E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan.	1-Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling	, 20		See ser	parate instructions.
Your first name	and mi	ddle initial	Last n	ame			,	Your so	cial security number
ABEER			KAT'	IYAL				189	59 7682
	ouse's	first name and middle initial	Last n						s social security number
DEBOLINA			GANO	GULY				123	45 1557
		er and street). If you have a P.O. box, see				Apt. no.			ntial Election Campaign
160 CAMP	RIDO	GEPARK DR				431			nere if you, or your
		ce. If you have a foreign address, also co	mplete	spaces below.	State	ZIP code			if filing jointly, want \$3
CAMBRIDG					MA	02140			this fund. Checking a
Foreign country	_			Foreign province/state/o	***************************************	Foreign postal			ow will not change or refund.
,					ŕ				☐ You ☐ Spouse
Filing Status		Single			☐ Head of h	ousehold (HC	H)		
Check only		Married filing jointly (even if only or	ne had	income)					
one box.		Married filing separately (MFS)			Qualifying	surviving spo	ouse (C	QSS)	I .
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u checked the HOH	or QSS box	, enter	the chil	ld's name if the
	qua	alifying person is a child but not you	ır depe	endent:					
Digital	Δt an	ny time during 2023, did you: (a) rece	eive (as	s a reward award or	navment for prope	rty or service	s) or (h) sell	
Digital Assets		ange, or otherwise dispose of a digi							☐ Yes ☒ No
Standard		eone can claim: You as a de			e as a dependent				
Deduction		Spouse itemizes on a separate return							
Ago/Blindness	Vou	☐ Were born before January 2, 1	050	Are blind Spo	ouse: Was box	rn hoforo Jani	12n/ 2	1050	☐ Is blind
			909			rn before Jan			fies for (see instructions):
Dependents		rst name Last name		(2) Social security number	(3) Relationsh to you	iib	tax cre	1	Credit for other dependents
If more than four	(1)	Tot hame Last hame			10)00			-	
dependents,							H		
see instructions	. ——						H		
and check here						3 K	\dashv		
	la	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)				1a	268,649.
Income	b	Household employee wages not re						1b	
Attach Form(s)	C	Tip income not reported on line 1a						1c	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			nstructions)			1d	
W-2G and	e	Taxable dependent care benefits f			iotraotionoj			1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene						1f	
If you did not	g g	Wages from Form 8919, line 6.						1g	
get a Form	h	Other earned income (see instructi						1h	0.
W-2, see	i	Nontaxable combat pay election (s			11	i			
instructions.	_	Add lines 1a through 1h	JCC IIIS		<u>. 11</u>			1z	268,649.
Attack Cat D	z 2a		2a		b Taxable interes	· · · ·		2b	3,783.
Attach Sch. B if required.	3a		3a		b Ordinary divide			3b	
	4a		4a	47,496.	b Taxable amoun			4b	36,890.
Standard					b Taxable amoun			5b	30,030.
Deduction for—	5a 6a	The state of the s	5a 6a		b Taxable amoun			6b	<u> </u>
Single or Married filing								1 00	
separately, \$13,850	C 7	If you elect to use the lump-sum elect to use the lump-sum elect to use the lump-sum electron					. –	7	-3,000.
Married filing	7	Additional income from Schedule						133	905.
jointly or Qualifying	8							8	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			ome			9	310,040.
Head of	10	Adjustments to income from Sche						10	210 040
household,	11	Subtract line 10 from line 9. This is						11	310,040.
If you checked _	12	Standard deduction or itemized						12	
any box under Standard	13	Qualified business income deducti	ion tror	II FORM 8995 OF FORM	оэээ-А			13	
Deduction, see instructions.	14 15	Add lines 12 and 13						14	
,		ac mue ra moni inte i i il 7er	U UI III	aa. ciiici -u iiis is v		155		1.3	1 /0/-/11/

Form 1040 (2023	3)				Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		. 16	54,379.
Credits	17	Amount from Schedule 2, line 3		. 17	
	18	Add lines 16 and 17		. 18	54,379.
	19	Child tax credit or credit for other dependents from Schedule 8812		. 19	
	20	Amount from Schedule 3, line 8		. 20	21.
	21	Add lines 19 and 20		. 21	21.
	22	Subtract line 21 from line 18. If zero or less, enter -0		. 22	54,358.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		. 23	398.
	24	Add lines 22 and 23. This is your total tax		. 24	54,756.
Payments	25	Federal income tax withheld from:			
•	а	Form(s) W-2	42,2	14.	
	b	Form(s) 1099			
	C	Other forms (see instructions)	2	04.	
	d	Add lines 25a through 25c		. 250	42,418.
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			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credit	s .	. 32	
	33	Add lines 25d, 26, and 32. These are your total payments	Υ.	. 33	42,418.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpai	d .	. 34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here		☐ 35a	1
Direct deposit?	b	Routing number X X X X X X X X X X X X X X X X X X X	Savi	ings	
See instructions.	d	Account number X X X X X X X X X			
	36	Amount of line 34 you want applied to your 2024 estimated tax			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions		. 37	12,691.
	38	Estimated tax penalty (see instructions)	3	53.	
Third Party		by you want to allow another person to discuss this return with the IRS? See	Comr	lete below	. X No
Designee				identification	
			umber (l		101
Sign		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statem lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all inform			
Here	Yo	our signature Pour occupation			ent you an Identity PIN, enter it here
Joint return?		TECHNICAL ARCHITEC	$^{\mathrm{T}}$	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		Identity Pro	ent your spouse an otection PIN, enter it here
your records.		POSTDOCTORAL FELLO	M	(see inst.)	
		one no. (206) 693-0594 Email address ABEERKATIYAL92@GMAIL.			
Paid	Pre	eparer's name Preparer's signature Date	PT		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/31/202	4 P0	2082703	
Use Only	Fir	m's name GLOBAL TAXES LLC		Phone no.	(678) 965-9522
OSC OIIIY	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's EIN	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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
ABEER KATIYAL & DEBOLINA GANGULY	189-59-7682
	•

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach S	Schedule E .	5	
6	Farm income or (loss). Attach Schedule F			6	7
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	(· ·	
b	Gambling	8b			
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			
I	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	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z			111		
	See Stmt 905.	8z	905.		
9	Total other income. Add lines 8a through 8z			9	905.
10	Combine lines 1 through 7 and 9. This is your additional income . Ente			1951 1000	
	1040, 1040-SR, or 1040-NR, line 8			10	905.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis g		
	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	9a	
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:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
_	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
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		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
ı	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		
	Housing deduction from Form 2555		
J J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
r	1041)		
z	Other adjustments. List type and amount:		
_	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter he		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ABEER KATIYAL & DEBOLINA GANGULY

Your social security number 189-59-7682

Par	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
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	8	0.
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	261.
12	Net investment income tax. Attach Form 8960	12	137.
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	ontin	ued on page 2)

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

Schedule 2 (Form 1040) 2023

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	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	-		
_		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	17i			
j	Section 72(m)(5) excess benefits tax	17 j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated				
		17m	-		
		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			
8	Total additional taxes. Add lines 17a through 17z		18		_
9	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 total other taxe		0.1		
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	39	8.

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ABEER KATIYAL & DEBOLINA GANGULY

Your social security number 189-59-7682

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	21.
2	Credit for child and dependent care expenses from Form 2441, Form 2441	line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	Sa		
b	Credit for prior year minimum tax. Attach Form 8801	Sb		
С	Adoption credit. Attach Form 8839	Sc		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	Se		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	Sg Sg		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
ı	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	40, 1040-SR, or		
	1040-NR, line 20		8	21.
		(C)	ontin	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

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Schedule 3 (Form 1040) 2023

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleB for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. 08

Your social security number Name(s) shown on return ABEER KATIYAL & DEBOLINA GANGULY 189-59-7682 **Amount** Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: DISCOVER BANK (See instructions 32. and the CAPITAL ONE 620. Instructions for GOLDMAN SACHS BANK USA 151. Form 1040, line 2b.) Citibank Client Services 1,663. Note: If you GOLDMAN SACHS BANK USA 650. received a 3. Interactive Brokers LLC Form 1099-INT. ROBINHOOD SECURITIES LLC 26. Form 1099-OID, or substitute FIDELITY 128. statement from 510. 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 3,783. 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 3**,**783. Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount List name of payer: ____ Interactive Brokers LLC 1,874. Part II ROBINHOOD SECURITIES LLC 766. **Ordinary** ROBINHOOD SECURITIES LLC 4. **Dividends** 169. (See instructions and the Instructions for Form 1040, 5 line 3b.) 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 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 2,813. dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign Accounts** Yes No and Trusts At any time during 2023, did you have a financial interest in or signature authority over a financial Caution: If account (such as a bank account, securities account, or brokerage account) located in a foreign required, failure to X file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114

penalties.

Additionally, you

may be required

to file Form 8938, Statement of Specified Foreign

Financial Assets. See instructions.

and its instructions for filing requirements and exceptions to those requirements

financial account(s) is (are) located:

During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

X

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 189-59-7682 ABEER KATIYAL & DEBOLINA GANGULY Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 2,305. 2,028. -20.257. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 5,377.) Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back -5,120.Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) (d) Adjustments Subtract column (e) lines below. **Proceeds** Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, combine the result (sales price) whole dollars. with column (g) line 2, column (g)

8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 26,220. 23,516. -2,704.Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 3. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15 -2,701.

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -7,821. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 amount, if any, from line 7 of that worksheet . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ■ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

ABEER KATIYAL & DEBOLINA GANGULY

Social security number or taxpayer identification number

189-59-7682

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(D) Chart term transactions reported an Earm(s) 1000 B abouting basis wear't reported to the IDS

(C) Short-term transactions	•		, and a second	sis wasii t report	ed to the ir	10	
1 (a)	(c) (d) Cost or other basis enter a code in column (f).		(c) (d) (Date sold or Proceeds S		If you enter an enter a co	Gain or (loss) Subtract column (e	
			Amount of	from column (d) and combine the result with column (g).			
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	2,087.	1,983.	E	-20.	84.
Interactive Brokers LLC	01/01/23	12/31/23	218.	45.			173.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 2 (if Box A)	al here and inc e is checked), lir	lude on your ne 2 (if Box B	2 305	2 028		-20	257

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ABEER KATIYAL & DEBOLINA GANGULY

Social security number or taxpayer identification number 189-59-7682

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

🔀 (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see N	Note abo	abo	ak
--	----------	-----	----

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

\Box (F) I	ong-term	transactions	not	reported	to vou	on Form	1099-B

(F) Long-term transactions	not reported	to you on Fo	ם-פפטו וווזנ				
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions. (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
Apex Clearing	01/01/22	12/31/23	1,095.	4,138.			-3,043.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	4,721.	6,419.	>		-1,698.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	1,011.	1,000.			11.
Interactive Brokers LLC	01/01/22	12/31/23	9,773.	10,113.			-340.
Interactive Brokers LLC	01/01/22	12/31/23	6,916.	4,550.			2,366.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above by the checked).	al here and inc e is checked), lir F above is chec	fude on your ne 9 (if Box E ked)	23,516.				-2,704.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

5329

Department of the Treasury Internal Revenue Service

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/Form5329 for instructions and the latest information.

Attachment Sequence No. 29

OMB No. 1545-0074

Name of individual subject to additional tax. If married filing jointly, see instructions. Your social security number 123-45-1557 DEBOLINA GANGULY Home address (number and street), or P.O. box if mail is not delivered to your home Apt. no. Fill in Your Address Only City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces if You Are Filing This below. See instructions. Form by Itself and Not If this is an amended return, check here With Your Tax Return Foreign postal code Foreign country name Foreign province/state/county If you only owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions. Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040) - see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions. Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions. 1 Early distributions included on line 1 that are not subject to the additional tax (see instructions). 2 2 Enter the appropriate exception number from the instructions: 3 3 Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 . . . 4 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions. Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts. Complete this part Part II if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLE account. Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account 5 5 Distributions included on line 5 that are not subject to the additional tax (see instructions) 6 6 7 7 Amount subject to additional tax. Subtract line 6 from line 5 Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8 . . . 8 8 Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your Part III traditional IRAs for 2023 than is allowable or you had an amount on line 17 of your 2022 Form 5329. Enter your excess contributions from line 16 of your 2022 Form 5329. See instructions. If zero, go to line 15 9 If your traditional IRA contributions for 2023 are less than your maximum 10 allowable contribution, see instructions. Otherwise, enter -0- 10 11 2023 traditional IRA distributions included in income (see instructions) 11 12 2023 distributions of prior year excess contributions (see instructions) . . . 12 13 13 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0- . . . 14 14 15 15 Total excess contributions. Add lines 14 and 15 16 16 Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 17 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 17 Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth Part IV IRAs for 2023 than is allowable or you had an amount on line 25 of your 2022 Form 5329. Enter your excess contributions from line 24 of your 2022 Form 5329. See instructions. If zero, go to line 23 18 18 0. If your Roth IRA contributions for 2023 are less than your maximum allowable 19 19 20 2023 distributions from your Roth IRAs (see instructions) 21 21 22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-. 22 Excess contributions for 2023 (see instructions) 23 23 4,106. 24 24 4,106. 25 Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 25

Form 5329 (2023) Page **2**

		-,						
Part				tributions to Coverdell ESAs. C	•	•		•
26				han is allowable or you had an amount of your 2022 Form 5329. See instruction			26	11 5329.
27				SAs for 2023 were less than the	s. 11 zero, gc) to line 31	20	
21				uctions. Otherwise, enter -0	27			
28				As (see instructions)	28			
29		ines 27 and 2					29	
30	Prior	year excess	contributions. Subtract li	ne 29 from line 26. If zero or less, ente	r-0		30	
31	Exces	ss contribution	ons for 2023 (see instruct	ions)			31	
32				nd 31			32	
33				er of line 32 or the value of your Coverdon in 2024). Include this amount on Schedu			33	
Part				ibutions to Archer MSAs. Comple				olover contributed
				nan is allowable or you had an amount	•			
34	Enter	the excess c	ontributions from line 40 o	of your 2022 Form 5329. See instruction	s. If zero, g	o to line 39	34	
35	If the	contribution	s to your Archer MSAs f	or 2023 are less than the maximum				
				herwise, enter -0	35		_	
36				from Form 8853, line 8		<u> </u>		
37		ines 35 and 3					37	
38				ne 37 from line 34. If zero or less, ente			38	
39	Exces	ss contribution	ons for 2023 (see instruct	ions)		Y	39	
40							40	
41	Dece	mber 31, 202	23 (including 2023 contri	smaller of line 40 or the value of y butions made in 2024). Include this a	mount on S	Schedule 2		
	(Form	1040), line 8	<u>8</u>	<u> </u>			41	N 100
Part '				tributions to Health Savings Ac				
			n your behalf, or your en ne 49 of your 2022 Form	nployer contributed more to your HS	As for 202	3 than is a	allowat	ble or you had an
40			•		a line 47		40	
42				of your 2022 Form 5329. If zero, go to			42	
43				2023 are less than the maximum herwise, enter -0	43			
44				orm 8889, line 16	44			
45		ines 43 and 4	-				45	
46				ne 45 from line 42. If zero or less, ente			46	
47		-		ions)			47	
48			,	nd 47			48	
49	Addit	ional tax. Er	nter 6% (0.06) of the sma	aller of line 48 or the value of your HS	SAs on Dec	cember 31,		
	2023	(including 20	23 contributions made in	2024). Include this amount on Schedule	2 (Form 10	040), line 8	49	
Part \	/III	Additional	Tax on Excess Contr	ibutions to an ABLE Account. C	omplete thi	s part if cor	ntributi	ions to your ABLE
			2023 were more than is a	No. of the last of				
50				ions)			50	
51				maller of line 50 or the value of you				
Dorst				n Schedule 2 (Form 1040), line 8			51	
Part				mulation in Qualified Retirement quired distribution from your qualified			ias).	complete this par
52		<u> </u>		e instructions)			52	
53				(see instructions)			53	
54			om line 52. If zero or less				54	
55				calculate the additional tax. If you q			-	
00				ne qualified retirement plan, check this		0 1070 tax		
				040), line 8 or Form 1041, Schedule G			55	
Sign F	Here O	nly if You	Under penalties of perjury, I ded	clare that I have examined this form, including according	mpanying atta	chments, and t	o the be	st of my knowledge and
Are Fi	iling Tl	his Form	beliet, it is true, correct, and com	plete. Declaration of preparer (other than taxpayer) is	s based on all ir	normation of wh	ncn prep	arer nas any knowledge.
by Its	elf and	Not With						
Your	Tax Re	eturn	Your signature			Date		
Paid		Print/Type prep	parer's name	Preparer's signature	Date	Check		PTIN
Prep	arer				<u> </u>		nployed	
Use		Firm's name				Firm's EIN		
	-	Firm's address	3			Phone no.		

Form **8606**

Department of the Treasury Internal Revenue Service

Nondeductible IRAs

Attach to 2023 Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8606 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 48

Name. If married, file a separate form for each spouse required to file 2023 Form 8606. See instructions.

ABEER KATIYAL

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

Foreign country name

Foreign province/state/county

Foreign postal code

Part I

Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2023.
- You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2023 **and** you made nondeductible contributions to a traditional IRA in 2023 or an earlier year. For this purpose, a distribution does not include a rollover (other than certain qualified disaster distribution repayments from 2023 Form(s) 8915-F), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023 and you made nondeductible contributions to a traditional IRA in 2023 or an earlier year.

	Roth SIMPLE IRAs in 2023 and you made nondeductible contributions to a traditional IRA in 202	3 or ar	n earlier year.
1	Enter your nondeductible contributions to traditional IRAs for 2023, including those made for 2023		
	from January 1, 2024, through April 15, 2024. See instructions	1	6,500.
2	Enter your total basis in traditional IRAs. See instructions	2	0.
3	Add lines 1 and 2	3	6,500.
	In 2023, did you take a distribution from No Enter the amount from line 3 on line 14.		
	traditional, traditional SEP, or traditional Do not complete the rest of Part I.		
	SIMPLE IRAs, or make a Roth, Roth SEP, or Roth SIMPLE IRA conversion?		
	AND		
4	Enter those contributions included on line 1 that were made from January 1, 2024, through April 15, 2024	5	<u> </u>
5	Subtract line 4 from line 3	5	6,500.
6	Enter the value of all your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31,		
	2023, plus any outstanding rollovers. Subtract certain repayments of qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions)	6	
_	Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2023. Do not	0	
7	include rollovers (other than repayments of qualified disaster distributions, if any, from 2023 Form(s)		
	8915-F (see instructions)); qualified charitable distributions; a one-time distribution to fund an HSA;		
	conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or		
	recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to		
	Roth, Roth SEP, or Roth SIMPLE IRAs in 2023. Also, enter this amount on line 16	8	
9	Add lines 6, 7, and 8		
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3		
	places. If the result is 1.000 or more, enter "1.000"		
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you		
	converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount		
	on line 17		
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions		
	that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA 12		
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	6,500.
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2023 and earlier years .	14	0.
15a	Subtract line 12 from line 7	15a	36,890.
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2023 Form(s)		
	8915-F (see instructions). Also, enter this amount on 2023 Form(s) 8915-F, line 18, as applicable (see instructions)	d E la	
_	,	15b	
С	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2023 Form 1040, 1040-SR, or 1040-NR, line 4b	15c	36 , 890.
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age	130	30,030.
	59½ at the time of the distribution. See instructions. † From Tazable IRA Distribution likst (per IRS Pub. 59½)		

Form 8606 (2023) Page **2**

Part			onversions From Traditio MPLE IRAs	nal, Traditional SEP, or Tradition	nal SIMPLE IR.	As to Roth,	Roth SEP, or
			e this part if you converted pa P, or Roth SIMPLE IRA in 202	art or all of your traditional, traditional 23.	SEP, and tradition	onal SIMPLE	IRAs to a Roth,
16	from tr IRAs in	aditiona 2023 .	al, traditional SEP, and trad	rom line 8. Otherwise, enter the net a tional SIMPLE IRAs to Roth, Roth S	EP, or Roth SIN	ИРLE 16	
17	line 16	(see ins	structions)	from line 11. Otherwise, enter your ba		17	
18	Form 1	040, 10	040-SR, or 1040-NR, line 4b	ne 16. If more than zero, also include			
Part	Ⅲ D	istribu	ıtions From Roth, Roth S	EP, or Roth SIMPLE IRAs			
	di 89	stribution	on does not include a rollove	distribution from a Roth, Roth SEP, or r (other than a repayment of a qualified naritable distribution, one-time distributions).	d disaster distrib	ution from 20)23 Form(s)
19	includi	ng any	qualified first-time homebuye	from Roth, Roth SEP, and Roth SI r distributions, and any qualified disas	ster distributions	from	
20	Qualified by the	ed first- total of	time homebuyer expenses (s all your prior qualified first-tir	see instructions). Do not enter more the homebuyer distributions	han \$10,000 red	luced 20	
21	Subtra	ct line 2	0 from line 19. If zero or less	, enter -0		21	
22	,			oth SIMPLE IRA contributions (see ins			
23	may be	subjec	ct to an additional tax (see ins	s, enter -0- and skip lines 24 and 25. I structions)		23	
24	rollove	s from	qualified retirement plans to	ditional, traditional SEP, and tradition a Roth, Roth SEP, or Roth SIMPLE IR.	A. See instruction	ns . 24	
25a				, enter -0- and skip lines 25b and 25c			
b	8915-F	(see in	structions). Also, enter this a	o qualified disaster distributions, if an amount on 2023 Form(s) 8915-F, line	19, as applicable	(see	
_				ne 25a. If more than zero, also include			
С				ie 25a. ii more than zero, also include			
•	lere On Are Fili	ly	Under penalties of perjury, I declare th	at I have examined this form, including accompanying at I have examined this form, including accompanying the property of the	ng attachments, and to	the best of my kr	
and N	orm by ot With						
Tax R	eturn	F =	Your signature		Date		
Paid Prepa	arer	Print/Ty	pe preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Use (Firm's n	name			Firm's EIN	
	Cilly	Firm's a	address			Phone no.	0000
							- 0000

Form **8606**

Department of the Treasury Internal Revenue Service

Nondeductible IRAs

Attach to 2023 Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8606 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 48

Name. If married, file a separate form for each spouse required to file 2023 Form 8606. See instructions.

DEBOLINA GANGULY

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

Foreign country name

Foreign province/state/county

Foreign postal code

Part I

Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2023.
- You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2023 and you made nondeductible contributions to a traditional IRA in 2023 or an earlier year. For this purpose, a distribution does not include a rollover (other than certain qualified disaster distribution repayments from 2023 Form(s) 8915-F), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023 and you made nondeductible contributions to a traditional IRA in 2023 or an earlier year.

	Roth SIMPLE IRAs in 2023 and you made nondeductible contributions to a traditional IRA in 202	3 or ar	n earlier year.			
1	Enter your nondeductible contributions to traditional IRAs for 2023, including those made for 2023					
	from January 1, 2024, through April 15, 2024. See instructions	1	6,000.			
2	Enter your total basis in traditional IRAs. See instructions	2	0.			
3	Add lines 1 and 2	3	6,000.			
	In 2023, did you take a distribution from traditional, traditional SEP, or traditional SIMPLE IRAs, or make a Roth, Roth SEP, or Roth SIMPLE IRA conversion? No Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes Go to line 4.					
4	Enter those contributions included on line 1 that were made from January 1, 2024, through April 15, 2024	4				
5	Subtract line 4 from line 3	5	6,000.			
6	Enter the value of all your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31, 2023, plus any outstanding rollovers. Subtract certain repayments of qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions)	6				
7	Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2023. Do not include rollovers (other than repayments of qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions)); qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or recharacterizations of traditional IRA contributions (see instructions)	7				
8	Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023. Also, enter this amount on line 16					
9	Add lines 6, 7, and 8					
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"					
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount on line 17					
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA 12					
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	4,106.			
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2023 and earlier years .	14	1,894.			
15a	Subtract line 12 from line 7	15a	0.			
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions). Also, enter this amount on 2023 Form(s) 8915-F, line 18, as applicable (see instructions)	15b				
С	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2023 Form 1040, 1040-SR, or 1040-NR, line 4b	15c	0.			
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.					

Form 8606 (2023) Page **2**

Part			onversions From Traditio MPLE IRAs	nal, Traditional SEP, or Tradition	nal SIMPLE IR.	As to Roth,	Roth SEP, or
			e this part if you converted pa P, or Roth SIMPLE IRA in 202	art or all of your traditional, traditional 23.	SEP, and tradition	onal SIMPLE	IRAs to a Roth,
16	from tr IRAs in	aditiona 2023 .	al, traditional SEP, and trad	rom line 8. Otherwise, enter the net a tional SIMPLE IRAs to Roth, Roth S	EP, or Roth SIN	ИРLE 16	
17	line 16	(see ins	structions)	from line 11. Otherwise, enter your ba		17	
18	Form 1	040, 10	040-SR, or 1040-NR, line 4b	ne 16. If more than zero, also include			
Part	Ⅲ D	istribu	ıtions From Roth, Roth S	EP, or Roth SIMPLE IRAs			
	di 89	stribution	on does not include a rollove	distribution from a Roth, Roth SEP, or r (other than a repayment of a qualified naritable distribution, one-time distributions).	d disaster distrib	ution from 20)23 Form(s)
19	includi	ng any	qualified first-time homebuye	from Roth, Roth SEP, and Roth SI r distributions, and any qualified disas	ster distributions	from	
20	Qualified by the	ed first- total of	time homebuyer expenses (s all your prior qualified first-tir	see instructions). Do not enter more the homebuyer distributions	han \$10,000 red	luced 20	
21	Subtra	ct line 2	0 from line 19. If zero or less	, enter -0		21	
22	,			oth SIMPLE IRA contributions (see ins			
23	may be	subjec	ct to an additional tax (see ins	s, enter -0- and skip lines 24 and 25. I structions)		23	
24	rollove	s from	qualified retirement plans to	ditional, traditional SEP, and tradition a Roth, Roth SEP, or Roth SIMPLE IR.	A. See instruction	ns . 24	
25a				, enter -0- and skip lines 25b and 25c			
b	8915-F	(see in	structions). Also, enter this a	o qualified disaster distributions, if an amount on 2023 Form(s) 8915-F, line	19, as applicable	(see	
_				ne 25a. If more than zero, also include			
С				ie 25a. ii more than zero, also include			
•	lere On Are Fili	ly	Under penalties of perjury, I declare th	at I have examined this form, including accompanying at I have examined this form, including accompanying the property of the	ng attachments, and to	the best of my kr	
and N	orm by ot With						
Tax R	eturn	F =	Your signature		Date		
Paid Prepa	arer	Print/Ty	pe preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Use (Firm's n	name			Firm's EIN	
	Cilly	Firm's a	address			Phone no.	0000
							- 0000

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52**

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

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

ABEER KATIYAL

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 189-59-7682

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	iired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y 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	☐ S∈	elf-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. Do not 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 every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , 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	3,850.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,900.
13	HSA deduction. Enter the smaller 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	H\$A Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate l	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	Taxable HSA distributions. 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 Exceptions to the Additional 20% Tax (see instructions), check here		
b	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	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	18 19	
19 20			
	Qualified HSA funding distribution	19	

Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

ABEER KATIYAL & DEBOLINA GANGULY

Your taxpayer identification number 189-59-7682

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i			>	
ii				
iii				
iv				
v				
2		2		
3 4	The state of the s	3 () 4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 665.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 665.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	133.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	133.
11		282,340.		
12	Enter your net capital gain, if any, increased by any qualified dividends	1 675		
13		1,675. 13 280,665.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	56,133.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also e			5,100.
	the applicable line of your return (see instructions)		15	133.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than a	zero, enter -0	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and zero, enter -0		17	(0.)

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 Attachment

Sequence No. 71

Your social security number

189-59-7682 ABEER KATIYAL & DEBOLINA GANGULY Part I 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 5 279,016. 2 2 3 3 4 4 279,016. Enter the following amount for your filing status: 5 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. Subtract line 5 from line 4. If zero or less, enter -0- 6 6 29,016. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 261. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 Enter the amount from line 4 10 10 11 12 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% (0.009). Enter here and 13 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 Enter the following amount for your filing status: 15 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS 18 261 Withholding Reconciliation Part V Medicare tax withheld from Form W-2, box 6. If you have more than one Form 19 W-2, enter the total of the amounts from box 6 4,250. 20 20 279,016. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 204. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, 24 204.

BAA

Net Investment Income Tax— **Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227 Attachment Sequence No. **72**

Department of the Treasury Internal Revenue Service

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

Name(s)	shown on your tax return			curity number or EIN
	R KATIYAL & DEBOLINA GANGULY	189-5	59-	7682
Part				
	Section 6013(h) election (see instructions)			
-	Regulations section 1.1411-10(g) election (see instructions)			
1	Taxable interest (see instructions)		1	3 , 783.
2	Ordinary dividends (see instructions)		2	2,813.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)			
b	Adjustment for net income or loss derived in the ordinary course of a non-			
_	section 1411 trade or business (see instructions)			200
С	Combine lines 4a and 4b		4c	
5a		000.		
b	Net gain or loss from disposition of property that is not subject to net			
~	investment income tax (see instructions)			
С	Adjustment from disposition of partnership interest or S corporation stock (see			
Ū	instructions)			
d	Combine lines 5a through 5c		5d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	🗀	6	
7	Other modifications to investment income (see instructions)		7	4.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	_	8	3,600.
Part				
9a	Investment interest expenses (see instructions)			
b	State, local, and foreign income tax (see instructions)	\neg		
С	Miscellaneous investment expenses (see instructions)			
d	Add lines 9a, 9b, and 9c		9d	
10	Add lines 9a, 9b, and 9c	[10	
11	Total deductions and modifications. Add lines 9d and 10	[11	
Part	Tax Computation			
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 1	3–17.		
	Estates and trusts, complete lines 18a-21. If zero or less, enter -0		12	3,600.
	Individuals:			
13	Modified adjusted gross income (see instructions)	040.		
14	Threshold based on filing status (see instructions)	000.		
15	Subtract line 14 from line 13. If zero or less, enter -0	040.		
16	Enter the smaller of line 12 or line 15		16	3 , 600.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and income tax for individuals.	clude		
	on your tax return (see instructions)		17	137.
	Estates and Trusts:			
18a	Net investment income (line 12 above)			
b	Deductions for distributions of net investment income and charitable			
	deductions (see instructions)			
С	Undistributed net investment income. Subtract line 18b from line 18a (see			
	instructions). If zero or less, enter -0			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions) 19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0			
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here			
	include on your tax return (see instructions)		21	

Additional Information From 2023 Federal Tax Return

Schedule 1: Additional Income and Adjustments to Income Other Income

Continuation Statement

Description		Amo	unt
Substitute Payment from 1099-Misc			4.
Other Income from box 3 of 1099-Misc			7.
Nonemployee compensation from 1099-NEC		894.	
	Total		905.



PA-40 - 2023

Pennsylvania Income Tax Return

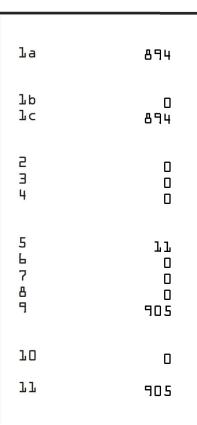
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

			l N	Extensi	on. N	Amended Return.
189597682	123451557		9.40			
			l N		ncy Status.	
KATIYAL					ident/Nonresiden	t/Part-Year Resident
	0	=====	l .	from	M . 1077 1	to
ABEER	Occupati	on TECHNI	CAL J		Married/Filing J d/Filing Separate	
DEBOLINA	Occupati	on POSTDO	CTAR	Maine	d/Timig Separate	iy, Pinai Ketuin
DEBOLINA	occupus.	POZIDO	CTOK N	Decease	ed	
GANGULY						
SANOSE I			N	Taxpay	er Date of Death	
APT 431						
			N	Spouse	Date of Death	
160 CAMBRIDGE	PARK DR					
CAMPDINGE	Ма	02140	N		Z	AT TN DA
CAMBRIDGE	MA	02140		School	District Name N	OT IN PA
204-4	93-0594	99999				
200 0	13 83 11			Г		
1a Gross Compensation	n. Do not include exempt in	come, such as com	bat zone pay and		la	894
qualifying retiremen	t benefits. See the instruction	ons.				
					7.5	
	oyee Business Expenses.				lb lc	
1c Net Compensation.	Subtract Line 1b from Line	la.			пС	894
2 Interest Income. Cor	mplete PA Schedule A if re	quired			2	0
	Gains Distributions Income		hedule B if required.		3 3	0
	from the Operation of a Busi				4	Ö

5	Net Gain or I	ace from the Sa	le Evchange or Die	position of Property.
J	Tict Gain of L	Nos Hom the Sa.	ic, Lachange of Dis	position of Floperty.

- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J.**
- 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1555 REV 02/24/24 PRO





N





Social Security Number

189597682 Name(s) ABEER KATIYAL

- /t	89659522	Preparer's		פחפו	182703
ŶΥZ	M PRIYA RAM SAGAR GUPTA MAR AYIRA M	Firm FEIN			
	Signature Spouse's Signature, if filing jointly arer's Name and Telephone Number Date	E-File Opt	Out	N	
accom	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.	Į			
			26		
	Refund donation line. Enter the organization code and donation amount. See instructions		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		34		
	Refund donation line. Enter the organization code and donation amount. See instructions Refund donation line. Enter the organization code and donation amount. See instructions		33		
	Refund donation line. Enter the organization code and donation amount. See instructions		32		
51	Timount of Line 25 you want us a clear to your 202 resultance account.				U
30 31	Refund – Amount of Line 29 you want as a check mailed to you. RE Credit – Amount of Line 29 you want as a credit to your 2024 estimated account.	EFUND	31 30		0
20	The total of Lines 30 through 36 must equal Line 29.	TELLINID	חכ		-
	the difference here.				
29	OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, en	iter	29		ō
28	TOTAL PAYMENT DUE. See the instructions.		28		ı
	If including form REV-1630/REV-1630A, mark the box.				
27	Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box.		27		0
26	TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24, enter the difference line 12 and Line 25 is more than line 24 and Line 25 is more than	here.	56		ŀ
	USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.		25		0
24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.		24		27
23	Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.		53		0
22	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.		22		0
					_
21	Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.		51		0
	Total Eligibility Income from Section III, Line 11, PA Schedule SP.		50	00	0
	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased Dependents, Section II, Line 2, PA Schedule SP		19a 19b	00	
	Forgiveness Credit. Submit PA Schedule SP.		1.5		
					_
	Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.		18		Ö
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)		17		0
	2023 Estimated Installment Payments. REV-459B included. N 2023 Extension Payment.		16		0
14 15	Credit from your 2022 PA Income Tax return. 2023 Estimated Installment Payments. REV-459B included.		14 15		
1.4	Condit from your 2022 DA Income Toy return		731		
	Total PA Tax Withheld. See the instructions.		13		27
12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).		12		28

REV 02/24/24 PRO **Page 2 of 2**



1555

PA SCHEDULE D

Sale, Exchange or Disposition of Property

PA-40 D (EX) 03-23 (I) PA Department of Revenue

2023

OFFICIAL USE ONLY

	If you need mo	ore space, you m	av nhotocony		OF FICIAL OSL ONLY	
Name of the taxpayer filing this schedule ABEER KATIYAL	ii you need iiid	ore space, you m	ау рпогосору.	Social Security	Number (shown first) -7682	
Taxpayer		Spouse	Joint C			
Important: A taxpayer and spouse must comple 10 of PA Schedule D. However, if all the gains indicate whether the gains and losses included other spouse's gains. When reporting the sale o sale on their separate PA Schedule D. Read the property, including inherited property. Amounts carefully the instructions concerning intangible property.	ete separate schedi s and losses were on the schedule a f jointly owned prop instructions. Ente from Federal Sche	ules to report their realized on a joir re from the taxpay perty that is not reper all sales, excharedule D may not be	nt basis, one schedu /er, spouse or joint. (ported on a joint PA S nges or other disposit pe correct for PA inc	ule may be completed One spouse may not Schedule D, each mu tions of real or persor ome tax purposes. N	ed. Complete the oval to use a loss to reduce the st show their share of the all tangible and intangible	
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).	
1.ROBINHOOD SECURITIES	01/01/23	12/31/23	2,087.	2,003.	84.	
Interactive Brokers	01/01/23	12/31/23	218.	45.	LOSS 173.	
Apex Clearing	01/01/22			4,138.	3,043.	
ROBINHOOD SECURITIES	01/01/22	12/31/23	4,721.	6,419.	1,698.	
Interactive Brokers	01/01/22	12/31/23	9,773.	10,113.	340.	
Interactive Brokers	01/01/22			4,550.	2,366.	
2. Net gain (loss) from above sales. 3. Gain from installment sales from PA Schedule I 4. Taxable distributions from C corporations. 5. Net gain (loss) from the sale of 6-1-71 property 6. Net PA S corporation and partnership gain (loss)	D-1. Enter totalMinus adju	distribution usted basis	***********	= 4. Loss 5.	Loss Loss Loss Loss Loss Loss Loss Loss	
Taxable gain from selling a principal residence. Com	plete and submit PA	Schedule 19. Compl	lete Columns (a) through	n (e) and enter your total	gain on Line 7.	
(a) Address of residence	(f) Gain or loss: (d) minus (e)					
7. Taxable gain from the sale of your principal reside If you realized a gain/loss on the sale of the nonro						
Taxable distributions from partnerships from RE		· · · · · · · · · · · · · · · · · · ·				
9. Taxable distributions from PAS corporations fro	9. Taxable distributions from PA S corporations from REV-998					
10. Taxable gain from exchange of insurance contra	acts	*******		10.		
11. Total PA Taxable Gain (Loss). Add Lines 2 thro	ough 10. Enter on Lin	e 5 of your PA-40. (If a net loss, fill in the o	oval) Loss 11.	2,458.	

1555 REV 02/24/24 PRO



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Sale, Exchange or Disposition of Property

PA-40 D (EX) 03-23 (I) PA Department of Revenue

2023

OFFICIAL USE ONLY

Name of the taxpayer filling this schedule DEPOLINA GANCULY Taxpayer Spouse John John John John John John John John		If you need mo	ore space, you m	ay photocopy.		
Important: A taxpayer and spouse must complete separate schedules for report their gains or losses or if any amounts are reported on Lines 3 through of PA Schedule D. However, if all the gains and losses were realized on a joint has basis, one schedule may be completed. Complete the eval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may, not use a loss to reduce the other spouse's gains. When reporting the sale of jointly sounder property that is not reported on a joint PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and instance of the sale on their separate PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and instance of the property of the sale of the property of the sale of t	Name of the taxpayer filing this schedule DEBOLINA GANGULY					
10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval in clinicate whether the gains and losses included on the schedule are from the taxapary, spouse or joint. One spouse may use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D. each must show their share of the sale on their sparate PA Schedule D. Read the instructions. Enter a lastes, exchanges or other dispositions of real or personal targible and inflating property, including inhorited property. Amounts from Fodoral Schedule D may not be correct for PA income tax purposes. Norrealized his property is the result is a loss, fill in the voral next to the line. (b) Generalized property: (c) Describe (a) property: (d) Describe (a) property: (e) Describe (a) property: (f) Describe (a) property: (f) Describe (a) property: (g) Describe (a) property: (h) Contribution of the contributio	Taxpayer	0	Spouse (Joint C		
Describe the property: 10 Shares of XYZ stock, or 10 acres in Dauphin County I ROBINHOOD SECURITIES O1/01/22 12/31/23 1,011. 1,000. \$\frac{1}{10}\$ \$\fra	10 of PA Schedule D. However, if all the gains indicate whether the gains and losses included other spouse's gains. When reporting the sale o sale on their separate PA Schedule D. Read the property, including inherited property. Amounts	s and losses were on the schedule a f jointly owned prop instructions. Ente from Federal Sche	realized on a join re from the taxpay perty that is not reper all sales, exchar edule D may not be	nt basis, one schedu /er, spouse or joint. O ported on a joint PAS nges or other disposit pe correct for PA inco	ule may be completed. One spouse may not schedule D, each mutions of real or person tax purposes. N	ed. Complete the oval to t use a loss to reduce the est show their share of the hal tangible and intangible
Coss Coss Coss Coss Coss Coss Coss Coss	Describe the property: 100 shares of XYZ stock, or	Date acquired:	Date sold:	Gross sales price less expenses	Cost or adjusted basis of the	Gain or loss: (d) minus (e)
Loss Loss Loss Loss Loss Loss Loss Loss	1.ROBINHOOD SECURITIES	01/01/22	12/31/23	1,011.	1,000.	LOSS 11.
LOSS LOSS LOSS LOSS LOSS LOSS LOSS LOSS	TROBEINIOUS SECONDINE	01/01/11	12, 01, 20		27333	
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LOSS LOSS LOSS LOSS LOSS LOSS LOSS LOSS						LOSS
LOSS LOSS LOSS LOSS LOSS LOSS LOSS LOSS					,	LOSS
2. Net gain (loss) from above sales. 2. Net gain (loss) from above sales. 3. Gain from installment sales from PA Schedule D-1. 4. Taxable distributions from C corporations. 5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71. 6. Net PA S corporation and partnership gain (loss) from your PA Schedule (s) RK-1 or NRK-1. (a) Address of Address of Address of Month/dayyear Month/day						LOSS
Loss Loss Loss Loss Loss Loss Loss Loss						LOSS
2. Net gain (loss) from above sales. 3. Gain from installment sales from PA Schedule D-1. 4. Taxable distributions from C corporations. 5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71. 6. Net PA S corporation and partnership gain (loss) from your PA Schedule (s) RK-1 or NRK-1. Ca) Address of residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7. Address of residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7. Address of residence. If you realized a caquired: Month/day/year Month/day/year less experises of sale when the property sold (d) minus (e) 7. Taxable gain from the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1 7. 8. Taxable distributions from PA S corporations from REV-999. 9. Taxable gain from exchange of insurance contracts. 10.						LOSS
2. Net gain (loss) from above sales. 3. Gain from installment sales from PA Schedule D-1. 4. Taxable distributions from C corporations. 5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71. 6. Net PA S corporation and partnership gain (loss) from your PA Schedule S RK-1 or NRK-1. 6. Net PA S corporation and partnership gain (loss) from your PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7. Address of Reidence Reid						LOSS
2. Net gain (loss) from above sales. 3. Gain from installment sales from PA Schedule D-1. 4. Taxable distributions from C corporations. 5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71. 6. Net PA S corporation and partnership gain (loss) from your PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7. (a) Address of residence (b) Date acquired: Month/day/year Month/day/year Month/day/year Residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1. 7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1. 7. Taxable distributions from partnerships from REV-999. 8. 9. Taxable gain from exchange of insurance contracts. 10.						LOSS
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3. Gain from installment sales from PA Schedule D-1. 4. Taxable distributions from C corporations. Similar adjusted basis 5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71. 6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1. Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7. (a) Address of residence (b) Date acquired: Month/day/year less expenses of sale less expenses of						LOSS
3. Gain from installment sales from PA Schedule D-1. 4. Taxable distributions from C corporations. Shelt pain (loss) from the sale of 6-1-71 property from PA Schedule D-71. 6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1. Cas be pain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7. (a) Address of residence Month/day/year Month/day/year less expenses of sale less expenses of sale from the sale of your principal residence. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1. 7. Taxable distributions from partnerships from REV-999. 8. Taxable distributions from PAS corporations from REV-999. 9. Taxable gain from exchange of insurance contracts. 10.	2. Net gain (loss) from above sales.				LOSS 2.	11.
4. Taxable distributions from C corporations. Single gain (loss) from the sale of 6-1-71 property from PA Schedule D-71. Solution (loss) from the sale of 6-1-71 property from PA Schedule D-71. Solution (loss) from the sale of 6-1-71 property from PA Schedule D-71. Solution (loss) from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7. (a) Address of residence (loss) Address of residence (month/day/year Month/day/year Mo						
Minus adjusted basis 5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71. 6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1. Ca) Address of residence (a) Address of residence (b) Date acquired: Month/day/year Month/day/y						
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1					= 4.	
Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7. (a) Address of residence (b) Date acquired: Month/day/year Month/day/year Month/day/year (c) Gross sales price less expenses of sale Cost or adjusted basis of the property sold (d) minus (e) 7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1 7. 8. Taxable distributions from partnerships from REV-999. 9. Taxable distributions from PAS corporations from REV-998. 9. Taxable gain from exchange of insurance contracts. 10.						
(a) Address of residence (Month/day/year Month/day/year Month/day/	6. Net PA S corporation and partnership gain (loss	s) from your PA Sche	dule(s) RK-1 or NR	K-1	Loss 6.	
Address of residence Date acquired: Month/day/year Date sold: Month/day/year For Sales price less expenses of sale Cost or adjusted basis of the property sold Gain or loss: (d) minus (e) Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1				. ,		•
If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1	Address of	Date acquire	ed: Date sold:	Gross sales price	Cost or adjusted basis of	Gain or loss:
If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1						
9. Taxable distributions from PA S corporations from REV-998. 9. 10. Taxable gain from exchange of insurance contracts. 10.	7. Taxable gain from the sale of your principal residently from the sale of the nonroll from the nonroll from the sale of the nonroll from the nonroll from the sale of the nonroll from the no	ence. If you realized a esidential portion of y	a loss on the sale of our principal residen	your principal residence ce, enter the information	e, enter a zero. n on Line 1 7.	
10. Taxable gain from exchange of insurance contracts	8. Taxable distributions from partnerships from RE	V-999				
	9. Taxable distributions from PAS corporations from	om REV-998	DE * DE * DE * DE * DE * DE * DE		9.	
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval) Loss 11.	10. Taxable gain from exchange of insurance contra	acts			10.	
	11. Total PA Taxable Gain (Loss). Add Lines 2 thro	ough 10. Enter on Lin	e 5 of your PA-40. (If a net loss, fill in the o	oval) Loss 11.	11.

1555 REV 02/24/24 PRO





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 03-23 (I) 2023

· · · · · · · · · · · · · · · · · · ·	
Declaration Control Number/Submission ID	
Primary Taxpayer's Name	Social Security Number 189-59-7682
ABEER KATIYAL Secondary Taxpayer's Name	Social Security Number
DEBOLINA GANGULY	123-45-1557
SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31,	, 2023 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	1. 905
2. PA tax liability (Form PA-40, Line 12)	2 28
3. Total PA tax withheld (Form PA-40, Line 13)	
4. Amount to be refunded (Form PA-40, Line 30)	4
5. Total payment (tax due) (Form PA-40, Line 28)	51
SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAX	PAYER
system and software to prepare and transmit my return electronically, I consent to the disclosus of tware and to the transmission of my tax return electronically to the PA Department of Reveniche amounts shown on the copy of my electronic income tax return. If applicable, I authorize to agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account institution to debit the entry to my account and the financial institutions involved in the process information necessary to answer inquiries and resolve issues related to payment. I certify the finder United States or one of its territories. I have selected a personal identification number applicable, my electronic funds withdrawal consent. PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only. X I authorize GLOBAL TAXES LLC to enter my PIN electronically filed income tax return. I will enter my PIN as my signature on my tax year 2023 electronically filed income tax in the process of the process	the PA Department of Revenue and its designated financial for Pennsylvania taxes owed. I also authorize my financial ing of my electronic payment of taxes to receive confidential unds for this withdraw are originating from an account within as my signature for my electronic income tax return and, if 97682 as my signature on my tax year 2023
Signature	Date
SECONDARY TAXPAYER'S PIN Mark one oval only. X I authorize GLOBAL TAXES LLC to enter my PIN electronically filed income tax return. I will enter my PIN as my signature on my tax year 2023 electronically filed income tax in the second seco	
Signature	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, w ncome tax return for the taxpayer(s) indicated above. I confirm I am participating in the Pracestablished for this program.	THE PARTY OF THE SAME AND THE PARTY OF THE P
FRO'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
ABEER KATIYAL
Social Security Number 189-59-7682

Federal Forms W-2

# of W2	* NT / TXBL	TS	N R H	Employer Name Employer 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
3	X	T S S		SALESFORCE, INC. 94-3320693 UT SOUTHWESTERN MEDICAL CENTER 75-6002868 DANA FARBER CANCER INSTITUTE 04-2263040	207,398. 222,670. 4,905. 56,346. 56,346.	207,398. 0. 0. 56,346. 0.	MA TX MA

	Taxpayer	Spouse
Pennsylvania W-2		0.
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	207,398.	56,346.
Withholding		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

	Taxpayer	Spouse
Pennsylvania Local W-2		
Federal Form 4137, Unreported Tips, line 6		-
Noncash tips		
Withholding		
		<u></u>

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount
			_	

		Taxpayer	Spouse
Exce	ss Reimbursements		

189-59-7682 ABEER KATIYAL Page 2

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
	Interactive Brokers LLC	13-3863700	Т		0.		7.
	INSTITUTE FOR CANCER RESEARCH	23-6296135	S	Н	894.	27.	894.

Pennsylvania	Payment type:
--------------	---------------

- Executor fee
- В Jury duty pay
- Director's fee
- C Expert witness fee
- Ε Honorarium
- Covenant not to compete
- G Damages or settlement for lost wages, other than personal injury
- Other nonemployee compensation.
 - Describe: NONEMPLOYEE COMPENSATION INCOME
- Employer sponsored retirement/pension/deferred compensation plan
- Distribution from IRA (Traditional or Roth)
- Distribution from Life Insurance, Annuity or Endowment Contracts K
 - Distribution from Charitable Gift Annuities
- M Distribution from Employee Stock Ownership Plan. Describe:
- Fiduciary fees from a trust
- Other income not listed above Describe:

Taxpayer Spouse Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld		
X	04-3523567 NATIONAL FINAN 04-3523567 NATIONAL FINAN	<u>S</u>	2	<u>J2</u> <u>J2</u>	4,106.					
		_	_							

^{*} Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- N No entry
- PA school, state, or municipal employee plan 131
- United Mine Workers pension 111
- 132 Military pension
- 133 U.S. Civil service retirement/disability/annuity
- Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)
- Early distribution from a retirement plan 121
- **I12** Rollover
- I13 I'm eligible; plan is eligible (no PA tax)

- I'm not eligible yet; plan is eligible in PATraditional or Roth IRA; I'm over 59.5
- Traditional or Roth IRA: I'm under 59.5
- Non-qualified deferred compensation plan
- K3 Life insurance or endowment
- Distribution from Charitable Gift Annuities
- ESOP: Allocated ESOP Stock Dividend М1
- ESOP: Non-Allocated ESOP Stock Dividend KSOP: Taxable ESOP within a 401(k) **M2**
- М3
- KSOP: Nontaxable ESOP within a 401(k)

Spouse Taxpayer Distribution from Life Insurance, Annuity, Endowment Contracts or. . ineligible retirement plans (see Tax Help FAQ's for more info). . Compensation from Form 1099R (eligible retirement plans).

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	0.	894.
Total Schedule NRH gross compensation to PA-40, line 12		
Withholding to Form PA-40 line 13		27.

894.

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



2024 Form 1-ES						REV 03/05/24 PRO	
Estimated Tax Payment Vouch	ner						
Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code	
189597682	12/31/2024	04/17/2024	053	17	005	1555	
Last name (print) First na	ame and initial (and spo	use's, if joint return)					
ABEER KATIYAL & DEBOLI	NA GANGULY		1. Amount due with this	installment (from line 12	of worksheet)	584.00	
Street address			Form you plan to file:				
160 CAMBRIDGEPARK DR A	pt No 431		▼ Form 1, Full-Year Resident Form 1-NR/PY, Nonresident/Part-Year Resident				
City/Town State	Z	Zip				nwealth of Massachusetts.	
CAMBRIDGE MA	C	2140	Mail to Massachusetts	s Department of Reve	nue, PO Box 419540	, Boston, MA 02241-9540.	
E-mail address	Phone num	ber	Important: Make your estimated tax payment online. It's fast, easy and secure.				
ABEERKATIYAL92@GMAIL.C	GMAIL.COM 206-693-0594 Go to mass.gov/masstaxconnect for more information.						







DETACH HERE V								
2024 Form 1-ES						REV 03/05/24 PRO		
Estimated Tax Payment Vouch	ner							
Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code		
189597682	12/31/2024	06/17/2024	053	17	005	1555		
Last name (print) First na	ame and initial (and spo	use's, if joint return)						
ABEER KATIYAL & DEBOLINA GANGULY			1. Amount due with this installment (from line 12 of worksheet)					
Street address			Form you plan to file:					
160 CAMBRIDGEPARK DR A	pt No 431		Form 1, Full-Year Re	esident Form 1-N	NR/PY, Nonresident/F	Part-Year Resident		
City/Town State	Z	Zip	The state of the s			nwealth of Massachusetts.		
CAMBRIDGE MA	0	2140	Mail to Massachusett	s Department of Reve	nue, PO Box 419540	, Boston, MA 02241-9540.		
E-mail address	Phone num	ber		r estimated tax paymen		y and secure.		
ABEERKATIYAL92@GMAIL.C	OM 206-69	3-0594	Go to mass.gov/mass	taxconnect for more info	ormation.			







▼ DETACH HERE ▼								
2024 Form 1-ES						REV 03/05/24 PRO		
Estimated Tax Payment Vol	icher							
Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code		
189597682	12/31/2024	09/16/2024	053	17	005	1555		
Last name (print) Fire	t name and initial (and spo	use's, if joint return)						
ABEER KATIYAL & DEBOLINA GANGULY			1. Amount due with this installment (from line 12 of worksheet)					
Street address			Form you plan to file:			· · · · · · · · · · · · · · · · · · ·		
160 CAMBRIDGEPARK DR	Apt No 431		Form 1, Full-Year Re	esident Form 1-N	IR/PY, Nonresident/F	Part-Year Resident		
City/Town Sta	te	Zip				nwealth of Massachusetts.		
CAMBRIDGE MA	4)2140	Mail to Massachusett	s Department of Rever	nue, PO Box 419540	, Boston, MA 02241-9540.		
E-mail address	Phone num	nber		r estimated tax paymen		y and secure.		
ABEERKATIYAL92@GMAIL	.COM 206-69	3-0594	Go to mass.gov/mass	taxconnect for more info	ormation.			







▼ DETACH HERE ▼								
2024 Form 1-ES						REV 03/05/24 PRO		
Estimated Tax Payment Vouch	ier							
Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code		
189597682	12/31/2024	01/15/2025	053	17	005	1555		
Last name (print) First na	me and initial (and spo	use's, if joint return)						
ABEER KATIYAL & DEBOLINA GANGULY			1. Amount due with this installment (from line 12 of worksheet)					
Street address			Form you plan to file:					
160 CAMBRIDGEPARK DR A	pt No 431		X Form 1, Full-Year Re	esident Form 1-N	IR/PY, Nonresident/F	Part-Year Resident		
City/Town State	Z	Z ip				nwealth of Massachusetts.		
CAMBRIDGE MA	0	2140	Mail to Massachusetts	s Department of Reve	nue, PO Box 419540	, Boston, MA 02241-9540.		
E-mail address	Phone num	ber		r estimated tax paymen		y and secure.		
ABEERKATIYAL92@GMAIL.C	OM 206-69	3-0594	Go to mass.gov/mass	taxconnect for more info	ormation.			







Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon	request. For	the year January	1-December 31, 2023.
Your first name and initial	Last	t name	Your Social Security number
ABEER KATIYAL			189597682
f a joint return, spouse's first name and initial	Last	t name	Spouse's Social Security number
DEBOLINA GANGULY			123451557
Present street address (and apartment number)			
160 CAMBRIDGEPARK DR APT NO 431			
City/Town/Post Office	State	Zip	Filing status: Single Married filing jointly
CAMBRIDGE	MA	02140	Married filing separately Head of household
Part 1. Tax Return Information for Ele	ctronic F	iling	
1 Total 5.0% income (from Form 1, line 10, or Form 1-N			319966
2 Income tax after credits (from Form 1, line 32, or Form			1 - 4 0 4
3 Massachusetts use tax (from Form 1, line 34, or Form			
4 Massachusetts income tax withheld (from Form 1, line			12071
5 Refund amount (from Form 1, line 53, or Form 1-NR/I			
6 Tax due (from Form 1 line 54 or Form 1-NR/PY line	10 111111111111111111111111111111111111		2333

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN		O Fill in if self-employed	
	03312024	843171	965		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	O Fill in if also	
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer	

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		ll in if
P02082703	03312024		SE	elf-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT	E BRUNSWICK	NJ	08816	



IF YOU ARE MAILING THE FORM PV WITH THE PAYMENT BY ITSELF, MAIL IT WITH THE PAYMENT TO:

MASSACHUSETTS DEPARTMENT OF REVENUE

PO BOX 419540

BOSTON, MA 02241-9540

DETACH HERE

2023 Form PV

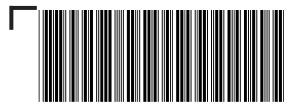
Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy) Tax type	Voucher type	ID type	Vendor co	de
12/31/2023 053	01	005	1555	
Name of taxpayer	Social Security nu	ımber	Amount en	closed
ABEER KATIYAL_	189597682		\$	2,333.00
Name of taxpayer's spouse	Social Security nu	ımber of taxpayer's spouse		
DEBOLINA GANGULY	123451557			
Street address	City/Town		State	Zip
160 CAMBRIDGEPARK DR APT NO 431	CAMBRIDGE		MA	02140
Phone	E-mail		Fill in if nar	me/address changed since 2022
206-693-0594	ABEERKATIYA	AL92@GMAIL.COM		

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.









2023 Form 1

MA23001011555 Massachusetts Resident Income Tax Return FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2023 or other taxable Year beginning Ending

ABEER KATIYAL DEBOLINA GANGULY 160 CAMBRIDGEPARK DR

189597682 123451557 CAMBRIDGE

431

Spouse Spouse

Spouse

Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

\$1 You

You

You

You

You

MA 02140

\$1 Spouse TOTAL

8800

8800

Fill in if: Amended return Other jurisdiction change Enter date of change

Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased Fill in if under age 18 Fill in if name change a. Total federal income 310040

b. Federal adjusted gross income 310040 1. Filing status (select one only): Single

X Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions \times \$1.000 = **2b** b. Number of dependents. (Do not include yourself or your spouse.) Enter number c. Age 65 or over before 2024 You + Spouse = \times \$700 = 2c d. Blindness You + Spouse = \times \$2,200 = 2d

e. Medical/dental 2e 2f f. Adoption g. Total exemptions. Add items 2a through 2f. Enter here and on line 18 2q

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Spouse's signature Date Date

206-693-0594

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





2023 Form 1, pg. 2MA23001021555
Massachusetts Resident Income Tax Return 189597682

3.	Wages, salaries, tips	3	268649
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a. 3116 - b. exemption 200	= 5	2916
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 7	9	48401
10.	TOTAL 5.0% INCOME	10	319966
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	2000
12.	Reserved for future use	12	
13.	Reserved for future use	13	
		0 44	
14.	Rental deduction. a.	÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19	15	4000
16.	Total deductions. Add lines 11 through 15	16	4000
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	315966 8800
18. 19.	Exemption amount 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	18 19	307166
19. 20.	INTEREST AND DIVIDEND INCOME	20	1480
20. 21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	308646
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the	21	300040
22.	amount in Schedule D, line 21 by .0585	22	15432
23.	INCOME FROM SCHEDULE B. Not less than "0."	22	13432
20.	a. × .085 = 23a		
	b. ×.12 = 23b		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	
	TOTAL TAX ON THOUSAND I THOU SOTILEDGE D. Add IIIICS 250 and 250	20	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2023 Form 1, pg. 3

MA23001031555 Massachusetts Resident Income Tax Return 189597682

24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filling Scho	edule D-IS		24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24				
25.	Credit recapture amount (from Credit Recapture Schedule)		<u> </u>	25	
26.	Additional tax on installment sale			26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28				
28.	TOTAL INCOME TAX.			,	
	a. Income tax. Add lines 22 through 26	28a	15432		
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b			
	c. Total tax. Add lines 28a and 28b			28	15432
29.	Limited Income Credit			29	
30.	Income tax due to another state or jurisdiction		*	30	28
31.	Other credits from Credit Manager Schedule			31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from	line 28. Not less th	an "0"	32	15404
33.	Voluntary Contributions				
	a. Endangered Wildlife Conservation			33a	
	b. Organ Transplant Fund			33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund			33c	
	d. Massachusetts U.S. Olympic Fund			33d	
	e. Massachusetts Military Family Relief Fund			33e	
	f. Homeless Animal Prevention and Care			33f	
	Total. Add lines 33a through 33f			33	
34.	Use tax due on Internet, mail order and other out-of-state purchases			34	
35.	Health care penalty a. You + b. Spouse			35	
36.	Amended return only. Overpayment from original return			36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Ad	d lines 32 through 3	6	37	15404
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	13071		
	b. Massachusetts income tax withheld from Form(s) 1099	38b			
	c. Massachusetts income tax withheld from other forms	38c			
	Total. Add lines 38a through 38c			38	13071





2023 Form 1, pg. 4 MA23001041555

MA23001041555
Massachusetts Resident Income Tax Return
189597682

39. 40. 41. 42. 43. 44. 45.	2022 overpayment applied to your 2023 estimated tax 2023 Massachusetts estimated tax payments Payments made with extension Amended return only. Payments made with original return. Not less than "0" Earned Income Credit. a. Number of qualifying children b. Amount from Note: You cannot claim the Earned Income Credit if your filing status is marri for an exception (see instructions). Fill in if you qualify for this exception Senior Circuit Breaker Credit Reserved for future use Child and Family Tax Credit	u U.S. return x .40	39 40 41 42 = 43 44 45	
	a.	× \$310	= 46	
47.	Other Refundable Credits		47	
48.	Total Refundable Credits. Add lines 43 through 47		48	
49.	Excess Paid Family Leave Withholding		49	
50.	TOTAL. Add lines 38 through 42 and lines 48 and 49		50	13071
51.	Overpayment. Subtract line 37 from line 50		51	
52.	Amount of overpayment you want applied to your 2024 estimated tax		52	
53.	Refund. Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box	7000, Boston, MA 02204	53	
	Direct deposit of refund. Type of account checking savings RTN # account #			
-4	To the Box coline at the second and all a smallers II the DOD	DO D. 7000 D MA 00004	E4	0000
54.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR		54	2333
	Interest Penalty M-2210 an	nt.		EX enclose Form M-2210
May t	he Department of Revenue discuss this return with the preparer shown here?			
l do n	ot want preparer to file my return electronically	(this may delay your refund)		Paid preparer's
Print	paid preparer's name	Date Check if se	elf-employed	SSN/PTIN

SYAM PRIYA RAM SAGAR GUPTA

SYAM PRIYA RAM SAGAR GUPTA

Paid preparer's signature

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

03312024

Paid preparer's phone

678-965-9522

P02082703

Paid preparer's EIN





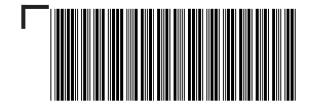
2023 Schedule X MA23SXX011555

ABEER KATIYAL 189597682

Schedule X. Other Income

1.	Alimony received		1	
2.	Taxable IRA/Keogh and Roth IRA conversion distributions		2	47496
3.	Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massac	chusetts law	3	
4.	Fees and other 5.0% income. Not less than "0"		4	905
5.	PFML taxable distributions		5	
6.	Excess business loss adjustment		6	
7.	Total other 5.0% income. Add lines 1 through 6. Not less than "0"		7	48401







2023 Schedule OJC

MA23655011555 Income Tax Paid to Other Jurisdictions

ABEER

KATIYAL

189597682

Two-letter state or

PA

jurisdiction Amount of income on postal code which you paid taxes

you paid taxes

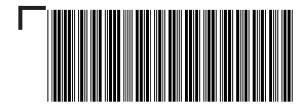
894

W-2 withholding and payments

Total tax due before credits,

28







2023 Schedule B MA23010011555

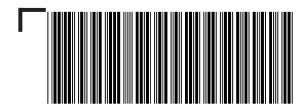
7\ [BEER	KATIYAL	189597682		
AL	DEEK	MAITIAL	109397002		
Part	1. Interest and Dividend Inco	me			
1.	Total interest income			1	3783
2.	Total ordinary dividends			2	2813
3.	Other interest and dividends not incl	uded above		3	
4.	Total interest and dividends			4	6596
5.	Total interest from Massachusetts ba	anks		5	3116
6a.	Other interest and dividends to be ex	xcluded		6a	
6b.	Part-year/Nonresidents only			6b	
7.	Subtotal			7	3480
8.	Allowable deductions from your trade	e or business		8	
9.	Subtotal			9	3480
Part	2. Short-Term Capital Gains	/Losses and Long-Term G	ains on Collectibles		
10.	Massachusetts short-term capital ga	-		10	257
11.	Massachusetts long-term capital gai		installment sales	11	
12.			of property used in a trade or business an	ıd	
	held for one year or less			12	
13a.	Add lines 10 through 12			13a	257
13b.	Part-year/Nonresidents only			13b	
13c.	Subtract line 13b from line 13a. Not	less than 0		13c	257
14.	Allowable deductions from your trade	e or business		14	
15.	Subtotal			15	257
16.	Massachusetts short-term capital lo			16	
17.		hange or involuntary conversion	of property used in a trade or business an		
	held for one year or less			17	
18.	Prior short-term unused losses for y	ears beginning after 1981		18	





2023 Schedule B, pg. 2 189597682 MA23010021555

19a.	Combine lines 15 through 18	19a	257
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	257
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2024	23	
24.	Short-term gains and long-term gains on collectibles	24	257
25.	Long-term losses applied against short-term gain	25	257
26.	Subtotal	26	
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	
Part	t 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term	Gains on Collectibles	
29.	Enter the amount from line 9	29	3480
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	3480
32.	Long-term losses applied against interest and dividends	32	2000
33.	Adjusted interest and dividends	33	1480
34.	Enter the amount from line 28	34	
35.	Adjusted gross interest, dividends and certain capital gains	35	1480
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	1480
38.	Interest and dividends taxable at 5.0%	38	1480
39.	Total taxable 8.5% and 12% capital gains	39	
40.	Available short-term losses for carryover in 2024	40	





2023 Schedule D

MA23012011555 Long-Term Capital Gains and Losses Excluding Collectibles

ABEER KATIYAL	189597682
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Part	: 1. Long-Term Capital Gains and Losses, Excluding Collectibles		
1.	Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h	1	-2704
2.	Enter amounts from U.S. Schedule D, line 9, col. h	2	
3.	Enter amounts from U.S. Schedule D, line 10, col. h	3	
4.	Enter amounts from U.S. Schedule D, line 11, col. h	4	
5.	Enter amounts from U.S. Schedule D, line 12, col. h	5	
6.	Enter amounts from U.S. Schedule D, line 13, col. h.	6	3
7.	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8.	Carryover losses from prior years	8	
9.	Combine lines 1 through 8	9	-2701
10a.	Massachusetts adjustments	10a	
10b.	Part-year/Nonresidents only	10b	
10c.	Combine lines 10a and 10b	10c	
11.	Massachusetts capital gains and losses	11	-2701
12.	Long-term gains on collectibles and pre-1996 installment sales	12	
13.	Subtotal	13	-2701
14.	Capital losses applied against capital gains	14	257
15.	Subtotal	15	-2444
16.	Long-term capital losses applied against interest and dividends	16	2000
17.	Subtotal	17	-444
18.	Allowable deductions from your trade or business	18	
19.	Subtotal	19	
20.	Excess exemptions	20	
21.	Taxable long-term capital gains	21	
22.	Tax on long-term capital gains	22	
23.	Massachusetts available losses for carryover	23	-444





2023 Schedule INC MA23INC011555

ABEER KATIYAL 189597682

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
943320693	10345	207398	13365		W2
042263040	2726	56346		4310	W2
043523567		4106			1099R
043523567		43390			1099R

TOTALS 13071 311240 13365 4310





2023 Schedule HC

MA23029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ABEER KATIYAL

189597682

1a. Date of birth 06181992 1b. Spouse's date of birth 09161993 1c. Family size 2

Federal adjusted gross income
 310040

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2023, you turned 18, you

3a You: X Full-year MCC Part-year MCC No MCC/None
were a part-year resident or a taxpayer was deceased.

3a Spouse: X Full-year MCC Part-year MCC No MCC/None
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2023, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below) Spouse You 4b. MassHealth. Fill in and go to line 5 You Spouse 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 Spouse You 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 You Spouse 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net You Spouse is not considered insurance or minimum creditable coverage.

- 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.





2023 Schedule HC, pg. 2 189597682 MA23029021555

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2023 at or below 150% of the federal poverty level? Yes Nο If you answer Yes, you are not subject to a penalty in 2023. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2023, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2023. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

Feb. May June Oct. Nov. You: Jan. March April July Sept. Dec. Aug. Spouse: Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec. If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row),

go to line 8a. Otherwise, a penalty does not apply to you in 2023. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based 8a You Yes No on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? Spouse Yes No If you answer Yes, go to line 8b. If you answer No, go to line 9. 8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2023 tax year? 8b You Yes No Spouse Yes No If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health 9 You

Yes No Connector for the 2023 tax year? Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.





2023 Schedule HC, pg. 3 MA23029031555

ABEER KATIYAL 189597682

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2023 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements10 YouYesNoas determined by completing the Schedule HC Worksheet for Line 10 in the instructions?YesNo

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC11 YouYesNoWorksheet for Line 11 in the instructions?YesNo

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?12 You Yes NoSpouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2023 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return Your social security number 189-59-7682 ABEER KATIYAL & DEBOLINA GANGULY Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with 2,305. 2,028. -20. 257. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 5,377.) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -5,120. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) Proceeds to gain or loss from from column (d) and Cost (or other basis) Form(s) 8949, Part II, (sales price) combine the result line 2. column (a) with column (g)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 26,220. 23,516. -2,704.Totals for all transactions reported on Form(s) 8949 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 3. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-2,701.

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -7,821. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

PA-40 - 2023

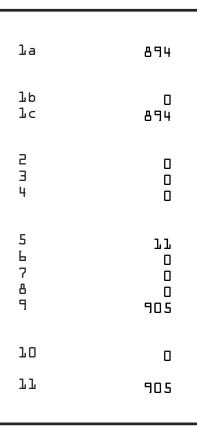
Pennsylvania Income Tax Return

ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

			N	Extension.	N	Amended Return.
189597682 1234	51557		N.	Residency State	10	
KATIYAL			N	•		Part-Year Resident
			_	from		to
ABEER	Occupation	TECHNICAL	J	Single, Married Married/Filing	_	-
DEBOLINA	Occupation	POSTDOCTOR		TVIAITICA/T IIII	берагасту	, I mai Return
			N	Deceased		
GANGULY			, and	Taxpayer Date	of Death	
APT 431			N	Taxpayer Date	or Death	
			N	Spouse Date of	Death	
160 CAMBRIDGEPARK	DR			Farmers.		
CAMBRIDGE	MA 🛛	2140	N		Name NO	T IN PA
701 107 05						
206-693-05	174 7	9999				
1a Gross Compensation. Do not qualifying retirement benefits		e, such as combat zone pay a	and	la		894
1b Unreimbursed Employee Busi 1c Net Compensation. Subtract I	•			lb lc		0 894
 Interest Income. Complete PA Dividend and Capital Gains Di Net Income or Loss from the C 	istributions Income. Co	omplete PA Schedule B if red	quired.	2 3 4		0 0 0

- Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- Net Income or Loss from Rents, Royalties, Patents or Copyrights. 6
- 7 Estate or Trust Income. Complete and submit PA Schedule J.
- Gambling and Lottery Winnings. Complete and submit PA Schedule T. 8
- Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. N See the instructions for additional information.
- Adjusted PA Taxable Income. Subtract Line 10 from Line 9. 11

1555 REV 02/24/24 PRO









Social Security Number

189597682 Name(s) ABEER KATIYAL

578	\$9659522 Firm FI Prepare	EIN r's PTIN	P02082703
_	arer's Name and Telephone Number Date E-File (AM PRIYA RAM SAGAR GUPTA D33124	Opt Out	N
Your	Signature Spouse's Signature, if filing jointly		
_	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all upanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
36	Refund donation line. Enter the organization code and donation amount. See instructions.	36	
	Refund donation line. Enter the organization code and donation amount. See instructions.	35	
	Refund donation line. Enter the organization code and donation amount. See instructions.	34	
	Refund donation line. Enter the organization code and donation amount. See instructions.	33	
	Refund donation line. Enter the organization code and donation amount. See instructions.	32	
30 31	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. REFUND	37 30	0
26	The total of Lines 30 through 36 must equal Line 29.] 70	_
<i>23</i>	the difference here.	' '	0
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter	28 29	1
27	Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	27	0
	TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.	56	T.
	USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.	25	0
23 24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	24	0 27
	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC .	22	0
20	Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	57	0
	Dependents, Section II, Line 2, PA Schedule SP Total Eligibility Income from Section III, Line 11, PA Schedule SP .		IO _
	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a 🛮	10
	Forgiveness Credit. Submit PA Schedule SP.		U
	Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	78	0
	2023 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	16 17	0
	2023 Estimated Installment Payments. REV-459B included.	15	0
	Credit from your 2022 PA Income Tax return.	14	0
	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	13 12	28 27

Page 2 of 2



REV 02/24/24 PRO

1555

PA SCHEDULE D

Sale, Exchange or Disposition of Property

PA-40 D (EX) 03-23 (I) PA Department of Revenue

2023

OFFICIAL USE ONLY

	If you need mo	ore space, you m	ay photocopy.		
Name of the taxpayer filing this schedule ABEER KATIYAL	-			Social Security 189-59-	Number (shown first) · 7682
Taxpayer		Spouse	Joint C		
Important: A taxpayer and spouse must completed to PA Schedule D. However, if all the gains indicate whether the gains and losses included other spouse's gains. When reporting the sale of sale on their separate PA Schedule D. Read the property, including inherited property. Amounts carefully the instructions concerning intangible property.	ete separate schedi s and losses were on the schedule ar if jointly owned prop instructions. Ente from Federal Sche	ules to report their realized on a joir re from the taxpay perty that is not reper all sales, exchar edule D may not be	gains or losses or if nt basis, one schedu yer, spouse or joint. C corted on a joint PA S ages or other dispositi be correct for PA inco	any amounts are repute may be completed one spouse may not schedule D, each mustions of real or personome tax purposes. N	ed. Complete the oval to use a loss to reduce the st show their share of the al tangible and intangible
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1.ROBINHOOD SECURITIES	01/01/23	12/31/23	2,087.	2,003.	Loss 84.
Interactive Brokers	01/01/23		218.	45.	LOSS 173.
Apex Clearing	01/01/22			4,138.	3,043.
ROBINHOOD SECURITIES	01/01/22		4,721.	6,419.	1,698.
Interactive Brokers	01/01/22		·	10,113.	LOSS 240
Interactive Brokers	01/01/22			4,550.	2,366.
interactive blokers	01/01/22	12/31/23	0,910.	4,330.	LOSS
					LOSS
	-				LOSS
					LOSS
					LOSS
	-				LOSS
					LOSS
	-				LOSS
					LOSS
 Net gain (loss) from above sales. Gain from installment sales from PA Schedule I 				2. 3.	2,458.
4. Taxable distributions from C corporations	Enter total	distribution			
	•			= 4.	
5. Net gain (loss) from the sale of 6-1-71 property					
6. Net PA S corporation and partnership gain (loss					
Taxable gain from selling a principal residence. Com	·	<u>·</u>		(e) and enter your total	
(a) Address of residence	(b) Date acquire Month/day/ye		(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
Taxable gain from the sale of your principal resident of you realized a gain/loss on the sale of the nonre					
8. Taxable distributions from partnerships from RE	EV-999			8.	
9. Taxable distributions from PAS corporations fro					
10. Taxable gain from exchange of insurance contra	acts			10.	
11. Total PA Taxable Gain (Loss). Add Lines 2 thro	ough 10. Enter on Lin	e 5 of your PA-40. (If a net loss, fill in the o	oval) LOSS 11.	2,458.

1555 REV 02/24/24 PRO



5307370057

Sale, Exchange or Disposition of Property

PA-40 D (EX) 03-23 (I) PA Department of Revenue

2023

OFFICIAL USE ONLY

	If you need m	ore space, you n	nay photocopy.		
Name of the taxpayer filing this schedule DEBOLINA GANGULY				Social Security 189-59-	Number (shown first) -7682
Taxpayer		Spouse (Joint C		
Important: A taxpayer and spouse must comple 10 of PA Schedule D. However, if all the gains indicate whether the gains and losses included other spouse's gains. When reporting the sale of sale on their separate PA Schedule D. Read the property, including inherited property. Amounts carefully the instructions concerning intangible p	te separate sched and losses were on the schedule a fjointly owned pro instructions. Enter from Federal Sche	lules to report the realized on a jour from the taxpa perty that is not real sales, exchaedule D may not	ir gains or losses or if int basis, one schedu yer, spouse or joint. O ported on a joint PA S nges or other disposit be correct for PA inco	any amounts are reputed in the may be completed in the spouse may not be chedule D, each must ons of real or personate tax purposes. N	ed. Complete the oval to use a loss to reduce the st show their share of the hal tangible and intangible
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1.ROBINHOOD SECURITIES	01/01/22	12/31/23	1,011.	1,000.	LOSS 11.
				_,	LOSS
					LOSS
2. Net gain (loss) from above sales				LOSS 2.	11.
Gain from installment sales from PA Schedule I					
Taxable distributions from C corporations					
•				= 4.	
5. Net gain (loss) from the sale of 6-1-71 property					
6. Net PA S corporation and partnership gain (loss					
Taxable gain from selling a principal residence. Com					gain on Line 7.
(a)	(b)	(c)	(d)	(e)	(f)
Address of residence	Date acquir Month/day/y		Gross sales price less expenses of sale	Cost or adjusted basis of the property sold	Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal reside If you realized a gain/loss on the sale of the nonre					
8. Taxable distributions from partnerships from RE	V-999			8.	
9. Taxable distributions from PA S corporations fro	m REV-998			9.	
10. Taxable gain from exchange of insurance contra	acts			10.	
11. Total PA Taxable Gain (Loss). Add Lines 2 thro	ugh 10. Enter on Lir	ne 5 of your PA-40.	(If a net loss, fill in the o	val) Loss 11.	11.

1555 REV 02/24/24 PRO





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

PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2023

Declaration Control Number/Submission ID	
Primary Taxpayer's Name ABEER KATIYAL	Social Security Number 189-59-7682
Secondary Taxpayer's Name DEBOLINA GANGULY	Social Security Number 123-45-1557
SECTION I TAX RETURN INFORMATION – TAX YEAR END	ING DEC. 31, 2023 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	1. <u>905</u>
2. PA tax liability (Form PA-40, Line 12)	
3. Total PA tax withheld (Form PA-40, Line 13)	
4. Amount to be refunded (Form PA-40, Line 30)	
5. Total payment (tax due) (Form PA-40, Line 28)	51
SECTION II DECLARATION AND SIGNATURE AUTHORIZAT	TION OF TAXPAYER
software and to the transmission of my tax return electronically to the PA Departs the amounts shown on the copy of my electronic income tax return. If applicable agents to initiate an electronic funds withdrawal (direct debit) entry to my design institution to debit the entry to my account and the financial institutions involved information necessary to answer inquiries and resolve issues related to paymen the United States or one of its territories. I have selected a personal identification applicable, my electronic funds withdrawal consent. PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark A authorize GLOBAL TAXES LLC to enter	e, I authorize the PA Department of Revenue and its designated financial nated account for Pennsylvania taxes owed. I also authorize my financial in the processing of my electronic payment of taxes to receive confidential t. I certify the funds for this withdraw are originating from an account within ation number as my signature for my electronic income tax return and, if one oval only.
electronically filed income tax return.	d in a second factor
I will enter my PIN as my signature on my tax year 2023 electronically file	
Signature	Date
SECONDARY TAXPAYER'S PIN Mark one oval only. (X) I authorize GLOBAL TAXES LLC to ente electronically filed income tax return. I will enter my PIN as my signature on my tax year 2023 electronically filed.	r my PIN51557_ as my signature on my tax year 2023 ad income tax return.
Signature	Date
SECTION III CERTIFICATION AND AUTHENTICATION – PRA	ACTITIONER PIN PROGRAM PARTICIPANTS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-select	ed PIN222496_ / _08271
As a participant in the Practitioner PIN Program, I certify the above numeric entrincome tax return for the taxpayer(s) indicated above. I confirm I am participat 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
ABEER KATIYAL
Social Security Number 189-59-7682

Federal Forms W-2

# of W2	* NT / TXBL	TS	NRH	Employer Name Employer 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
3	X	T S S		SALESFORCE, INC. 94-3320693 UT SOUTHWESTERN MEDICAL CENTER 75-6002868 DANA FARBER CANCER INSTITUTE 04-2263040	207,398. 222,670. 4,905. 56,346. 56,346.	207,398. 0. 0. 56,346. 0.	TX

Pennsylvania W-2	Taxpayer 0.	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	207,398.	56,346.
Withholding		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

Pennsylvania Local W-2	Taxpayer	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding		

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount
			l	

	Taxpayer	Spouse
Excess Reimbursements		

189-59-7682 ABEER KATIYAL Page 2

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
	Interactive Brokers LLC	13-3863700	Т		0.		7.
	INSTITUTE FOR CANCER RESEARCH	23-6296135	S	Н	894.	27.	894.

Pennsylvania	Payment	type:
--------------	----------------	-------

- Executor fee
- В Jury duty pay
- C Director's fee
- Expert witness fee
- Ε Honorarium
- Covenant not to compete
- G Damages or settlement for lost wages, other than personal injury
- Other nonemployee compensation.
 - Describe: NONEMPLOYEE COMPENSATION INCOME
- ı Employer sponsored retirement/pension/deferred compensation plan
- Distribution from IRA (Traditional or Roth)
- Distribution from Life Insurance, Annuity or Endowment Contracts
- Distribution from Charitable Gift Annuities
- Distribution from Employee Stock Ownership Plan. М Describe:
- Fiduciary fees from a trust
- Other income not listed above Describe:

Taxpayer Spouse Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
X NA	4-3523567 ATIONAL FINAN 4-3523567 ATIONAL FINAN	<u>S</u> <u>T</u>	<u>2</u> <u>2</u>	<u>J2</u> <u>J2</u>	4,106. 43,390.			

^{*} Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- N No entry
- **I31** PA school, state, or municipal employee plan
- **I11** United Mine Workers pension
- **I32** Military pension
- 133 U.S. Civil service retirement/disability/annuity
- Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)
- 121 Early distribution from a retirement plan
- **I12** Rollover
- 113 I'm eligible; plan is eligible (no PA tax)

- I'm not eligible yet; plan is eligible in PATraditional or Roth IRA; I'm over 59.5
- J2 Traditional or Roth IRA: I'm under 59.5
- **K2** Non-qualified deferred compensation plan
- Life insurance or endowment K3
- Distribution from Charitable Gift Annuities
- ESOP: Allocated ESOP Stock Dividend М1
- ESOP: Non-Allocated ESOP Stock Dividend KSOP: Taxable ESOP within a 401(k) M2
- М3
- KSOP: Nontaxable ESOP within a 401(k) М4

Distribution from Life Insurance, Annuity, Endowment Contracts or	ıaxpayer	Spouse
ineligible retirement plans (see Tax Help FAQ's for more info)		
Distribution from Charitable Gift Annuities.		
Compensation from Form 1099R (eligible retirement plans)		
Withholding		

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	0.	894.
Total Šchedule NRH gross compensation to PA-40, line 12		
Withholding to Form PA-40 line 13		27.

894.

^{*} Enter an 'X' if this income is **Not** subject to Pennsylvania tax.