Department of the Treasury Internal Revenue Service

Calendar Year -Due 04/15/2024

2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

937.

REV 03/07/24 PRO 1555

615-53-3070 045-53-0790 DEEPAK K PARIDA NUPUR BISWAL 19314 SALVIA BEND SAN ANTONIO TX 78259

Department of the Treasury Internal Revenue Service Calendar Year — Due **06/17/2024**

2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

937.

REV 03/07/24 PRO 1555

5

LIS-53-3070 DEEPAK K PARIDA NUPUR BISWAL L93L4 SALVIA BEND SAN ANTONIO TX 78259

Department of the Treasury Internal Revenue Service

615-53-3070

NUPUR BISWAL

DEEPAK K PARIDA

19314 SALVIA BEND

SAN ANTONIO TX 78259

Calendar Year — Due **09/16/2024**

2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

937.

REV 03/07/24 PRO 1555

737

045-53-0790

Department of the Treasury Internal Revenue Service

Calendar Year -Due 01/15/2025

2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

937.

REV 03/07/24 PRO 1555

615-53-3070 045-53-0790 DEEPAK K PARIDA NUPUR BISWAL 19314 SALVIA BEND SAN ANTONIO TX 78259

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Social accurity number

Submission Identification Number (SID)

Taxpayer's name

Taxpayer's name	Social security number
DEEPAK K PARIDA	615-53-3070
Spouse's name	Spouse's social security number
NUPUR BISWAL	045-53-0790
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 315,494.
2 Total tax	2 54,564.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 56,272.
4 Amount you want refunded to you	4 1,708.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a copy of your return)

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

Taxpayer's PIN: check one box only

I authorize	GLOBAL TAXES LL	С	to enter or generate my PIN	
	ER	O firm name	, <u>,</u>	Er

Ent	as my				
3	3	0	7	0	

3

0 7

Enter five digits, but don't enter all zeros

9 0

as mv

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

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

Your signature 🕨

X

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature 🕨	Date									
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2				6 all ze	 9	89	

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

ERO's signature 🕨		Date 🕨				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
Exception of Deduction Astronomy	· · · · · · · · · · · · · · · · · · ·		E 9970 (D 01 0001)			

Date

to enter or generate my PIN

1040		rtment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or sta	ple in this space.
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20			nstructions.
Your first name	and mi	ddle initial	Last na									urity number
DEEPAK K			PARI									3070
		first name and middle initial	Last na									security number
NUPUR			BISW	7ΔΤ.								0790
	(numbe	r and street). If you have a P.O. box, see						A	Apt. no.		• •	ction Campaign
19314 SA												ou, or your
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode			ointly, want \$3
SAN ANTC	NIO					ТΧ	ζ	782	59	•		nd. Checking a not change
Foreign country	name		1	Foreign pr	ovince/state/o	count	ty	Foreig	n postal code	your tax		
											Yo Yo	u 🗌 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne had i	income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	-	ou checked the MFS box, enter the			bouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	r the chi	ild's nar	me if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward	. award. or	pavr	nent for prope	rtv or	services): or	(b) sell.		
Assets		ange, or otherwise dispose of a digi						-			🗌 Ye	s 🛛 No
Standard		eone can claim: You as a de		·			a dependent	, ,				
Deduction	<u> </u>	Spouse itemizes on a separate return										
Age/Blindness	You:	Were born before January 2, 1	959 [Are bl	ind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 Is	blind
Dependents	s (see	instructions):		(2) S	Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):
If more		rst name Last name			number		to you		Child tax ci	redit	Credit fo	r other dependents
than four	MEH	IEK PARIDA		934	-96-201	9	Daughter					X
dependents, see instructions	SAA	NVI PARIDA		796	-26-4912	2	Daughter		×			
and check	·											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)	•				. 1a		301,261.
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				nstru	ictions)	• •		. 1d	-	
1099-R if tax	е	Taxable dependent care benefits f		,				• •		. <u>1e</u>	-	307.
was withheld.	f	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 instruction	,			•	· · · ·			. 1h		0.
instructions.	i -	Nontaxable combat pay election (s Add lines 1a through 1h	see insu	ructions)		•	1 i			1-		301,568.
All 1.0.1.5	 2a	J J	2a		· · · ·	ьт	axable interest	· ·		. 1z . 2b		13,926.
Attach Sch. B if required.	2a 3a	· ·	2a 3a				ordinary divider					10, 520.
	 4a	-	4a				axable amoun				-	
Standard	-та 5а	-	та 5а				axable amoun					
Deduction for – Single or	6a		6a				axable amoun					
Married filing	c	If you elect to use the lump-sum e		method					 Г			
separately, \$13,850	7	Capital gain or (loss). Attach Scher							[7		
 Married filing jointly or 	8	Additional income from Schedule								. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		315,494.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		315,494.
\$20,800	12	Standard deduction or itemized	-							. 12	-	27,700.
 If you checked any box under 	13	Qualified business income deducti					5-A			. 13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -	0 This is y	our I	taxable incom	e.		. 15		287,794.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	55,871.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	55 , 871.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,500.
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	2,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	53 , 371.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	1,193.
	24	Add lines 22 and 23. This is	your total tax					24	54,564.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 55	5,474.		
	b	Form(s) 1099				25b		-	
	с	Other forms (see instructions	s)			25c	798.	-	
	d	Add lines 25a through 25c	·					25d	56,272.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28		-	
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	56 , 272.
Refund	34	If line 33 is more than line 24						34	1,708.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	🗆	35a	1,708.
Direct deposit?	b	Routing number 0 8 3				Checking	Savings		
See instructions.	d	Account number 7 1 4	6 4 1 2	3 8 7			Ū.		
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See		_	
Designee		•	•				omplete	oelow.	🗙 No
-		signee's		Phone			onal identi	fication	
	nar			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here				、	Your occupation				nt you an Identity
	10	Your signature Date Your occu		Four occupation				IN, enter it here	
Joint return?					ENGINEER			inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.								itity Prote inst.)	ection PIN, enter it here
yourrooordo.					TEACHER		(566	<u> </u>	
		one no. (662) 400-674		Email address	DEEPARIDA	GMAIL.COM	DTIN		
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI		P0247		Self-employed
Use Only		m's name GLOBAL TAX							(678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHE	DULE	2
(Form	1040)	

1

2

3

Department of the Treasury

Internal Revenue Service

Additional Taxes

OMB No. 1545-0074

Attachment Sequence No. 02

20

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number DEEPAK K PARIDA & NUPUR BISWAL 615-53-3070 Part I Tax Alternative minimum tax. Attach Form 6251 1 Excess advance premium tax credit repayment. Attach Form 8962 2 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here \ldots	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	664.
12	Net investment income tax. Attach Form 8960	12	529.
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	
	(00)	ontinu	ued on page 2)

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

Schedule 2 (Form 1040) 2023

17 Other additional taxes: a a 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 c 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 e Additional tax on Archer MSA distributions. Attach Form 8853 17e f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 17e g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property 17g g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property 17h j Section 72(m)(5) excess benefits tax 17i j Section 72(m)(5) excess benefits tax 17i j Section 72(m)(5) excess benefits tax 17i k Golden parachute payments 17k i Tax on accumulation distribution of trusts 17i m Look-back interest under section 167(g) or 460(b) from Form 8897 or 8866 17n o Tax on non-effectively con	Par	t II Other Taxes (continued)			
Image: Non-Section 12 (Non-Section 12 (Non-Sec	17	Other additional taxes:			
b Recapture of federal mortgage subsidy, if you sold your home see instructions 17b c 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 17c e Additional tax on Archer MSA distributions. Attach Form 8853 17e f Additional tax on Archer MSA distributions. Attach Form 8853 17e 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 17i i Tax on accumulation distribution of trusts 17k i Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR 17n o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR 17o q Any interest from Form 8621, line 24 17g	а	Recapture of other credits. List type, form number, and amount:			
see instructions 17b c 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 e Additional tax on Archer MSA distributions. Attach Form 8853 17e f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 17e 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 17k l Tax on accumulation distribution of trusts 17k l Tax on accumulation distribution of trusts 17n m Excise tax on insider stock compensation from an expatriated corporation 17n or Bax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR 17o p Any interest from Form 8621, line 24 17g			17a	-	
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 17d e Additional tax on Archer MSA distributions. Attach Form 8853 17e f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 17e g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property 17f h Income you received from a nonqualified deferred compensation you received from a nonqualified deferred compensation plan described in section 457A 17h i Compensation plan described in section 457A 17i j Section 72(m)(5) excess benefits tax 17k I Tax on accumulation distribution of trusts 17k m Excise tax on insider stock compensation corporation 17g n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 17m o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR 17o p 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	b		17b		
individual. Attach Form 888917deAdditional tax on Archer MSA distributions. Attach Form 885317efAdditional tax on Medicare Advantage MSA distributions. Attach Form 885317egRecapture of a charitable contribution deduction related to a fractional interest in tangible personal property17fgRecapture of a charitable contribution deduction related to a fractional interest in tangible personal property17fhIncome you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hiCompensation you received from a nonqualified deferred compensation plan described in section 457A17ijSection 72(m)(5) excess benefits tax17jkGolden parachute payments17klTax on accumulation distribution of trusts17knLook-back interest under section 167(g) or 460(b) from Form 8697 or 886617moTax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR17npAny interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund17g	С	Additional tax on HSA distributions. Attach Form 8889	17c		
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 17i j Section 72(m)(5) excess benefits tax 17j k Golden parachute payments 17k i Tax on accumulation distribution of trusts 17k 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 o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR 17o p 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	d	• •	17d		
Form 885317fg Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property17gh Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hi Compensation you received from a nonqualified deferred compensation plan described in section 457A17ij Section 72(m)(5) excess benefits tax17jk Golden parachute payments17kl Tax on accumulation distribution of trusts17km Excise tax on insider stock compensation from an expatriated corporation17mn Look-back interest under section 167(g) or 460(b) from Form 8697 or 886617no Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR17op Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund17g	е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
fractional interest in tangible personal property	f		17f		
plan that fails to meet the requirements of section 409A17hiCompensation you received from a nonqualified deferred compensation plan described in section 457A17ijSection 72(m)(5) excess benefits tax17jkGolden parachute payments17klTax on accumulation distribution of trusts17kmExcise tax on insider stock compensation from an expatriated corporation17imLook-back interest under section 167(g) or 460(b) from Form 8697 or 886617moTax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR17opAny interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund17pqAny interest from Form 8621, line 2417q	g	•	17g		
compensation plan described in section 457A17ijSection 72(m)(5) excess benefits tax17jkGolden parachute payments17klTax on accumulation distribution of trusts17kmExcise tax on insider stock compensation from an expatriated corporation17imLook-back interest under section 167(g) or 460(b) from Form 8697 or 886617moTax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR17opAny interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund17g	h	•	17h		
k Golden parachute payments 17k I Tax on accumulation distribution of trusts 17k m Excise tax on insider stock compensation from an expatriated corporation 17l m Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 17m o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR 17n p 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	i		17i		
ITax on accumulation distribution of trusts171mExcise tax on insider stock compensation from an expatriated corporation171nLook-back interest under section 167(g) or 460(b) from Form 8697 or 886617moTax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR17npAny interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund17pqAny interest from Form 8621, line 2417q	j	Section 72(m)(5) excess benefits tax	17j		
 m Excise tax on insider stock compensation from an expatriated corporation	k	Golden parachute payments	17k		
corporation17mnLook-back interest under section 167(g) or 460(b) from Form 8697 or 886617noTax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR17npAny interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund17pqAny interest from Form 8621, line 2417q	Т	Tax on accumulation distribution of trusts	171		
8697 or 886617no Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR17np Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund17pq Any interest from Form 8621, line 2417q	m		17m		
 year you were a nonresident alien from Form 1040-NR p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund q Any interest from Form 8621, line 24	n		17n		
from, and dispositions of, stock of a section 1291 fund17pq Any interest from Form 8621, line 2417q	0	• • •	170		
	р		17p		
z Any other taxes. List type and amount:	q	Any interest from Form 8621, line 24	17q		
	z	Any other taxes. List type and amount:			
17z			17z		
18 Total additional taxes. Add lines 17a through 17z 1 z	18	Total additional taxes. Add lines 17a through 17z		18	
19 Reserved for future use 19 19	19	Reserved for future use		19	
20 Section 965 net tax liability installment from Form 965-A 20	20	Section 965 net tax liability installment from Form 965-A	20		
Add lines 4, 7 through 16, and 18. These are your total other taxes. Enter here and	21				
on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b. 1, 1 BAA REV 03/07/24 PRO Schedule 2 (Form 1040					 1,193.

SCHEDULE	В
(Form 1040)	

Department of the Treasury

Interest and Ordinary Dividends

OMB No. 1545-0074 2

Attach to Form 1040 or 1040-SR.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleB for instructions and the latest		Go to www.irs.gov/ScheduleB for instructions and the latest information.		Attachme Sequence	nt 9 No. O	8
Name(s) shown on r	return			social securi	ty num	
DEEPAK K P	PARIDA	A & NUPUR BISWAL	615	5-53-307		
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:				
(See instructions and the		CAPITAL ONE N.A.				10.
Instructions for		DISCOVER BANK				97.
Form 1040, line 2b.)		CITIBANK			13,2	19.
Note: If you						
received a Form 1099-INT,			1			
Form 1099-OID, or substitute						
statement from						
a brokerage firm, list the firm's						
name as the						
payer and enter the total interest						
shown on that						
form.						
	2	Add the amounts on line 1	2		13,9	26.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		13,9	26.
	Note:	If line 4 is over \$1,500, you must complete Part III.		Ame	ount	
Part II	5	List name of payer:				
Ordinary						
Dividends						
(See instructions						
and the						
Instructions for Form 1040,						
line 3b.)			5			
Note: If you						
received a Form 1099-DIV						
or substitute						
statement from a brokerage firm,						
list the firm's name as the						
payer and enter						
the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6			
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.				
Part III	You m	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d	livider	uds: (b) ha	d a fo	reian
Foreign		nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr				. e.g.
Accounts					Vee	Na
and Trusts	_			<i>.</i>	Yes	No
Caution: If	7a	At any time during 2023, did you have a financial interest in or signature authority of account (such as a back account securities account, or brokerage account) locat				
required, failure to	0	account (such as a bank account, securities account, or brokerage account) locat country? See instructions				×
file FinCEN Form 114 may result in		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank	and	Financial		
substantial		Accounts (FBAR), to report that financial interest or signature authority? See Fin				
penalties. Additionally, you		and its instructions for filing requirements and exceptions to those requirements .				
may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) v	vhere the		
to file Form 8938, Statement of		financial account(s) is (are) located:				
Specified Foreign						

Financial Assets. 8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a See instructions. foreign trust? If "Yes," you may have to file Form 3520. See instructions

REV 03/07/24 PRO

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

Х

Form 2441	Child	and Depender	t Care Expe	enses		OMB No. 1545-0074
Form And To To To	Attach to Form 1040, 1040-SR, or 1040-NR.					2023
Department of the Treasury Internal Revenue Service		gov/Form2441 for instru		st information		Attachment Sequence No. 21
Name(s) shown on return						security number
	A & NUPUR BISWAL				615-53-	•
	credit for child and depende	ent care expenses if vo	our filing status is n	narried filing sep		
	the instructions under Man					
B If you or your spou	se was a student or was d	isabled during 2023 ar	nd you're entering o	leemed income o	of \$250 or \$	500 a month on
Form 2441 based on t	he income rules listed in the	instructions under If Yo	ou or Your Spouse	Nas a Student or	Disabled, cl	neck this box .
	s or Organizations Whe					
lf you na	ave more than three care	e providers, see the	Instructions and	Check this boy	κ	<u> L</u>
1 (a) Care provider's name	(b) Ac (number, street, apt. no.,		(c) Identifying number (SSN or EIN)	(d) Was the care household emplo For example, this ge nannies but not da (see instru-	yee in 2023? enerally includes lycare centers.	s (e) Amount paid (see instructions)
				🗌 Yes	🗌 No	
				🗌 Yes	🗌 No	
				🗌 Yes	🗌 No	
Γ	Did you receive	№	Complete	e only Part II bel	ow.	
c	lependent care benefits?	' Yes	Complete	e Part III on page	e 2 next.	
Schedule H (Form 10	provider is your househo 40). If you incurred care ex 't include these expenses	xpenses in 2023 but d	idn't pay them unt	il 2024, or if you		
	t for Child and Depend					
	out your qualifying person(s			rsons, see the ins	structions and	d check this box 🗌
				(c) Check here		Qualified expenses

(a) Qualifying person's name (b) Qualifying person's social security number qualifying person was over age 12 and was disabled. (see instructions) You incurred and p in 2023 for the persise is cold security number First Last Image: Social security number age 12 and was disabled. (see instructions) image: Social security number age 12 and was disabled. (see instructions) 3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person as 56,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 Enter your earned income. See instructions	(a) Qualifying person's name (b) Qualifying person's social security number qualifying person vas over age 12 and was disabled. (see instructions) you incurred and paid in 2023 for the person listed in column (a) Image: Column (a) of line 2. Don't enter more than \$3,000 if you had one qualifying person vas \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 Image: Column (a) Image: Column (a) Image: Column (a) Image: Column (b) of line 2. Don't enter more than \$3,000 if you had one qualifying person vas \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 Image: Column (a) Image: Column (c) of line 2. Don't enter more than \$3,000 if you had one qualifying person vas disabled, see the instructions); all others, enter the amount from line 31 Image: Column (a) Image: Column (c) of line 2. Don't enter more than \$3,000 if you had one qualifying person vas disabled, see the instructions); all others, enter the amount from line 31 Image: Column (c) Image: Column (c) of line 2. Don't enter more than \$3,000 if you had one qualifying person vas disabled, see the instructions); all others, enter the amount from line 7. Image: Column (c) Image: Column (c) Image: Column (c) of line 3, 4, or 5 Image: Column (c) Image: Column (c) Image: Column (c) Image: Column (c) Image: Column (c) of line 7 is: If line 7 is: If line 7 is: If line 7 is: Image: Column (c) Image: Column (c)										_	
or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 Enter your earned income. See instructions 4 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5 6 5 0. 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 5 6 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: 0ver 0ver 0ver 0ver amount is 0ver 0ver 23 39,000-41,000 .22 8 X 1,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 8 X 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 9a Multiply line 6 by the decimal amount on line 8 9a 9a 9a 9a 9a 0 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 9c) Qualifying pers				qualifying person age 12 and was	n was over disabled.	you incurred and paid in 2023 for the person		
or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 . 3 4 Enter your earned income. See instructions	or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 Enter your earned income. See instructions 4 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 0 6 Enter the smallest of line 3, 4, or 5 7 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 6 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 6 6 1f line 7 is: If line 7 is: If line 7 is: 0ver 0ver 0ver 0ver amount is 0ver 0ver amount is 0ver 23 39,000-41,000 .22 8 X 1,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 8 X 21,000-23,000 .31 33,000-35,000 .25 39,000-No limit .20 9a 94 Multiply line 6 by the decimal amount on line 8 9a 9a b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter											
or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 . 3 4 Enter your earned income. See instructions	or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 Enter your earned income. See instructions 4 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 0 6 Enter the smallest of line 3, 4, or 5 7 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 6 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 6 6 1f line 7 is: If line 7 is: If line 7 is: 0ver 0ver 0ver 0ver amount is 0ver 0ver amount is 0ver 23 39,000-41,000 .22 8 X 1,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 8 X 21,000-23,000 .31 33,000-35,000 .25 39,000-No limit .20 9a 94 Multiply line 6 by the decimal amount on line 8 9a 9a b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter										—	
or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 . 3 4 Enter your earned income. See instructions	or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 Enter your earned income. See instructions 4 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5 6 5 0. 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 5 6 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: 0ver 0ver 0ver 0ver amount is 0ver 0ver 23 39,000-41,000 .22 8 X 1,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 8 X 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 9a Multiply line 6 by the decimal amount on line 8 9a 9a 9a 9a 9a 0 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 9c											
or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 . 3 4 Enter your earned income. See instructions	or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 Enter your earned income. See instructions 4 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5 6 5 0. 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 5 6 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: 0ver 0ver 0ver 0ver amount is 0ver 0ver 23 39,000-41,000 .22 8 X 1,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 8 X 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 9a Multiply line 6 by the decimal amount on line 8 9a 9a 9a 9a 9a 0 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 9c											
4 Enter your earned income. See instructions 4 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 6 Enter the smallest of line 3, 4, or 5 6 7 Enter the smallest of line 3, 4, or 5 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 6 If line 7 is: If line 7 is: If line 7 is: 0ver Over Over But not Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25 .23,000-25,000 .30 35,000-37,000 .24 9a Multiply line 6 by the decimal amount on line 8 9a 9a	4 Enter your earned income. See instructions 4 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5 6 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 6 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If li	3										
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4		•		•	•			3			
or was disabled, see the instructions); all others, enter the amount from line 4 5 6 Enter the smallest of line 3, 4, or 5 7 Enter the smallest of line 3, 4, or 5 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: Over over amount is over over amount is Over Sun ot over amount is Sun ot over amount is Sun over amount is <td cols<="" th=""><td>or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 6 16 If line 7 is: If line 7 is: If line 7 is: 0ver But not Decimal over Over Over 30 -15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000 .30 \$25,000-29,000 .28 39,000-41,000 .22 8 X 19,000 .31 23,000 .26 43,000 .21 9a 9a Multiply line 6 by the decimal amount on line 8 b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b 9c C Add lines 9a and 9b and enter the result 0</td><th>4</th><td>Enter your earne</td><td>d income. Se</td><td>ee instructions .</td><td></td><td></td><td></td><td>4</td><td></td><td></td></td>	<td>or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 6 16 If line 7 is: If line 7 is: If line 7 is: 0ver But not Decimal over Over Over 30 -15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000 .30 \$25,000-29,000 .28 39,000-41,000 .22 8 X 19,000 .31 23,000 .26 43,000 .21 9a 9a Multiply line 6 by the decimal amount on line 8 b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b 9c C Add lines 9a and 9b and enter the result 0</td> <th>4</th> <td>Enter your earne</td> <td>d income. Se</td> <td>ee instructions .</td> <td></td> <td></td> <td></td> <td>4</td> <td></td> <td></td>	or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 6 16 If line 7 is: If line 7 is: If line 7 is: 0ver But not Decimal over Over Over 30 -15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000 .30 \$25,000-29,000 .28 39,000-41,000 .22 8 X 19,000 .31 23,000 .26 43,000 .21 9a 9a Multiply line 6 by the decimal amount on line 8 b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b 9c C Add lines 9a and 9b and enter the result 0	4	Enter your earne	d income . Se	ee instructions .				4		
6 Enter the smallest of line 3, 4, or 5 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 1 If line 7 is: If line 7 is: If line 7 is: 0ver But not over 0ver But not over 0ver 0ver 0ver \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .32 31,000-33,000 .26 43,000-No limit .20 19,000-23,000 .31 33,000-35,000 .25 9a 9a Multiply line 6 by the decimal amount on line 8 9a	6 Enter the smallest of line 3, 4, or 5 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. f line 7 is: If line 7 is: If line 7 is: If line 7 is: 0ver But not over Decimal amount is 0ver \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 39,000-41,000 .22 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-35,000 .25 .23,000-85,000 .25 23,000-25,000 .30 35,000-37,000 .24 9a 9a Multiply line 6 by the decimal amount on line 8 b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b 9c	5							nt			
7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: 0ver But not over Decimal amount is Over But not over Decimal amount is Over But not over Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25	7Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 1178Enter on line 8 the decimal amount shown below that applies to the amount on line 7.If line 7 is:If line 7 is:0verBut not overDecimal amount is0verBut not overDecimal amount is0verBut not overDecimal amount is15,000-17,000.35\$25,000-27,000.29\$37,000-39,000.2315,000-17,000.3427,000-29,000.2839,000-41,000.2217,000-19,000.3329,000-31,000.2741,000-43,000.2119,000-21,000.3231,000-33,000.2643,000-No limit.2021,000-23,000.3133,000-35,000.249a9aMultiply line 6 by the decimal amount on line 89a9bIf you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c9b9cCAdd lines 9a and 9b and enter the result109c		or was disabled,	see the instru	uctions); all others,	enter the am	ount from line 4 .		5	0	•	
7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: 0ver But not over Decimal amount is Over But not over Decimal amount is Over But not over Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25	7Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 1178Enter on line 8 the decimal amount shown below that applies to the amount on line 7.If line 7 is:If line 7 is:0verBut not overDecimal amount is0verBut not overDecimal amount is0verBut not overDecimal amount is15,000-17,000.35\$25,000-27,000.29\$37,000-39,000.2315,000-17,000.3427,000-29,000.2839,000-41,000.2217,000-19,000.3329,000-31,000.2741,000-43,000.2119,000-21,000.3231,000-33,000.2643,000-No limit.2021,000-23,000.3133,000-35,000.249a9aMultiply line 6 by the decimal amount on line 89a9bIf you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c9b9cCAdd lines 9a and 9b and enter the result109c	6	Enter the smalle	st of line 3, 4,	, or 5				6		_	
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: Over But not over Decimal amount is Over But not over Decimal amount is Over But not over But not over Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25	8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: Over But not over Decimal amount is Over But not over Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .24 9a 9a Multiply line 6 by the decimal amount on line 8 9a 9b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b 9c Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10	7	Enter the amoun	t from Form 1			1					
If line 7 is: If line 7 is: If line 7 is: If line 7 is: Over But not over Over But not over Decimal amount is Over But not over Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .24	If line 7 is: If line 7 is: If line 7 is: If line 7 is: Over But not over Decimal amount is Over But not over Decimal amount is Over But not over Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .24 9a 9a Multiply line 6 by the decimal amount on line 8	8	Enter on line 8 th	e decimal am	nount shown below	that applies t	o the amount on lin	e 7.				
Over But not over Decimal amount is Over But not over Decimal amount is But not over Decimal amount is But not over But not over But not over Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .24	Over But not over Decimal amount is Over But not over Decimal amount is Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .24 9a 9a Multiply line 6 by the decimal amount on line 8 b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c . 9b 9b . 0 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 9c . .											
Stor Coor Coor <th< th=""><th>Store Construction Constr</th><th></th><th></th><th>Decimal</th><th></th><th>Decimal</th><th></th><th>Decimal</th><th></th><th></th><th></th></th<>	Store Construction Constr			Decimal		Decimal		Decimal				
15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 8 X 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25	15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 8 X 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 8 X 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 9 9 21,000-23,000 .31 33,000-35,000 .25 23,000-25,000 .30 9a 9a Multiply line 6 by the decimal amount on line 8 .		Over over	amount is	Over over	amount is	Over over	amount is				
17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25	17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25 .23,000-25,000 .30 .25,000-37,000 .24 9a 9a 9a 9a 9a • If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b 9b • Add lines 9a and 9b and enter the result • Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 10 10		\$0-15,000	.35	\$25,000-27,000	.29	\$37,000-39,000	.23				
17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25 .23,000-25,000 .30 35,000-37,000 .24 9a Multiply line 6 by the decimal amount on line 8	17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25 43,000-No limit .20 9a Multiply line 6 by the decimal amount on line 8 b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c . . . 9b c Add lines 9a and 9b and enter the result .		15,000-17,000	.34	27,000-29,000	.28	39,000-41,000	.22	0	V		
21,000-23,000 .31 33,000-35,000 .25 23,000-25,000 .30 35,000-37,000 .24 9a Multiply line 6 by the decimal amount on line 8	21,000-23,000 .31 33,000-35,000 .25 23,000-25,000 .30 35,000-37,000 .24 9a Multiply line 6 by the decimal amount on line 8		17,000-19,000	.33	29,000-31,000	.27	41,000-43,000	.21	8	X		
23,000-25,000 .30 35,000-37,000 .24 9a Multiply line 6 by the decimal amount on line 8	23,000 - 25,000 .30 35,000 - 37,000 .24 9a Multiply line 6 by the decimal amount on line 8		19,000-21,000	.32	31,000-33,000	.26	43,000—No limit	.20				
23,000-25,000 .30 35,000-37,000 .24 9a Multiply line 6 by the decimal amount on line 8	23,000 - 25,000 .30 35,000 - 37,000 .24 9a Multiply line 6 by the decimal amount on line 8		21.000-23.000	.31	33.000-35.000	.25	,					
9a Multiply line 6 by the decimal amount on line 8 9a	9a Multiply line 6 by the decimal amount on line 8 9a 9a If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9a c Add lines 9a and 9b and enter the result 9c 0 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10		, ,	.30		24						
	 b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	9a			, ,				9a			
	from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b c Add lines 9a and 9b and enter the result 9c 0 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10	b				orksheet A in	the instructions. Er	nter the amour	nt 📃		_	
	c Add lines 9a and 9b and enter the result 9c 0 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10											
	0 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10	c					•				—	
		-					1	1			—	
			•						d			
	on Schedule 3 (Form 1040), line 2			•	•							

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

Page			2441 (2023)	
			t III Dependent Care Benefits	Part
307.	12	2. Don't include amounts oyed or a partner, include om your sole proprietorship	Enter the total amount of dependent care benefits you received in 2 as an employee should be shown in box 10 of your Form(s) W- reported as wages in box 1 of Form(s) W-2. If you were self-empl amounts you received under a dependent care assistance program fro or partnership	12
	13	23 during the grace period.	Enter the amount, if any, you carried over from 2022 and used in 202 See instructions	13
	14 (If you forfeited or carried over to 2024 any of the amounts reported amount. See instructions	14
307.	15		Combine lines 12 through 14. See instructions	15
		16	Enter the total amount of qualified expenses incurred in 2023 for the care of the qualifying person(s)	16
		17 0.	Enter the smaller of line 15 or 16	17
		18 266,167.	Enter your earned income. See instructions	18
			Enter the amount shown below that applies to you.	19
		19 35,094.	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).	
			 If married filing separately, see instructions. All others, enter the amount from line 18.	
		20 0.	Enter the smallest of line 17, 18, or 19	20
		21 5,000.	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21
			Is any amount on line 12 or 13 from your sole proprietorship or partne X No. Enter -0	22
0.	22		☐ Yes. Enter the amount here	
		23 307.	Subtract line 22 from line 15	23
0.	24		Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, appropriate line(s) of your return. See instructions	24
0.	25	o or less, enter -0	Excluded benefits. If you checked "No" on line 22, enter the sm Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero	25
307.	26	-0 Also, enter this amount	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter on Form 1040, 1040-SR, or 1040-NR, line 1e Image: Comparison of the second secon	26
			To claim the child and depende complete lines 27 through	
	27		Enter \$3,000 (\$6,000 if two or more qualifying persons) .	27
	28		Add lines 24 and 25	28
	29	ne credit. Exception. If you	Subtract line 28 from line 27. If zero or less, stop . You can't take the paid 2022 expenses in 2023, see the instructions for line 9b	29
			Complete line 2 on page 1 of this form. Don't include in column (d)	30
	30		28 above. Then, add the amounts in column (d) and enter the total her	-
	31	on page 1 of this form and	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 complete lines 4 through 11	31
Form 2441 (2023		BAA REV 03/07/24	-	

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 2 3 Attachment Sequence No. 47

Name(s	Name(s) shown on return Your set					
DEEP	AK K PARIDA & NUPUR BISWAL		615-5	53-	3070	
Pa	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	315,494.	
2a	Enter income from Puerto Rico that you excluded	2a				
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.			
с	Enter the amount from line 15 of your Form 4563	2c				
d	Add lines 2a through 2c		. 2	2d	0.	
3	Add lines 1 and 2d			3	315,494.	
4	Number of qualifying children under age 17 with the required social security number	4	1			
5	Multiply line 4 by \$2,000			5	2,000.	
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	6	1			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S.	national, or U.S. resi	dent			
	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	2,500.	
9	Enter the amount shown below for your filing status.					
	• Married filing jointly—\$400,000					
	• All other filing statuses— $$200,000 \int \dots \dots$			9	400,000.	
10	Subtract line 9 from line 3					

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.	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	2,500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.		
	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	55,871.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2,500.
	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 additional ch	nild ta	ax credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR thr	ough	line 27

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

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2023 REV 03/07/24 PRO BAA

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 line	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 17 18a b 19	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 17	
20	 ❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of I	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.21		
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 13 . 22		
23	Add lines 21 and 22		
24 25	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. Subtract line 24 from line 23. If zero or less, enter -0- .	25	
26	Enter the larger of line 20 or line 25	26	
	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	
	BAA REV 03/07/24 PRO Sch	edule 8	812 (Form 1040) 2023

888 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

23

202

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

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

Attachment Sequence No. 52

			number of HSA beneficiary. have HSAs, see instructions.		
DEEI	PAK K PARIDA	615-53-			
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ontracts, if i	requi	red.	
Part	HSA Contributions and Deduction. See the instructions before completing this and both you and your spouse each have separate HSAs, complete a separate				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) duri See instructions		Sel	f-only 🗌 Family	
2	HSA contributions you made for 2023 (or those made on your behalf), including those made unextended due date of your tax return that were for 2023. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	ributions,	2	0.	
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$ family coverage). All others , see the instructions for the amount to enter	7,750 for	3		
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Fo lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2 include any amount contributed to your spouse's Archer MSAs	023, also	4		
5 6	Subtract line 4 from line 3. If zero or less, enter -0	ad family	5 6		
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family under an HDHP at any time during 2023, enter your additional contribution amount. See instru-		7	0.	
8 9 10	Add lines 6 and 7 .		8	0.	
11 12	Add lines 9 and 10 .		11 12	0.	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions		13	0.	
Part	HSA Distributions. If you are filing jointly and both you and your spouse each has separate Part II for each spouse.	nave separ	ate F	ISAs, complete	
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	566.	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any contributions (and the earnings on those excess contributions) included on line 14a the withdrawn by the due date of your return. See instructions	hat were	14b		
с	Subtract line 14b from line 14a		14c	566.	
15	Qualified medical expenses paid using HSA distributions (see instructions)	[15	566.	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, inc amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	0.	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional Tax (see instructions), check here				
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line are subject to the additional 20% tax. Also, include this amount in the total on Schedule 1040), Part II, line 17c	2 (Form	17b		
Part		e instructio			
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, lir		20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 1040), Part II, line 17d	2 (Form	21		

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

REV 03/07/24 PRO BAA

Form	8867
(Rev. No	ovember 2023)

Department of the Treasury

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. OMB No. 1545-0074

Attachment

For t	ax year
20	23

	Internal Revenue Service	ternal Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information. axpayer name(s) shown on return Taxpayer identification		
	Taxpayer name(s) shown on			
DEEPAK K PARIDA & NUPUR BISWAL 615-53-3070)	
	Preparer's name Preparer tax identificat		tion number	
VENKATA SAT PAVAN KUMAR DUDIPALLI P02470833				

Part I Due Diligence Requirements

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).

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	Yes	No	N/A
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		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 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 " Yes ," answer questions 4a and 4b. If " No ," go to question 5.)		X	
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 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)	X		
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 correct Schedule C (Form 1040)?			

Form 8867 (Rev. 11-2023)

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/07/24 PRO

Form 88	367 (Rev. 11-2023)			Page 2
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	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (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	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	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		Part \	/.)
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		s, go to	o Part	VI.)
14 Part	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification	<year< td=""><td>Yes</td><td>No</td></year<>	Yes	No
	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:	/or HOI	H filing	status
	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(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	turn 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 886 Document Retention.	37 instru	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 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form **8959**

Department of the Treasury

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

Internal Revenue Service	
Name(s) shown on return	

DEEPAK K PARIDA & NUPUR BISWAL

615-53-3070

Your social security number

Part	Additional Medicare Tax on Medicare Wages				
	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	323,761.		
2	Unreported tips from Form 4137, line 6	2			
	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	323,761.		
	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.		
	Subtract line 5 from line 4. If zero or less, enter -0			6	73,761.
	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				6.6.4
	Part II			7	664.
Part					
	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0	8		-	
	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately	•			
	Single, Head of household, or Qualifying surviving spouse \$200,000 Enter the amount from line 4	9		-	
	Subtract line 10 from line 9. If zero or less, enter -0	10 11		-	
	Subtract line 11 from line 8. If zero or less, enter -0			12	
	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0			12	
		,		13	
Part I	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA)				
	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
	(see instructions)	14			
	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			
	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	by 0.9% (0.009).		
	Enter here and go to Part IV			17	
Part I	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li	ne 11	(Form 1040-SS		
	filers, see instructions), and go to Part V.			18	664.
Part					
	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	5,493.	-	
	Enter the amount from line 1	20	323,761.	-	
	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	~			
	withholding on Medicare wages	21	4,695.	-	
	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add			00	200
	withholding on Medicare wages			22	798.
	Additional Medicare Tax withholding on railroad retirement (RRTA) compensatior 14 (see instructions)			23	
				23	
	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	798.
	onwork Poduction Act Notico, soo your tax return instructions		REV 03/07/24 PRO		Form 8959 (2023)
	BAA BAA		INE V US/UT/24 PRU		

Form **8960**

Department of the Treasury Internal Revenue Service

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

Attachment Sequence No. 72

23

20

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

• • •	shown on your tax return					curity number or EIN
DEEI	AK K PARIDA & NUPUR BISWAL			615-53	5-3	3070
Part	Investment Income Section 6013(g) election (see instructions)					
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (see in Regulations section 1.1411-10(g) election (see in Regulation (see in Regulatio	nstructi	ions)			
1	Taxable interest (see instructions)			. 1		13,926.
2	Ordinary dividends (see instructions)			. 2	:	
3	Annuities (see instructions)			. 3	;	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or					
	businesses, etc. (see instructions)	4a				
b	Adjustment for net income or loss derived in the ordinary course of a non-					
	section 1411 trade or business (see instructions)	4b				
С	Combine lines 4a and 4b			. 40	>	
5a	Net gain or loss from disposition of property (see instructions)	5a				
b	Net gain or loss from disposition of property that is not subject to net					
	investment income tax (see instructions)	5b				
С	Adjustment from disposition of partnership interest or S corporation stock (see					
	instructions)	5c				
d	Combine lines 5a through 5c			. 50	ł	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			. 6	;	
7	Other modifications to investment income (see instructions)				,	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			. 8	;	13,926.
Part			ns			
9a	Investment interest expenses (see instructions)	9a				
b	State, local, and foreign income tax (see instructions)	9b				
С	Miscellaneous investment expenses (see instructions)	9c				
d	Add lines 9a, 9b, and 9c				-	
10	Additional modifications (see instructions)				_	
11	Total deductions and modifications. Add lines 9d and 10			. 11	1	
Part	II Tax Computation					
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,					
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0			. 12	2	13,926.
	Individuals:					
13	Modified adjusted gross income (see instructions)	13	315,4			
14	Threshold based on filing status (see instructions)	14	250,0			
15	Subtract line 14 from line 13. If zero or less, enter -0	15	65 , 4			
16	Enter the smaller of line 12 or line 15				3	13,926.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En		re and inclu			
	on your tax return (see instructions)	• •		. 17	<u> </u>	529.
	Estates and Trusts:					
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and charitable					
	deductions (see instructions)	18b				
С	Undistributed net investment income. Subtract line 18b from line 18a (see	10-				
10-	instructions). If zero or less, enter -0	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b				
C 20	Subtract line 19b from line 19a. If zero or less, enter -0	19c				
20					4	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0. include on your tax return (see instructions)				1	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV	03/07/24 PRO			Form 8960 (2023)