<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tay		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	ble in this space.
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing	I		, 20	See sep	oarate i	nstructions.
Your first name	and mi	 ddle initial	Last na	me						Your so	cial sec	urity number
ABEER			KATI	YAT.								7682
	pouse's	s first name and middle initial	Last nai									security number
DEBOLINA			GANG	V.TII						123	45	1557
		r and street). If you have a P.O. box, see						A	pt. no.			ction Campaign
		GEPARK DR							31			ou, or your
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	-	spouse	if filing j	ointly, want \$3
CAMBRIDO	ЭF.					MA	<u>\</u>	021	40			d. Checking a lot change
Foreign country			F	oreign pr	ovince/state/				n postal code	your tax		0
							-			-	Yo	u 🗌 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
•		Married filing jointly (even if only or	ne had i	ncome)								
Check only one box.		Married filing separately (MFS)		,			Qualifying	surviv	ving spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name o	of your sp	oouse. If you	ı che					d's nar	ne if the
		alifying person is a child but not you			,				,			
	<u> </u>								·····	(J_) U		
Digital Assets		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi	•					•	,	.,	∏ Ye	s 🛛 No
		eone can claim:  You as a de		·			a dependent	i): (00		13.)		<u> </u>
Standard Deduction	_	Spouse itemizes on a separate return			•		•					
		· ·		_			_					
		Were born before January 2, 1	959 _	Are bl	•	use		14	ore January 2			blind
Dependents				(2) S	Social security number		(3) Relationsh to you	ip (4	Child tax c	· · · ·		ee instructions):
If more	(1) FI	rst name Last name			number					ieun		
than four dependents,												
see instructions	s ——											
and check here												
	1a	Total amount from Form(s) W-2, b	ox 1 (se	l e instruc	tions)					. 1a		268,649.
Income	b	Household employee wages not re	•		,					. 10		20070151
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		. ,					. 1c	-	
attach Forms	d	Medicaid waiver payments not rep								. 1d	-	
W-2G and	e	Taxable dependent care benefits f			, ,					. 1e	-	
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form	h	Other earned income (see instructi								. 1h	-	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i					
	z	Add lines 1a through 1h								. 1z		268,649.
Attach Sch. B	2a		2a			b Ta	axable interest			. 2b		3,783.
if required.	3a	Qualified dividends	3a	1,	675.	<b>b</b> 0	rdinary divider	nds .		. 3b		2,813.
	4a	IRA distributions	4a	47,	496.	b Ta	axable amount	t		. 4b		36,890.
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amount	t		. 5b		
Single or	6a	Social security benefits	6a			b Ta	axable amount	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lection r	nethod,	check here	(see	instructions)		[			
\$13,850	7	Capital gain or (loss). Attach Schee	dule D if	required	d. If not requ	ired,	, check here		[	7		-3,000.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line 10	0						. 8		905.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is y	our <b>total inc</b>	ome	e			. 9		310,040.
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26						. 10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted	gross incor	ne				. 11		310,040.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	i <b>ons</b> (fro	m Schedule	A)				. 12		27,700.
any box under	13	Qualified business income deduction	ion from	Form 8	995 or Form	899	5-A			. 13		133.
Standard Deduction,	14	Add lines 12 and 13								. 14		27,833.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	-0 This is y	our <b>t</b>	taxable incom	е.		. 15		282,207.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	54,379.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	54,379.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	21.
	21	Add lines 19 and 20 .						21	21.
	22	Subtract line 21 from line 18						22	54,358.
	23	Other taxes, including self-e	,					23	398.
	24	Add lines 22 and 23. This is						24	54,756.
Payments	25	Federal income tax withheld							
raymonico	а	Form(s) W-2				<b>25a</b> 42	,214.		
	b	Form(s) 1099				25b	,	1	
	c	Other forms (see instructions				25c	204.	1	
	d	Add lines 25a through 25c	,					25d	42,418.
	26	2023 estimated tax payment						26	,
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. T		-	-		• •	33	42,418.
Refund	34	If line 33 is more than line 24						34	
Refund	35a	Amount of line 34 you want	-			-	· ·	35a	
Direct deposit?	b	Routing number X X X			<b>c</b> Type:		. <u> </u>	Jour	
See instructions.	ď	Account number X X X					ouvingo		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	•• •						
You Owe	57	For details on how to pay, ge		•				37	12,691.
	38	Estimated tax penalty (see in	-	-		38	353.		10,0011
Third Party		you want to allow another					555.		
Designee		structions	•		· · · · · ·	·	omplete b	elow.	× No
_ • • • • 9.100	De	signee's		Phone		Pers	onal identif	ication	
	nar	nē		no.		numl	oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · ·	piete. Declaration						, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity 'IN, enter it here
Joint return?					TECHNICAL.	ARCHITECT	(see		in, enter it here
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sian.	Date	Spouse's occupat		If the	IRS ser	nt your spouse an
Keep a copy for	-1-	,,,,					Ident	ity Prote	ection PIN, enter it here
your records.					POSTDOCTOR	RAL FELLOW	(see	nst.)	
	Ph	one no. (206) 693-059	4	Email address	ABEERKATIYA	L92@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/01/2024	P02082	2703	Self-employed
Use Only	Fin	m's name GLOBAL TAX	KES LLC				Phor	ne no. (	(678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm'	's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)

Department of the Treasury

Internal Revenue Service

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. **01** 

Your social security number

189-59-7682

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

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. Atta	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F.		6	
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	01		
	a nongovernmental section 457 plan	8t	-	
u _	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:	<b>87</b> 905.		
0		<b>V</b>		905.
9 10	Total other income. Add lines 8a through 8z		9	903.
10	1040, 1040-SR, or 1040-NR, line 8		10	905.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			e 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
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    24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHE	DULE	2
(Form	1040)	

Part I

1

2

Department of the Treasury

Tax

Internal Revenue Service

### **Additional Taxes**

OMB No. 1545-0074

3

2023

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

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

Attachment Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ABEER KATIYAL & DEBOLINA GANGULY 189-59-7682 Alternative minimum tax. Attach Form 6251 . . . . 1 . . Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . 2

2	Add lines 1	and 2	Entor horo	and on E	10/0	10/0_SP	or 1040-NR,	lino 17
3	Add lines i	anu z.	Enter nere	and on F	01111040,	1040-36,	011040-100,	

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 <b>5</b>		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots$	8	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	ontinu	ued on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
_		17b	-		
	Additional tax on HSA distributions. Attach Form 8889	17c	-		
a	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	17j			
k	Golden parachute payments	17k			
Т	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21		398.
	BAA	REV 03/07/24 PRO	Schedu	ule 2 (Form 10	40) 2023

Department of the Treasury

## **Additional Credits and Payments**

OMB No. 1545-0074

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

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

2023	
Attachment Sequence No. 03	

	Revenue Service Go to WWW.Irs.gov/Form1040 for Instructions and the lates	st information.			uence No. 03
	s) shown on Form 1040, 1040-SR, or 1040-NR				curity number
Par	ER KATIYAL & DEBOLINA GANGULY		189-5	9-768	2
1	Foreign tax credit. Attach Form 1116 if required			1	21.
2	Credit for child and dependent care expenses from Form 2441		Attach	2	
3	Education credits from Form 8863, line 19		[	3	
4	Retirement savings contributions credit. Attach Form 8880		E E	4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32		Г	5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
с	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
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			
Ι	Amount on Form 8978, line 14. See instructions	61			
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 1040-NR, line 20	040, 1040-		8	21.

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II 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	)-SR, or 1040-NR,	15	
	BAA REV	03/07/24 PRO	Schedu	ule 3 (Form 1040) 2023

#### SCHEDULE B (Form 1040)

Department of the Treasury

## **Interest and Ordinary Dividends**

OMB No. 1545-0074 2

#### Attach to Form 1040 or 1040-SR.

		Go to www.irs.gov/ScheduleB for instructions and the latest information.		Attachmer Sequence	nt No. <b>08</b>	3
Name(s) shown on r	return		Your	social securit	ty numl	oer
ABEER KATI	YAL a	& DEBOLINA GANGULY	189	9-59-768	2	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:				
(See instructions		DISCOVER BANK				32.
		CAPITAL ONE			62	20.
Form 1040,		GOLDMAN SACHS BANK USA			1	51.
Interestbuy inte(See instructions and the Instructions for Form 1040, line 2b.)DI CA 	Citibank Client Services			1,6	63.	
		GOLDMAN SACHS BANK USA			6	50.
		Interactive Brokers LLC	1			3.
		ROBINHOOD SECURITIES LLC	'			26.
		FIDELITY			12	28.
a brokerage firm, list the firm's name as the payer and enter		FIDELITY			5	10.
	2	Add the amounts on line 1	2		3,7	83.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		3,7	83.
	Note:	If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer: Interactive Brokers LLC			1,8	74.
-		ROBINHOOD SECURITIES LLC			7	66.
		ROBINHOOD SECURITIES LLC				4.
Dividends		FIDELITY			1	69.
and the Instructions for Form 1040,			5			
,				ļ		
received a Form 1099-DIV or substitute statement from						
list the firm's						
· · ·	<u> </u>	Add the energy to an line 5. Entry the total have and an Engra 1040 or 1040 CD, line 0h		<u> </u>	0.0	
		Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	<u> </u>	2,8	13.
	Note:	If line 6 is over \$1,500, you must complete Part III.				
		nust complete this part if you ( <b>a</b> ) had over \$1,500 of taxable interest or ordinary d int; or ( <b>c</b> ) received a distribution from, or were a grantor of, or a transferor to, a foreigr			d a fo	reign
-						
					Yes	No
Caution: If	1a	At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat				
	0	country? See instructions				×
114 may result in substantial		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC				
Additionally, you may be required		and its instructions for filing requirements and exceptions to those requirements . If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) is (are) located:		vhere the		

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

REV 03/07/24 PRO

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

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

Financial Assets.

See instructions.

8

Schedule B (Form 1040) 2023

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#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

ABEER KATIYAL & DEBOLINA GANGULY

189-59-7682

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	🗙 No	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting	y your gain	or loss.	

#### Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

Saa	instructions for how to figure the amounts to enter on the			(g)		(h) Gain or (loss)	
	below.	(d)	(e)	Adjustments		Subtract column (e)	
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	Form(s) 8949, Pa	to gain or loss from Form(s) 8949, Part I, line 2, column (g) from colu combine with co		
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 <b>Box A</b> checked	2,305.	2,028.	-2	20.	257.	
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		usts from	5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> in the instructions						( 5,377.)	
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	· / ·		7	-5,120.	

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with 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 <b>Box D</b> checked	23,516.	26,220.			-2,704.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
13	Capital gain distributions. See the instructions	13	3.			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,		15	-2,701.

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

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Form **8949** 

Department of the Treasury

## 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.



 Internal Revenue Service
 Go to www.irs.gov/Form8949 for instructions and the latest information.
 Sequence No. 1

 Name(s) shown on return
 Social security number or taxpayer identification number

|--|

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.

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

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

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	est or other basis enter a code in column (f). Gain of the Note below See the separate instructions. Subtract		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	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 tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	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.

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

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 **Note** above)

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

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	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 tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	23,516.	26,220.			-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.

532 Form Department of the Treasury

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# Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074 2

Attachment

						.,			, .		, .			
c	to www.ir	s.a	ov/ł	Form	5329 1	for	ins	truc	tions	s and	the	lates	t inform	ation.

Internal	Revenue Service	Go to www.irs.gov/Form5329 for ins	tructions and the late	st information.	Seq	uence No. Z	9
		nal tax. If married filing jointly, see instructions.				I security nu	ımber
DEB	OLINA GANGULY				123-45		
		Home address (number and street), or P.O. box i	if mail is not delivered to y	our home		Apt. no.	
Fill in	Your Address Only	City, town or post office, state, and ZIP code. If y	vou hovo o foroign addrog				
if Yo	u Are Filing This	below. See instructions.	you have a loreign addres	s, also complete the spaces			
	by Itself and Not				If this is a return, ch	n amended	
with	Your Tax Return	Foreign country name	Foreign province/state/	county	Foreign po:		
			l oreign province/state/	county	. ereign per		
		nal 10% tax on the full amount of the		you may be able to r	eport this	tax direct	tly on
Par		8, without filing Form 5329. See instruct			( 11		
Fai		x on Early Distributions. Complete ution) before you reached age 591/2 1					
		ntract (unless you are reporting this tax					
		te this part to indicate that you qualify					
		distributions. See instructions.			-		
1	Early distributions inc	ludible in income (see instructions). For	r Roth IRA distributio	ons, see instructions.	1		
2	•	luded on line 1 that are not subject to t					
	Enter the appropriate	exception number from the instruction	s:		2		
3	Amount subject to ac	Iditional tax. Subtract line 2 from line 1			3		
4	Additional tax. Enter	10% (0.10) of line 3. Include this amou	nt on Schedule 2 (Fe	orm 1040), line 8	4		
		of the amount on line 3 was a distributi		RA, you may have to			
		mount on line 4 instead of 10%. See in					
Par		x on Certain Distributions From E				•	•
		an amount in income, on Schedule 1 ied tuition program (QTP), or on Schedu				avings ac	count
				-			
5 6		d in income from a Coverdell ESA, a QT d on line 5 that are not subject to the ad			5 6		
7		Iditional tax. Subtract line 6 from line 5			7		
8	•	10% (0.10) of line 7. Include this amou			8		
Part		x on Excess Contributions to Tra			-	ed more to	vour
		for 2023 than is allowable or you had ar					, <b>,</b>
9		tributions from line 16 of your 2022 Form					
10	If your traditional IR	A contributions for 2023 are less that	an your maximum				
	allowable contribution	n, see instructions. Otherwise, enter -0-	• • • • • • •	10			
11	2023 traditional IRA c	listributions included in income (see ins	tructions)	11			
12		prior year excess contributions (see ins	,	12			
13		12			13		
14	-	tributions. Subtract line 13 from line 9.			14		
15		for 2023 (see instructions)			15		
16		itions. Add lines 14 and 15 $\ldots$			16		
17		6% (0.06) of the <b>smaller</b> of line 16 <b>or</b> the 23 contributions made in 2024). Include this			17		
Part		x on Excess Contributions to Ro				re to vour	- Roth
- ar c		an is allowable or you had an amount o					noun
18		tributions from line 24 of your 2022 Form			18		0.
19	-	ributions for 2023 are less than your m					
-		ructions. Otherwise, enter -0		19			
20	2023 distributions fro	m your Roth IRAs (see instructions) .		20			
21					21		
22	•	tributions. Subtract line 21 from line 18			22		
23		for 2023 (see instructions)			23		.06.
24		itions. Add lines 22 and 23			24	4,1	.06.
25		6% (0.06) of the <b>smaller</b> of line 24 <b>or</b> the contributions made in 2024). Include this			25		0.
	2020 (INCIULING 2023 (	Johandulions made in 2024). Include lins		∠ (I UIIII I U4U), III E Ö	20		υ.

Form 53	329 (2023	3)						Page <b>2</b>
Part				tributions to Coverdell ESAs. C han is allowable or you had an amount				
26	Enter	the excess c	contributions from line 32 c	f your 2022 Form 5329. See instruction	s. If zero, g	o to line 31	26	
27				SAs for 2023 were less than the uctions. Otherwise, enter -0	27			
28				As (see instructions)	28			
29			-		-		29	
30				ne 29 from line 26. If zero or less, ente			30	
31		•		ions)			31	
32				nd 31			32	
33				er of line 32 or the value of your Coverde				
00				in 2024). Include this amount on Schedu			33	
Part	VI ,	Additional	Tax on Excess Contr	ibutions to Archer MSAs. Comple	te this part	if you or you	ur emp	oloyer contributed
		more to you	r Archer MSAs for 2023 th	nan is allowable or you had an amount	t on line 41	of your 2022	2 Form	5329.
34	Enter	the excess c	contributions from line 40 c	of your 2022 Form 5329. See instruction	ns. If zero, g	jo to line 39	34	
35	If the	contribution	ns to your Archer MSAs f	or 2023 are less than the maximum				
	allowa	able contribu	ution, see instructions. Ot	herwise, enter -0	35			
36	2023	distributions	from your Archer MSAs	from Form 8853, line 8	36			
37	Add li	nes 35 and 3	36				37	
38	Prior	year excess	contributions. Subtract li	ne 37 from line 34. If zero or less, ente	er-0		38	
39	Exces	ss contributio	ons for 2023 (see instruct	ions)			39	
40	Total	excess cont	ributions. Add lines 38 ar	nd 39			40	
41	Addit	ional tax. E	Enter 6% (0.06) of the s	smaller of line 40 or the value of y	our Archer	· MSAs on		
			. ,	butions made in 2024). Include this a				
	(Form	1040), line 8	8				41	
Part V	VII .	Additional	Tax on Excess Con	tributions to Health Savings Ac	counts (	HSAs). Cor	nplete	this part if you,
				nployer contributed more to your HS	SAs for 202	23 than is al	lowab	le or you had an
		amount on li	ne 49 of your 2022 Form	5329.				
42	Enter	the excess of	contributions from line 48	of your 2022 Form 5329. If zero, go to	o line 47		42	
43	lf the	contributio	ons to your HSAs for 2	2023 are less than the maximum				
	allowa	able contribu	ution, see instructions. Ot	herwise, enter -0	43			
44			•	rm 8889, line 16 .......	44			
45	Add l	nes 43 and 4	44				45	
46	Prior	year excess	contributions. Subtract lin	ne 45 from line 42. If zero or less, ente	er-0		46	
47	Exces	ss contribution	ons for 2023 (see instruct	ions)			47	
48	Total	excess cont	ributions. Add lines 46 ar	nd 47			48	
49	Addit	ional tax. Er	nter 6% (0.06) of the <b>sma</b>	aller of line 48 or the value of your H	SAs on De	cember 31,		
				2024). Include this amount on Schedule			49	
Part \				ibutions to an ABLE Account. C	omplete th	is part if con	tributi	ons to your ABLE
			2023 were more than is a					
50			ons for 2023 (see instruct	,			50	
51				maller of line 50 or the value of yo				
Devt				n Schedule 2 (Form 1040), line 8			51	
Part				nulation in Qualified Retirement			<b>As).</b> (	complete this part
50				quired distribution from your qualified			50	
52			· ·				52	
53 54			•	(see instructions)			53	
54			rom line 52. If zero or less				54	
55				o calculate the additional tax. If you q	·	ie 10% tax		
				ne qualified retirement plan, check this 040), line 8 or Form 1041, Schedule G			55	
								t of my knowledge and
		nly if You	belief, it is true, correct, and com	clare that I have examined this form, including accouplete. Declaration of preparer (other than taxpayer) is	s based on all i	nformation of whi	ch prepa	arer has any knowledge.
		nis Form I Not With						
	Tax Re		Your signature			Date		
<b>—</b> · ·		Print/Type prep		Preparer's signature	Date	Check	;f	PTIN
Paid		21 - II	-			self-emp		
Prep		Firm's name		1	I	Firm's EIN		
Use	Uniy	Firm's address	3			Phone no.		

Form 5329 (2023)

Form	8606
D	

## **Nondeductible IRAs**

OMB No. 1545-0074

Attach to 2023 Form 1040, 1040-SR, or 1040-NR.				6 6	2023
	Revenue Service	Go to www.irs.gov/Form8606 for instructions and the latest information.		Sec	achment quence No. <b>48</b>
					<b>curity number</b> 7682
Fill in	Your Address	Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt	. no.
Filing	f You Are This Form by	City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces belo	w (see instr	ructio	ns).
Itself and Not With Your Tax Return     Foreign country name     Foreign province/state/county     Foreign				ostal	code
Part		luctible Contributions to Traditional IRAs and Distributions From Traditi ditional SIMPLE IRAs	onal, Tr	radi	tional SEP,
	Complete	e this part only if one or more of the following apply.			
	• You too contribu (other t one-tim	ade nondeductible contributions to a traditional IRA for 2023. ok distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2023 a utions to a traditional IRA in 2023 or an earlier year. For this purpose, a distribution do han certain qualified disaster distribution repayments from 2023 Form(s) 8915-F), qua ne distribution to fund an HSA, conversion, recharacterization, or return of certain cor nverted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IF	oes not in alified cha ntribution	nclu arita ıs.	de a rollover ble distribution,
	Roth S	MPLE IRAs in 2023 and you made nondeductible contributions to a traditional IRA in	າ 2023 or	ran	earlier year.
1	•	ndeductible contributions to traditional IRAs for 2023, including those made for 2			6 500
2	-	1, 2024, through April 15, 2024. See instructions		_	<u>6,500.</u> 0.
3		d2	. 3	_	6,500.
_	traditional, ti SIMPLE IRAs or Roth SIMI	you take a distribution from raditional SEP, or traditional s, or make a Roth, Roth SEP, PLE IRA conversion?       No       Enter the amount from line 3 on line Do not complete the rest of Part I.         Yes       Go to line 4.			
4 5	Enter those co Subtract line 4	ntributions included on line 1 that were made from January 1, 2024, through April 15, 2 from line 3	024 4	_	6,500.
6	Enter the value 2023, plus any	e of <b>all</b> your traditional, traditional SEP, and traditional SIMPLE IRAs as of December v outstanding rollovers. Subtract certain repayments of qualified disaster distribution 3 Form(s) 8915-F (see instructions)	31,		0,300.
7	include rollove 8915-F (see in conversions t	tributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2023. <b>Do</b> ers (other than repayments of qualified disaster distributions, if any, from 2023 Forr istructions)); qualified charitable distributions; a one-time distribution to fund an H o a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; tions of traditional IRA contributions (see instructions)	m(s) SA; or	,	
8	Roth, Roth SE	amount you converted from traditional, traditional SEP, and traditional SIMPLE IRA P, or Roth SIMPLE IRAs in 2023. Also, enter this amount on line 16		;	
9		and 8			
10		by line 9. Enter the result as a decimal rounded to at least 3 esult is 1.000 or more, enter "1.000"			
11	converted to F	by line 10. This is the nontaxable portion of the amount you         Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount         11			
12		by line 10. This is the nontaxable portion of your distributions <b>12</b> by convert to a Roth, Roth SEP, or Roth SIMPLE IRA <b>12</b>			
13		nd 12. This is the nontaxable portion of all your distributions		_	6,500.
14 15a		3 from line 3. This is <b>your total basis in traditional IRAs for 2023 and earlier years</b> 2 from line 7			0. 36,890.
b	8915-F (see in	unt on line 15a attributable to qualified disaster distributions, if any, from 2023 Forr structions). Also, enter this amount on 2023 Form(s) 8915-F, line 18, as applicable (		b	
С	Taxable amou	unt. Subtract line 15b from line 15a. If more than zero, also include this amount on 2 140-SR, or 1040-NR, line 4b	023		36,890.

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

 $59\frac{1}{2}$  at the time of the distribution. See instructions.

Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age

\* From Taxable IRA Distribution Wkst (per IRS Pub. 590-B)

Form 8	606 (2023)						Page 2
Part		023 Co Ioth Sl	onversions From Tradi MPLE IRAs	tional, Traditional SEP, o	r Traditional SIMPLE IRA	s to Roth,	Roth SEP, or
			e this part if you converted P, or Roth SIMPLE IRA in 2		, traditional SEP, and tradition	al SIMPLE I	RAs to a Roth,
16	from ti	raditiona	al, traditional SEP, and tr	aditional SIMPLE IRAs to Re	er the net amount you conver oth, Roth SEP, or Roth SIMF	PLE	
17					nter your basis in the amount		
18					lso include this amount on 20		
Part	III D	)istribu	tions From Roth, Rot	n SEP, or Roth SIMPLE IF	RAs		
	d 8	istributio 915-F (s	on does not include a rollo	over (other than a repayment of local loca	oth SEP, or Roth SIMPLE IRA of a qualified disaster distribut ime distribution to fund an HS	ion from 20	23 Form(s)
19	includi	ng any o	qualified first-time homeb	uyer distributions, and any qu	nd Roth SIMPLE IRAs in 20 alified disaster distributions fr	rom	
20					nter more than \$10,000 reducts		
21						. 21	
22	zero, stop here						
23	3 Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)       23						
24	Enter your basis in conversions from traditional, traditional SEP, and traditional SIMPLE IRAs and rollovers from qualified retirement plans to a Roth, Roth SEP, or Roth SIMPLE IRA. See instructions . 24						
25a	a Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c						
b	8915-F (see instructions). Also, enter this amount on 2023 Form(s) 8915-F, line 19, as applicable (see						
		-					
С					also include this amount on 20		
if You This F	Here On I Are Fili Form by lot With	ing Itself			ing accompanying attachments, and to th ) is based on all information of which pre		
Tax R	leturn		Your signature		Date		
Paid		Print/Ty	pe preparer's name	Preparer's signature		heck if elf-employed	PTIN
Prep	oarer Only	Firm's n	ame		F	irm's EIN	
use	Only		dduaaa			hana na	

BAA

Firm's address

REV 03/07/24 PRO

Form **8606** (2023)

Phone no.

Form <b>8606</b>
Department of the Treesur

### **Nondeductible IRAs**

OMB No. 1545-0074

Porm       Attach to 2023 Form 1040, 1040-SR, or 1040-NR.         Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form8606 for instructions and the latest information.						2023 Attachment Sequence No. 48	
		arate form for each spouse required to file	e 2023 Form 8606.	See instructions.		Your socia	al security number
	LINA GANGU						5-1557
		Home address (number and street, or P	.O. box if mail is n	ot delivered to your home	)		Apt. no.
Fill in Your Address							
Only if You Are Filing This Form by City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see				ow (see instru	uctions).		
	and Not With						
Your Tax Return Foreign country name Foreign province/state/county Foreign					Foreign po	ostal code	
Part		luctible Contributions to Tra	aditional IRA	s and Distributio	ons From Tradit	ional, Tr	aditional SEP,
		ditional SIMPLE IRAs					
	-	e this part only if one or more of	-				
		ade nondeductible contributions					
		ok distributions from a traditiona					
		utions to a traditional IRA in 2023 han certain qualified disaster dis					
		ne distribution to fund an HSA, c					
		nverted part, but not all, of your		•			
		IMPLE IRAs in 2023 and you ma	,	,			
1	Enter your no	ndeductible contributions to tra	aditional IRAs	for 2023, including	those made for 2	2023	
		1, 2024, through April 15, 2024.		, 0			6,000.
2	Enter your tota	al basis in traditional IRAs. See ir	nstructions .			2	0.
3	Add lines 1 an	d 2				3	6,000.
		ou take a distribution from	— No —	— Enter the amount	from line 3 on line	e 14.	
		raditional SEP, or traditional		Do not complete			
		s, or make a Roth, Roth SEP, PLE IRA conversion?	Yes	— Go to line 4.			
			] • • • • • • • • • • • • • • • • •				
4		ntributions included on line 1 that		-		2024 <u>4</u>	
5	Subtract line 4						6,000.
6		e of <b>all</b> your traditional, traditionation of <b>all</b> your traditionation of the second standing rollovers. Subtract					
		B Form(s) 8915-F (see instruction					
7		tributions from traditional, traditi	•			-	
		ers (other than repayments of qu					
		structions)); qualified charitable					
	conversions t	o a Roth, Roth SEP, or Ro	oth SIMPLE	IRA; certain return	ed contributions	; or	
	recharacteriza	tions of traditional IRA contributi	ions (see instru	uctions)		. 7	
8		amount you converted from trac					
		P, or Roth SIMPLE IRAs in 2023			1 1	8	
9		and 8			9		
10		by line 9. Enter the result as a			10		
	-	esult is 1.000 or more, enter "1.0			10 ×		
11		by line 10. This is the nontax Roth, Roth SEP, or Roth SIMPL					
					11		
12		by line 10. This is the nontaxa					
		ot convert to a Roth, Roth SEP, o			12		
13	-	nd 12. This is the nontaxable po				13	4,106.
14		3 from line 3. This is <b>your total</b> l	-				
15a	Subtract line 1	2 from line 7				15a	a 0.
b		unt on line 15a attributable to q					
		structions). Also, enter this amo			18, as applicable	-	
						· · 15	b
С		unt. Subtract line 15b from line 1					
	⊢orm 1040, 10	40-SR, <b>or</b> 1040-NR, line 4b .				150	C 0.

 $59 \ensuremath{\frac{1}{2}}$  at the time of the distribution. See instructions.

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 8	606 (2023)						Page 2
Part		023 Co Ioth Sl	onversions From Tradi MPLE IRAs	tional, Traditional SEP, o	r Traditional SIMPLE IRA	s to Roth,	Roth SEP, or
			e this part if you converted P, or Roth SIMPLE IRA in 2		, traditional SEP, and tradition	al SIMPLE I	RAs to a Roth,
16	from ti	raditiona	al, traditional SEP, and tr	aditional SIMPLE IRAs to Re	er the net amount you conver oth, Roth SEP, or Roth SIMF	PLE	
17					nter your basis in the amount		
18					lso include this amount on 20		
Part	III D	)istribu	tions From Roth, Rot	n SEP, or Roth SIMPLE IF	RAs		
	d 8	istributio 915-F (s	on does not include a rollo	over (other than a repayment of local loca	oth SEP, or Roth SIMPLE IRA of a qualified disaster distribut ime distribution to fund an HS	ion from 20	23 Form(s)
19	includi	ng any o	qualified first-time homeb	uyer distributions, and any qu	nd Roth SIMPLE IRAs in 20 alified disaster distributions fr	rom	
20					nter more than \$10,000 reducts		
21						. 21	
22	zero, stop here						
23	3 Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)       23						
24	Enter your basis in conversions from traditional, traditional SEP, and traditional SIMPLE IRAs and rollovers from qualified retirement plans to a Roth, Roth SEP, or Roth SIMPLE IRA. See instructions . 24						
25a	a Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c						
b	8915-F (see instructions). Also, enter this amount on 2023 Form(s) 8915-F, line 19, as applicable (see						
		-					
С					also include this amount on 20		
if You This F	Here On I Are Fili Form by lot With	ing Itself			ing accompanying attachments, and to th ) is based on all information of which pre		
Tax R	leturn		Your signature		Date		
Paid		Print/Ty	pe preparer's name	Preparer's signature		heck if elf-employed	PTIN
Prep	oarer Only	Firm's n	ame		F	irm's EIN	
use	Only		dduaaa			hana na	

BAA

Firm's address

REV 03/07/24 PRO

Form **8606** (2023)

Phone no.

Form **8889** Department of the Treasury Internal Revenue Service

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

tion.	Attachment Sequence No. <b>52</b>
Social security num	ber of HSA beneficiary.
If both spouses hav	e HSAs, see instructions

189-59-7682

ABEER KATIYAL

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

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

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	🗌 Se	lf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions         10		
11	Add lines 9 and 10	11	3,850.
12	Subtract line 11 from line 8. If zero or less, enter -0	12 13	3,900.
13	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part		rato l	
Ture	a separate Part II for each spouse.		ions, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
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		ons b	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040). Part II, line 17d	21	

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

Form <b>8995</b>
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### Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-2294

	Name(s)	shown	on	return	
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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			(c) Qualified business income or (loss)	
i					
•					
ii					
iii					
_					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v,				
2		2			
3	Qualified business net (loss) carryforward from the prior year	3 (			
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	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)	<b>6</b> 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	<b>8</b> 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 an		10	133.	
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 282,340.			
12	Enter your net capital gain, if any, increased by any qualified dividends				
10	(see instructions)	121,675.13280,665.	-		
13 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		14		
	the applicable line of your return (see instructions)		15	133.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a				
	zero, enter -0		17	( 0.)	
For Priv	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/	07/24 PRO		Form <b>8995</b> (2023)	

Form **8959** 

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **Additional Medicare Tax**

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

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

OMB No. 1545-0074

× · ·	
Your social	security number
189-59	7600
189-19	-/na/

ABEI	ER KATIYAL & DEBOLINA GANGULY	189-5	9-76	82
Par	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 51	279,016.		
2	Unreported tips from Form 4137, line 6	2,3,0101		
3	Wages from Form 8919, line 6         .          .         .			
4	Add lines 1 through 3	279,016.		
5	Enter the following amount for your filing status:	2/9,010.		
5				
	Married filing jointly			
	Married filing separately	0.5.0.000		
•	Single, Head of household, or Qualifying surviving spouse \$200,000 5	250,000.	•	
6	Subtract line 5 from line 4. If zero or less, enter -0		6	29,016.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here Part II		7	261.
Part		L		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
•	had a loss, enter -0			
9	Enter the following amount for your filing status:			
Ū	Married filing jointly.			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 9			
10				
10				
11	Subtract line 10 from line 9. If zero or less, enter -0		10	
12	Subtract line 11 from line 8. If zero or less, enter -0	-	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Ent			
	go to Part III		13	
Part		nsation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)			
45				
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 15			
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.			
	Enter here and go to Part IV		17	
Part				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (For			
	filers, see instructions), and go to Part V		18	261.
Part				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
	W-2, enter the total of the amounts from box 6	4,250.		
20	Enter the amount from line 1	279,016.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			
	withholding on Medicare wages	4,046.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Me	edicare Tax		
	withholding on Medicare wages	[	22	204.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from For			
•	14 (see instructions)	·	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this a	F		
-	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 104			
	see instructions)		24	204.
For Pa	norwork Paduation Act Nation, and your tax return instructions	EV 03/07/24 PRO		Form 8959 (2023)

Form 8960

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

OMB No. 1545-2227

23

20

Attach to your tax return.

	nent of the Treasury Revenue Service	Attach to your tax return. Go to <i>www.irs.gov/Form8960</i> for instructions and the late	ct info	rmation		A	Attachment 72
			st mo	mauon.		_	Sequence No. 72
	) shown on your tax						curity number or EIN
		& DEBOLINA GANGULY			189-	-59-1	1082
Paru	Investme	ent Income Section 6013(g) election (see instructions)					
		Section 6013(h) election (see instructions)		•! - ·)			
	<b>-</b>	Regulations section 1.1411-10(g) election (see in					
1		st (see instructions)				1	3,783.
2	-	ends (see instructions)				2	2,813.
3	•	instructions)	· · ·			3	
4a	businesses, et	state, royalties, partnerships, S corporations, trusts, trades or c. (see instructions)	4a				
b		r net income or loss derived in the ordinary course of a non-rade or business (see instructions)	4b				
С		4a and 4b				4c	
5a	Net gain or los	s from disposition of property (see instructions)	5a	-3,	000.		
b		oss from disposition of property that is not subject to net come tax (see instructions)	5b				
с	Adjustment fro	om disposition of partnership interest or S corporation stock (see					
			5c				
d	Combine lines	5a through 5c				5d	-3,000.
6	Adjustments to	o investment income for certain CFCs and PFICs (see instructions)				6	
7	Other modifica	ations to investment income (see instructions)				7	4.
8	Total investme	nt income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	3,600.
Part	I Investme	ent Expenses Allocable to Investment Income and Modif	icatio	ons			
9a	Investment inte	erest expenses (see instructions)	9a				
b	State, local, ar	nd foreign income tax (see instructions)	9b				
С	Miscellaneous	investment expenses (see instructions)	9c				
d	Add lines 9a, 9	9b, and 9c				9d	
10	Additional mod	difications (see instructions)				10	
11	Total deductio	ns and modifications. Add lines 9d and 10				11	
Part	III Tax Com						
12	Net investmen	t income. Subtract Part II, line 11, from Part I, line 8. Individuals,	comp	lete lines 1	3–17.		
	Estates and tru Individuals:	usts, complete lines 18a–21. If zero or less, enter -0				12	3,600.
13	Modified adjus	sted gross income (see instructions)	13	310,	040.		
14	Threshold base	ed on filing status (see instructions)	14	250,	000.		
15	Subtract line 1	4 from line 13. If zero or less, enter -0	15	60,	040.		
16	Enter the smal	ler of line 12 or line 15				16	3,600.
17	Net investmen	t income tax for individuals. Multiply line 16 by 3.8% (0.038). En	ter he	ere and inc	lude		
	on your tax re	eturn (see instructions)				17	137.
	Estates and	Trusts:					
18a	Net investmen	t income (line 12 above)	18a				
b		or distributions of net investment income and charitable e instructions)	18b				
с	Undistributed	net investment income. Subtract line 18b from line 18a (see If zero or less, enter -0-	18c				
19a	-	s income (see instructions)	19a				
b		acket for estates and trusts for the year (see instructions)	19b				
c	•	9b from line 19a. If zero or less, enter -0	19c				
20		ler of line 18c or line 19c	L			20	
21		it income tax for estates and trusts. Multiply line 20 by 3.8% (0.					
	include on yo	ur tax return (see instructions)				21	Form <b>8960</b> (2023)
FOR Pa	perwork Reduct	ion Act Notice, see your tax return instructions. BAA	RE	V 03/07/24 PRO			rorm <b>0300</b> (2023)

**Continuation Statement** 

## Additional Information From 2023 Federal Tax Return

## Schedule 1: Additional Income and Adjustments to Income Other Income

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

ī

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

				N	Extension.	Ν	Amended Return.
189597682 1	623451557				D: Jan ov Stat		
·/ · · · · · · · · · · · · · · · · · ·				N	Residency Stat		Part-Year Resident
KATIYAL					from	Onconcent	to
ABEER	Occupatio	m TECH	HNICAL	J	Single, Marrie	d/Filing <b>J</b> o	
					Married/Filing	g Separately	y, <b>F</b> inal Return
DEBOLINA	Occupatio	<sup>n</sup> POST	TDOCTOR		<b>n</b> 1		
				N	Deceased		
GANGULY				N	Taxpayer Date	of Death	
APT 431					Tunpajor Date	01 Deam	
ALI TTT				N	Spouse Date of	f Death	
1ЬО CAMBRIDGEPA	ARK DR						
				N	Farmers.		
CAMBRIDGE	MA	02140			School District	t Name <b>N</b>	T IN PA
206-693	1-0574	99999					

la Gross Compensation. Do not include exempt income, such as combat zone pay and 1a qualifying retirement benefits. See the instructions. lь 1b Unreimbursed Employee Business Expenses. lc Net Compensation. Subtract Line 1b from Line 1a. 1c2 2 Interest Income. Complete PA Schedule A if required. З 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. 4 4 Net Income or Loss from the Operation of a Business, Profession or Farm. 5 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property. Ь Net Income or Loss from Rents, Royalties, Patents or Copyrights. 6 7 7 Estate or Trust Income. Complete and submit PA Schedule J. 8 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T. 9 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 10 Other Deductions. Enter the appropriate code for the type of deduction. Ν See the instructions for additional information. 77 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1555 REV 02/24/24 PRO





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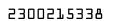
Page 1 of 2

PA-40 - 2023

Social Security Number

### 189597682 Name(s) ABEER KATIYAL

12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	73 75	28 27
14 15 16 17 18	Credit from your 2022 PA Income Tax return. 2023 Estimated Installment Payments. REV-459B included. N 2023 Extension Payment. Nonresident Tax Withheld from your <b>PA Schedule(s) NRK-1.</b> (Nonresidents only) <b>Total Estimated Payments and Credits.</b> Add Lines 14, 15, 16 and 17.	14 15 16 17 18	
Tar	Forgivoness Credit Submit DA Schedule SD		
	Forgiveness Credit. Submit PA Schedule SP.         Filing Status:       01 Unmarried or Separated       02 Married       03 Deceased	19а пг	
	Dependents, Section II, Line 2, <b>PA Schedule SP</b>		
20	Total Eligibility Income from Section III, Line 11, <b>PA Schedule SP</b> .	50 740 00	
21	Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	51	0
21			U
22	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.	22	D
23	Total Other Credits. Submit your <b>PA Schedule OC</b> and/or <b>PA Schedule DC</b> .	23	0
24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	24	27
25	<b>USE TAX.</b> Due on internet, mail order or out-of-state purchases. See instructions.	25	0
26 27	<b>TAX DUE.</b> If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code:	26 27	ľ
21		⊑ r	D
	If including form REV-1630/REV-1630A, mark the box. $N$		
28	TOTAL PAYMENT DUE. See the instructions.	28	1
29	<b>OVERPAYMENT.</b> If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter	29	l L
	the difference here.		U
	The total of Lines 30 through 36 must equal Line 29.		
30	<b>Refund</b> – Amount of Line 29 you want as a check mailed to you. <b>REFUND</b>	30	0
31	Credit – Amount of Line 29 you want as a credit to your 2024 estimated account.	31	Ō
			_
32	Refund donation line. Enter the organization code and donation amount. See instructions.	32	
33	Refund donation line. Enter the organization code and donation amount. See instructions.	33	
34	Refund donation line. Enter the organization code and donation amount. See instructions.	34	
35	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	35	
36	Kerund donation line. Enter the organization code and donation amount. See instructions.	36	
Sign	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all		
	apanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
	Signature Spouse's Signature, if filing jointly		
Prep	arer's Name and Telephone Number Date E-File Op	t Out	Ν
SY	AM PRIYA RAM SAGAR GUPTA D40124		
	S9659522 Firm FEIN	N	
	Preparer's	PTIN	P02082703
	1555 REV 02/24/24 PRO		
	Page 2 of 2		



#### **PA SCHEDULE D**

5307370057

Sale, Exchange or Disposition of Property

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

2023

PA Department of Revenue	2023		OFFICIAL USE ONLY
	If you need more space, you ma	y photocopy.	
Name of the taxpayer filing this schedule ABEER KATIYAL			Social Security Number (shown first)
Taxpayer	Spouse 🔵	Joint 🔵	

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 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 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 owned property that is not reported on a joint PA Schedule D, each must show their share 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 intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read

(a)						
Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	<b>(b)</b> Date acquired: Month/day/year	<b>(c)</b> Date sold: Month/day/year	(d) Gross sales price less expenses of sale	<b>(e)</b> Cost or adjusted basis of the property sold	(If a los	<b>(f)</b> Gain or loss: d) minus (e) ss, fill in the oval).
1.ROBINHOOD SECURITIES	01/01/23	12/31/23	2,087.	2,003.	LOSS	84.
Interactive Brokers		12/31/23	218.	45.	LOSS	173.
Apex Clearing	01/01/22	12/31/23	1,095.	4,138.	LOSS	3,043.
ROBINHOOD SECURITIES	01/01/22	12/31/23	4,721.	6,419.	LOSS	1,698.
Interactive Brokers	01/01/22	12/31/23	9,773.	10,113.	LOSS	340.
Interactive Brokers	01/01/22	12/31/23	6,916.	4,550.	LOSS	2,366.
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
2. Net gain (loss) from above sales.	1	1		LOSS 2.		2,458.
<ol> <li>Gain from installment sales from PA Schedule</li> </ol>						,
4. Taxable distributions from C corporations						
				= 4.		
5. Net gain (loss) from the sale of 6-1-71 propert	, y from PA Schedule D	)-71 <b></b> .		LOSS 5.		
6. Net PA S corporation and partnership gain (los						

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	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of	(f) Gain or loss:	
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)	
7.	<ol> <li>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.</li> </ol>						
8. Taxable distributions from partnerships from REV-999							
9.	9. Taxable distributions from PA S corporations from REV-998 9.						
10.	10. Taxable gain from exchange of insurance contracts						
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 c	oval) 📕 11.	2,458.	

1555 REV 02/24/24 PRO



5307370057

#### **PA SCHEDULE D**

5307370057

Sale, Exchange or Disposition of Property

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

2023

	If you need m	nore space, you may p	photocopy.	
Name of the taxpayer filing this schedule DEBOLINA GANGULY				Social Security Number (shown first) $189-59-7682$
Тахра	iyer	Spouse (	Joint 🔵	

**Important:** A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 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 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 owned property that is not reported on a joint PA Schedule D, each must show their share 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 intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property:	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	<b>(e)</b> Cost or adjusted	(f) Gain or loss:
100 shares of XYZ stock, or 10 acres in Dauphin County	Month/day/year	Month/day/year	less expenses of sale	basis of the property sold	(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
				LOSS	Ö
2. Net gain (loss) from above sales.	11.				
3. Gain from installment sales from PA Schedule I					
4. Taxable distributions from C corporations					
				= 4. LOSS 5	
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. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of	(f) Gain or loss:
residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
<ol><li>Taxable gain from the sale of your principal residence. If y If you realized a gain/loss on the sale of the nonresidentia</li></ol>					
8. Taxable distributions from partnerships from REV-999.					
9. Taxable distributions from PA S corporations from REV-					
10. Taxable gain from exchange of insurance contracts					
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10.	11.				

1555 REV 02/24/24 PRO



5307370057

OFFICIAL USE ONLY



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

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number
ABEER KATIYAL	189-59-7682
Secondary Taxpayer's Name	Social Security Number
DEBOLINA GANGULY	123-45-1557
SECTION I TAX RETURN INFORMATION - TA	X YEAR ENDING DEC. 31, 2023 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	
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)	
SECTION II DECLARATION AND SIGNATURE	AUTHORIZATION OF TAXPAYER
of my 2023 PA Tax Return (Form PA-40), and to the best of my system and software to prepare and transmit my return electronic	of my electronic individual income tax return and accompanying schedules and statements knowledge and belief, it is true, correct and complete. In addition, by using a computer cally, I consent to the disclosure of all information pertaining to my use of the system and the Department of Revenue. If wither declare that the amounts in Section Labove are

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

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

CX I authorize <u>GLOBAL TAXES LLC</u> to enter my PIN <u>97682</u> as my signature on my tax year 2023 electronically filed income tax return.

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

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 51557
 as my signature on my tax year 2023

 electronically filed income tax return.

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

#### Signature

Date

Date

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

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

222496 / 08271

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

ERO's Signature

Date

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

Name ABEER KATIYAL Social Security Number 189-59-7682

Federal Forms W-2									
# of W2	* N T X B L	TS	N R H	Employer Name identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID		
1 2 3				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		

Pennsylvania W-2	<b>Taxpayer</b> 0.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Noncash tips	207,398.	56,346. 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
			<u> </u>	

	Taxpayer	Spouse
Excess Reimbursements		

	*	Payer Name			Pay	er EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
		Interactive Broke INSTITUTE FOR CANCER	ers RESE	LLC ARCH	13-3 23-6	863700 296135	T S	H	0. 894.	27.	7.
	Liscel	vania Payment type: ecutor fee y duty pay ector's fee port witness fee norarium venant not to compete mages or settlement fo t wages, other than 'sonal injury	r n fro	I J K L M O m Fo	Descrit Employ Distribu Distribu Distribu Distribu Descrit Fiducia Other i Descrit Descrit	ver sponso ution from ution from ution from ution from poe: ry fees fro ncome no poe: 9MISC/10	EMPLC pred re IRA (1 Life Ir Charit Emplo om a tr t listec	VEE C tiremen raditior surance able Gil oyee Sto ust above 099NE	COMPENSATI t/pension/defend al or Roth) a, Annuity or E t Annuities bock Ownership Taxpa C.	rred compen ndowment C Plan.	sation plan ontracts <b>Spouse</b> 894.
V	Vithho	olding							 ns 1099R		27.
	*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gros Distribu	SS			A Taxable	PA Tax Withheld
	X	04-3523567 NATIONAL FINAN 04-3523567 NATIONAL FINAN	<u>S</u> T	2 2	<u>J2</u> <u>J2</u>		,106. ,390.	-			
en 31 11 32 33	nsylv No PA Uni Mili	inter an 'X' if this incom vania Distribution typ entry school, state, or munic ited Mine Workers pen itary pension S. Civil service retireme	<b>be:</b> cipal	emp	loyee p	lan	-  22 J1 J2 K2	l'm n Tradi Tradi Non-	A Part-Year a ot eligible yet; tional or Roth tional or Roth qualified defer nsurance or er	plan is eligibl IRA; I'm over IRA; I'm unde red compens	e in PA • 59.5 er 59.5
K1 21 12	Anı (inc Eaı Rol	nuity or Non-civil service cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	e di ivors etirei	sabili ship / ment	ity Annuity plan	•	L M1 M2 M3	Distri ESO ESO KSO	bution from Cl P: Allocated E P: Non-Allocat P: Taxable ES P: Nontaxable	naritable Gift SOP Stock D ed ESOP Sto OP within a 4	ividend ock Dividend I01(k)
	Distr Com	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	ins ( Gift 099	see Ann R (el	Tax He uities . igible re	lp FAQ's f  etirement	for mo plans)	re info) . 	:		
					Total	Gross C	Comp	ensatio	on		
		I gross compensation t							Тахра	yer	Spouse

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



## Form M-8453 Individual Income Tax Declaration for Electronic Filing

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.								
Your first name and initial	Last	name	Your Social Security number					
ABEER KATIYAL 189597682								
If a joint return, spouse's first name and initial	Last	name	Spouse's Social Security nu	mber				
DEBOLINA GANGULY			123451557					
Present street address (and apartment number)								
160 CAMBRIDGEPARK DR APT NO 431								
City/Town/Post Office	State	Zip	Filing status: O Single	& Married filing jointly				
CAMBRIDGE	MA	02140	O Married filing separately	O Head of household				

#### Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	319966
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	1500/
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	13071
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57).	
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	2133

#### 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		O Fill in if	
		04012024	843171	L965	self-employed
Firm name (or yours, if self-employe	d) 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		O Fill in if
P02082703	04012024			self-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

REV 03/05/24 PRO

### 2023 Form PV Massachusetts Income Tax Payment Voucher

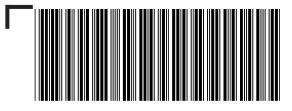
Payment for period end date (mm/dd/yyyy) Tax type		Voucher type	ID type	Vendor code		
12/31/2023	053	01	005	1555		
Name of taxpayer		Social Security number		Amount enclosed		
ABEER KATIYAL		189597682		\$	2,133.00	
Name of taxpayer's spouse		Social Security n	umber of taxpayer's spouse	)		
DEBOLINA GANGULY		123451557				
Street address		City/Town		State	Zip	
160 CAMBRIDGEPARK DR APT	NO 431	CAMBRIDGE		MA	02140	
Phone		E-mail		Fill in if name/address changed since 2022		
206-693-0594		ABEERKATIYAL92@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

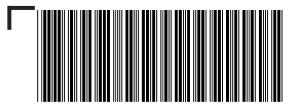
FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2023 or other taxable

Year beginning Ending

ABEER DEBOLINA	KATI GANGU		189597682 123451557			
160 CAMBRIDGEPARK			CAMBRIDGE		MA 02140	
					431	
	Other jurisdict	0	ate of change			
Federal amendment	Amended	return due to IRS BBA	A Partnership Audit			
State Election Campaign Fund:				\$1 You	\$1 Spouse TOTAL	
Fill in if veteran of Operations Enduring Fre	edom, Iraqi F	reedom, Noble Eagle	or Sinai Peninsula	You	Spouse	
Taxpayer deceased				You	Spouse	
Fill in if under age 18				You	Spouse	
Fill in if name change				You	Spouse	
a. Total federal income 310040				Fill in if noncustodial parent		
b. Federal adjusted gross income	b. Federal adjusted gross income 310040			Fill in if filing Schedule TDS		
1. Filing status (select one only):	Singl	e		Fill in if filing	g Schedule FCI	
	X Marri	ed filing jointly		Fill in if repo	orting crypto currency	
	Marri	ed filing separate retur	n NRA			
	Head	of household	You are a custodial parent who	has released claim t	to exemption for child(ren)	
2. Exemptions						
a. Personal exemptions				2a	8800	
b. Number of dependents. (Do no	t include your	self or your spouse.) E	nter number	× \$1,000 = <b>2b</b>		
c. Age 65 or over before 2024	You +	Spouse =		× \$700 = <b>2c</b>		
d. Blindness	You +	Spouse =		× \$2,200 = <b>2d</b>		
e. Medical/dental				2e		
f. Adoption				2f		
g. Total exemptions. Add items 2a	a through 2f. E	nter here and on line	8	2g	8800	
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	Da		se's signature	Date	, F	
				206-6	693-0594	

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



## 

## **2023 Form 1, pg. 2** MA23001021555

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. R	etirement	11b	2000
12.	Reserved for future use		12	
13.	Reserved for future use		13	
14.	Rental deduction. a. 31860		÷ 2 = <b>14</b>	4000
15.	Other deductions from Schedule Y, line 19		15	
16.	Total deductions. Add lines 11 through 15		16	8000
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. No	ot less than "0"	17	311966
18.	Exemption amount		18	8800
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. No.	ot less than "0"	19	303166
20.	INTEREST AND DIVIDEND INCOME		20	1480
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20		21	304646
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, the optional 5.85\% tax rate, tax rate	ill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585		22	15232
23.	<b>INCOME FROM SCHEDULE B.</b> Not less than "0."			
	a. × .085 = <b>23a</b>			
	b. × .12 = <b>23b</b>			
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	)	23	

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



## III INSE BARANDONAL KANTAN HATINA PATRA HATINA HATINA HATINA HATINA HATINA KANTANA KANTANA KANTANA KANTANA KAN Kanadar darakar barang baran

**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 filin	24			
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 2	4			
25.	Credit recapture amount (from Credit Recapture Schedule)			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	15232		
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b			
	c. Total tax. Add lines 28a and 28b			28	15232
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.	32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"				15204
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.					15204
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	13071		
	b. Massachusetts income tax withheld from Form(s) 1099	38b	20072		
	c. Massachusetts income tax withheld from other forms	38c			
	Total. Add lines 38a through 38c	000		38	13071



# III KENYAYAN MENGENARAN MENGENARAN KENYAN MENGENARAN III

### **2023 Form 1, pg. 4** MA23001041555

Massachusetts Resident Income Tax Return 189597682

<ol> <li>39.</li> <li>40.</li> <li>41.</li> <li>42.</li> <li>43.</li> <li>44.</li> <li>45.</li> <li>46.</li> </ol>	<b>Note:</b> You cannot claim the Earn for an exception (see instruction Senior Circuit Breaker Credit	tax payments ts made with original re er of qualifying children ned Income Credit if yc	eturn. Not less than "0" n b. Amount from U.S. our filing status is married fili		39 40 41 42 0 = 43 44 45	
47. 48. 49. 50. 51. 52. 53.	a. Other Refundable Credits Total Refundable Credits. Add Excess Paid Family Leave Withh TOTAL. Add lines 38 through 42 Overpayment. Subtract line 37 Amount of overpayment you war Refund. Subtract line 52 from lin Direct deposit of refund. Type RTN #	nolding 2 and lines 48 and 49 from line 50 <b>nt applied to your 20</b> ne 51. Mail to: Massac		x \$310 , Boston, MA 02204	) = 46 47 48 49 50 51 52 53	13071
54.	Tax due. Pay online at www.ma Interest	<b>ass.gov/dor/payonlin</b> Penalty	ne. Mail to: Mass. DOR, PO I M-2210 amt.	Box 7003, Boston, MA 02204	54	2133 EX enclose Form M-2210
I do n Print   S Y <i>P</i> Paid	he Department of Revenue discus ot want preparer to file my return paid preparer's name M PRIYA RAM SAG oreparer's signature	electronically GAR GUPTA	preparer shown here?	(this may delay your refund) Date Check if s 04012024 Paid preparer's phone 678-965-9522	elf-employed	Paid preparer's SSN/PTIN P02082703 Paid preparer's EIN

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

04/01/2024 03:00 AM

REV 03/05/24 PRO

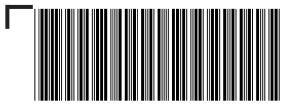




# 2023 Schedule X

MA23SXX011555

AI	BEER	KATIYAL	189597682		
Sch	edule X. Other Income				
1.	Alimony received			1	
2.	Taxable IRA/Keogh and Roth IRA co	onversion distributions		2	47496
3.	Other gambling winnings. Not less t	han "0." Certain gambling I	losses are deductible under Massachusetts law	3	
4.	Fees and other 5.0% income. Not le	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 <b>Two-letter</b>	KATIYAL		1895976	582
state or jurisdiction postal code PA	Amount of income on which you paid taxes	894	Total tax due before credits, W-2 withholding and payments	28
				-

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# 2023 Schedule B

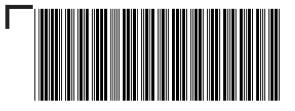
MA23010011555

AE	BEER	KATIYAL	189597682		
Part	<b>1.</b> Interest and Dividend Inco	me			
1.	Total interest income			1	3783
2.	Total ordinary dividends			2	2813
3.	Other interest and dividends not inclu	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	kcluded		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
Devi					
	<b>2.</b> Short-Term Capital Gains/		ains on Collectibles		
10.	Massachusetts short-term capital ga			10	257
11.	Massachusetts long-term capital gai			11	
12.	C A	hange or involuntary conversion	n of property used in a trade or business and		
	held for one year or less			12	0.5.5
13a.	Add lines 10 through 12			13a	257
13b.	Part-year/Nonresidents only			13b	0 - 7
13c.	Subtract line 13b from line 13a. Not I			13c	257
14.	Allowable deductions from your trade	e or business		14	0 - 7
15.	Subtotal			15	257
16.	Massachusetts short-term capital los			16	
17.		nange or involuntary conversion	of property used in a trade or business and	47	
40	held for one year or less	1 1 1 1001		17	
18.	Prior short-term unused losses for ye	ears beginning after 1981		18	



# **2023 Schedule B, pg. 2** 189597682 MA23010021555

		10	0.5.7
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	
29. 30.	t 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gai Enter the amount from line 9 Short-term losses applied against interest and dividends	29 30	3480
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	1 4 0 0
35.	Adjusted gross interest, dividends and certain capital gains	35	1480
36.	Excess exemptions	36	1 4 0 0
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

AI	BEER	KATIYAL		189597682		
Par	t 1. Long-Term Capital Gains	and Losses Excluding	Collectibles			
1.	Enter amounts from U.S. Schedule		Concolibico		1	-2704
2.	Enter amounts from U.S. Schedule				2	2704
3.	Enter amounts from U.S. Schedule				3	
4.	Enter amounts from U.S. Schedule				4	
5.	Enter amounts from U.S. Schedule				5	
6.	Enter amounts from U.S. Schedule				6	3
7.	Massachusetts long-term capital ga		.S. Form 4797, Part		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 los	ses			11	-2701
12.	Long-term gains on collectibles and	pre-1996 installment sales			12	
13.	Subtotal				13	-2701
14.	Capital losses applied against capital	al gains			14	257
15.	Subtotal				15	-2444
16.	Long-term capital losses applied ag	ainst interest and dividends			16	2000
17.	Subtotal				17	-444
18.	Allowable deductions from your trad	e 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 K

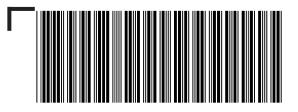
KATIYAL

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 042263040 043523567 043523567	10345 2726	207398 56346 4106 43390	13365	4310	W2 W2 1099R 1099R

TOTALS	13071	311240	13365	4310





189597682

## 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

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

2. Federal adjusted gross income	2	310040
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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 yo	u filled in No MC	C/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)	You	Spouse
4b. MassHealth. Fill in and go to line 5	X You	X Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
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.

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## 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.

You: 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.

Spouse: 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? 6 Yes No 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

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
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	<b>8a</b> 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 a	nswer 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?	<b>8b</b> You	Yes	No
		Spouse	Yes	No
If you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line 9		
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	<b>9</b> You	Yes	No
	Connector for the 2023 tax year?	Spouse	Yes	No
If you a	nswer 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 requirements	<b>10</b> You	Yes	No			
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No			
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 HC	<b>11</b> You	Yes	No			
Worksheet for Line 11 in the instructions?	Spouse	Yes	No			
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	<b>12</b> You	Yes	No			
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	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.

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#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

ABEER KATIYAL & DEBOLINA GANGULY

189-59-7682

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	🗙 No	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting	y your gain	or loss.	

#### Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

Saa	instructions for how to figure the amounts to enter on the			(g)		(h) Gain or (loss)
	below.	(d)	(e)	Adjustments		Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss fi Form(s) 8949, Pa line 2, column	art I,	from column (d) and combine the result 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 <b>Box A</b> checked	2,305.	2,028.	-2	20.	257.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				usts from	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> in the instructions				-	6	( 5,377.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term 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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with 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 <b>Box D</b> checked	23,516.	26,220.			-2,704.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
13	<b>13</b> Capital gain distributions. See the instructions					3.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions					14	( )
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back					15	-2,701.

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

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Schedule D (Form 1040) 2023

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

				N	Extension.	Ν	Amended Return.
189597682 1	623451557				D: Jan ov Stat		
·/ · · · · · · · · · · · · · · · · · ·				N	Residency Stat		Part-Year Resident
KATIYAL					from	Onesident	to
ABEER	Occupatio	m TECH	HNICAL	J	Single, Marrie	d/Filing <b>J</b> o	
					Married/Filing	g Separately	y, <b>F</b> inal Return
DEBOLINA	Occupatio	<sup>n</sup> POST	TDOCTOR		<b>n</b> 1		
				N	Deceased		
GANGULY				N	Taxpayer Date	of Death	
APT 431					Tunpajor Date	01 Deam	
ALI TTT				N	Spouse Date of	f Death	
1ЬО CAMBRIDGEPA	ARK DR						
				N	Farmers.		
CAMBRIDGE	MA	02140			School District	t Name <b>N</b>	T IN PA
206-693	1-0574	99999					

la Gross Compensation. Do not include exempt income, such as combat zone pay and 1a qualifying retirement benefits. See the instructions. lь 1b Unreimbursed Employee Business Expenses. lc Net Compensation. Subtract Line 1b from Line 1a. 1c2 2 Interest Income. Complete PA Schedule A if required. З 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. 4 4 Net Income or Loss from the Operation of a Business, Profession or Farm. 5 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property. Ь Net Income or Loss from Rents, Royalties, Patents or Copyrights. 6 7 7 Estate or Trust Income. Complete and submit PA Schedule J. 8 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T. 9 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 10 Other Deductions. Enter the appropriate code for the type of deduction. Ν See the instructions for additional information. 77 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9. 1555 REV 02/24/24 PRO

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905

905

PA-40 - 2023

Social Security Number

### 189597682 Name(s) ABEER KATIYAL

<ul> <li>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</li> <li>Total PA Tax Withheld. See the instructions.</li> </ul>		73 75		28 27
<ol> <li>Credit from your 2022 PA Income Tax return.</li> <li>2023 Estimated Installment Payments. REV-459B included.</li> <li>2023 Extension Payment.</li> <li>Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)</li> <li>Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.</li> </ol>	N	14 15 16 17 18		
<ul> <li>Tax Forgiveness Credit. Submit PA Schedule SP.</li> <li>19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased</li> <li>19b Dependents, Section II, Line 2, PA Schedule SP</li> <li>20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.</li> <li>21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.</li> </ul>		19a 19b 20 21	00 00	0
<ul> <li>Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.</li> <li>Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.</li> <li>TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.</li> <li>USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.</li> <li>TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the differer</li> <li>Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box.</li> </ul>	nce here. N	22 23 24 25 26 27		0 27 0 1 0
<ul> <li>28 TOTAL PAYMENT DUE. See the instructions.</li> <li>29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27 the difference here.</li> </ul>	<sup>7</sup> , enter	28 29		ך ה
<ul> <li>The total of Lines 30 through 36 must equal Line 29.</li> <li>Refund – Amount of Line 29 you want as a check mailed to you.</li> <li>Credit – Amount of Line 29 you want as a credit to your 2024 estimated account.</li> </ul>	REFUND	31 30		0 0
2Refund donation line. Enter the organization code and donation amount. See instructions.323Refund donation line. Enter the organization code and donation amount. See instructions.334Refund donation line. Enter the organization code and donation amount. See instructions.345Refund donation line. Enter the organization code and donation amount. See instructions.346Refund donation line. Enter the organization code and donation amount. See instructions.357Refund donation line. Enter the organization code and donation amount. See instructions.358Refund donation line. Enter the organization code and donation amount. See instructions.3593636				
Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.				
Your Signature Spouse's Signature, if filing jointly				
Preparer's Name and Telephone Number Date SYAM PRIYA RAM SAGAR GUPTA D40124 L789L59522	E-File Op Firm FEIN	1	N	
	Preparer's	FIIN	PUZU	82703

#### **PA SCHEDULE D**

5307370057

Sale, Exchange or Disposition of Property

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

2023

PA Department of Revenue	2023		OFFICIAL USE ONLY
	If you need more space, you ma	y photocopy.	
Name of the taxpayer filing this schedule ABEER KATIYAL			Social Security Number (shown first)
Taxpayer	Spouse 🔵	Joint 🔵	

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 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 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 owned property that is not reported on a joint PA Schedule D, each must show their share 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 intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read

(a)						
Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	<b>(b)</b> Date acquired: Month/day/year	<b>(c)</b> Date sold: Month/day/year	(d) Gross sales price less expenses of sale	<b>(e)</b> Cost or adjusted basis of the property sold	(If a los	<b>(f)</b> Gain or loss: d) minus (e) ss, fill in the oval).
1.ROBINHOOD SECURITIES	01/01/23	12/31/23	2,087.	2,003.	LOSS	84.
Interactive Brokers		12/31/23	218.	45.	LOSS	173.
Apex Clearing	01/01/22	12/31/23	1,095.	4,138.	LOSS	3,043.
ROBINHOOD SECURITIES	01/01/22	12/31/23	4,721.	6,419.	LOSS	1,698.
Interactive Brokers	01/01/22	12/31/23	9,773.	10,113.	LOSS	340.
Interactive Brokers	01/01/22	12/31/23	6,916.	4,550.	LOSS	2,366.
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
2. Net gain (loss) from above sales.	1	1		LOSS 2.		2,458.
<ol> <li>Gain from installment sales from PA Schedule</li> </ol>						,
4. Taxable distributions from C corporations						
				= 4.		
5. Net gain (loss) from the sale of 6-1-71 propert	, y from PA Schedule D	)-71 <b></b> .		LOSS 5.		
6. Net PA S corporation and partnership gain (los						

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	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of	(f) Gain or loss:	
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)	
7.	<ol> <li>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.</li> </ol>						
8.	8. Taxable distributions from partnerships from REV-999						
9.	9. Taxable distributions from PA S corporations from REV-998 9.						
10. Taxable gain from exchange of insurance contracts.    10.							
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 c	oval) 📕 11.	2,458.	

1555 REV 02/24/24 PRO



#### PA SCHEDULE D

5307370057

Sale, Exchange or Disposition of Property

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

2023

PA Department of Revenue	2023	OFFICIAL USE ONLY
	If you need more space, you may	ay photocopy.
Name of the taxpayer filing this schedule		Social Security Number (shown first)
DEBOLINA GANGULY		189-59-7682
Тахрауе	r 🔵 Spouse 🔳	Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 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 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 owned property that is not reported on a joint PA Schedule D, each must show their share 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 intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property:	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	<b>(e)</b> Cost or adjusted	(f) Gain or loss:
100 shares of XYZ stock, or 10 acres in Dauphin County	Month/day/year	Month/day/year	less expenses of sale	basis of the property sold	(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.
3. Gain from installment sales from PA Schedule I					
4. Taxable distributions from C corporations	Enter total	distribution			
	Minus adj			= 4.	
5. Net gain (loss) from the sale of 6-1-71 property					
6. Net PA S corporation and partnership gain (loss	<li>) from your PA Sche</li>	dule(s) RK-1 or NRI	Κ-1	LOSS 6.	

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)	(b)	(c)	(d)	(e)	(f)
	Address of	Date acquired:	Date sold:	Gross sales price	Cost or adjusted basis of	Gain or loss:
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
7.	Taxable gain from the sale of your principal residence. If y If you realized a gain/loss on the sale of the nonresidentia	ou realized a los l portion of your	s on the sale of principal residen	your principal residence ce, enter the informatio	e, enter a zero. n on Line 1 7.	
8.	Taxable distributions from partnerships from REV-999.				8.	
9.	Taxable distributions from PA S corporations from REV-	998				
10.	Taxable gain from exchange of insurance contracts				10.	
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 c	wal) Coss 11.	11.

1555 REV 02/24/24 PRO





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

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number
ABEER KATIYAL	189-59-7682
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)	
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)	
SECTION II DECLARATION AND SIGNATURE AU	ITHORIZATION OF TAXPAYER
of my 2023 PA Tax Return (Form PA-40), and to the best of my kn system and software to prepare and transmit my return electronical	ny electronic individual income tax return and accompanying schedules and statements owledge and belief, it is true, correct and complete. In addition, by using a computer y, I consent to the disclosure of all information pertaining to my use of the system and e PA Department of Revenue. I further declare that the amounts in Section Labove are

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

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

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 97682
 as my signature on my tax year 2023

 electronically filed income tax return.

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

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 51557
 as my signature on my tax year 2023

 electronically filed income tax return.

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

Signature

Date

Date

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

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

222496 / 08271

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

ERO's Signature

Date

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

Name ABEER KATIYAL

Social Security Number 189-59-7682 Federal Forms W-2 Т Т

# of W2	* NT / TX B L	TS	N R H	Employer Name identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
1 2 3				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.	0.	MA TX MA

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

	Taxpayer	Spouse
Excess Reimbursements		

	*	Payer Name			Pay	/er EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
		Interactive Broke INSTITUTE FOR CANCER	rs RESE	LLC ARCH	13-3 23-6	863700 296135	T S	Н	0. 894.		<u>7.</u> 894.
	Exe Jur Dir Exe Ho Co Da los per	vania Payment type: ecutor fee y duty pay ector's fee port witness fee norarium venant not to compete mages or settlement fo t wages, other than rsonal injury	r	I J K L M NO	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 Distribution from Charitable Gift Annuities Distribution from Employee Stock Ownership Plan. Describe: Fiduciary fees from a trust Other income not listed above Describe: Taxpayer Spouse						
										0	894. 27.
		1		mpe I	ensatio	on from	Feder	al Fori	ms 1099R		
	*	Payer's EIN Payer's Name	T S	Fed #	РА Туре	Gros Distribu		E	Basis F	PA Taxable	PA Tax Withheld
	X	04-3523567 NATIONAL FINAN 04-3523567	S	2	<u>J2</u>	4,	106.	_			
	X	NATIONAL FINAN	<u>T</u>	2	<u>J2</u>	43,	390.	-			
		Enter an 'X' if this incom	_	_							
N 31 32 33 K1 21	No PA Un Mili U.S Ani (ind Eai Ro	vania Distribution typ entry school, state, or munic ited Mine Workers pens itary pension S. Civil service retireme nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	ipal sion nt/di e dis vors	emp isabili sabili ship / ment	loyee p lity/ann ty Annuity plan	olan uity	122 J1 J2 K2 K3 M1 M2 M3	l'm n Tradi Tradi Non- Life i ESO ESO KSO	ot eligible yet tional or Roth tional or Roth qualified defe nsurance or e bution from C P: Allocated E P: Non-Alloca P: Taxable ES	; plan is eligib IRA; I'm ove IRA; I'm und rred compens	le in PA r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
	Distr Com	ibution from Life Insura ineligible retirement pla ibution from Charitable ipensation from Form 1 holding	ns ( Gift 099	see Ann R (el	Tax He uities . igible re	Ip FAQ's f 	or mo plans)	e info) . 	:		
					Total	Gross C	comp	ensatio	on		
		l gross compensation to							Тахра	ayer	Spouse

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