
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	312,003.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	312,003.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000		5	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	1	7	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	.	7	500.
8	Add lines 5 and 7	.	8	500.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $	.	9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is $1,025$ , enter \$2,000, etc. $J$	•	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	· •	13	51,378.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	· [	14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thro	ough	line 27

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/04/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023	Page 2
Part	II-A Additional Child Tax Credit for All Filers	
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.	
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27
16a	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<b>16a</b> 0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.	
	Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
17	Enter the <b>smaller</b> of line 16a or line 16b	17
18a	Earned income (see instructions)	
b	Nontaxable combat pay (see instructions)	
19	Is the amount on line 18a more than \$2,500?	
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.	
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$	20
	Next. On line 16b, is the amount \$4,800 or more?	
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.	
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residen	ts of Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 1322	
23	Add lines 21 and 22	
24	1040 and	
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,	
	and Schedule 3 (Form 1040), line 11.	
25	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	- 25
25 26	Subtract line 24 from line 23. If zero or less, enter -0	25 26
20	Next, enter the smaller of line 17 or line 26 on line 27.	20
Part	II-C Additional Child Tax Credit	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
		hedule 8812 (Form 1040) 2023
	BAA REV 03/04/24 PRO Sci	leadle 0012 (1 0111 1040) 2020

Form 8889 Department of the Treasury

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

3

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

20

Internal I	Revenue Service	Go to www.irs.gov/Form8889 for instructions and the latest information and the latest information of the second seco	tion.	S	Sequence No. <b>52</b>
		40, 1040-SR, or 1040-NR		ve HS	As, see instructions.
	AL MANOCHA		150-55-		
Befor	e you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if r	requ	ired.
Part		<b>phtributions and Deduction.</b> See the instructions before completing h you and your spouse each have separate HSAs, complete a separate			
1		x to indicate your coverage under a high-deductible health plan (HDHP) c	luring 2023.	Se	lf-only 🗵 Family
2	HSA contribut unextended d	ions you made for 2023 (or those made on your behalf), including those nue date of your tax return that were for 2023. <b>Do not</b> include employer controloging a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	were, or were	nder age 55 at the end of 2023 and, on the first day of <b>every</b> month during considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 ge). <b>All others</b> , see the instructions for the amount to enter	(\$7,750 for	3	7,750.
4	lines 1 and 2.	unt you and your employer contributed to your Archer MSAs for 2023 from If you or your spouse had family coverage under an HDHP at any time during nount contributed to your spouse's Archer MSAs	g 2023, also	4	0.
5	Subtract line 4	from line 3. If zero or less, enter -0- ...................	[	5	7,750.
6		ount from line 5. But if you and your spouse each have separate HSAs and er an HDHP at any time during 2023, see the instructions for the amount to e		6	7,750.
7		e 55 or older at the end of 2023, married, and you or your spouse had fam P at any time during 2023, enter your additional contribution amount. See in		7	
8		d7	[	8	7,750.
9	Employer con	tributions made to your HSAs for 2023 9	1,500.		
10		funding distributions			
11	Add lines 9 an	d 10		11	1,500.
12		1 from line 8. If zero or less, enter -0		12	6,250.
13		n. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), P		13	0.
Part		e 2 is more than line 13, you may have to pay an additional tax. See instruction			
	a separa	stributions. If you are filing jointly and both you and your spouse each ate Part II for each spouse.	·		
14a		ons you received in 2023 from all HSAs (see instructions)		14a	
b	contributions	ncluded on line 14a that you rolled over to another HSA. Also include (and the earnings on those excess contributions) included on line 14a	a that were		
	•	the due date of your return. See instructions	-	14b	
. –		4b from line 14a		14c 15	
15		ical expenses paid using HSA distributions (see instructions)	-	15	
16	amount in the	distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a		istributions included on line 16 meet any of the <b>Exceptions to the Addition</b> actions), check here			
b	are subject to	% tax (see instructions). Enter 20% (0.20) of the distributions included on the additional 20% tax. Also, include this amount in the total on Sched line 17c .	ule 2 (Form	17b	
Part		and Additional Tax for Failure To Maintain HDHP Coverage. See			efore
	complet	ing this part. If you are filing jointly and both you and your spouse ea e a separate Part III for each spouse.			
18		le		18	
19		funding distribution		19	
20		. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I	· –	20	
21		<b>x.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schec line 17d		21	
For Pa			4/24 PRO		Form <b>8889</b> (2023)

2	<b>3936</b>	Clean Vehicle Credits		ON	IB No. 1545-2137			
Form UJJU				6	0 <b>07</b>			
Departm		 Atta	achment quence No. 69					
	Go to www.irs.gov/Form8936 for instructions and the latest information.							
Name(s)								
		& SANDEEP KUMAR	150-55		//			
Notes	•	a separate Schedule A (Form 8936) for each clean vehicle placed in service during	g the tax y	ear.				
Dout		completing Parts II, III, or IV, must also complete Part I. See "Note" text below.						
Part		d Adjusted Gross Income Amount						
1a			2,003.					
b	-	me from Puerto Rico you excluded						
c	-	unt from Form 2555, line 45						
d	-	unt from Form 2555, line 50						
е	-	unt from Form 4563, line 15						
2			• •	2	312,003.			
3a		unt from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a						
b	-	me from Puerto Rico you excluded						
С		unt from Form 2555, line 45						
d	-	unt from Form 2555, line 50						
е	-	unt from Form 4563, line 15						
4			· ·	4				
5 Part		Iler of line 2 or line 4		5	312,003.			
6 7	Enter the total New clean veh	g surviving spouse; \$225,000 if head of household).         credit amount figured in Part II of Schedule(s) A (Form 8936)         icle credit from partnerships and S corporations (see instructions)	[	6 7				
8		stment use part of credit. Add lines 6 and 7. Partnerships and S corporations, sto amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1		8				
Part		or Personal Use Part of New Clean Vehicles	,	0				
	Note: Yo	ou can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300, g surviving spouse; \$225,000 if head of household).	000 if mai	ried	filing jointly or			
9	Enter the total	credit amount figured in Part III of Schedule(s) A (Form 8936)		9				
10		unt from Form 1040, 1040-SR, or 1040-NR, line 18		10				
11		ts from Form 1040, 1040-SR, or 1040-NR (see instructions)		11				
12		1 from line 10. If zero or less, enter -0- and stop here. You can't claim the person						
	part of the cre	dit		12				
13	Personal use	part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3	(Form					
		f line 12 is smaller than line 9, see instructions		13				
Part	V Credit f	or Previously Owned Clean Vehicles	I					
		ou can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,0 g surviving spouse; \$112,500 if head of household).	000 if mar	ried f	iling jointly or			
14	Enter the total	credit amount figured in Part IV of Schedule(s) A (Form 8936)		14				
15		unt from Form 1040, 1040-SR, or 1040-NR, line 18		15				
16	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)							
17		6 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV		17				
18	Enter the sma	aller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 14, see instructions	ə 17 is 🗌	18				
Part		or Qualified Commercial Clean Vehicles	•••					
19		credit amount figured in Part V of Schedule(s) A (Form 8936)		19				
20		nercial clean vehicle credit from partnerships and S corporations (see instructions)		20				
21		nd 20. Partnerships and S corporations, stop here and report this amount on Sc						
		eport this amount on Form 3800, Part III, line 1aa		21				
For Pa		ion Act Notice, see separate instructions. BAA REV 03/04			Form <b>8936</b> (2023			

#### SCHEDULE A (Form 8936)

# **Clean Vehicle Credit Amount**

OMB No. 1545-2137 2023

Attach t	to your	tax return.
----------	---------	-------------

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form8936 for instructions and the latest informati	on.	Attachment Sequence No. <b>69A</b>
Name(s)	) shown on return		Identifying	
KAJ	AL MANOCHA &	SANDEEP KUMAR	150-55	5-2777
Part	Vehicle De	tails		
1a	Year	· · · · · · · · · · · · · · · · · · ·	2	2023
b	Make		BMW	
с	Model		iX xD1	rive50
2	Vehicle identificati	on number (VIN) (see instructions)..  w B 5 2 3 C F 0 8	РC	L 9 2 9 4 8
3	Enter date vehicle	was placed in service (MM/DD/YYYY)	07/25/	/2023
4		sed primarily outside the United States? Answer "No" if it was but an exception e. You can't claim a credit amount for a vehicle used primarily outside the Un		
5	Does the VIN enter definitions.		vear? See	instructions for
6			2 and pla	ced in service during
7 Part	during the tax yea <b>Yes.</b> Go to Par <b>No. Stop here</b>	red on line 2 belong to a <b>qualified commercial clean vehicle</b> acquired after r? See instructions for definitions. rt V. •. You can't use this schedule to figure a credit amount for a vehicle not descr ount for Business/Investment Use Part of New Clean Vehicle		
8	Did you acquire th another person.	e vehicle for use or to lease to others, and not for resale? Answer "No" if you •. You can't claim a credit amount for a vehicle you didn't acquire for use or to		-
9	Tentative credit ar	nount (see instructions)	9	
10	Business/investme	ent use percentage (see instructions)	10	%
11	entered 100% on	line 10. Include this credit amount on line 6 in Part II of Form 8936. If you line 10, stop here. Otherwise, go to Part III below	11	
Part	Credit Amo	ount for Personal Use Part of New Clean Vehicle		
12	Subtract line 11 fr Part III of Form 89	om line 9 in Part II. Stop here and include this credit amount on line 9 in 36	12	

For Paperwork Reduction Act Notice, see the Form 8936 instructions. BAA REV 03/04/24 PRO

Schedule A (Form 8936) 2023

Schedu	le A (Form 8936) 2023		Page <b>2</b>
Part	V Credit Amount for Previously Owned Clean Vehicle		÷
13a	Is the sales price of the vehicle more than \$25,000?		
	Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.		
	X No.		
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle	e fron	n another person.
	X Yes.		
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a	cquire	ed for resale.
с	Can you be claimed as a dependent on another person's tax return, such as your parent's retur	m?	
C	☐ <b>Yes. Stop here.</b> You can't claim a credit amount if you can be claimed as a dependent.		
	$\square$ No.		
	_		
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions.		
	⊠ Yes. □ No.		
14	Enter the sales price of the vehicle	14	12,020.
45	Multiple line (1.4 hor 000) (0.00)	45	2 606
15	Multiply line 14 by 30% (0.30)	15	3,606.
16	Maximum vehicle credit amount	16	4,000.
			1,0001
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line		
	14 in Part IV of Form 8936	17	3,606.
Part	V Credit Amount for Qualified Commercial Clean Vehicle		
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exce	eption	for certain tax-exempt
	entities discussed in the instructions applies.		
	Yes.	annli	<b>00</b>
	□ No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception	appii	65.
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you	are le	easing the vehicle from
	another person.		
	○ No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.	o leas	e to others, or acquired for
	resale.		
С	Is the vehicle also powered by gas or diesel? See instructions.		
	□ No.		
19	Enter the cost or other basis of the vehicle. See instructions	19	
20	Section 179 expense deduction (see instructions)	20	
•			
21	Subtract line 20 from line 19	21	
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22	
		~~	
23	Enter the incremental cost of the vehicle. See instructions	23	
		_	
24	Enter the smaller of line 22 or line 23	24	
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is		
20	14.000 pounds or more)	25	
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936	26	

Schedule A (Form 8936) 2023

_	<b>B867</b>	Paid Preparer's Due Diligence Checkl	ist	OMB	No. 1545	-0074
	ovember 2023)	Earned Income Credit (EIC), American Opportunity Tax Credit (AC Child Tax Credit (CTC) (including the Additional Child Tax Credit (AC Credit for Other Dependents (ODC)), and Head of Household (HOH) Fili	C) and		or tax ye 20 <u>23</u>	
	ent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to www.irs.gov/Form8867 for instructions and the latest infor	0-PR, or 1040-SS.		nment ence No.	70
	er name(s) shown or		Taxpayer identificatio	n number		
KAJ	AL MANOCHA	& SANDEEP KUMAR	150-55-277	7		
Prepare	r's name		Preparer tax identifica	ation num	ber	
SYAI	M PRIYA RAN	1 SAGAR GUPTA TALLAM	P02082703			
Part	Due Dili	gence Requirements				
		propriate box for the credit(s) and/or HOH filing status claimed on the rened (check all that apply).		e the rel AOTC		arts I–V HOH
1	Did vou comp	lete the return based on information for the applicable tax year provided	by the taxpaver	Yes	No	N/A
-	or reasonably	obtained by you?		X		
2		claimed on the return, did you complete the applicable EIC and/or				
		und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sche				
		ions, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedule.				
	claimed?		s for each credit	X		
•						
3	the following.	the knowledge requirement? To meet the knowledge requirement, you				
		e taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	er's responses to			
		mation to determine that the taxpayer is eligible to claim the credit(s) a o figure the amount(s) of any credit(s)	-	X		
4	information re	mation provided by the taxpayer or a third party for use in preparin asonably known to you, appear to be incorrect, incomplete, or incons ons 4a and 4b. If " <b>No</b> ," go to question 5.)	stent? (If "Yes,"		X	
а	Did vou make	reasonable inquiries to determine the correct, complete, and consistent in	nformation? .		$\overline{\Box}$	
b	Did you conte you asked, wh	emporaneously document your inquiries? (Documentation should includion nom you asked, when you asked, the information that was provided, an	le the questions d the impact the		_	
_		d on your preparation of the return.)				
5	keep a copy o applicable wo 8867 and any taxpayer that	y the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 rksheet(s), a record of how, when, and from whom the information used applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing s	7, a copy of any to prepare Form provided by the			
	the amount(s)			×		
	List those doc	uments provided by the taxpayer, if any, that you relied on:				
6	Did you ook th	e taxpayer whether he/she could provide documentation to substantiate	eligibility for the			
0	credit(s) and/c	or HOH filing status and the amount(s) of any credit(s) claimed on the				
7			· · · · ·			
7	-	e taxpayer if any of these credits were disallowed or reduced in a previou	s year?		X	
а		e disallowed or reduced, go to question 7a; if not, go to question 8.) ete the required recertification Form 8862?				

If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 8 .

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/04/24 PRO

Form 8867 (Rev. 11-2023)

 $\square$ 

Form 88	367 (Rev. 11-2023)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		, go to	Part \	7.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go te	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:		-	
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses or s) and/c	n the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	oility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applicat obtained.</li></ol>	ole wor	ksheet(	s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	oayer's nt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply

15	Do you certify that all of	the answers on this	Form 8867 are,	to the best of yo	our knowledge, true,	correct, and	Yes	No
	complete?						X	
				REV	03/04/24 PRO	Form <b>88</b>	67 (Rev.	11-2023)

Form **8959** 

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **Additional Medicare Tax**

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

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

OMB No. 1545-0074

Your social security number 150-55-2777

KAJA	L MANOCHA & SANDEEP KUMAR	150	-55-27	77
Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	<b>1</b> 331,415		
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	<b>4</b> 331,415		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
•	Single, Head of household, or Qualifying surviving spouse \$200,000	5 250,000		01 41 5
6	Subtract line 5 from line 4. If zero or less, enter -0		6	81,415.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).			733.
Part				
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0	8		
9	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
10	Single, Head of household, or Qualifying surviving spouse \$200,000	9 10	_	
10 11	Enter the amount from line 4       . <td< th=""><th>10</th><th>-</th><th></th></td<>	10	-	
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0			
10			13	
Part		Compensation	-	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14	-		
	(see instructions)	14		
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin			
Part	Enter here and go to Part IV		17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin	$n_{\rm e} = 11  ({\rm Form} = 10/0_{-}{\rm S})$	2	
10	filers, see instructions), and go to Part V			733.
Part				,55.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	<b>19</b> 4,805		
20	Enter the amount from line 1	<b>20</b> 331,415		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	<b>21</b> 4,806		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add withholding on Medicare wages	itional Medicare Tax	(	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation			
	14 (see instructions)		23	
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also inclufederal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c see instructions)	(Form 1040-SS filers		0.
For Pa	erwork Reduction Act Notice, see your tax return instructions. BAA	REV 03/04/24 PR	)	Form <b>8959</b> (2023)

1	Wisconsin └ income tax
	income tax



For the year Jan. 1-Dec. 31, 2023, or other tax year

Hote	Check here if an amended return					, 2023, or other ta	, 20		
STAPLE	Your legal last name MANOCHA	Legal first name M KAJAL				Your social security number			
DO NOT STA	lf a joint return, spouse's legal last name KUMAR	Spouse's legal first nan SANDEEP	ne	N	1.1.	Spouse's social security nu 723420846	mber		
	Home address (number and street). If you have 1985 FOX HOLLOW RUN	a PO Box, see page 12.		Apt. no.		Tax district Check below then fill	in either the name of the		
eturn	City or post office BROOKFIELD	State WI	Zip code 5304			city, village, or town a lived at the end of 20	nd the county in which you 23.		
before assembling return	Filing status Check ✓ below					_X_ City			
ssemb	X Married filing joint return	Legal <b>last</b> name				or town BROOK			
efore a	Married filing separate return. Fill in spouse's SSN above	Legal <b>first</b> name	Legal <b>first</b> name M.I.			County of <u>WAUKE</u>			
je 5 be	and full name here▶ Head of household, NOT marrie					School district num	ber See page 45		
See page 5	(see page 13).	If married, fill in	spouse's			conditions			
Š	(see page 13).	SSN above and t	full name h			Form 804 filed with			
	Use BLACK Ink   Print numbers	<u>NO</u> COMMAS; <u>NO</u> CENTS							
	1 Federal adjusted gross income f								
	2 Adjustments to federal adjusted	0.00							
	3 Add lines 1 and 2. This is your fe Form W-2 wages included in line	312003.00							
	<ul><li>4 Total additions to income from S</li></ul>	.00							
	<b>5</b> Add lines 3 and 4		312003.00						
	6 Total subtractions from income from Enter as a positive number	.00							
	7 Subtract line 6 from line 5. This i	7 Subtract line 6 from line 5. This is your Wisconsin income							
Ø	8 Standard deduction. See table of If someone else can claim you (or y	on page 35, <b>OR</b> 🔷 /our spouse) as a dep	0.00						
ere	9 Subtract line 8 from line 7. If line	8 is larger than line	7, fill in (	)			312003.00		
ent h	10 Exemptions (Caution: See page	je 15)							
paym	<b>a</b> Fill in exemptions allowed		3	x \$700 .	10	a 2100.00			
PAPER CLIP payment here	<b>b</b> Check if 65 or older You	+ Spouse =	>	x \$250 .	10	<b>b</b> .00			
YER (	<b>c</b> Add lines 10a and 10b					10c	2100.00		
PAF									



2023

2023	Form 1 Name KAJAL MANOCHA & SANDEEP KUMAR	SSN15055277	7 Page <b>2 of 4</b>
	· ·		NO COMMAS; NO CENTS
11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxe	able income … <b>11</b> _	309903.00
12	Tax (see table on page 38)		15928.00
13	Itemized deduction credit. Include Schedule 1, page 4 13	1646.00	
14	Additional child and dependent care tax credit (see page 17)		
	Federal credit from Form 2441 ▶00 x 50% = <b>14</b>	.00	
15	School property tax credit		
	a Rent paid in 2023 – heat included Find credit from table page 19 . <b>15a</b>	.00	
	Rent paid in 2023 – neat not included		
	<b>b</b> Property taxes paid on home in 2023 8820.00 table page 20. <b>15b</b>		
16	Working families tax credit (see page 20) 16		
17	Married couple credit. Include Schedule 2, page 4 17	480.00	
18	Nonrefundable credits from line 34 of Schedule CR 18		, ,
19	Net income tax paid to another state. Include Schedule OS PA 19	35.00	
20	Add lines 13 through 19	20_	2461.00
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is you	ur net tax <b>21</b> _	13467.00
22	Sales and use tax due on internet, mail order, or other out-of-state purchases	s (see page 23) <b>22</b> _	.00
	If you certify that no sales or use tax is due, check here	· · · · · · · · · · X	
23	Donations (decreases refund or increases amount owed)		
	a Endangered resources e Military family relief		
	b Cancer research		
	c Veterans trust fund00 g Red Cross WI Disaster Reli		
	d Multiple sclerosis		
		nrough h) ▶ 23i_	
	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25)		
25	Other penalties (see page 25)		.00
26	Add lines 21, 22, 23i, 24, and 25		13467.00
27	Wisconsin tax withheld. Include withholding statements 27	10039.00	
28	2023 estimated tax payments and amount applied from 2022 return 28	.00	
29	Earned income credit. Number of qualifying children Federal credit	.00	
30	Farmland preservation credit. <b>a</b> Schedule FC, line 17 <b>30a</b>		
	<b>b</b> Schedule FC-A, line 13 <b>30b</b>		
31	Repayment credit (see page 27) 31		



2023	Form 1		Pa	ge <b>3 of 4</b>
Nam	e(s) shown on Form 1		Your social security number	r
KA	AJAL MANOCHA & SANDEEP KUMAR		150552777	
			<u>NO</u> COMMAS; <u>NO</u>	<u>CENTS</u>
32	Homestead credit. Include Schedule H or H-EZ	32	.00	
33	Eligible veterans and surviving spouses property tax credit $\ . \ .$	33	.00	
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34	.00	
35	AMENDED RETURN ONLY-Amounts previously paid (see page 31)	35	.00	
36	Add lines 27 through 35	3610039	.00	
37	AMENDED RETURN ONLY-Amounts previously refunded (see page 31)	37	.00	
38	Subtract line 37 from line 36		. 38 10	039.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the <b>AMOUNT YOU OVERPAID</b>		. 39	.00
40	Amount of line 39 you want <b>REFUNDED TO YOU</b>		. 40	0.00
41	Amount of line 39 you want APPLIED TO YOUR 2024 ESTIMATED TAX	41 0	.00	
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the <b>AMOUNT YOU UNDERPAID</b>		. 42 3	428.00
43	Underpayment interest. Fill in exception code-See Sch. U		43	.00
44	Add lines 42 and 43. This is the AMOUNT YOU OWE. Paper cl	ip payment to front of retur	n <b>44</b> 3	428.00
45	Interest (see page 34)	·····	. 45	.00
Thi	rd Do you want to allow another person to discuss this return with the depart	rtment (see page 34)?	<b>fes</b> Complete the following.	X No
Par Des	ty Designee's Phon no.	e iden	tification ber (PIN)	

## Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

# Sign here

Under penalties of law, I declare that this retu	ırn and all attach	ments are true, correct, and co	omplete to the best of my knowledge and belief.
Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
		4808433914	1
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
Caution: Only enter a Wisconsin	Identity Protection	on PIN if you received one from	n the department <i>(see page 34).</i>
Mail your return to: Wisconsin De	partment of Re	venue	
If tax duePO Box 268	8, Madison WI 8	53790-0001	

If tax duePO Box 268, Madison WI 53790-000 If refund or no tax duePO Box 59, Madison WI 53785-0001	han your rotain to.	meeenen Bepartment er nerende
	If tax due	PO Box 268, Madison WI 53790-000
	If refund or no tax due	PO Box 59, Madison WI 53785-0001
If homestead credit claimedPO Box 34, Madison WI 53786-0001	If homestead credit claimed	PO Box 34, Madison WI 53786-0001

### Do Not Submit Photocopies REV 02/28/24 PRO



Page 4 of 4

### Schedule 1 – Itemized Deduction Credit (see page 16)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	. 1	.00
2	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	. 2	32926 .00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	. 3	.00
4	Casualty losses from federal Schedule A (Form 1040)	. 4	.00
5	Add lines 1 through 4	. 5	32926.00
6	Fill in your standard deduction from line 8 on page 1 of Form 1	. 6	0.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	. 7	32926.00
8	Rate of credit is .05 (5%)	. 8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	. 9	1646.00

You must submit this page with Form 1 if you claim either of these credits

#### Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

		(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income <b>1</b>	182581.00	129422.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	.00	.00
3	Combine lines 1 and 2. This is earned income 3	182581.00	129422.00
4	Add the amounts from federal <b>Schedule 1</b> (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	.00	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	182581.00	129422.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	16000.00
7	Rate of credit is .03 (3%)		x .03
8	Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form	1	Do not fill in 480.00 more than \$480.

#### INTUIT





Г

## **Credit for Net Tax Paid** to Another State

Attach to your Wisconsin Form 1, 1NPR, or 2

Identifying number

150-55-2777

2023

KAJAL MANOCHA & SANDEEP KUMAR

To be eligible for this credit, you must have been a full-year or part-year Wisconsin resident in 2023 and have paid 2023 state income tax on the same income to Wisconsin and another state.

	e sure to include a copy of your ax return from the other state(s).	<u>NO</u> COMMAS <u>NO</u> CENTS		1881) 81 81 81 11 88 88 11 88 11 11 11 11 11	
				State 1	State 2
PA	RT I – Income From Other State	Postal abbr.	$\rightarrow$	<u>P</u> A	
<u>1</u>	Wages, salaries, tips, etc		1	1154.00	.00
<u>2</u>	Business income / loss		2	0.00	.00
<u>3</u>	Capital gain / loss		3	.00	.00
<u>4</u>	Other gains / losses		4	.00	.00
<u>5</u>	IRA distributions, pensions, and annuities		5	.00	.00
<u>6</u>	Rental real estate, royalties, partnerships,	S corporations, trusts, etc	6	0.00	.00
<u>7</u>	Farm income / loss		7	.00	.00
<u>8</u>	Unemployment compensation		8	.00	.00
<u>9</u>	Social security benefits		9	.00	.00
<u>10</u>	Other income		10	0.00	.00
<u>11</u>	Add lines 1 through 10 in each column		11	1154.00	.00
Ad	ustments to Income				
<u>12</u>	Deductible part of self-employment tax		12	.00	.00
<u>13</u>	Self-employed SEP, SIMPLE, and qualified	l plans	13	.00	.00
<u>14</u>	Self-employed health insurance deduction		14	.00	.00
<u>15</u>	IRA deduction		15	.00	.00
<u>16</u>	Other adjustments to income		16	.00	.00
<u>17</u>	Add lines 12 through 16 in each column	•	17	.00	.00
<u>18</u>	Total income taxed by other state – subtract	ct line 17 from line 11	18	1154.00	.00
PA	RT II – Calculation of Credit (Individu	al, Estate, or Trust Income Ta	x)		
<u>19</u>	Income taxable to both Wisconsin and othe	er state (see instructions)	19	1154.00	.00
<u>20</u>	Total income taxed by the other state (see	instructions)	20	1154.00	.00
<u>21</u>	Divide line 19 by line 20. Carry the decimal If line 20 is less than line 19, enter 1.0000			<u>1 . 0 0 0 0</u>	
<u>22</u>	From the income tax return of the other sta subtracting all nonrefundable and refundable		22	35.00	.00
<u>23</u>	Multiply line 21 by line 22. Round the result paid to another state and passed through a ation, limited liability company, or partners skip lines 25 through 29 and go on to Part paid to Minnesota, Iowa, Illinois, or Michig- fill in the amount from line 23 on line 35.	to you by a tax-option (S) corpor- hip, go on to Part III. Otherwise, IV. If claiming a credit for net tax an, skip lines 30 through 34 and	23	35.00	00
I-023	INTUIT (R. 06-23)	REV 02/28/24 PRO		Par	t III - See next page

	3 Schedule OS			Page 2 of 2
	me(s) shown on Form 1, 1NPR, or 2			ng number
K	AJAL MANOCHA & SANDEEP KUMAR		150-	55-2777
			<u>NO</u>	COMMAS; <u>NO</u> CENTS
PA	RT III – Calculation of Credit (Shareholders, Partners, and Membe	ers)	State 1	State 2
Са	ution: See Instructions	-		
<u>24</u>	Postal abbreviation for state to which tax was paid	24	<u>P</u> <u>A</u>	
<u>25</u>	Income taxable to both Wisconsin and other state (see instructions) $\ldots \ldots$	25	0.00	.00
<u>26</u>	Total income taxed by the other state (see instructions)	26	0.00	.00
<u>27</u>	Divide line 25 by line 26. Carry the decimal to four places and fill in on line 27. If line 26 is less than line 25, enter 1.0000	27		V
<u>28</u>	From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions) $\ldots$ .	28	0.00	.00
<u>29</u>	Multiply line 27 by line 28. Round the result to the nearest dollar. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 29 on line 36	29	.00	.00
PA	RT IV - Credit Allowed			
<u>30</u>	Income taxable to both Wisconsin and other state (see instructions)	30	1154.00	.00
<u>31</u>	Wisconsin income from Form 1, line 7, Form 1NPR, line 30, or Form 2, see instructions	31	312003.00	.00
<u>32</u>	Divide line 30 by line 31. Carry the decimal to four places and fill in on line 32. If line 31 is less than line 30, fill in 1.0000	32	0.0037	
<u>33</u>	<ul><li>Fill in the Wisconsin net income tax from:</li><li>Form 1, line 12, less the amounts on lines 13 through 18</li></ul>			
	• Form 1NPR, line 46, less the amounts on lines 47 through 49			
	• Form 2, line 6c, less the amount on line 7	33	13502.00	.00
<u>34</u>	Multiply line 32 by line 33. Round the result to the nearest dollar	34	50.00	.00
<u>35</u>	Fill in the amount from line 23	35	35.00	.00
<u>36</u>	Fill in the amount from line 29	36	.00	.00
<u>37</u>	Add lines 35 and 36	37	35.00	.00
<u>38</u>	Fill in the smaller of line 34 or line 37. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, fill in the amount from line 37	38	35.00	.00
<u>39</u>	Add the amounts in each column of line 38. Fill in the total here			35.00
<u>40</u>	If you have tax paid to more than 2 states, fill in the amount from line 39 of any additional Schedules OS			.00
<u>41</u>	Add lines 39 and 40. This is your credit for tax paid to another state (see instructions)		41	35.00

# 

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn d	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, endi	ng			, 20	See se	parate	instructions.
Your first name	and mi		Last nan	ne						Your so	cial sec	urity number
KAJAL			MANO	СНА						150		2777
	oouse's	first name and middle initial	Last nan								-	security number
SANDEEP			KUMAI	R						723	42	0846
	(numbe	r and street). If you have a P.O. box, see						A	pt. no.			ection Campaign
1985 FOX	ноі	LLOW RUN										ou, or your
		ce. If you have a foreign address, also co	mplete sp	aces belov	v.	Stat	te	ZIP c	ode		0	jointly, want \$3
BROOKFIE	LD					WI		530	45	0		nd. Checking a not change
Foreign country	name		F	oreign prov	ince/state/c	ount	у	Foreig	n postal code	your tax		0
											V Yo	ou 🗌 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only	X	Married filing jointly (even if only o	ne had in	ncome)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name of	f your spo	use. If you	che	ecked the HOH	l or Q	SS box, ente	r the chi	ild's na	me if the
	qu	alifying person is a child but not you	ur depend	dent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as a	a reward,	award, or p	bayn	nent for prope	rty or	services); or	(b) sell,		
Assets		ange, or otherwise dispose of a dig									<b>Y</b>	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Yo	our spouse	as	a dependent					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a du	al-status a	alien						
Age/Blindness	You:	Were born before January 2, 1	959	Are blind	d Spo	use:	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 l:	s blind
Dependents	s (see	instructions):		(2) Soc	cial security		(3) Relationsh	ip (4	) Check the b	ox if quali	fies for (	see instructions):
If more		irst name Last name		• •	umber		to you		Child tax ci	redit	Credit fo	r other dependents
than four	SAN	IJAL SHARMA		974-9	92-8879	)	Son					X
dependents, see instructions												
and check	·											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructio	ons)	•				. <u>1</u> a	1	312,003.
Attach Form(s)	b	Household employee wages not re				•				. 1b	)	
W-2 here. Also	С	Tip income not reported on line 1a						• •		. <u>1</u> c	-	
attach Forms W-2G and	d	Medicaid waiver payments not rep				stru	ctions)	• •		. 1d		
1099-R if tax	е	Taxable dependent care benefits f				•		• •		. <u>1e</u>		
was withheld.	t	Employer-provided adoption bene				·		• •		. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•		• •		. <u>1</u> g		0.
W-2, see	h	Other earned income (see instruct	,	· · ·		•	· · · ·	· ·		. 1h		0.
instructions.	i -	Nontaxable combat pay election (s	see instru	uctions) .		•	<b>1</b> i			. 1z		312,003.
	z 2a	Add lines 1a through 1h Tax-exempt interest	2a			ьт/	 axable interest	•••		. 12 . 2b		512,005.
Attach Sch. B if required.	2a 3a		2a 3a				rdinary divider			. 20 . 3b		
·	 4a		4a				axable amount			. 4b		
Standard	-та 5а		5a				axable amount			. 5b		
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	6a		6a				axable amount			. 6b		
Married filing	c	If you elect to use the lump-sum e		nethod, ch					· · · ·			
separately, \$13,850	7	Capital gain or (loss). Attach Sche			`		,		[	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•	•					. 8		0.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• · · ·			. 9		312,003.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			oss incom	ne				. 11		312,003.
\$20,800	12	Standard deduction or itemized								. 12	:	42,926.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct	ion from	Form 899	5 or Form	899	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		42,926.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0-	This is yo	our <b>t</b>	axable incom	е.		. 15		269,077.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	51,378.
Credits	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	51,378.
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812			19	500.
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	50,878.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23	733.
	24	Add lines 22 and 23. This is y						24	51,611.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 48	,370.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	6)			25c	0.		
	d	Add lines 25a through 25c						25d	48,370.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC) .		••		27		-	
attach Sch. EIC.	28	Additional child tax credit fron				28			
	29	American opportunity credit				29			
	30	Reserved for future use		-		30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. Th	-	-	-			33	48,370.
Refund	34	If line 33 is more than line 24						34	-,
neiunu	35a		·			<i>,</i> .		35a	
Direct deposit?	b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here       .       .       .         Routing number       X       X       X       X       X       X       X       X         Routing number       X       X       X       X       X       X       X       C       Type:       C       C							
See instructions.	ď								
	36	Amount of line 34 you want applied to your 2024 estimated tax 36							
Amount	37	Subtract line 33 from line 24.							
You Owe	37	For details on how to pay, go						37	3,241.
	38	Estimated tax penalty (see in				38		07	5,211.
Third Party		you want to allow another							
Designee		tructions	•				omplete b	elow.	× No
Deelghee	De	signee's		Phone			onal identifi		
	nar			no.			per (PIN)		
Sign		der penalties of perjury, I declare th							
Here	bel	lef, they are true, correct, and comp	olete. Declaration of	of preparer (other than taxpayer) is based on all information			on of which	prepar	er has any knowledge.
	Yo	Your signature		Date	Your occupation				nt you an Identity
La instructions O					MANACINC	CONSULTANT	(see in		IN, enter it here
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupat				nt your spouse an
Keep a copy for	Op		our must sign.	Duic					ection PIN, enter it here
your records.					SOFTWARE CONSULTANT			nst.)	
	Ph	one no. (480)843-3914	1	Email address	KAJALMANOC	HA@GMAIL.CC	M		
Daid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/12/2024	P02082	703	Self-employed
Preparer	Fin	n's name GLOBAL TAX	KES LLC				Phone	eno. (	678)965-9522
Use Only	Fin	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the lates	st information.		BAA	REV 03/04/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

	Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information		Attachment Sequence No. 01
Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security numbers	Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
KAJAL MANOCHA & SANDEEP KUMAR 150-55-2777	KAJAL MANOCHA	& SANDEEP KUMAR	150-55	-2777

Part I Ac	Iditional Income		
1 Taxable	e refunds, credits, or offsets of state and local income taxes	. 1	
2a Alimony	/ received	. 2a	
<b>b</b> Date of	original divorce or separation agreement (see instructions):		
3 Busines	s income or (loss). Attach Schedule C	. 3	
	ains or (losses). Attach Form 4797		
5 Rental	real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	. 5	0.
6 Farm in	come or (loss). Attach Schedule F		
7 Unemp	loyment compensation	. 7	
8 Other ir	ncome:		
a Net ope	erating loss	)	
	ng		
	ation of debt		
	earned income exclusion from Form 2555	)	
	from Form 8853		
	from Form 8889		
-	Permanent Fund dividends		
	ty pay		
	and awards		
	not engaged in for profit income	_	
	ptions	_	
	from the rental of personal property if you engaged in the rental		
	it but were not in the business of renting such property 81		
	c and Paralympic medals and USOC prize money (see		
	ions)		
	951(a) inclusion (see instructions)	_	
	951A(a) inclusion (see instructions)		
	461(I) excess business loss adjustment		
	e distributions from an ABLE account (see instructions) 8q		
	ship and fellowship grants not reported on Form W-2 <b>8r</b>	_	
	able amount of Medicaid waiver payments included on Form		
	n or annuity from a nonqualifed deferred compensation plan or overnmental section 457 plan		
z Other in	ncome. List type and amount: 8z		
9 Total of	her income. Add lines 8a through 8z	. 9	
	le lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Fo		
1040 1	040-SR, or 1040-NR, line 8	. 10	0.
	Reduction Act Notice, see your tax return instructions.		lule 1 (Form 1040) 2023

Par	t 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			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:		20	
<u>-</u>	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals			
С	and USOC prize money reported on line 8m.			
Ы			-	
d			-	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans		-	
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)		-	
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		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 03	3/04/24 PRO	Schedule 1 (F	orm 1040) 202

SCHE	DULE	2
(Form	1040)	

## **Additional Taxes**

OMB No. 1545-0074

20 Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KAJAL MANOCHA & SANDEEP KUMAR 150-55-2777 Part I Tax Alternative minimum tax. Attach Form 6251 . . . . 1 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 . . . . . . . . . . . . . . . Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 . . . . . . . . . . . . . 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . . 10 10 Additional Medicare Tax. Attach Form 8959 11 11 733. Net investment income tax. Attach Form 8960 . . . . . . . . . . . . . 12 12

13	Uncollected social security and Medicare or RRTA tax on tips or group-term life		
	insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots		
	and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price		
	over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. AttachForm 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		_
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b .		21	73	3.
	BAA	REV 03/04/24 PRO	Schedu	ule 2 (Form 1040)	2023

SCHE	DULE	Α
(Form	1040)	

Department of the Treasury Internal Revenue Service

## **Itemized Deductions**

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

6

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR Your social									
KAJAL MAN	OCH	A & SANDEEP KUMAR			15	0 - 5	55-2777		
Medical		Caution: Do not include expenses reimbursed or paid by others.							
and		Medical and dental expenses (see instructions)	1						
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2							
Expenses		Multiply line 2 by 7.5% (0.075)	3		_				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			-	4			
Taxes You	-	State and local taxes.							
Paid	6	a State and local income taxes or general sales taxes. You may include							
		either income taxes or general sales taxes on line 5a, but not both. If							
		you elect to include general sales taxes instead of income taxes, check this box	5a	10,08	<u>د</u>				
	ŀ	State and local real estate taxes (see instructions)	5b	8,820					
		State and local personal property taxes	5c	0,020					
		Add lines 5a through 5c	5d	18,900	5.				
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing		20,20					
		separately)	5e	10,000	o.				
	6	Other taxes. List type and amount:		•					
			6						
	7	Add lines 5e and 6	<u> </u>		_	7	10,000.		
Interest	8	Home mortgage interest and points. If you didn't use all of your home							
You Paid		mortgage loan(s) to buy, build, or improve your home, see							
Caution: Your mortgage interest		instructions and check this box							
deduction may be limited. See	ć	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	0.0	20.00	.				
instructions.			8a	32,920	· ·				
	ľ	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the							
		home, see instructions and show that person's name, identifying no.,							
		and address	8b						
	c	Points not reported to you on Form 1098. See instructions for special							
		rules	8c						
		Reserved for future use	8d						
		Add lines 8a through 8c	8e	32,920	5.				
		Investment interest. Attach Form 4952 if required. See instructions	9		-	10			
0://	10	Add lines 8e and 9			-	10	32,926.		
Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11						
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,			-				
made a gift and got a benefit for it,		see instructions. You <b>must</b> attach Form 8283 if over \$500	12						
see instructions.	13	Carryover from prior year	13						
	14	Add lines 11 through 13				14			
Casualty and	15								
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1							
					_	15			
Other	16	Other-from list in instructions. List type and amount:			[				
Itemized Deductions						10			
	47	Add the amounts in the few wight column for lines 4 through 10. Also	nter	this created	_	16			
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12				17	42,926.		
Deductions	18	If you elect to itemize deductions even though they are less than your			- E	./	12,720.		
		check this box			.,				
For Paperwork	Red	uction Act Notice, see the Instructions for Form 1040.			Sch	edu	le A (Form 1040) 2023		

	EDULE E				Sup	plementa	l Inc	ome ar	nd Lo	SS				OMB No. 1545-0074			
(Form	1040)	(Fro	om re	ental real e	estate, roya	ties, partners	hips, S	6 corporat	ions, e	states,	trusts, REN	IICs, e	etc.)	9(	79	3	
Departm	nent of the Treasury				Attach	to Form 1040,	, 1040-	SR, 1040-	NR, or	1041.				Attachn	ッ <b>ニ</b>	•	
Internal	Revenue Service			Go to w	/ww.irs.gov/	ScheduleE fo	r instru	uctions an	nd the l	atest ir	nformation.			Sequen	ce No.	13	
	) shown on return													al security		)r	
	L MANOCHA											15	0-55	5-2777			
Part						al Estate an			• •								
	rental inco	ou are ome o	e in th or loss	ne busines: s from <b>For</b> i	s of renting p <b>m 4835</b> on p	ersonal proper age 2, line 40.	ty, use	Schedule	e C. Se	e instru	ctions. If you	i are ai	n indiv	vidual, rep	ort far	m	
Α	Did you make ar						to file	Form(s)	1099?	See in	structions .			. 🗌 Ye	s X	No	
	f "Yes," did you														_	No	
1a	Physical add																
			01 00		(01.001, 1	ony, otato, En		0)									
A	IN																
<u>В</u> С																	
		unter (	•					ha al		<b>_</b>	in Dentel	D					
1b	Type of Prope (from list below		2			estate prope umber of fair				Fa	air Rental Days	Pe	erson Da	al Use	G	ðΊΛ	
Α	3	~~				Check the Q			Α		365	_	Du	0			
B	5	_		if you me	eet the requ	uirements to f	file as	a	B		505			0			
C		_		qualified	joint ventu	re. See instru	uctions	5.	C								
	of Property:								Ŭ								
	Single Family R	leside	ence	3 V	acation/Sh	ort-Term Ren	ital	5 Lanc	4	7	Self-Renta	d.					
	Multi-Family Re				ommercial			6 Roya	-		Other (des						
								1									
											Proper						
Incom							•		<b>A</b>		E	5			С		
3	Rents received						3			968.							
4 Expor	Royalties rece	ivea					4										
Exper 5							5										
6	Auto and trave						6										
7	Cleaning and						7		17,6	585							
8	Commissions						8		±/,(								
9	Insurance .						9										
10	Legal and othe						10										
11	Management						11										
12	Mortgage inte						12										
13	Other interest					,	13		8,2	211.							
14	Repairs						14										
15	Supplies .						15										
16	Taxes						16										
17	Utilities						17										
18	Depreciation e	expen	nse o	or depletic	on		18										
19	Other (list)						19										
20	Total expense	s. Ad	ld lin	es 5 throu	ugh 19 .		20		25,8	396.							
21	Subtract line 2																
	result is a (los																
	file Form 6198						21		-24,9	928.							
22	Deductible rer							,		o ,	(			,			
	on Form 8582						22	(		0.)	(		)(	(		)	
23a	Total of all am									23a		96	58.				
b	Total of all am									23b							
C d	Total of all am									23c							
d	Total of all am Total of all am									23d 23e		25,89	26				
е 24	Income. Add							 de anv lo		236	Z	10,01	24				
24 25	Losses. Add ro									nter to	tal losses h	•re	24 25	(		0.)	
25 26	Total rental re												20			5.)	
20	here. If Parts																

26

.

0.

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

#### SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

## **Credits for Qualifying Children** and Other Dependents

OMB No. 1545-0074

•

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

20 Attachment Sequence No. 47

Name(s	Your	our social security number				
KAJA	L MANOCHA & SANDEEP KUMAR	150	150-55-2777			
Par	rt I Child Tax Credit and Credit for Other Dependents					
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	312,003.		
2a	Enter income from Puerto Rico that you excluded					
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.				
c	Enter the amount from line 15 of your Form 4563					
d	Add lines 2a through 2c		2d	0.		
3	Add lines 1 and 2d		3	312,003.		
4	Number of qualifying children under age 17 with the required social security number 4	0				
5	Multiply line 4 by \$2,000		5			
6	Number of other dependents, including any qualifying children who are not under age					
	17 or who do not have the required social security number	1				
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residued and the second seco	dent				
	alien. Also, do not include anyone you included on line 4.	ſ				
7	Multiply line 6 by \$500	•	7	500.		
8	Add lines 5 and 7	•	8	500.		
9	Enter the amount shown below for your filing status.	ľ				
	• Married filing jointly—\$400,000	ľ				
	• All other filing statuses— $200,000 \int \dots $	•	9	400,000.		
10	Subtract line 9 from line 3.	ľ				
	• If zero or less, enter -0	ľ				
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For	ľ				
	example, if the result is \$425, enter \$1,000; if the result is $1,025$ , enter $2,000$ , etc.	-	10	0.		
11	Multiply line 10 by 5% (0.05)		11	0.		
12	Is the amount on line 8 more than the amount on line 11?		12	500.		
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cr	edit.				
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	ľ				
	<b>Yes.</b> Subtract line 11 from line 8. Enter the result.	ľ				
13	Enter the amount from Credit Limit Worksheet A		13	51,378.		
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	•	14	500.		
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.					
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>additio</b>	nal ch	nild ta	x credit		

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

For Paperwork Reduction Act Notice, see your tax return instructions. REV 03/04/24 PRO Schedule 8812 (Form 1040) 2023 BAA

Schedu	le 8812 (Form 1040) 2023		Page <b>2</b>
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	<b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	<b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	, , , , , , , , , , , , , , , , , , ,	IS OT H	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, )		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the <b>larger</b> of line 20 or line 25	23	
20	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	· · · · · · · · · · · · · · · · · · ·		812 (Form 1040) 2023

Form **88899** Department of the Treasury Internal Revenue Service

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

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

ation.		Sequence No. 52
	Social security num If both spouses hav	ber of HSA beneficiary. HSAs, see instructions
	160 66	2222

2

KAJA	AL MANOCHA 150-55	5-277	7
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	🗌 Se	lf-only 🗴 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions .	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		.,
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,250.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part		arate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040). Part II. line 17d	21	

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

	Clean	Vehicle	<b>Credits</b>
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OMB No. 1545-2137

Form <b>UJUU</b> Department of the Treasury Internal Revenue Service	Attach to your tax return. Go to <i>www.irs.gov/Form8936</i> for instructions and the late	est inform	ation.	Atta	20 <b>23</b> achment quence No. <b>69</b>
Name(s) shown on return	, °			ng numbe	
KAJAL MANOCHA	& SANDEEP KUMAR		150-	55-27	77
Notes: • Complete	a separate Schedule A (Form 8936) for each clean vehicle placed	in service	during the tax	k year.	
	completing Parts II, III, or IV, must also complete Part I. See "Not		•		
	d Adjusted Gross Income Amount				
	unt from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR	1a	312,003		
	me from Puerto Rico you excluded	1b		-	
,	ount from Form 2555, line 45	1c		-	
	ount from Form 2555, line 50	1d			
-	bunt from Form 4563, line 15	1e			
•	hrough 1e			2	312,003
	unt from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR	3a		_	012,000
	ome from Puerto Rico you excluded	3b		-	
•	ount from Form 2555, line 45	3c			
-	punt from Form 2555, line 50	3d			
	ount from Form 4563, line 15	3e		-	
•	hrough 3e			4	
	<b>Iller</b> of line 2 or line 4			5	312,003
Part II Credit f	or Business/Investment Use Part of New Clean Vehicles	<u> </u>			512,005
6 Enter the total	g surviving spouse; \$225,000 if head of household). credit amount figured in Part II of Schedule(s) A (Form 8936) . nicle credit from partnerships and S corporations (see instructions)			6 7	
<ul> <li>6 Enter the total</li> <li>7 New clean vel</li> <li>8 Business/inver and report this</li> </ul>	credit amount figured in Part II of Schedule(s) A (Form 8936) . nicle credit from partnerships and S corporations (see instructions) estment use part of credit. Add lines 6 and 7. Partnerships and S amount on Schedule K. All others, report this amount on Form 380	 corporatio	ons, stop here	-	
6 Enter the total 7 New clean vel 8 Business/inve and report this Part III Credit f Note: Ye qualifying	credit amount figured in Part II of Schedule(s) A (Form 8936) . nicle credit from partnerships and S corporations (see instructions) <b>estment use part of credit.</b> Add lines 6 and 7. Partnerships and S amount on Schedule K. All others, report this amount on Form 380 <b>for Personal Use Part of New Clean Vehicles</b> bu can't claim the Part III credit if Part I, line 5, is more than \$ g surviving spouse; \$225,000 if head of household).	corporatic 00, Part III 05150,000	 ons, stop here , line 1y (\$300,000 if r	7 8	filing jointly or
<ul> <li>6 Enter the total</li> <li>7 New clean vel</li> <li>8 Business/inve and report this</li> <li>Part III Credit 1 Note: Ye qualifying</li> <li>9 Enter the total</li> </ul>	credit amount figured in Part II of Schedule(s) A (Form 8936) . nicle credit from partnerships and S corporations (see instructions) estment use part of credit. Add lines 6 and 7. Partnerships and S amount on Schedule K. All others, report this amount on Form 380 for Personal Use Part of New Clean Vehicles bu can't claim the Part III credit if Part I, line 5, is more than \$ g surviving spouse; \$225,000 if head of household). credit amount figured in Part III of Schedule(s) A (Form 8936) .	corporatic 00, Part III 0150,000	ons, stop here , line 1y . (\$300,000 if r	7 8 narried	filing jointly or
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<ul> <li>6 Enter the total</li> <li>7 New clean vel</li> <li>8 Business/inverand report this</li> <li>Part III Credit 1</li> <li>Note: You qualifying</li> <li>9 Enter the total</li> <li>10 Enter the amount</li> <li>11 Personal cred</li> <li>12 Subtract line</li> </ul>	credit amount figured in Part II of Schedule(s) A (Form 8936) . hicle credit from partnerships and S corporations (see instructions) estment use part of credit. Add lines 6 and 7. Partnerships and S amount on Schedule K. All others, report this amount on Form 380 for Personal Use Part of New Clean Vehicles bu can't claim the Part III credit if Part I, line 5, is more than \$ g surviving spouse; \$225,000 if head of household). credit amount figured in Part III of Schedule(s) A (Form 8936) . but from Form 1040, 1040-SR, or 1040-NR, line 18 its from Form 1040, 1040-SR, or 1040-NR (see instructions) . 11 from line 10. If zero or less, enter -0- and stop here. You can't		ons, stop here , line 1y (\$300,000 if r   personal use	7 8 narried 9 10 11	filing jointly or
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<ul> <li>6 Enter the total</li> <li>7 New clean vel</li> <li>8 Business/inversion and report this</li> <li>Part III Credit 1</li> <li>Note: You qualifying</li> <li>9 Enter the total</li> <li>10 Enter the amount of the credit 1</li> <li>9 Personal credit 1</li> <li>9 Personal use 1040), line 6f.</li> <li>Part IV Credit 1</li> <li>Note: You qualifying</li> <li>14 Enter the total</li> <li>15 Enter the amount of the credit 1</li> <li>16 Personal credit 1</li> <li>17 Subtract line 1</li> <li>18 Enter the smaller than li</li> <li>Part V Credit 1</li> </ul>	<ul> <li>credit amount figured in Part II of Schedule(s) A (Form 8936)</li> <li>incle credit from partnerships and S corporations (see instructions)</li> <li>estment use part of credit. Add lines 6 and 7. Partnerships and S is amount on Schedule K. All others, report this amount on Form 380</li> <li>for Personal Use Part of New Clean Vehicles</li> <li>bu can't claim the Part III credit if Part I, line 5, is more than \$ g surviving spouse; \$225,000 if head of household).</li> <li>credit amount figured in Part III of Schedule(s) A (Form 8936)</li> <li>ount from Form 1040, 1040-SR, or 1040-NR, line 18</li> <li>its from Form 1040, 1040-SR, or 1040-NR (see instructions)</li> <li>11 from line 10. If zero or less, enter -0- and stop here. You can't dit</li> <li>epart of credit. Enter the smaller of line 9 or line 12 here and If line 12 is smaller than line 9, see instructions</li> <li>credit amount figured in Part IV credit if Part I, line 5, is more than g surviving spouse; \$112,500 if head of household).</li> <li>credit amount figured in Part IV of Schedule(s) A (Form 8936)</li> <li>ou can't claim the Part IV credit if Part I, line 5, is more than g surviving spouse; \$112,500 if head of household).</li> <li>credit amount figured in Part IV of Schedule(s) A (Form 8936)</li> <li>ou can't claim the Part IV credit if Part I, line 5, is more than g surviving spouse; \$112,500 if head of household).</li> <li>credit amount figured in Part IV of Schedule(s) A (Form 8936)</li> <li>out from Form 1040, 1040-SR, or 1040-NR (see instructions)</li> <li>16 from line 15. If zero or less, enter -0- and stop here. You can't caller of line 14 or line 17 here and on Schedule 3 (Form 1040)</li> <li>ne 14, see instructions</li> <li>for Qualified Commercial Clean Vehicles</li> </ul>	Corporation 20, Part III 5150,000    claim the  \$75,000 (                            	ons, stop here , line 1y (\$300,000 if r  personal use  dule 3 (Form  (\$150,000 if r  Part IV credit . If line 17 is 	7         8         9         10         11         12         13         narried         14         15         16         17         18	
<ul> <li>6 Enter the total</li> <li>7 New clean vel</li> <li>8 Business/inversion and report this</li> <li>Part III Credit f</li> <li>Note: You qualifying</li> <li>9 Enter the total</li> <li>10 Enter the amount of the credit o</li></ul>	credit amount figured in Part II of Schedule(s) A (Form 8936) . hicle credit from partnerships and S corporations (see instructions) estment use part of credit. Add lines 6 and 7. Partnerships and S amount on Schedule K. All others, report this amount on Form 380 for Personal Use Part of New Clean Vehicles bu can't claim the Part III credit if Part I, line 5, is more than \$ g surviving spouse; \$225,000 if head of household). credit amount figured in Part III of Schedule(s) A (Form 8936) . but from Form 1040, 1040-SR, or 1040-NR, line 18 its from Form 1040, 1040-SR, or 1040-NR (see instructions) 11 from line 10. If zero or less, enter -0- and stop here. You can't dit	Corporation 20, Part III 5150,000  claim the  \$75,000 (  claim the f  claim the f  claim the f 	ons, stop here , line 1y (\$300,000 if r  personal use  dule 3 (Form  (\$150,000 if r  Part IV credit . If line 17 is	7       8       9       10       11       12       13       narried 1       14       15       16       17	
<ul> <li>6 Enter the total</li> <li>7 New clean vel</li> <li>8 Business/inversion and report this</li> <li>Part III Credit f</li> <li>Note: You qualifying</li> <li>9 Enter the total</li> <li>10 Enter the amount of the credit o</li></ul>	<ul> <li>credit amount figured in Part II of Schedule(s) A (Form 8936)</li> <li>incle credit from partnerships and S corporations (see instructions)</li> <li>estment use part of credit. Add lines 6 and 7. Partnerships and S is amount on Schedule K. All others, report this amount on Form 380</li> <li>for Personal Use Part of New Clean Vehicles</li> <li>bu can't claim the Part III credit if Part I, line 5, is more than \$ g surviving spouse; \$225,000 if head of household).</li> <li>credit amount figured in Part III of Schedule(s) A (Form 8936)</li> <li>ount from Form 1040, 1040-SR, or 1040-NR, line 18</li> <li>its from Form 1040, 1040-SR, or 1040-NR (see instructions)</li> <li>11 from line 10. If zero or less, enter -0- and stop here. You can't dit</li> <li>epart of credit. Enter the smaller of line 9 or line 12 here and If line 12 is smaller than line 9, see instructions</li> <li>credit amount figured in Part IV credit if Part I, line 5, is more than g surviving spouse; \$112,500 if head of household).</li> <li>credit amount figured in Part IV of Schedule(s) A (Form 8936)</li> <li>ou can't claim the Part IV credit if Part I, line 5, is more than g surviving spouse; \$112,500 if head of household).</li> <li>credit amount figured in Part IV of Schedule(s) A (Form 8936)</li> <li>ou can't claim the Part IV credit if Part I, line 5, is more than g surviving spouse; \$112,500 if head of household).</li> <li>credit amount figured in Part IV of Schedule(s) A (Form 8936)</li> <li>out from Form 1040, 1040-SR, or 1040-NR (see instructions)</li> <li>16 from line 15. If zero or less, enter -0- and stop here. You can't caller of line 14 or line 17 here and on Schedule 3 (Form 1040)</li> <li>ne 14, see instructions</li> <li>for Qualified Commercial Clean Vehicles</li> </ul>	Corporation 20, Part III 5150,000  claim the  \$75,000 (  \$75,000 (  claim the I  claim the I	ons, stop here , line 1y (\$300,000 if r  personal use  dule 3 (Form  (\$150,000 if r  Part IV credit . If line 17 is   ctions)	7         8         narried         9         10         11         12         13         narried         14         15         16         17         18	

For Paperwork Reduction Act Notice, see separate instructions. BAA

Form **8936** 

#### SCHEDULE A (Form 8936)

# **Clean Vehicle Credit Amount**

OMB No. 1545-2137

(FOII	1 0930)			シーンス
		Attach to your tax return.		
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8936 for instructions and the latest information		Attachment Sequence No. <b>69A</b>
	) shown on return		Identi	tifying number
KAJ	AL MANOCHA	& SANDEEP KUMAR	150	0-55-2777
Par	Vehicle	Details		
1a	Year			2023
b	Make		BMW	N
с	Model		iX	xDrive50
2	Vehicle identif	cation number (VIN) (see instructions)..  W B 5 2 3 C F 0 8	8 P	C L 9 2 9 4 8
3	Enter date veh	icle was placed in service (MM/DD/YYYY)	_07/	/25/2023
4		e used primarily outside the United States? Answer "No" if it was but an exception <b>here.</b> You can't claim a credit amount for a vehicle used primarily outside the Un		-
5	Does the VIN of definitions.		year?	See instructions for
6			!2 and	J placed in service during
7		entered on line 2 belong to a <b>qualified commercial clean vehicle</b> acquired after year? See instructions for definitions. Part V.	2022	and placed in service
		ere. You can't use this schedule to figure a credit amount for a vehicle not descr	ribed o	on line 5, 6, or 7.
Part	Credit A	mount for Business/Investment Use Part of New Clean Vehicle		
8	another perso	e the vehicle for use or to lease to others, and not for resale? Answer "No" if you n. Here. You can't claim a credit amount for a vehicle you didn't acquire for use or to		-
9	Tentative cred	it amount (see instructions)	9	
10	Business/inve	stment use percentage (see instructions)	10	%
11		by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you on line 10, stop here. Otherwise, go to Part III below	11	
Part		mount for Personal Use Part of New Clean Vehicle	, ···   , ,	L
12	Subtract line 1 Part III of Form	1 from line 9 in Part II. Stop here and include this credit amount on line 9 in 9936	12	
For Pa	perwork Reduct	ion Act Notice, see the Form 8936 instructions. BAA REV 03/04/24	PRO	Schedule A (Form 8936) 2023

Schedu	e A (Form 8936) 2023		Page <b>2</b>	
Part	V Credit Amount for Previously Owned Clean Vehicle		1	
13a	Is the sales price of the vehicle more than \$25,000? Yes. Stop here. The vehicle doesn't qualify for the Part IV credit. No.			
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person. X Yes.			
С	<ul> <li>No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a Can you be claimed as a dependent on another person's tax return, such as your parent's return</li> <li>Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.</li> <li>No.</li> </ul>		for resale.	
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions. X Yes. No.			
14	Enter the sales price of the vehicle	14	12,020.	
15	Multiply line 14 by 30% (0.30)	15	3,606.	
16	Maximum vehicle credit amount	16	4,000.	
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936	17	3,606.	
Part	V Credit Amount for Qualified Commercial Clean Vehicle			
b	<ul> <li>Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exceentities discussed in the instructions applies.</li> <li>Yes.</li> <li>No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception</li> <li>Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.</li> <li>Yes.</li> <li>No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.</li> </ul>	applies are leas	ing the vehicle from	
С	Is the vehicle also powered by gas or diesel? See instructions.  Yes. No.	1 1		
19	Enter the cost or other basis of the vehicle. See instructions	19		
20	Section 179 expense deduction (see instructions)	20		
21	Subtract line 20 from line 19	21		
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22		
23	Enter the incremental cost of the vehicle. See instructions	23		
24	Enter the smaller of line 22 or line 23	24		
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more)	25		
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936	26		

Schedule A (Form 8936) 2023

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

## **Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year 20 23

Attachment	
Sequence No.	70

Taxpayer name(s) shown on return	Taxpayer identification	n number
KAJAL MANOCHA & SANDEEP KUMAR	150-55-277	7
Preparer's name	Preparer tax identifica	ation number
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703	

#### Part I **Due Diligence Requirements**

correct Schedule C (Form 1040)?

For Paperwork Reduction Act Notice, see separate instructions.

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

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

•	•	•	•		•	•	•	•	•	•	•	•				
		RE	V 03	/04/2	24 PI	RO							F	-orm <b>88</b>	67	(Rev.

Form 8867 (Rev. 11-2023)

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

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

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

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

REV 03/04/24 PRO

Form 8867 (Rev. 11-2023)

8959 Form

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **Additional Medicare Tax**

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

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

OMB No. 1545-0074 2023 Attachment Sequence No. 71

1	5	0	-5	5.	-2	7	7	7

Your social security number

KAJA	L MANOCHA & SANDEEP KUMAR		150-5	5 <u>-</u> 27	77
Part	Additional Medicare Tax on Medicare Wages		i		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	331,415.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	331,415.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	81,415.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).	Enter	here and go to		
	Part II			7	733.
Part	Additional Medicare Tax on Self-Employment Income				
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0	8			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0	.009)	. Enter here and		
	go to Part III			13	
Part					
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
	(see instructions)	14			
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin	e 16 k	oy 0.9% (0.009).		
	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin				
	filers, see instructions), and go to Part V			18	733.
Part	V Withholding Reconciliation				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	4,805.		
20	Enter the amount from line 1	20	331,415.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	4,806.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addi				
	withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c	•			
	see instructions)			24	0.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA		REV 03/04/24 PRO		Form <b>8959</b> (2023)

	0200	
Form	UJUU	

# Net Investment Income Tax— Individuals, Estates, and Trusts Attach to your tax return.

OMB No. 1545-2227

2023

	nent of the Treasury Revenue Service	Attach to your tax return. Go to <i>www.irs.gov/Form</i> 8960 for instructions and the late	et inform	ation		A	Attachment Sequence No. 72
			51 1110111		<b>X</b>	_	curity number or EIN
	) shown on your tax	& SANDEEP KUMAR			150-!		-
Part		ent Income Section 6013(g) election (see instructions)			100	55	4111
Fart	investine	Section 6013(h) election (see instructions)					
		$\square$ Regulations section 1.1411-10(g) election (see in	etructio	ne)			
1	Taxabla intora	st (see instructions)				1	
2		ends (see instructions)				2	
3	-	instructions)				2	
4a		state, royalties, partnerships, S corporations, trusts, trades or			•	Ŭ	
-	businesses, et	c. (see instructions)	4a		0.		
b	section 1411 t	r net income or loss derived in the ordinary course of a non-rade or business (see instructions)	4b				
С		4a and 4b	1 1		•	4c	0.
5a	-	s from disposition of property (see instructions)	5a				
b		loss from disposition of property that is not subject to net come tax (see instructions)	5b				
с	Adjustment fro	om disposition of partnership interest or S corporation stock (see					
			5c				
d	Combine lines	5a through 5c				5d	
6	Adjustments to	o investment income for certain CFCs and PFICs (see instructions)			. [	6	
7	Other modifica	ations to investment income (see instructions)				7	
8	Total investme	ent income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	0.
Part	I Investme	ent Expenses Allocable to Investment Income and Modif	ication	S			
9a	Investment int	erest expenses (see instructions)	9a				
b		nd foreign income tax (see instructions)	9b				
С		investment expenses (see instructions)	9c				
d		9b, and 9c				9d	
10		difications (see instructions)				10	
11		ns and modifications. Add lines 9d and 10			•	11	
	III Tax Com	-					
12		it income. Subtract Part II, line 11, from Part I, line 8. Individuals,					
		usts, complete lines 18a–21. If zero or less, enter -0	• •		·	12	0.
	Individuals:						
13	-	sted gross income (see instructions)	13	312,0			
14		ed on filing status (see instructions)	14	250,0			
15		4 from line 13. If zero or less, enter -0	15	62,0	03.		0
16		ller of line 12 or line 15			. :	16	0.
17		nt income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>En</b>			ude		0
	Estates and	eturn (see instructions)	• •		•	17	0.
10-			400				
18a		t income (line 12 above)	18a				
b	deductions (se	or distributions of net investment income and charitable e instructions)	18b		_		
С		net investment income. Subtract line 18b from line 18a (see If zero or less, enter -0-	18c				
19a	Adjusted gross	s income (see instructions)	19a				
b	Highest tax br	acket for estates and trusts for the year (see instructions)	19b				
С	Subtract line 1	9b from line 19a. If zero or less, enter -0	19c				
20		ller of line 18c or line 19c ..................			-	20	
21		t income tax for estates and trusts. Multiply line 20 by 3.8% (0.					
		ur tax return (see instructions)				21	
For Pa	perwork Reduct	ion Act Notice, see your tax return instructions. BAA	REV 03	3/04/24 PRO			Form <b>8960</b> (2023)

<b>8582</b>	Pa	assive Activ		intations			MB No. 1545-100
orm UJUZ		See sepa	arate instructions.				2023
epartment of the Treasury			1040, 1040-SR, or			A	ttachment
ternal Revenue Service	Go to www.i	irs.gov/Form8582 fo	or instructions and	the latest information			equence No. 858
ame(s) shown on return	C CANDEED KIMAD					ifying n	
	& SANDEEP KUMAR Passive Activity Loss				150		-2777
	n: Complete Parts IV ar		eting Part I				
	· · · · · · · · · · · · · · · · · · ·			iu a mantinimatian a	Crasial		
	ctivities With Active Pa I Real Estate Activities			live participation, s	ee <b>Spec</b> ial		
1a Activities with	net income (enter the a	mount from Part IN	/, column (a)) .	1a			
<b>b</b> Activities with	net loss (enter the amo	unt from Part IV, c	olumn (b))	1b (	)		
c Prior years' ur	allowed losses (enter th	ne amount from Pa	art IV, column (c))	<b>1c</b> (	)		
d Combine lines	1a, 1b, and 1c					1d	
I Other Passive Ac	tivities						
2a Activities with	net income (enter the a	mount from Part V	, column (a))	<b>2</b> a	0.		
	net loss (enter the amo				24,928.)		
c Prior years' ur	allowed losses (enter th	ne amount from Pa	art V, column (c))	<b>2c</b> (	)		
d Combine lines	2a, 2b, and 2c					2d	-24,928
3 Combine lines	1d and 2d and subtra	ct any prior year ι	unallowed CRD. S	See instructions. If	this line is		
zero or more,	stop here and include	this form with you	ur return; all losse	es are allowed, inc	luding any		
prior vear una	llowed losses entered of	on line 1c or 2c. F	Report the losses	on the forms and	schedules		
						3	-24,928
normally used							
normally used If line 3 is a los aution: If your filing Int II. Instead, go to	status is married filing	loss (and line 1d is separately and yo	bu lived with your		e during the	year,	do not comp
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Form 8582 (2023)									Page <b>2</b>
Part V (	Complete This Part Befor	e Part I, Lines 2	2a, 2b,	and 2c. S	See instruc	ctions.			
		Curre	nt year		Prior years		Overall gain or loss		in or loss
Ν	Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		<b>(d)</b> Gain		(e) Loss
		0.		24,928.					24,928.
	Part I, lines 2a, 2b, and 2c	0.		24,928.	) a a in a true	tiono			
Part VI	Jse This Part if an Amour			, Line 9. 8		tions.			
۸	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a	) Loss	<b>(b)</b> Ra	atio	<b>(c)</b> Special allowance		(d) Subtract column (c) from column (a).
Total					1.00	D			
Part VII /	Allocation of Unallowed L	.osses. See inst	ruction	s.		1			
	Name of activity	Form or sch and line nu to be report (see instruct	mber ted on	(a)	Loss	(	<b>b)</b> Ratio	(c)	Unallowed loss
		E Ln 2	22		24,928.	1.0	0000000		24,928.
	Allowed Losses. See instru				24,928.		1.00		24,928.
Part VIII /	Name of activity	Form or sch and line nu to be report (see instruct	mber ted on	(a)	Loss	<b>(b)</b> Ur	allowed loss	(0	c) Allowed loss
		E Ln 2	22		24,928.		24,928.		0.
Total					24,928.		24,928.		0.

REV 03/04/24 PRO

Form **8582** (2023)

## **PA-40 - 2023** Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

1 50553333				N	Extension.	Ν	Amended Return.
150552777	723420846			N	Residency Statu	s.	
MANOCHA						nresident/	Part-Year Resident
	Occup	ation	MANAGTNE		from Single, Married	/E:1: T.	to
KAJAL	Occup	Jation	MANAGING C	J	Married/Filing	-	-
SANDEEP	Occup	oation	SOFTWARE C				
				N	Deceased		
KUMAR				N	Taxpayer Date o	f Death	
				N	Spouse Date of	Death	
1985 FOX HOLL	VW KUN			N	Farmers.		
BROOKFIELD	WΙ	5	3045		School District	Name N	T IN PA
		_					
400-0	43-3914	Г	9999				
			e, such as combat zone pay	and	la		<b>ՆՆ</b> 54
qualitying retiremen	t benefits. See the instruc	ctions.					
1b Unreimbursed Empl	oyee Business Expenses.				lb		0
1c Net Compensation.	Subtract Line 1b from Li	ne 1a.			lc		1154
2 Interest Income. Con	nplete PA Schedule A if	requir	ed.		2		0
-			omplete PA Schedule B if re-	quired.	3		
4 Net Income or Loss	from the Operation of a B	usines	s, Profession or Farm.		4		0
	om the Sale, Exchange or	-	÷ •		5		0
	from Rents, Royalties, P				Б 7		
	ne. Complete and submit				r B		
	ry Winnings. Complete a				9		
			ncome amounts from Lines	lc,	1		1154
2, 3, 4, 5, 6, 7 and 8.	DO NOT ADD any loss	ses rep	oried on Lines 4, 5 or 6.				
10 <b>Other Deductions.</b>	Enter the appropriate co	de for	the type of deduction.	Ν	10		0
	for additional informatic		- *				_
11 Adjusted PA Taxab	le Income. Subtract Line	e 10 fro	om Line 9.		77		<b>Ն</b> Ն54

1555 REV 02/24/24 PRO





Page 1 of 2

PA-40 - 2023

Social Security Number

## 150552777 Name(s) KAJAL MANOCHA & SANDEEP KUMAR

				_
12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	73 75	35 35	
14 15 16 17 18	Credit from your 2022 PA Income Tax return. 2023 Estimated Installment Payments. REV-459B included. N 2023 Extension Payment. Nonresident Tax Withheld from your <b>PA Schedule(s) NRK-1.</b> (Nonresidents only) <b>Total Estimated Payments and Credits.</b> Add Lines 14, 15, 16 and 17.	14 15 16 17 18		
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	19a 19b 20 21		
22 23 24 25 26 27	Resident Credit. Submit your <b>PA Schedule(s) G-L</b> and/or <b>RK-1</b> . Total Other Credits. Submit your <b>PA Schedule OC</b> and/or <b>PA Schedule DC</b> . <b>TOTAL PAYMENTS and CREDITS.</b> Add Lines 13, 18, 21, 22 and 23. <b>USE TAX.</b> Due on internet, mail order or out-of-state purchases. See instructions. <b>TAX DUE.</b> If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box.	22 23 24 25 26 27	0 35 0 0	
28 29	<b>TOTAL PAYMENT DUE.</b> See the instructions. <b>OVERPAYMENT.</b> If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	0 0	
30 31	The total of Lines 30 through 36 must equal Line 29.         Refund – Amount of Line 29 you want as a check mailed to you.         Credit – Amount of Line 29 you want as a credit to your 2024 estimated account.	31 30	0	
33	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36		
-	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.			
You	Signature Spouse's Signature, if filing jointly			
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D31224 59659522 Firm FEII Preparer's	V	N 84317196 P0208270	
	1555 REV 02/24/24 PRO <b>Page 2 of 2</b>			

2300215338

## PA SCHEDULE E

2301410029

Rents and Royalty Income (Loss)

PA-40 E (EX) 03-23 (I)

PA Department of Revenue	2023		OFFICIAL USE ONLY
Name of the taxpayer filing this schedule			Social Security Number (shown first) or EIN
KAJAL MANOCHA			150-55-2777
Sales Tax License Number (if applicable). See the instructions.		Are rental payments made by les	sees through a third party broker? C Yes No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

## SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. If more than three properties, submit additional schedules as needed.

	Туре	Description of Property For Profit Prop	<b>Complete Address</b> (street, city, state and ZIP code)
A		YES 👝	
A	3	NO 👝	, India
в		YES 👝	
		NO 🔵	
С		YES 🔵	
Ũ		NO 💭	
Pro	perty	<b>type:</b> 1. Single family residence 3. Vacation/short-term rental 5. I	_and 7. Self-rental

 Property type:
 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 & EXPENSES SECTION II** Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Т s J Т S J Т s J Line b: Is the property rental location in PA? YES NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? YES YES NO YES NO NO 968 1. Rent received ..... Income: 1 2. Royalties received . 2 Expenses: 3. Advertising ..... 3 4. Automobile and travel ... 4 17,685 5. Cleaning and maintenance 5. 6. Commissions ..... 6 7. Insurance 7 8. Legal and professional fees ..... 8 9. Management fees 9 10. Mortgage interest . . . . . . 10. 8,211 11. Other interest .... . . . 11. 12. Repairs . 12 13. Supplies ..... . . . 13 14. Taxes - not based on net income ..... . . . . 14 15. Utilities . . . . . 15 17. Other expenses (itemize): ..... 17 25,896 18. Total Expenses - Add Lines 3 through 17 . . . . 19 Income or Loss: 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 0 21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. .........(fill in the oval, if a net loss) 21. 0 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. . . . . . (fill in the oval, if a net loss) 22. 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. .....(fill in the oval, if a net loss) 23 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, .(fill in the oval, if a net loss) 24. 0 total all Line 22 and 23 amounts and include on Line 6 of your PA-40. ... REV 02/24/24 PRO



1555



PA-8879 (EX) 03-23 (I)

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number	
KAJAL MANOCHA	150-55-2777	
Secondary Taxpayer's Name	Social Security Number	
SANDEEP KUMAR	723-42-0846	
SECTION I TAX RETURN INFORMATION – TAX YEAR END	NG DEC. 31, 2023 (whole dollars only)	
. Adjusted PA taxable income (Form PA-40, Line 11)		1,154
2. PA tax liability (Form PA-40, Line 12)		35
B. Total PA tax withheld (Form PA-40, Line 13)		35
Amount to be refunded (Form PA-40, Line 30)		
. Total payment (tax due) (Form PA-40, Line 28)		0
SECTION II DECLARATION AND SIGNATURE AUTHORIZAT	ION OF TAXPAYER	

system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

## PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

CX I authorize <u>GLOBAL TAXES LLC</u> to enter my PIN \_\_\_\_\_\_\_\_\_ as my signature on my tax year 2023 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 20846
 as my signature on my tax year 2023

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature

Date

Date

## SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN

222496 / 08271

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

2023

Name KAJAL MANOCHA Social Security Number 150-55-2777

				Federal Form	s W-2		
# of W2	* N T / T X B L	TS	N R H	Employer Name identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
		S H H		ASPIRE SYSTEMS DIGITAL INC 26-3671498 DELOITTE CONSUITING LLP 06-1454513 DELOITTE CONSUITING LLP 06-1454513	129,422. 132,922. 182,581. 198,493. 	0. 1,154. 35. 182,581. 0.	TX PA WI

Pennsylvania W-2	<b>Taxpayer</b> 1,154.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6	182,581.	
Withholding	35.	0.

## Federal Forms W-2: Local Tax

<b>#</b> of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
2		T	06-1454513	210201-21	1,154.	12.	PA

Pennsylvania Local W-2	<b>Taxpayer</b> 1,154.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	12.	

## **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

	*	Payer Name			Pa	yer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
Executor fee       H       Other nonemployee compensation.         Jury dity pay       Director's fee       Employer sponsored retirement/pension/deferred compensation plan.         Expert withress fee       Honoratium       Comparison of the competition from ERA (Traditional or Roth)         Covenant not to competition from Employee Stock Ownership Plan.       Describe:         Distribution from Charitable Gift Annuities       M         Distribution from Form 1099MISC/1099K/1099NEC.       Taxpayer         Spouse       Spouse         Withholding       T         Payer's EIN       T         Payero											
Executor fee       H       Other nonemployee compensation.         Jury duty pay       Director's fee       Employer sponsored retirement/pension/deferred compensation plan.         Expert witness fee       Honorarium       Company the pay introduced from the A (Traditional or Roth)         Covenant not to compete       M Distribution from Employee Stock Ownership Plan.         Describe:       M Distribution from Employee Stock Ownership Plan.         Describe:       M Distribution from tom Employee Stock Ownership Plan.         Describe:       M Distribution from Form 1099MISC/1099K/1099NEC.       Taxpayer         Spouse       Mitching       Spouse         Mitching       T #d PA       Gross       PA Tax         Payer's EIN       T #d PA       Gross       PA Taxable       Withheld         Compensation from Form 1099MISC/1099K/1099NEC.       Taxpayer       Spouse       Withheld         Image: State an 'X' if this income is Not subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.       PA Taxable       Yithel PA Tax         No entry       Image: Part or Compensation part or Part Part Part Part Part Part Part Par											
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.         Withholding         Payer's EIN       T         Fed       PA         Gross       Distribution         Payer's Name       S         #       Payer's Name         S       #         Type       Distribution         Basis       PA Taxable         Withhel       Withhel         Image: State	Exe Jur Dire Exp Hol Co Dai Ios	ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo t wages, other than	Dr	I J K L M N O	Descri Emplo Distrib Distrib Distrib Distrib Descri Fiducia	be: yer spons ution from ution from ution from ution from be: ary fees fr income no	ored re n IRA ( <sup>7</sup> n Life Ir n Chari n Emplo	etiremer Fraditior surance able Gi byee Sto	nt/pension/def nal or Roth) e, Annuity or E ft Annuities	Endowment C	
Payer's EIN Payer's Name       T S       Fed Type       PA Distribution       Gross Basis       PA Taxable       PA Tax Withhel         PA Taxable       PA Taxable       Withhel       PA Taxable       Withhel         Payer's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhel         Payer's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhel         PA Taxable       PA Taxable       Withhel       PA Taxable       Withhel         Payer's Name       F       F       F       F         Payer's Name       F       F       F       F         Payer's Name       F       F       F       F       F         Payer's Name       F       F       F       F       F         Payer       No entry       F									C.	ayer	Spouse
*       Payer's Name       S       #       Type       Distribution       Basis       PA Taxable       Withhel         Image: Structure of the structu			Со	mpe	ensati	on from	Fede	al For	ms 1099R		
Imaginary       No entry       I/m not eligible yet; plan is eligible in PA         I No entry       PA school, state, or municipal employee plan       J1       Traditional or Roth IRA; I'm over 59.5         I United Mine Workers pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Non-qualified deferred compensation plan         Military pension       K3       Life insurance or endowment         Military pension       Life insurance or endowment       Distribution from Charitable Gift Annuities         Military pension       M1       ESOP: Non-Allocated ESOP Stock Dividend         M3       KSOP: Taxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP within a 401(k)         M4       M4	*	Payer's EIN Payer's Name						E	Basis I	PA Taxable	PA Tax Withheld
Imaginary       No entry       I/A school, state, or municipal employee plan       I/A school, state, or municipal employee plan       J1       Traditional or Roth IRA; I'm over 59.5         I United Mine Workers pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Non-qualified deferred compensation plan         Multiding Qual Joint Survivorship Annuity       L       Distribution from Charitable Gift Annuities         Maliover       M1       ESOP: Non-Allocated ESOP Stock Dividend         M3       KSOP: Taxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP with											
Imaginary       No entry       I/A school, state, or municipal employee plan       I/A school, state, or municipal employee plan       J1       Traditional or Roth IRA; I'm over 59.5         I United Mine Workers pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Non-qualified deferred compensation plan         Multiding Qual Joint Survivorship Annuity       L       Distribution from Charitable Gift Annuities         Maliover       M1       ESOP: Non-Allocated ESOP Stock Dividend         M3       KSOP: Taxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP with								-			
Imaginary       No entry       I/A school, state, or municipal employee plan       I/A school, state, or municipal employee plan       J1       Traditional or Roth IRA; I'm over 59.5         I United Mine Workers pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Non-qualified deferred compensation plan         Multiding Qual Joint Survivorship Annuity       L       Distribution from Charitable Gift Annuities         Malie Rollover       M1       ESOP: Non-Allocated ESOP Stock Dividend         M3       KSOP: Taxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP within a 401(k)       M4         M4       KSOP: Nontaxable ESO			-	—	<u> </u>				[		
Imaginary       No entry       I/A school, state, or municipal employee plan       I/A school, state, or municipal employee plan       J1       Traditional or Roth IRA; I'm over 59.5         I United Mine Workers pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Traditional or Roth IRA; I'm under 59.5         Military pension       J2       Non-qualified deferred compensation plan         Multiding Qual Joint Survivorship Annuity       L       Distribution from Charitable Gift Annuities         Malie Rollover       M1       ESOP: Non-Allocated ESOP Stock Dividend         M3       KSOP: Taxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP within a 401(k)         M4       KSOP: Nontaxable ESOP within a 401(k)       M4         M4       KSOP: Nontaxable ESO											
Innsylvania Distribution type:       Image: No entry       Image: No entryImage: No entry       Image: No entryImage: No entryImage: No entry       Image: No entryImage: No entryImage: No entry       Image: No entryImage: No entr	* F	nter an 'X' if this incon		Not	subioc	t to Ponn	evlvani	-	A Part-Vear a	and Nonreside	nte Only
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info) Distribution from Charitable Gift Annuities	N No 1 PA 1 Uni 2 Mili 3 U.S 1 Ani (inc 1 Eai 2 Rol	entry school, state, or muni ited Mine Workers pen itary pension 5. Civil service retireme nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a r llover	cipal sion ent/di ce dis vivors etirer	sabili sabili ship / nent	lity/anr ty Annuity plan	nuity	J1 J2 K3 K3 I M1 M2 M2	Trad           2         Trad           2         Non-           3         Life i           4         Distribution           5         ESO           2         ESO           3         KSO	itional or Roth itional or Roth qualified defe nsurance or e ibution from C P: Allocated E P: Non-Alloca P: Taxable ES	IRA; I'm over IRA; I'm under rred compense indowment charitable Gift SOP Stock D ted ESOP Stock SOP within a	r 59.5 er 59.5 ation plan Annuities vividend ock Dividend 401(k)
Taxpayer Spouse	Distr	ibution from Life Insuration from Life Insuration ineligible retirement platibution from Charitable ipensation from Form	ance, ans (: e Gift 10991	Anr see Ann R (el	uity, E Tax He uities . igible i	elp FAQ's	for mo  plans)	racts or re info)	Taxpa	ayer	Spouse
Total gross compensation to Form PA-40 line 1a Taxpayer Spouse	Distr Com	holding									
Total gross compensation to Form $PA_{10}$ line 1a $1.154$	Distr Com	holding			Tota	I Gross	Comp	ensati	on		

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

## PA-40 - 2023 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

					Ν	Extension.	N A	mended Return.
150	552777 72	3420846				D 11 0.		
MAN	0CHA				Ν	Residency Status. PA <b>R</b> esident/Nonr from	esident/ <b>P</b> art-	Year Resident
KAJ	AL	Occupatio	<sup>n</sup> MANAGING	c	J	Single, Married/F Married/Filing Se		,
SAN	DEEP	Occupatio	<sup>n</sup> SOFTWARE	c	N	Deceased		
KUM	AR				N	Taxpayer Date of	Death	
						Spouse Date of De	aath	
198	5 FOX HOLLOW	RUN			N		caui	
		ШΤ	<b>5 7 0 1 5</b>		N	Farmers.	ΝΔΤ	
BKV	OKFIELD	ωI	53045			School District Na		IN PA
	480-843-3	3914	99999					
1a	Gross Compensation. Do r qualifying retirement bene	•		zone pay a	nd	la		1154
1b	Unreimbursed Employee F	Business Expenses.				lb		٥
1c	Net Compensation. Subtra-	ct Line 1b from Line 1	a.			lc		1154
2	Interest Income. Complete	<b>PA Schedule A</b> if requ	uired.			z		٥
	Dividend and Capital Gains			ule B if requ	uired.	2		0
4	Net Income or Loss from th	ne Operation of a Busin	ess, Profession or Far	m.		4		0
5	Net Gain or Loss from the	Sale, Exchange or Dis	position of Property.			5		٥
6	Net Income or Loss from H	Rents, Royalties, Paten	ts or Copyrights.			6		0
7	Estate or Trust Income. Co	mplete and submit PA	Schedule J.			7		0
8	Gambling and Lottery Wir	nnings. Complete and s	ubmit <b>PA Schedule</b> 7	Г.		8		0
9	<b>Total PA Taxable Income</b>				с,	9		<b>Լ</b> Լ54
	2, 3, 4, 5, 6, 7 and 8. DO 1	NOT ADD any losses 1	reported on Lines 4, 5	or 6.				
10	Other Deductions. Enter		or the type of deduction	on.	Ν	10		0
	See the instructions for ad		6 <b>T</b> • 0			11		
11	Adjusted PA Taxable Inc	ome. Subtract Line 10	from Line 9.			""		1154
1555	REV 02/24/24 PRO							





Page 1 of 2

PA-40 - 2023

Social Security Number

#### Name(s) KAJAL MANOCHA & SANDEEP KUMAR 150552777

12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	12 13	35 35
14 15 16 17 18	Credit from your 2022 PA Income Tax return. 2023 Estimated Installment Payments. REV-459B included. N 2023 Extension Payment. Nonresident Tax Withheld from your <b>PA Schedule(s) NRK-1.</b> (Nonresidents only) <b>Total Estimated Payments and Credits.</b> Add Lines 14, 15, 16 and 17.	14 15 16 17 18	
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	19a 00 19b 00 20 21	0
22 23 24 25 26 27	Resident Credit. Submit your <b>PA Schedule(s) G-L</b> and/or <b>RK-1</b> . Total Other Credits. Submit your <b>PA Schedule OC</b> and/or <b>PA Schedule DC</b> . <b>TOTAL PAYMENTS and CREDITS.</b> Add Lines 13, 18, 21, 22 and 23. <b>USE TAX.</b> Due on internet, mail order or out-of-state purchases, See instructions. <b>TAX DUE.</b> If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. <b>N</b>	22 23 24 25 26 27	0 0 35 0 0
28 29	<b>TOTAL PAYMENT DUE.</b> See the instructions. <b>OVERPAYMENT.</b> If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	85 29	
30 31	The total of Lines 30 through 36 must equal Line 29.       Refund – Amount of Line 29 you want as a check mailed to you.       REFUND         Credit – Amount of Line 29 you want as a credit to your 2024 estimated account.       REFUND	31 30	0
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
-	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
You	Signature Spouse's Signature, if filing jointly		
~	arer's Name and Telephone Number Date E-File Op	t Out	Ν
	S9659522       Firm FEIN         1555       REV 02/24/24 PRO		843171965 P02082703
	Page 2 of 2		
		23002153	38



<b>PA-8879</b> (EX) 03-23 (I)		2023
Declaration Control Number/Submission ID		
Primary Taxpayer's Name KAJAL MANOCHA	Social Security Number 150-55-2777	
Secondary Taxpayer's Name SANDEEP KUMAR	Social Security Number 723-42-0846	
SECTION I TAX RETURN INFORMATION – TAX YEA	R ENDING DEC. 31, 2023 (whole dollars only)	
1. Adjusted PA taxable income (Form PA-40, Line 11)		1,154
2. PA tax liability (Form PA-40, Line 12)		
3. Total PA tax withheld (Form PA-40, Line 13)		35
4. Amount to be refunded (Form PA-40, Line 30)		
5. Total payment (tax due) (Form PA-40, Line 28)		0
SECTION II DECLARATION AND SIGNATURE AUTHO	ORIZATION OF TAXPAYER	
software and to the transmission of my tax return electronically to the PA the amounts shown on the copy of my electronic income tax return. If a agents to initiate an electronic funds withdrawal (direct debit) entry to m institution to debit the entry to my account and the financial institutions in information necessary to answer inquiries and resolve issues related to p the United States or one of its territories. I have selected a personal ic applicable, my electronic funds withdrawal consent.  PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN I authorize GLOBAL TAXES LLC electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2023 electronic	Applicable, I authorize the PA Department of Revenue my designated account for Pennsylvania taxes owed. Involved in the processing of my electronic payment of payment. I certify the funds for this withdraw are origin dentification number as my signature for my electron <b>N</b> ) Mark one oval only. to enter my PIN52777_ as my sign	e and its designated financial I also authorize my financial f taxes to receive confidential nating from an account within nic income tax return and, if
Signature		Date
SECONDARY TAXPAYER'S PIN Mark one oval only.		
	to enter my PIN 20846_ as my sign	ature on my tax year 2023
I will enter my PIN as my signature on my tax year 2023 electroni	ically filed income tax return.	
Signature		Date
SECTION III CERTIFICATION AND AUTHENTICATION	N – PRACTITIONER PIN PROGRAM PARTICIPA	NTS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit sel	If-selected PIN222496_/ 08271	
As a participant in the Practitioner PIN Program, I certify the above nume income tax return for the taxpayer(s) indicated above. I confirm I am pa established for this program.	eric entry is my PIN, which is my signature on the tax	
ERO's Signature		Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Social Security Number 150-55-2777

Name	
KAJAL	MANOCHA

				Federal Forms	s W-2		
# of W2	* NT / TX B	TS	NRH	Employer Name Employer	Federal wages from box 1	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state)	ST ID
	L			identification number from box B	Medicare wages from box 5	income tax tax withheld from box 17	
	X	S T T		ASPIRE SYSTEMS DIGITAL INC 26-3671498 DELOITTE CONSUITING LLP 06-1454513 DELOITTE CONSUITING LLP 06-1454513	129,422. 132,922. 182,581. 198,493. 	0. 1,154. 35. 182,581. 0.	TX PA WI
P F N N	enns edera onca on-P	sylvani al Forr ash tip: ?ennsy	a W· n 41 s Ivan	22 to Schedule NRH, line 9		ayer Spouse	0.

## Federal Forms W-2: Local Tax

# * of W2	* TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
	T	06-1454513	210201-21	1,154.	12.	PA

Pennsylvania Local W-2	<b>Taxpayer</b> 1,154.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips.		
Withholding	12.	

## **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

									PA Taxable	e PA Tax	Fed.
	*	Payer Name			Pa	yer EIN	T/S	Code	Comp.	Withheld	Income
	Exe Jur Dire Exp Hor	vania Payment type: ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete		I J K	Descri Emplo Distrib Distrib	yer spons ution from ution from	ored re IRA ( Life Ir	etiremer Fradition Isurance	nt/pension/de nal or Roth)	ferred comper Endowment C	·
	Dar	mages or settlement fo wages, other than		М		ution from			ock Ownersh	ip Plan.	
		sonal injury		N O	Fiducia	ary fees fr income no					
										bayer	Spouse
		laneous Compensatior					099K/1	099NE	C.		
		-									
			Со	mpe	ensati	on from	Fede	al For	ms 1099R		•
	*	Payer's EIN Payer's Name	T S	Fed #	РА Туре	Gro: Distrib			Basis	PA Taxable	PA Tax Withheld
	 *		<u> </u>	<u> </u>				-	-		
		nter an 'X' if this incom		NOT	subjec	t to Penns	sylvani	a tax - F	PA Part-Year	and Nonreside	ents Only.
         	No PA Uni Mili U.S Anr (inc Ear Rol	vania Distribution typ entry school, state, or munic ted Mine Workers pension 5. Civil service retiremen buity or Non-civil servic sluding Qual Joint Surv ly distribution from a re lover eligible; plan is eligible	cipal sion ent/di ce dis ivors etirer	sabili sabili ship / nent	lity/anr ity Annuit <u>y</u> plan	nuity	J1 52 K3 K3 I M2 M2 M3	I Trad I Trad Non- I Life i Distr I ESO I ESO I ESO I SO	itional or Rot itional or Rot qualified defensurance or ibution from P: Allocated P: Non-Alloc P: Taxable E	t; plan is eligib h IRA; I'm ove h IRA; I'm und erred compens endowment Charitable Gift ESOP Stock I ated ESOP St SOP within a le ESOP within	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
D C	i istri om	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	ans ( Gift 099I	see <sup>-</sup> Ann R (el	Tax He uities igible r	elp FAQ's	for mo  plans)	re info)	· · ·	oayer	
					Tota	l Gross (	Comn	ensati	on		
							-			aver	Spouse
Т	otal	gross compensation to Schedule NRH gross holding to Form PA-40	o Fo	rm P	PA-40 I	ine 1a				1,154.	0

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.