#### Department of the Treasury Internal Revenue Service

### **IRS e-file Signature Authorization**

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

Conicl converts number

Submission Identification Number (SID)

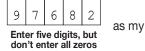
Taxpayer's name

| Taxpayer's name   | Social security number          |
|---|---------------------------------|
| ABEER KATIYAL   | 189-59-7682                     |
| Spouse's name   | Spouse's social security number |
| DEBOLINA GANGULY  | 035-84-1557                     |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Ent  | ter year you are authorizing.)  |
| Enter whole dollars only on lines 1 through 5.  |                                 |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.                                  |                                 |
| <b>1</b> Adjusted gross income  | <b>1</b> 285,607.               |
| <b>2</b> Total tax  | <b>2</b> 48,755.                |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099   | <b>3</b> 42,418.                |
| 4 Amount you want refunded to you   |                                 |
| 5 Amount you owe  | <b>. 5</b> 6,412.               |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and                                 | d keep a copy of your return)   |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend |                                 |

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

#### Taxpayer's PIN: check one box only

|                   | T authorize | GLUBAL | IAVES | ERO firm name | to enter or generate my PIN | Er |
|-------------------|-------------|--------|-------|---------------|-----------------------------|----|
| $\mathbf{\nabla}$ | l authorize | CTODAT | TAVEC | TTC           | to optor or gonorate my DIN |    |



as mv

4 1 5 5 7

Enter five digits, but don't enter all zeros

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

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

Your signature 🕨

#### Date 🕨

| Spouse's | PIN: | check | one | box | only |
|----------|------|-------|-----|-----|------|
|----------|------|-------|-----|-----|------|

 I authorize
 GLOBAL TAXES LLC

 ERO firm name

to enter or generate my PIN

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

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

| Spouse's signature >   | Date   |     |   |      |              |         |   |  |
|--|--------|-----|---|------|--------------|---------|---|--|
| Practitioner PIN Method Returns Only—conti   | nue be | low |   |      |              |         |   |  |
| Part III Certification and Authentication – Practitioner PIN Method On                         | ly     |     |   |      |              |         |   |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN | . 2    | 2   | 2 | <br> | 0<br>III zer | <br>2 7 | 1 |  |

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

| ERO's signature >   |     | Date 🕨           |                          |
|---|-----|------------------|--------------------------|
| ERO Must Retain This F<br>Don't Submit This Form to the               |     |                  |                          |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 03/07/24 PRO | Form 8879 (Rev. 01-2021) |

| <b>1040</b>                                      |               | artment of the Treasury–Internal Revenue Servi<br><b>S. Individual Income Ta</b> |          | turn        | 202             | 3        | OMB No. 1545     | -0074            | IRS Use On    | ly—Do not v                 | rite or sta | ple in this s    | space.  |
|--|---------------|--|----------|-------------|-----------------|----------|------------------|------------------|---------------|-----------------------------|-------------|------------------|---------|
| For the year Jan                                 | . 1-Dec       | c. 31, 2023, or other tax year beginning   |          |             | , 2023, end     | ding     |                  |                  | , 20          | See se                      | parate i    | nstructio        | ons.    |
| Your first name                                  | and m         | iddle initial  | Last r   | name        |                 |          |                  |                  |               | Your social security number |             |                  | ıber    |
| ABEER  |               |  | KAT      | IYAL        |                 |          |                  |                  |               |                             |             | -<br>7682        |         |
| -  | pouse's       | s first name and middle initial  | Last r   |             |                 |          |                  |                  |               |                             | -i i        | security n       | number  |
| DEBOLINA   |               |  | GAN      | IGULY       |                 |          |                  |                  |               |                             |             | 1557             |         |
| -  |               | er and street). If you have a P.O. box, see                                      |          |             |                 |          |                  | A                | pt. no.       |                             |             | ction Can        | mpaign  |
|  |               | GEPARK DR  |          |             |                 |          |                  |                  | 31            |                             |             | ou, or you       |         |
| -  |               | ice. If you have a foreign address, also co                                      | mplete   | spaces be   | low.            | Sta      | ate              | ZIP co           | -             | spouse                      | if filing j | ointly, wa       | ant \$3 |
| CAMBRID  |               | ,  | 1        |             |                 | MZ       |                  | 021              |               |                             |             | d. Check         | •       |
| Foreign country                                  |               |  |          | Foreign p   | rovince/state/  |          | -                | -                | n postal code |                             | c or refu   | not chang<br>nd. | Je      |
|  |               |  |          |             |                 | <b>,</b> | Yo               | _                | Spouse        |                             |             |                  |         |
| Filing Status                                    |               | Single   |          |             |                 |          | Head of he       | nuseh            |               |                             |             |                  |         |
| •  |               | Married filing jointly (even if only o   | ne hac   | t income)   |                 |          |                  | ouser            |               |                             |             |                  |         |
| Check only<br>one box.                           |               | Married filing separately (MFS)  | no nac   |             |                 |          | Qualifying       | surviv           | ina snouse    | (055)                       |             |                  |         |
| one box.   | lf v          | you checked the MFS box, enter the   | name     | of your s   | pouse If vo     | u che    |                  |                  | •             | . ,                         | ild's nar   | ne if the        |         |
|  |               | alifying person is a child but not you   |          |             | pouco: n yo     |          |                  |                  |               |                             | ind o nai   |                  |         |
|  |               |  |          |             |                 |          |                  |                  |               |                             |             |                  |         |
| Digital  |               | ny time during 2023, did you: (a) rece   |          |             |                 |          |                  | -                |               |                             | <b>—</b>    |                  |         |
| Assets   |               | nange, or otherwise dispose of a digi  |          |             |                 |          | •                | et)? (Se         | e instruction | ons.)                       | Ye          | es ⊠N            | 10      |
| Standard   | _             | neone can claim: You as a de   | •        |             |                 |          | a dependent      |                  |               |                             |             |                  |         |
| Deduction  |               | Spouse itemizes on a separate return   | n or yo  | ou were a   | dual-status     | alien    | 1                |                  |               |                             |             |                  |         |
| Age/Blindness                                    | s You:        | : 🗌 Were born before January 2, 1  | 959      | Are b       | lind <b>Sp</b>  | ouse     | : 🗌 Was bor      | n befo           | ore January   | 2, 1959                     | 🗌 Is        | blind            |         |
| Dependents                                       | <b>s</b> (see | instructions):   |          | (2) 5       | Social security | /        | (3) Relationsh   | <sub>ip</sub> (4 | ) Check the   | box if qual                 |             |                  |         |
| If more  | <b>(1)</b> F  | irst name Last name  |          |             | number          |          | to you           |                  | Child tax     | credit                      | Credit for  | r other depe     | endents |
| than four  |               |  |          |             |                 |          |                  |                  |               |                             |             |                  |         |
| dependents,<br>see instructions                  | s ——          |  |          |             |                 |          |                  |                  |               |                             |             |                  |         |
| and check  |               |  |          |             |                 |          |                  |                  |               |                             |             |                  |         |
| here   |               |  |          |             |                 |          |                  |                  |               |                             |             |                  |         |
| Income   | 1a            | Total amount from Form(s) W-2, be  | ox 1 (s  | see instruc | ctions) .       |          |                  | • •              |               | . 1a                        | ı           | 268,6            | ,49.    |
| Attach Form(s)                                   | b             | Household employee wages not re  | eporte   | d on Form   | n(s) W-2 .      |          |                  |                  |               | . 1b                        |             |                  |         |
| W-2 here. Also                                   | С             | Tip income not reported on line 1a   | a (see i | nstructior  | ıs)             |          |                  | • •              |               | . 10                        | ;           |                  |         |
| attach Forms<br>W-2G and                         | d             | Medicaid waiver payments not rep   |          |             | , ,             | nstru    | uctions)         | • •              |               | . 10                        | -           |                  |         |
| 1099-R if tax                                    | е             | Taxable dependent care benefits f  |          |             |                 |          |                  | • •              |               | . 1e                        | •           |                  |         |
| was withheld.                                    | f             | Employer-provided adoption bene  |          |             |                 |          |                  | • •              |               | . 1f                        |             |                  |         |
| lf you did not<br>get a Form                     | g             | Wages from Form 8919, line 6 .   | • •      |             |                 |          |                  | • •              |               | . 1g                        | <u> </u>    |                  |         |
| W-2, see   | h             | Other earned income (see instructi   |          |             |                 |          | · · · · ·        | · ·              |               | . 1h                        | <u> </u>    |                  | 0.      |
| instructions.                                    | i             | Nontaxable combat pay election (s  | see ins  | structions) |                 | • •      | <b>1</b> i       |                  |               |                             |             |                  |         |
|  | Z             | Add lines 1a through 1h  | · ;      |             | · · ·           | • •      |                  |                  |               | . 1z                        | -           | 268,6            |         |
| Attach Sch. B                                    | 2a            | · ·  | 2a       | 1           | 675             |          | axable interest  |                  |               | . <b>2</b> b                |             |                  | /83.    |
| if required.                                     | 3a            |  | 3a       |             | ,675.           |          | Ordinary divider |                  |               |                             |             |                  | 313.    |
| Standard   | 4a            | -  | 4a       | 4/,         | ,496.           |          | axable amoun     |                  |               | . 4b                        |             | 36,8             | 90.     |
| Deduction for –                                  | 5a            | -  | 5a       |             |                 |          | axable amoun     |                  | · · ·         | . 5b                        | -           |                  |         |
| <ul> <li>Single or<br/>Married filing</li> </ul> | 6a            | ,  | 6a       |             |                 |          | axable amoun     | t                | · · ·         | . 6b                        | •           |                  |         |
| separately,                                      | c             | If you elect to use the lump-sum e   |          |             |                 | •        | ,                | • •              | · · ·         |                             |             | 2 0              |         |
| \$13,850<br>• Married filing                     | 7             | Capital gain or (loss). Attach Sche  |          |             | •               |          |                  | • •              |               |                             |             | -3,0             |         |
| jointly or<br>Qualifying                         | 8             | Additional income from Schedule  |          |             |                 |          |                  |                  |               | . 8                         |             | -23,5            |         |
| surviving spouse,                                | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,   |          | -           |                 |          |                  |                  |               | . 9                         |             | 285,6            | 07.     |
| \$27,700<br>• Head of                            | 10            | Adjustments to income from Sche  |          |             |                 |          |                  | • •              |               | . 10                        |             | 0.0.5            |         |
| household,<br>\$20,800                           | 11            | Subtract line 10 from line 9. This is  |          |             |                 |          |                  | • •              |               | . 11                        |             | 285,6            |         |
| • If you checked                                 | 12            | Standard deduction or itemized   |          |             |                 |          |                  | • •              |               | . 12                        |             | 27,7             |         |
| any box under<br>Standard                        | 13            | Qualified business income deduction  |          |             |                 |          |                  | • •              |               | . 13                        | -           |                  | .33.    |
| Deduction,<br>see instructions.                  | 14            |  |          |             |                 |          |                  | • •              |               | . 14                        | -           | 27,8             |         |
|  | 15            | Subtract line 14 from line 11. If zer  | ro or le | ess, enter  | -U This is y    | our 1    | taxable incom    | ie .             |               | . 15                        |             | 257,7            | /4.     |

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

Form **1040** (2023)

| Form 1040 (2023                      | 6)        |  |                          |                     |                   |                        |                          |          | 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       | 48,515.  |
| Credits                              | 17        | Amount from Schedule 2, lin            | e3                       |                     |                   |                        |                          | 17       |  |
|                                      | 18        | Add lines 16 and 17                    |                          |                     |                   |                        |                          | 18       | 48,515.  |
|                                      | 19        | Child tax credit or credit for         | other dependen           | 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          | . If zero or less,       | enter -0            |                   |                        |                          | 22       | 48,494.  |
|                                      | 23        | Other taxes, including self-e          | mployment tax,           | from Schedule       | e 2, line 21 .    |                        |                          | 23       | 261.   |
|                                      | 24        | Add lines 22 and 23. This is           | your <b>total tax</b>    |                     |                   |                        |                          | 24       | 48,755.  |
| Payments                             | 25        | Federal income tax withheld            |                          |                     |                   |                        |                          |          |  |
| -                                    | а         | Form(s) W-2                            |                          |                     |                   | <b>25a</b> 42          | 2,214.                   |          |  |
|                                      | b         | Form(s) 1099                           |                          |                     |                   | 25b                    |                          | ]        |  |
|                                      | с         | Other forms (see instructions          | s)                       |                     |                   | 25c                    | 204.                     | ]        |  |
|                                      | d         | Add lines 25a through 25c              |                          |                     |                   |                        |                          | 25d      | 42,418.  |
| If you have a                        | 26        | 2023 estimated tax payment             | ts and amount a          | pplied from 20      | 22 return .       |                        |                          | 26       |  |
| qualifying child,                    | 27        | Earned income credit (EIC)             |                          |                     | No .              | 27                     |                          |          |  |
| attach Sch. EIC.                     | 28        | Additional child tax credit from       | n Schedule 8812          |                     |                   | 28                     |                          | ]        |  |
|                                      | 29        | American opportunity credit            | from Form 8863           | 3, line 8           |                   | 29                     |                          | ]        |  |
|                                      | 30        | Reserved for future use .              |                          |                     |                   | 30                     |                          |          |  |
|                                      | 31        | Amount from Schedule 3, lin            | ie 15                    |                     |                   | 31                     |                          | ]        |  |
|                                      | 32        | Add lines 27, 28, 29, and 31           | . These are your         | total other pa      | ayments and ref   | undable credits        |                          | 32       |  |
|                                      | 33        | Add lines 25d, 26, and 32. T           | hese are your <b>to</b>  | tal payments        |                   |                        |                          | 33       | 42,418.  |
| Refund                               | 34        | If line 33 is more than line 24        | l, subtract line 2       | 4 from line 33.     | This is the amou  | nt you <b>overpaid</b> |                          | 34       |  |
|                                      | 35a       | Amount of line 34 you want             | refunded to you          | J. If Form 8888     | is attached, che  | ck here                | . 🗌                      | 35a      |  |
| Direct deposit?                      | b         | Routing number X X X                   | X X X X                  | XX                  | <b>c</b> Type:    | ] Checking             | Savings                  |          |  |
| See instructions.                    | d         | Account number X X X                   | X X X X                  | X X X X             | K X X X X         | XX                     |                          |          |  |
|                                      | 36        | Amount of line 34 you want a           | applied to your          | 2024 estimate       | edtax             | 36                     |                          |          |  |
| Amount                               | 37        | Subtract line 33 from line 24          | . This is the amo        | ount you owe.       |                   |                        |                          |          |  |
| You Owe                              |           | For details on how to pay, g           | o to <i>www.ir</i> s.gov | //Payments or       | see instructions  |                        |                          | 37       | 6,412.   |
|                                      | 38        | Estimated tax penalty (see in          | nstructions) .           |                     |                   | 38                     | 75.                      |          |  |
| Third Party                          | Do        | you want to allow another              | person to disc           | cuss this retu      | m with the IRS?   |                        |                          |          | _  |
| Designee                             | ins       | structions                             |                          |                     |                   |                        | omplete                  |          | X No   |
|                                      | De<br>nar | signee's<br>ne                         |                          | Phone no.           |                   |                        | onal identi<br>ber (PIN) | fication |  |
| Sign                                 |           | der penalties of perjury, I declare th | nat I have examined      | -                   | accompanying sche |                        | . ,                      | the best | of my knowledge and                            |
| Sign                                 |           | ief, they are true, correct, and com   |                          |                     |                   |                        |                          |          |  |
| Here                                 | Yo        | ur signature                           |                          | Date                | Your occupation   |                        | If the                   | e IRS se | nt you an Identity                             |
|                                      |           |  |                          |                     |                   |                        |                          |          | PIN, enter it here                             |
| Joint return?                        |           |  |                          |                     |                   | ARCHITECT              |                          | inst.)   |  |
| See instructions.<br>Keep a copy for | Sp        | ouse's signature. If a joint return, I | ooth must sign.          | Date                | Spouse's occupat  | ion                    |                          |          | nt your spouse an<br>ection PIN, enter it here |
| your records.                        |           |  |                          |                     |                   | RAL FELLOW             |                          | inst.)   | ection Find, enter it here                     |
|                                      | Ph        | one no. (206) 693-059                  | Δ                        | Email address       |                   | L92@GMAIL.C            | - T                      |          |  |
|                                      |           | eparer's name                          | Preparer's signat        |                     | TICUTALLIA I LA   | Date                   | PTIN                     |          | Check if:                                      |
| Paid                                 |           | M PRIYA RAM SAGAR GUPTA                |                          |                     | CAR CIIPTA        | 04/03/2024             | P0208                    | 2703     | Self-employed                                  |
| Preparer                             |           | m's name GLOBAL TAX                    |                          | I IULI DAC          |                   | 1 0 1/ 0 0/ 2 0 2 1    |                          |          | (678) 965-9522                                 |
| Use Only                             |           |  | Y CT E BRU               | NSWICK N.           | J 08816           |                        |                          | n's EIN  | 0,0,00,000,0022                                |
| Go to www.irs.or                     |           | 11040 for instructions and the late    |                          | 1.0.11010101010     |                   |                        | 1.111                    |          | Form <b>1040</b> (2023)                        |
|                                      |           |  | or anormation.           |                     | BAA               | REV 03/07/24 PRO       |                          |          | 1011110-10 (2023)                              |

Department of the Treasury

## **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

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

| ABEE   | R KATIYAL & DEBOLINA GANGULY  |             | 189-5 | 9-76    | 82                   |
|--------|---|-------------|-------|---------|----------------------|
| 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                                     |             | 1     | 4       |                      |
| 5      | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att |             | 1     | 5       | -24,433.             |
| 6      | Farm income or (loss). Attach Schedule F.                                     |             | 1     | 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 (        | )     |         |                      |
| e      | Income from Form 8853   | 8e          | ,     |         |                      |
| f      | Income from Form 8889   | 8f          |       |         |                      |
| g      | Alaska Permanent Fund dividends   | 8g          |       |         |                      |
| ĥ      | Jury duty pay   | 8h          |       |         |                      |
| i      | Prizes and awards   | 8i          |       |         |                      |
| i      | Activity not engaged in for profit income                                     | 8j          |       |         |                      |
| k      | Stock options   | 8k          |       |         |                      |
| 1      | Income from the rental of personal property if you engaged in the rental      |             |       |         |                      |
|        | for profit but were not in the business of renting such property              | 81          |       |         |                      |
| m      | Olympic and Paralympic medals and USOC prize money (see                       |             |       |         |                      |
|        | instructions)   | 8m          |       |         |                      |
| n      | Section 951(a) inclusion (see instructions)                                   | 8n          |       |         |                      |
| 0      | Section 951A(a) inclusion (see instructions)                                  | 80          |       |         |                      |
| р      | Section 461(I) excess business loss adjustment                                | 8p          |       |         |                      |
| q      | Taxable distributions from an ABLE account (see instructions)                 | 8q          |       |         |                      |
| r      | Scholarship and fellowship grants not reported on Form W-2                    | 8r          |       |         |                      |
| S      | Nontaxable amount of Medicaid waiver payments included on Form                |             |       |         |                      |
|        | 1040, line 1a or 1d   | <b>8s</b> ( | )     |         |                      |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or           |             |       |         |                      |
|        | a nongovernmental section 457 plan  | 8t          |       |         |                      |
| u      | Wages earned while incarcerated   | 8u          |       |         |                      |
| z      | Other income. List type and amount:   |             |       |         |                      |
|        | See Stmt 905.   | 8z          | 905.  |         |                      |
| 9      | Total other income. Add lines 8a through 8z                                   |             |       | 9       | 905.                 |
| 10     | Combine lines 1 through 7 and 9. This is your additional income. Enter        |             |       |         |                      |
|        | 1040, 1040-SR, or 1040-NR, line 8   |             | • •   | 10      | -23,528.             |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.               |             | 5     | Schedul | e 1 (Form 1040) 2023 |

| Par | 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   |             |         |                  |
| 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  |             | -       |                  |
| ĸ   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)               |             |         |                  |
| -   |   |             | -       |                  |
| 2   | Other adjustments. List type and amount:  |             |         |                  |
| 25  | Total other adjustments. Add lines 24a through 24z                                      |             | 25      |                  |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter     | here and on |         |                  |
| 20  | Form 1040, 1040-SR, or 1040-NR, line 10   |             | 26      |                  |
|     |   |             | · · · · | (Form 1040) 2023 |

| SCHE  | DULE  | 2 |
|-------|-------|---|
| (Form | 1040) |   |

## **Additional Taxes**

OMB No. 1545-0074

23

2

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

|      | ment of the Treasury<br>I Revenue Service | Go to www.irs.gov/Form1040 for instructions and the late | st informatio | 1.      | At      | tachment<br>equence No. <b>02</b> |
|------|---|--|---------------|---------|---------|-----------------------------------|
| Name | e(s) shown on Fo                          | rm 1040, 1040-SR, or 1040-NR                             |               | Your so | cial se | curity number                     |
| ABE  | ER KATIYAL                                | & DEBOLINA GANGULY                                       |               | 189-5   | 9-768   | 32                                |
| Pa   | rt I Tax                                  |  |               |         |         |                                   |
| 1    | Alternative r                             | ninimum tax. Attach Form 6251                            |               |         | 1       |                                   |
| 2    | Excess adva                               | ance premium tax credit repayment. Attach Form 8962      |               |         | 2       |                                   |
| 3    | Add lines 1                               | and 2. Enter here and on Form 1040, 1040-SR, or 104      | D-NR, line    | 17      | 3       |                                   |
| Pa   | rt II Other                               | Taxes  |               |         |         |                                   |
| 4    | Self-employ                               | ment tax. Attach Schedule SE                             |               |         | 4       |                                   |
| 5    |   | rity and Medicare tax on unreported tip income.          | 5             |         |         |                                   |
| 6    | Uncollected<br>Form 8919                  | social security and Medicare tax on wages. Attach        | 6             |         |         |                                   |
| 7    | Total addition                            | onal social security and Medicare tax. Add lines 5 and   | 6             |         | 7       |                                   |
| 8    | Additional ta                             | ax on IRAs or other tax-favored accounts. Attach Form    | 5329 if re    | quired. |         |                                   |
|      | If not require                            | ed. check here   |               |         | 8       | 0                                 |

| 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     |                |
| 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) |

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Schedule 2 (Form 1040) 2023

| Par | <b>Other Taxes</b> (continued)   |                  |              |                                |
|-----|--|------------------|--------------|--------------------------------|
| 17  | Other additional taxes:  |                  |              |                                |
| а   | Recapture of other credits. List type, form number, and amount:  | 17a              |              |                                |
| b   | Recapture of federal mortgage subsidy, if you sold your home see instructions  | 17b              |              |                                |
| С   | Additional tax on HSA distributions. Attach Form 8889  | 17c              |              |                                |
| d   | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889                              | 17d              |              |                                |
| е   | Additional tax on Archer MSA distributions. Attach Form 8853 .   | 17e              |              |                                |
| f   | Additional tax on Medicare Advantage MSA distributions. Attach<br>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              |              |                                |
| Ι   | 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 total other tax  |                  |              |                                |
|     | on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b<br>BAA   | REV 03/07/24 PRO | 21<br>Schedu | 261.<br>Ile 2 (Form 1040) 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<br>Sequence No. 03 |

|    | Revenue Service  |    | 1              | _      | Sequence No. 03 |
|----|--|----|----------------|--------|-----------------|
|    | (s) shown on Form 1040, 1040-SR, or 1040-NR<br>ER KATIYAL & DEBOLINA GANGULY |    | <b>Your so</b> |        | ecurity number  |
|    | t I Nonrefundable Credits  |    | 109-           | 59-71  | 502             |
| 1  | Foreign tax credit. Attach Form 1116 if required                             |    |                | 1      | 21.             |
| 2  | Credit for child and dependent care expenses from Form 244                   |    | Attach         |        |                 |
|    | Form 2441  |    |                | 2      |                 |
| 3  | Education credits from Form 8863, line 19                                    |    |                | 3      |                 |
| 4  | Retirement savings contributions credit. Attach Form 8880                    |    |                | 4      |                 |
| 5a | Residential clean energy credit from Form 5695, line 15                      |    |                | 5a     |                 |
| b  | Energy efficient home improvement credit from Form 5695, line 3              | 2  |                | 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                 |    | SR, or         |        |                 |
|    | 1040-NR, line 20   |    | •••            | 8      | 21.             |
|    |  |    | (CC            | ontinu | ued on page 2)  |

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Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

| Par | Other Payments and Refundable Credits   |     |    | ÷             |
|-----|---|-----|----|---------------|
| 9   | Net premium tax credit. Attach Form 8962                                      | 9   |    |               |
| 10  | Amount paid with request for extension to file (see instructions) .           |     | 10 |               |
| 11  | Excess social security and tier 1 RRTA tax withheld                           |     | 11 |               |
| 12  | Credit for federal tax on fuels. Attach Form 4136                             |     | 12 |               |
| 13  | Other payments or refundable credits:   |     |    |               |
| а   | Form 2439   | 13a |    |               |
| b   | Credit for repayment of amounts included in income from earlier years         | 13b |    |               |
| С   | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c |    |               |
| d   | Deferred amount of net 965 tax liability (see instructions)                   | 13d |    |               |
| z   | Other payments or refundable credits. List type and amount:                   |     |    |               |
|     |   | 13z |    |               |
| 14  | Total other payments or refundable credits. Add lines 13a through             | 13z | 14 |               |
| 15  | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31      |     | 15 |               |
|     |   |     | -  | Form 1040) 20 |

#### **SCHEDULE B** (Form 1040)

Department of the Treasury

## **Interest and Ordinary Dividends**

OMB No. 1545-0074 2 3

Attachment

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

| Internal Revenue Ser               |       | Go to www.irs.gov/ScheduleB for instructions and the latest information.  |       | Attachment<br>Sequence N | o. <b>08</b> |
|------------------------------------|-------|---|-------|--------------------------|--------------|
| Name(s) shown on r                 | eturn |   | Your  | social security          | number       |
| ABEER KATI                         | YAL   | & DEBOLINA GANGULY  | 189   | 9-59-7682                |              |
| Part I                             | 1     | List name of payer. If any interest is from a seller-financed mortgage and the  |       | Amou                     | nt           |
| -                                  |       | buyer used the property as a personal residence, see the instructions and list this   |       |                          |              |
| Interest                           |       | interest first. Also, show that buyer's social security number and address:   |       |                          |              |
| (See instructions                  |       | DISCOVER BANK   |       |                          | 32.          |
| and the<br>Instructions for        |       | CAPITAL ONE   |       |                          | 620.         |
| Form 1040,                         |       | GOLDMAN SACHS BANK USA  |       |                          | 151.         |
| line 2b.)                          |       | Citibank Client Services  |       | 1                        | ,663.        |
| Note: If you                       |       | GOLDMAN SACHS BANK USA  |       |                          | 650.         |
| received a<br>Form 1099-INT,       |       | Interactive Brokers LLC   | 1     |                          | 3.           |
| Form 1099-OID,                     |       | ROBINHOOD SECURITIES LLC  | '     |                          | 26.          |
| or substitute                      |       | FIDELITY  |       |                          | 128.         |
| statement from                     |       | FIDELITY  |       |                          | 510.         |
| a brokerage firm, list the firm's  |       |   |       |                          |              |
| name as the                        |       |   |       |                          |              |
| payer and enter                    |       |   |       |                          |              |
| the total interest shown on that   |       |   |       |                          |              |
| form.                              |       |   |       |                          |              |
|                                    | 2     | Add the amounts on line 1   | 2     |                          | 3,783.       |
|                                    | _     |   | 2     |                          | , 105.       |
|                                    | 3     | Excludable interest on series EE and I U.S. savings bonds issued after 1989.<br>Attach Form 8815.   | 2     |                          |              |
|                                    | 4     | Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b   | 3     |                          |              |
|                                    | 4     |   | 4     |                          | 3,783.       |
|                                    |       | If line 4 is over \$1,500, you must complete Part III.  |       | Amou                     |              |
| Part II                            | 5     | List name of payer: Interactive Brokers LLC   |       |                          | ,874.        |
| Ordinary                           |       | ROBINHOOD SECURITIES LLC  |       |                          | 766.         |
| Dividends                          |       | ROBINHOOD SECURITIES LLC  |       |                          | 4.           |
|                                    |       | FIDELITY  |       |                          | 169.         |
| (See instructions and the          |       |   |       |                          |              |
| Instructions for                   |       |   |       |                          |              |
| Form 1040,                         |       |   | _     |                          |              |
| line 3b.)                          |       |   | 5     |                          |              |
| Note: If you                       |       |   |       |                          |              |
| received a<br>Form 1099-DIV        |       |   |       |                          |              |
| or substitute                      |       |   |       |                          |              |
| statement from                     |       |   |       |                          |              |
| a brokerage firm, list the firm's  |       |   |       |                          |              |
| name as the                        |       |   |       |                          |              |
| payer and enter                    |       |   |       |                          |              |
| the ordinary dividends shown       | 6     | Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b  | 6     | 2                        | 2,813.       |
| on that form.                      | Note: | If line 6 is over \$1,500, you must complete Part III.  |       |                          | ,            |
| Part III                           |       |   |       |                          |              |
| Fartin                             |       | nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d   |       |                          | a toreign    |
| Foreign                            | accol | int; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign   | trust |                          |              |
| Accounts                           |       |   |       | Y                        | es No        |
| and Trusts                         | 70    | At any time during 2002, did you have a financial interact in an eignature authority of   |       |                          |              |
| Caution: If                        | 7a    | At any time during 2023, did you have a financial interest in or signature authority of   |       |                          |              |
| required, failure to               | )     | account (such as a bank account, securities account, or brokerage account) location country? See instructions   |       | a loreign                | ×            |
| file FinCEN Form                   |       |   |       |                          |              |
| 114 may result in                  |       | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank  |       |                          |              |
| substantial<br>penalties.          |       | Accounts (FBAR), to report that financial interest or signature authority? See Fin(   |       |                          |              |
| Additionally, you                  |       | Jan State |       |                          | _            |
| may be required                    | b     | If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-  |       |                          |              |
| to file Form 8938,<br>Statement of |       | financial account(s) is (are) located:  |       |                          |              |
| Specified Foreign                  |       |   |       |                          |              |
| Financial Assets.                  | 8     | During 2023, did you receive a distribution from, or were you the grantor of, or t  | ransf | eror to, a 📃             |              |

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

See instructions.

Schedule B (Form 1040) 2023

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#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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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 your gain or loss.

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

|            | instructions for how to figure the amounts to enter on the below.   | <b>(d)</b><br>Proceeds | (e)<br>Cost       | (g)<br>Adjustments  | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|------------|---|------------------------|-------------------|---|--|
|            | form may be easier to complete if you round off cents to e dollars.   | (sales price)          | (or other basis)  | to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | combine the result<br>with column (g)                            |
| <b>1</b> a | 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.            | -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 (li   | oss) from Forms 4      | 684, 6781, and 88 | 324 <b>4</b>  |  |
| 5          | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  | •                      |                   | usts from<br><b>5</b>   |  |
| 6          | Short-term capital loss carryover. Enter the amount, if an <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  |                        |                   |   | -5,120.  |

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

| lines<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>e dollars.  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustmen<br>to gain or loss<br>Form(s) 8949, I<br>line 2, colum | from<br>Part II, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|---|---|--|---|------------------|---|
|               | Totals for all long-term transactions reported on Form<br>1099-B for which basis was reported to the IRS and for<br>which you have no adjustments (see instructions).<br>However, if you choose to report all these transactions<br>on Form 8949, leave this line blank and go to line 8b |   |  | line 2, colum   | n (g)            | with column (g)   |
| 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 corporat  | dule(s) K-1                             | 12                                     |   |                  |   |
| 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  | <b>16</b> -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?   |                   |
|      | <b>No.</b> 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:  |                   |
|      | <ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>   | 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.   |                   |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |                   |

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

-orm **8949** 

Department of the Treasury

Internal Revenue Service

## 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.



Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

| ABEER | KATIYAL | & | DEBOLINA | GANGULY |
|-------|---------|---|----------|---------|
|       |         |   |          |         |

189–59–7682

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

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

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

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

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

| 1<br>(a)<br>Description of property   | <b>(b)</b><br>Date acquired                | (c)<br>Date sold or                          | (d) (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |  | If you enter an enter a co          | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | ), (h)<br>Gain or (loss)<br>Subtract column (e)               |  |  |
|---|--|--|--|--|-------------------------------------|--|---|--|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.)               | (sales price)<br>(see instructions)            | and see Column (e)<br>in the separate<br>instructions. | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment  | from column (d) and<br>combine the result<br>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<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box C | al here and inc<br>is checked), <b>lir</b> | lude on your<br><b>1e 2</b> (if <b>Box B</b> | 2,305.   | 2,028.   |                                     | -20.   | 257.  |  |  |

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

| Form 8949 (2023) |  | Attachm | ence No |  | 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

| 1<br>(a)<br>Description of property   | <b>(b)</b><br>Date acquired | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                       | (h)<br>Gain or (loss)<br>Subtract column (e)                  |  |
|---|-----------------------------|--------------------------------|-------------------------------------|--|---|---------------------------------------|---|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)             | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.         | (f)<br>Code(s) from<br>instructions   | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>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 (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). |                             |                                | 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.

REV 03/07/24 PRO

| SCHEDULE E Supplemental Inco   |                  |         |                    |  |           |           | OMB No. 1545-0074 |               |                  |             |                 |          |     |
|--|------------------|---------|--------------------|--|-----------|-----------|-------------------|---------------|------------------|-------------|-----------------|----------|-----|
| (Form 1040) (From rental real estate, royalties, partnership   |                  |         | • •                | •  |           |           | trusts, REMI      | Cs, etc.)     | 20               | 23          |                 |          |     |
| Department of the Treasury         Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           Internal Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information. |                  |         |                    |  |           | Attachm   | ient 12           |               |                  |             |                 |          |     |
|  | shown on return  |         |                    |  |           |           |                   | al security i | ce No. <b>13</b> |             |                 |          |     |
| • •  |                  | ار<br>ا | EBOLINA GANG       | III.Y  |           |           |                   |               |                  |             | 9 <b>-</b> 7682 | umber    |     |
| Part   |                  |         |                    | tal Real Estate an                                 | d Ro      | valties   |                   |               |                  | 105 5       | 5 1002          |          |     |
| T CIT  | Note: If yo      | ou are  | in the business of | renting personal proper<br>335 on page 2, line 40. |           |           | C. See            | e instru      | ctions. If you a | ire an indi | vidual, repo    | ort farm |     |
| <b>A</b> [   |                  |         |                    | at would require you                               | to filo   | Form(s) 1 | 0002 9            | Soo ing       | tructions        |             |                 | e X Na   |     |
|  |                  |         |                    | d Form(s) 1099?                                    |           |           |                   |               |                  |             |                 |          |     |
| <br>1a   |                  |         |                    | street, city, state, ZIF                           |           |           |                   |               |                  |             | . 🗆 . e         |          |     |
|  |                  |         |                    |  |           | ,         |                   |               |                  |             |                 |          |     |
| <u>A</u>   | /W9E'+JJ8,       | SEI     | RNABATIM BEN       | AULIM GOA IN 4                                     | 103/1     | 16        |                   |               |                  |             |                 |          |     |
| B<br>C   |                  |         |                    |  |           |           |                   |               |                  |             |                 |          |     |
| <br>1b   | Type of Prope    | urtu (  | 2 For each rer     | atal raal actata propa                             | urby liet | tod       |                   | Ea            | ir Rental        | Persor      |                 |          |     |
| 10   | (from list below |         |                    | ntal real estate prope<br>rt the number of fair    |           |           |                   | Га            | Days             |             | INS ISS         | QJV      |     |
| Α  | 3                | ,       | personal us        | e days. Check the Q                                | JV bo>    | k only    | Α                 |               | 365              |             | 0               |          |     |
| В  | -                |         |                    | the requirements to f                              |           |           | В                 |               |                  |             | -               |          |     |
| С  |                  |         | quaimed joir       | nt venture. See instru                             | CLIONS    | <b>.</b>  | С                 |               |                  |             |                 |          |     |
| Туре   | of Property:     | _       |                    |  |           |           |                   |               |                  |             |                 |          |     |
|  | Single Family R  |         |                    | tion/Short-Term Ren                                | tal       | 5 Land    |                   |               | Self-Rental      |             |                 |          |     |
| 2  | Multi-Family Re  | side    | nce 4 Com          | mercial  |           | 6 Roya    | lties             | 8             | Other (descr     | ribe)       |                 |          |     |
|  |                  |         |                    |  |           |           |                   |               | Properti         | es:         |                 |          |     |
| Incom  | ne:              |         |                    |  |           |           | Α                 |               | В                |             |                 | С        | -   |
| 3  | Rents received   | . k     |                    |  | 3         |           | 1,7               | 52.           |                  |             |                 |          |     |
| 4  | Royalties rece   | ived    |                    |  | 4         |           |                   |               |                  |             |                 |          |     |
| Exper  | ises:            |         |                    |  |           |           |                   |               |                  |             |                 |          |     |
| 5  | -                |         |                    |  | 5         |           |                   |               |                  |             |                 |          |     |
| 6  |                  | •       | e instructions)    |  | 6         |           |                   | <u> </u>      |                  |             |                 |          |     |
| 7  | •                |         | tenance            |  | 7         |           | 2,9               | 64.           |                  |             |                 |          |     |
| 8<br>9   |                  |         |                    |  | 8         |           |                   |               |                  |             |                 |          |     |
| 9<br>10  |                  |         | ofessional fees    |  | 9<br>10   |           |                   |               |                  |             |                 |          |     |
| 11   | -                | •       |                    |  | 11        |           | 4 5               | 10.           |                  |             |                 |          |     |
| 12   | -                |         |                    | . (see instructions)                               | 12        |           | 1/0               | 10.           |                  |             |                 |          |     |
| 13   |                  |         |                    |  | 13        |           |                   |               |                  |             |                 |          |     |
| 14   |                  |         |                    |  | 14        |           | 5,4               | 10.           |                  |             |                 |          | -   |
| 15   | Supplies .       |         |                    |  | 15        |           | 4,3               | 60.           |                  |             |                 |          |     |
| 16   |                  |         |                    |  | 16        |           |                   |               |                  |             |                 |          |     |
| 17   |                  |         |                    |  | 17        |           |                   | 95.           |                  |             |                 |          |     |
| 18   | •                | exper   | nse or depletion   |  | 18        |           | 6,3               | 46.           |                  |             |                 |          |     |
| 19<br>00   | Other (list)     |         |                    | 10   | 19        |           | 0 ( 1             | 0.5           |                  |             |                 |          |     |
| 20   |                  |         | 0                  | 19   | 20        |           | 26,1              | 85.           |                  |             |                 |          |     |
| 21   |                  |         | ```                | nd/or 4 (royalties). If find out if you must       |           |           |                   |               |                  |             |                 |          |     |
|  |                  |         |                    |  | 21        | -         | 24,4              | 33.           |                  |             |                 |          |     |
| 22   |                  |         |                    | er limitation, if any,                             |           |           |                   |               |                  |             |                 |          |     |
|  |                  |         |                    |  | 22        | ( 2       | 24,43             | 33.)          | (                | )           | (               |          | )   |
| <b>23</b> a  | Total of all am  | ounts   | s reported on line | 3 for all rental prope                             | rties     |           |                   | 23a           | 1                | ,752.       |                 |          |     |
| b  |                  |         | •                  | 4 for all royalty prop                             |           |           |                   | 23b           |                  |             |                 |          |     |
| С  |                  |         | •                  | 12 for all properties                              |           |           |                   | 23c           |                  |             |                 |          |     |
| d  |                  |         |                    |  |           | ,346.     |                   |               |                  |             |                 |          |     |
| e  |                  |         | •                  | 20 for all properties                              |           |           |                   | 23e           | 26               | ,185.       |                 |          |     |
| 24<br>25   |                  |         |                    | vn on line 21. <b>Do not</b>                       |           | •         |                   | · ·           | • • • • •        | . 24        | ( /             |          |     |
| 25<br>26   |                  |         |                    | 1 and rental real estate                           |           |           |                   |               |                  |             | 1 2             | 24,433   | • ) |
| 26   |                  |         |                    | y income or (loss). (<br>40 on page 2 do no        |           |           |                   |               |                  |             |                 |          |     |
|  |                  |         |                    | rwise, include this ar                             |           |           |                   |               |                  | . 26        | -               | -24,43   | 3.  |

Schedule E (Form 1040) 2023

-24,433.

Form **5329** Department of the Treasury Internal Revenue Service

Name of individual subject to additional tax. If married filing jointly, see instructions.

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

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

|    | OMB No. 1545-0074                    |  |  |  |  |
|----|--------------------------------------|--|--|--|--|
|    | 2023                                 |  |  |  |  |
|    | Attachment<br>Sequence No. <b>29</b> |  |  |  |  |
| Yo | ur social security number            |  |  |  |  |

| DEB       | OLINA GANGULY  |  |  |  | 035-84               | 1-1557                          |
|-----------|--|--|--|--|----------------------|---------------------------------|
|           |  | Home address (number and street), or P.O. box  | if mail is not delivered to y              | vour home                                      |                      | Apt. no.                        |
| if You    | Your Address Only<br>Are Filing This                 | City, town or post office, state, and ZIP code. If below. See instructions.  | you have a foreign addres                  | s, also complete the spaces                    | If this is a         | in amended                      |
|           | by Itself and Not<br>Your Tax Return                 |  |  |  | return, ch           |                                 |
|           | Foreign country name Foreign province/state/county   |  |  |  | Foreign po           | stal code                       |
| <u>If</u> |  |  |  |  |                      | terr elize etter ere            |
|           |  | nal 10% tax on the full amount of the 8, without filing Form 5329. See instru  |  | you may be able to r                           | eport this           | tax directly on                 |
| Pari      |  | x on Early Distributions. Complet  |  | k a taxable distributio                        | n (other             | than a qualified                |
|           | disaster distribu<br>endowment cor<br>have to comple | tract (unless you are reporting this ta<br>te this part to indicate that you qualify<br>distributions. See instructions. | from a qualified re<br>x directly on Sched | tirement plan (includi<br>ule 2 (Form 1040)—se | ng an IF<br>e above) | RA) or modified<br>You may also |
| 1         | Early distributions inc                              | ludible in income (see instructions). Fo   | r Roth IRA distributio                     | ons, see instructions.                         | 1                    |                                 |
| 2         | •  | luded on line 1 that are not subject to  |  |  |                      |                                 |
|           |  | exception number from the instruction  |  |  | 2                    |                                 |
| 3         | •  | ditional tax. Subtract line 2 from line 1  |  |  | 3                    |                                 |
| 4         |  | 10% (0.10) of line 3. Include this amou  |  | •  | 4                    |                                 |
|           | <b>,</b>   | of the amount on line 3 was a distribut mount on line 4 instead of 10%. See ir   |  | RA, you may have to                            |                      |                                 |
| Part      |  | x on Certain Distributions From I  |  | ts and ARI F Acco                              | unte Co              | molete this part                |
| i are     |  | an amount in income, on Schedule 1   |  |  |                      |                                 |
|           |  | ied tuition program (QTP), or on Sched   |  |  |                      | arnige accessi                  |
| 5         | Distributions included                               | I in income from a Coverdell ESA, a QT   | P, or an ABLE acco                         | unt  | 5                    |                                 |
| 6         |  | I on line 5 that are not subject to the ac   |  |  | 6                    |                                 |
| 7         |  |  |  |  |                      |                                 |
| 8         |  |  |  |  |                      |                                 |
| Part      |  | x on Excess Contributions to Tra   |  |  |                      | ed more to your                 |
|           |  | for 2023 than is allowable or you had a  |  | •  |                      |                                 |
| 9         | •  | tributions from line 16 of your 2022 Form  |  | ns. If zero, go to line 15                     | 9                    |                                 |
| 10        |  | A contributions for 2023 are less th   |  |  |                      |                                 |
|           |  | n, see instructions. Otherwise, enter -0   |  | 10   | _                    |                                 |
| 11        |  | listributions included in income (see ins  | ,  | 11   | _                    |                                 |
| 12        |  | prior year excess contributions (see ins   | •  |  | 10                   |                                 |
| 13        | , ,  | 12   |  |  | 13<br>14             |                                 |
| 14<br>15  | •  | for 2023 (see instructions)  |  |  | 14                   |                                 |
| 16        |  | tions. Add lines 14 and 15   |  |  | 16                   |                                 |
| 17        |  | 6% (0.06) of the <b>smaller</b> of line 16 or the  |  |  | -                    |                                 |
| 17        |  | 3 contributions made in 2024). Include th  | ,  |  | 17                   |                                 |
| Part      |  | x on Excess Contributions to Ro  |  |  |                      | pre to your Roth                |
|           |  | an is allowable or you had an amount   | •  |  |                      | - <b>j</b>                      |
| 18        | Enter your excess con                                | tributions from line 24 of your 2022 Form  | n 5329. See instructio                     | ns. If zero, go to line 23                     | 18                   | 0.                              |
| 19        | If your Roth IRA cont                                | ributions for 2023 are less than your n  | naximum allowable                          |  |                      |                                 |
|           |  | ructions. Otherwise, enter -0  |  | 19   |                      |                                 |
| 20        | 2023 distributions fro                               | m your Roth IRAs (see instructions) .  |  | 20   |                      |                                 |
| 21        | Add lines 19 and 20                                  |  |  |  | 21                   | _                               |
| 22        | •  | tributions. Subtract line 21 from line 18  |  |  | 22                   |                                 |
| 23        |  | for 2023 (see instructions)  |  |  | 23                   | 6,000.                          |
| 24        |  | tions. Add lines 22 and 23   |  |  | 24                   | 6,000.                          |
| 25        |  | 6% (0.06) of the <b>smaller</b> of line 24 <b>or</b> th  |  |  | 1 1                  | <u>^</u>                        |
| <b></b>   | · •  | contributions made in 2024). Include this  |  | ∠ (Form 1040), line 8                          | 25                   | 0.<br>Form <b>5329</b> (2023)   |
| ror Pr    | ivacy Act and PaperWor                               | k Reduction Act Notice, see your tax retu  | in instructions.                           |  |                      | FORTH JULY (2023)               |

| Form 5       | 329 (2023 | 3)                                   |  |   |                                     |                                       |                    | Page <b>2</b>                                  |
|--------------|-----------|--------------------------------------|--|---|-------------------------------------|---------------------------------------|--------------------|--|
| Part         |           |                                      |  | ntributions to Coverdell ESAs. C<br>than is allowable or you had an amoun                                     |                                     |                                       |                    |  |
| 26           |           |                                      |  | of your 2022 Form 5329. See instruction   |                                     |                                       | 26                 |  |
| 27           | If the    | contributio                          | ons to your Coverdell  | ESAs for 2023 were less than the ructions. Otherwise, enter -0  | 27                                  |                                       |                    |  |
| 28           |           |                                      |  | As (see instructions)   | 28                                  |                                       |                    |  |
| 29           |           | ines 27 and 2                        | •  |   |                                     |                                       | 29                 |  |
| 30           | Prior     | year excess                          |  | line 29 from line 26. If zero or less, ente   |                                     |                                       | 30                 |  |
| 31           |           |                                      |  | ctions)   |                                     |                                       | 31                 |  |
| 32           |           |                                      |  | and 31  |                                     |                                       | 32                 |  |
| 33           |           |                                      | ( <i>)</i>   | ler of line 32 or the value of your Coverd<br>e in 2024). Include this amount on Schedu                       |                                     |                                       | 33                 |  |
| Part         |           |                                      | -  | ributions to Archer MSAs. Comple  |                                     |                                       | ur emp             | oloyer contributed                             |
|              |           |                                      |  | than is allowable or you had an amoun   |                                     |                                       |                    |  |
| 34           | Enter     | the excess c                         | contributions from line 40   | of your 2022 Form 5329. See instruction   | ns. If zero, g                      | o to line 39                          | 34                 |  |
| 35           |           |                                      |  | for 2023 are less than the maximum  |                                     |                                       |                    |  |
|              |           |                                      |  | Otherwise, enter -0   | 35                                  |                                       |                    |  |
| 36           |           |                                      | •  | s from Form 8853, line 8  | 36                                  |                                       |                    |  |
| 37           |           |                                      | 36   |   |                                     |                                       | 37                 |  |
| 38           |           |                                      |  | line 37 from line 34. If zero or less, ente   |                                     |                                       | 38                 |  |
| 39           |           |                                      | •  | ctions)   |                                     |                                       | 39                 |  |
| 40           |           |                                      |  | and 39  |                                     |                                       | 40                 |  |
| 41           | Dece      | mber 31, 20                          | 23 (including 2023 cont  | <b>smaller</b> of line 40 <b>or</b> the value of y ributions made in 2024). Include this a                    | mount on S                          | Schedule 2                            |                    |  |
|              | (Form     | 1040), line 8                        | 8  | · · · · · · · · · · · · · ·   |                                     |                                       | 41                 |  |
| Part         |           |                                      |  | ntributions to Health Savings A   | •                                   | •                                     | •                  |  |
|              |           |                                      |  | employer contributed more to your HS  | SAS for 202                         | 23 than is al                         | lowab              | le or you had an                               |
|              |           |                                      | ine 49 of your 2022 Forn   |   | 1. 47                               |                                       | 40                 |  |
| 42           |           |                                      |  | 8 of your 2022 Form 5329. If zero, go t   |                                     |                                       | 42                 |  |
| 43           |           |                                      | 5  | 2023 are less than the maximum Otherwise, enter -0  | 43                                  |                                       |                    |  |
| 44           |           |                                      |  | form 8889, line 16  | 44                                  |                                       |                    |  |
| 45           |           | ines 43 and 4                        | •  |   |                                     |                                       | 45                 |  |
| 46           |           |                                      |  | line 45 from line 42. If zero or less, ente   | er-0                                |                                       | 46                 |  |
| 47           |           |                                      | ons for 2023 (see instruc  |   |                                     |                                       | 47                 |  |
| 48           |           |                                      | tributions. Add lines 46 a   |   |                                     |                                       | 48                 |  |
| 49           |           |                                      |  | naller of line 48 or the value of your H  | SAs on Dec                          | cember 31                             |                    |  |
| 10           |           |                                      |  | 2024). Include this amount on Schedul   |                                     |                                       | 49                 |  |
| Part         |           | <u> </u>                             |  | tributions to an ABLE Account. C  |                                     | 1                                     | tributi            | ons to your ABLE                               |
|              |           |                                      | 2023 were more than is   |   |                                     |                                       |                    | , <b>,</b>                                     |
| 50           | Exces     | ss contributio                       | ons for 2023 (see instruc  | ctions)   |                                     |                                       | 50                 |  |
| 51           | Addit     | ional tax. E                         | Enter 6% (0.06) of the   | smaller of line 50 or the value of yo   | our ABLE a                          | account on                            |                    |  |
|              | Dece      | mber 31, 202                         | 23. Include this amount  | on Schedule 2 (Form 1040), line 8 .   |                                     |                                       | 51                 |  |
| Part         | IX .      | Additional                           | Tax on Excess Accu   | umulation in Qualified Retirement   | t Plans (In                         | cluding IR                            | <b>As).</b> (      | Complete this part                             |
|              |           | if you did no                        | ot receive the minimum re  | equired distribution from your qualified  | retirement                          | plan.                                 |                    |  |
| 52           | Minim     | num requirec                         | d distribution for 2023 (se  | ee instructions)  |                                     |                                       | 52                 |  |
| 53           | Amou      | int actually d                       | distributed to you in 2023   | 3 (see instructions)  |                                     |                                       | 53                 | 1  |
| 54           | Subtr     | act line 53 fr                       | rom line 52. If zero or les  | s, enter -0- ............   |                                     |                                       | 54                 | 1  |
| 55           | Addit     | i <b>onal tax.</b> S                 | see instructions for how   | to calculate the additional tax. If you c   | ualify for th                       | ne 10% tax                            |                    |  |
|              | rate c    | n excess ac                          | cumulations in at least o  | one qualified retirement plan, check this   | s box. 🗌                            |                                       |                    |  |
|              | Includ    | le this amou                         |  | 1040), line 8 or Form 1041, Schedule (  |                                     |                                       | 55                 |  |
| Are F        | iling Tl  | nly if You<br>nis Form<br>I Not With | Under penalties of perjury, I d<br>belief, it is true, correct, and co | eclare that I have examined this form, including acc<br>mplete. Declaration of preparer (other than taxpayer) | ompanying atta<br>is based on all i | achments, and to<br>nformation of whi | the bes<br>ch prep | it of my knowledge and arer has any knowledge. |
|              | Tax Re    |                                      | Your signature   |   |                                     | Date                                  |                    |  |
|              |           |                                      | 0  | Preparer's signature  | Date                                |                                       |                    | DTIN   |
| Paid<br>Prep | arer      | Print/Type pre                       | parer s name   |   | Duit                                | Check<br>self-emp                     |                    | PTIN   |
| -            | Only      | Firm's name                          |  |   |                                     | Firm's EIN                            |                    |  |
|              | ,         | Firm's address                       | 8  |   |                                     | Phone no.                             |                    |  |

Form **5329** (2023)

| Form  | 8606                 |
|-------|----------------------|
| Donor | ward of the Turner w |

## **Nondeductible IRAs**

OMB No. 1545-0074

| Department of the Treasury<br>Internal Revenue Service |   | Attach to 2023 F<br>Go to <i>www.irs.gov/Form</i> 860                               | tion.   | Attachment<br>Sequence No. <b>48</b> |                      |
|--|---|---|---|--------------------------------------|----------------------|
|  | f married, file a sepa                    | rate form for each spouse required to file 2023 Fo                                  | orm 8606. See instructions.                     |                                      | cial security number |
|  | Your Address                              | Home address (number and street, or P.O. box i                                      | if mail is not delivered to your home)          | 1                                    | Apt. no.             |
| Filing   | f You Are<br>This Form by<br>and Not With | City, town or post office, state, and ZIP code. If                                  | you have a foreign address, also complete the s | paces below (see ins                 | structions).         |
|  | Tax Return                                | Foreign country name  | Foreign province/state/county                   | Foreign                              | postal code          |
| Part   |   | uctible Contributions to Traditio<br>ditional SIMPLE IRAs                           | nal IRAs and Distributions From                 | Traditional, 1                       | raditional SEP,      |
|  | Complete                                  | e this part only if one or more of the fol  | llowing apply.                                  |                                      |                      |
|  | <ul> <li>You ma</li> </ul>                | de nondeductible contributions to a tr  | aditional IRA for 2023.                         |                                      |                      |
|  |   | k distributions from a traditional, tradit  |   |                                      |                      |
|  |   | utions to a traditional IRA in 2023 or an   |   |                                      |                      |
|  | •   | han certain qualified disaster distribution<br>to fund an HSA, convers              |   |                                      |                      |
|  |   | nverted part, but not all, of your tradition  |   |                                      |                      |
|  |   | MPLE IRAs in 2023 and you made nor  |   |                                      |                      |
| 1  |   | ndeductible contributions to traditiona   |   |                                      | ,                    |
| •  |   | , 2024, through April 15, 2024. See ins   | •   |                                      | <b>1</b> 6,500.      |
| 2  |   | I basis in traditional IRAs. See instruct   |   |                                      | 2 0.                 |
| 3  | •   | d 2   |   |                                      | <b>3</b> 6,500.      |
|  |   | you take a distribution from  | No —— Enter the amount from line                | 2 on line 14                         |                      |
|  |   | aditional SEP, or traditional   | Do not complete the rest of                     |                                      |                      |
|  |   | s, or make a Roth, Roth SEP,  | Yes —— Go to line 4.                            |                                      |                      |
|  |   | LE IRA conversion?  |   |                                      |                      |
| 4  |   | ntributions included on line 1 that were  | made from January 1, 2024, through A            | · –                                  | 4                    |
| 5  | Subtract line 4                           |   |   |                                      | <b>5</b> 6,500.      |
| 6  |   | of <b>all</b> your traditional, traditional SEP,                                    |   |                                      |                      |
|  | • •                                       | outstanding rollovers. Subtract certai<br>Form(s) 8915-F (see instructions) .       |   |                                      | 6                    |
| 7  |   |   |   | _                                    | 6                    |
| 7  |   | ributions from traditional, traditional S<br>rs (other than repayments of qualified |   |                                      |                      |
|  |   | structions)); qualified charitable distril  |   | · · · ·                              |                      |
|  | •   | o a Roth, Roth SEP, or Roth SI  |   |                                      |                      |
|  |   | tions of traditional IRA contributions (se  |   |                                      | 7                    |
| 8  |   | amount you converted from traditional   | •   |                                      |                      |
|  | Roth, Roth SE                             | P, or Roth SIMPLE IRAs in 2023. Also,   | enter this amount on line 16                    |                                      | 8                    |
| 9  |   | and 8   |   |                                      |                      |
| 10   |   | by line 9. Enter the result as a decin<br>esult is 1.000 or more, enter "1.000"     |   | ×                                    |                      |
| 11   | converted to F                            | by line 10. This is the nontaxable p<br>Roth, Roth SEP, or Roth SIMPLE IRA          | s. Also, enter this amount                      |                                      |                      |
| 12   |   | by line 10. This is the nontaxable po<br>of convert to a Roth, Roth SEP, or Roth    | -   |                                      |                      |
| 13   |   | nd 12. This is the nontaxable portion o   | -   |                                      | <b>13</b> 6,500.     |
| 14   |   | 3 from line 3. This is <b>your total basis i</b>                                    |   | -                                    | 14 0.                |
| 15a  |   | 2 from line 7   |   | _                                    | <b>5a</b> 36,890.    |
| b  | 8915-F (see in                            | unt on line 15a attributable to qualified structions). Also, enter this amount on   | n 2023 Form(s) 8915-F, line 18, as app          | olicable (see                        | 5b                   |
| <b>^</b>   | Taxable amou                              | Int Subtract line 15b from line 15a. If   | more than zero, also include this amo           | unt on 2023                          |                      |

 c Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2023

 Form 1040, 1040-SR, or 1040-NR, line 4b

 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.

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

36,890.

15c

| Form 86                   | 506 (2023)                      |                                    |  |   |  |   |                         |                              | Page Z    |
|---------------------------|---------------------------------|------------------------------------|--|---|--|---|-------------------------|------------------------------|-----------|
| Part                      |                                 |                                    | onversions From Trad<br>MPLE IRAs                                      | tional, Traditional SEP, o  | or Traditional SIN   | MPLE IRAs to                                  | Roth,                   | Roth SEF                     | ۶, or     |
|                           |                                 |                                    | e this part if you converte<br>P, or Roth SIMPLE IRA in                | d part or all of your traditiona<br>2023.   | I, traditional SEP, a                                      | nd traditional S                              | MPLE                    | IRAs to a R                  | oth,      |
| 16                        | from ti                         | aditiona                           | al, traditional SEP, and the   | nt from line 8. Otherwise, en<br>raditional SIMPLE IRAs to F  | Roth, Roth SEP, or   | Roth SIMPLE                                   | 16                      |                              |           |
| 17                        | If you                          | complet                            | ed Part I, enter the amou  | nt from line 11. Otherwise, e   | enter your basis in t                                      | the amount on                                 | 17                      |                              |           |
| 18                        | Form 1                          | 040, 10                            | 40-SR, or 1040-NR, line 4  | line 16. If more than zero, a   |  |   | 18                      |                              |           |
| Part                      | C<br>d<br>8                     | complete<br>istributio<br>915-F (s | e this part only if you took<br>on does not include a rolle            | h SEP, or Roth SIMPLE I<br>a distribution from a Roth, F<br>over (other than a repayment<br>d charitable distribution, one-<br>instructions). | oth SEP, or Roth S of a qualified disas                    | ter distribution                              | from 20                 | )23 Form(s)                  |           |
| 19                        | includi                         | ng any o                           | qualified first-time homeb   | ons from Roth, Roth SEP, a<br>uyer distributions, and any q   | ualified disaster dis                                      | tributions from                               | 19                      |                              |           |
| 20                        | by the                          | total of                           | all your prior qualified firs  | s (see instructions). <b>Do not</b> t-time homebuyer distribution   | ns   |   | 20                      |                              |           |
| 21                        |                                 |                                    |  | 21  |  |   |                         |                              |           |
| 22                        | •                               |                                    |  |   |  | •   | 22                      |                              |           |
| 23                        | Subtra                          | ct line 2                          |  | ess, enter -0- and skip lines   |  | than zero, you                                | 23                      |                              |           |
| 24                        | rollove                         | rs from                            | qualified retirement plans   | traditional, traditional SEP, a to a Roth, Roth SEP, or Roth  | n SIMPLE IRA. See  | instructions .                                | 24                      |                              |           |
| 25a                       |                                 |                                    |  | ess, enter -0- and skip lines 2<br>le to qualified disaster distril   |  |   | 25a                     |                              |           |
| b                         | 8915-F                          | <sup>:</sup> (see in               | structions). Also, enter th  | is amount on 2023 Form(s) 8   | 915-F, line 19, as a                                       | applicable (see                               | 25b                     |                              |           |
| c                         | Form 1                          | 040, 10                            | 40-SR, <b>or</b> 1040-NR, line   | n line 25a. If more than zero,<br>4b ............   |  |   | 25c                     |                              |           |
| if You<br>This F<br>and N | Are Fili<br>Form by<br>lot With | ng<br>Itself                       | Under penalties of perjury, I decla is true, correct, and complete. De | re that I have examined this form, includ<br>claration of preparer (other than taxpaye  | ding accompanying attachr<br>er) is based on all informati | nents, and to the bes<br>on of which preparer | t of my kr<br>has any k | nowledge and be<br>nowledge. | elief, it |
| Tax R                     | eturn                           |                                    | Your signature   |   | 1  | Date  |                         |                              |           |
| Paid<br>Prep              | arer                            | Print/Ty                           | pe preparer's name   | Preparer's signature  | Date   | Check<br>self-en                              | if if iployed           | PTIN                         |           |
| Use                       |                                 |                                    | irm's name Firm's EIN  |   |  |   |                         |                              |           |
|                           | .,                              | Eirm'o o                           | ddroop   |   |  | Dhono   | 20                      |                              |           |

BAA

Firm's address

REV 03/07/24 PRO

Form **8606** (2023)

Phone no.

| Form  | 8606                  |
|-------|-----------------------|
| Depar | tment of the Treasurv |

I

## **Nondeductible IRAs**

OMB No. 1545-0074 20

23

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

| nternal I | Revenue Service                                    | Go to www.irs.gov/Form8606 for in  | structions and the latest information.   |   | Sequence No. 48                                   |
|-----------|--|--|--|---|---|
| Name. It  | f married, file a sepa                             | rate form for each spouse required to file 2023 Form 860   | 6. See instructions.   | Your soci                               | al security number                                |
| DEBO      | LINA GANGU   | LY   |  | 035-8                                   | 4-1557  |
|           | 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<br>This Form by                          | City, town or post office, state, and ZIP code. If you hav   | e a foreign address, also complete the spaces belo   | w (see instr                            | uctions).   |
|           | and Not With<br>Fax Return                         | Foreign country name   | Foreign province/state/county  | Foreign po                              | ostal code  |
| Part      |  | uctible Contributions to Traditional IR<br>ditional SIMPLE IRAs  | As and Distributions From Traditi  | onal, Tr                                | aditional SEP,                                    |
|           | Complete   | e this part only if one or more of the following   | apply.   |   |   |
|           | • You too<br>contribu<br>(other the<br>one-time    | de nondeductible contributions to a tradition<br>of distributions from a traditional, traditional<br>utions to a traditional IRA in 2023 or an earlie<br>than certain qualified disaster distribution repa<br>the distribution to fund an HSA, conversion, re<br>inverted part, but not all, of your traditional, tr | SEP, or traditional SIMPLE IRA in 2023 a<br>r year. For this purpose, a distribution do<br>ayments from 2023 Form(s) 8915-F), qua<br>scharacterization, or return of certain cor | pes not in<br>alified cha<br>atribution | nclude a rollover<br>aritable distribution,<br>s. |
|           |  | MPLE IRAs in 2023 and you made nondedu   |  |   |   |
| 1         |  | ndeductible contributions to traditional IRAs  |  |   | ,   |
| •         | •  | , 2024, through April 15, 2024. See instruction  | ÷  |   | 6,000.  |
| 2         |  | I basis in traditional IRAs. See instructions  |  | . 2                                     |   |
| 3         | •  | d2   |  | . 3                                     |   |
|           | In 2023, did y<br>traditional, tr<br>SIMPLE IRAS   | vou taka a diatributian fram   | <ul> <li>Enter the amount from line 3 on line</li> <li>Do not complete the rest of Part I.</li> <li>Go to line 4.</li> </ul>   | 14.                                     |   |
| 4         | Enter those co                                     | ntributions included on line 1 that were made  | from January 1, 2024, through April 15, 2  | 024 <b>4</b>                            |   |
| 5         | Subtract line 4                                    | from line 3  |  | . 5                                     | 6,000.  |
| 6         | 2023, plus any                                     | of <b>all</b> your traditional, traditional SEP, and t<br>outstanding rollovers. Subtract certain repa<br>Form(s) 8915-F (see instructions)  | yments of qualified disaster distribution  |   |   |
| 7         | include rollove<br>8915-F (see in<br>conversions t | ributions from traditional, traditional SEP, ar<br>rs (other than repayments of qualified disas<br>structions)); qualified charitable distribution<br>o a Roth, Roth SEP, or Roth SIMPLE<br>tions of traditional IRA contributions (see inst   | ster distributions, if any, from 2023 Forr<br>s; a one-time distribution to fund an H<br>IRA; certain returned contributions;  | n(s)<br>SA;<br>or                       |   |
| 8         |  | amount you converted from traditional, tradi<br>P, or Roth SIMPLE IRAs in 2023. Also, enter  |  |   |   |
| 9         | Add lines 6, 7,                                    | and 8  |  |   |   |
| 10        |  | by line 9. Enter the result as a decimal root esult is 1.000 or more, enter "1.000"  |  |   |   |
| 11        | converted to F                                     | by line 10. This is the nontaxable portion<br>Roth, Roth SEP, or Roth SIMPLE IRAs. Also  | o, enter this amount   |   |   |
| 12        |  | by line 10. This is the nontaxable portion of to convert to a Roth, Roth SEP, or Roth SIMF   |  |   |   |
| 13        | Add lines 11 a                                     | nd 12. This is the nontaxable portion of all yc  | our distributions  | . 13                                    | <b>3</b> 4,106.                                   |
| 14        | Subtract line 1                                    | 3 from line 3. This is <b>your total basis in trad</b>   | litional IRAs for 2023 and earlier years   | . 14                                    | 1,894.  |
| 15a       | Subtract line 1                                    | 2 from line 7  |  | . 15                                    | <b>a</b> 0.                                       |
| b         | 8915-F (see in                                     | unt on line 15a attributable to qualified disas<br>structions). Also, enter this amount on 2023  | Form(s) 8915-F, line 18, as applicable (   | see                                     | b   |
| С         | Form 1040, 10                                      | Int. Subtract line 15b from line 15a. If more t 40-SR, or 1040-NR, line 4b   |  | . 15                                    | <b>c</b> 0.                                       |
|           |  | y be subject to an additional 10% tax on the<br>e of the distribution. See instructions.   | e amount on line 15c if you were under a<br>* Prom Taxable IRA Distribution Wast (per IRS Pui  |   |   |

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

| Form 86                   | 506 (2023)                      |                                    |  |   |  |   |                         |                              | Page Z    |
|---------------------------|---------------------------------|------------------------------------|--|---|--|---|-------------------------|------------------------------|-----------|
| Part                      |                                 |                                    | onversions From Trad<br>MPLE IRAs                                      | tional, Traditional SEP, o  | or Traditional SIN   | MPLE IRAs to                                  | Roth,                   | Roth SEF                     | ۶, or     |
|                           |                                 |                                    | e this part if you converte<br>P, or Roth SIMPLE IRA in                | d part or all of your traditiona<br>2023.   | I, traditional SEP, a                                      | nd traditional S                              | MPLE                    | IRAs to a R                  | oth,      |
| 16                        | from ti                         | aditiona                           | al, traditional SEP, and t   | nt from line 8. Otherwise, en<br>raditional SIMPLE IRAs to F  | Roth, Roth SEP, or   | Roth SIMPLE                                   | 16                      |                              |           |
| 17                        | If you                          | complet                            | ed Part I, enter the amou  | nt from line 11. Otherwise, e   | enter your basis in t                                      | the amount on                                 | 17                      |                              |           |
| 18                        | Form 1                          | 040, 10                            | 40-SR, or 1040-NR, line 4  | line 16. If more than zero, a   |  |   | 18                      |                              |           |
| Part                      | C<br>d<br>8                     | complete<br>istributio<br>915-F (s | e this part only if you took<br>on does not include a rolle            | h SEP, or Roth SIMPLE I<br>a distribution from a Roth, F<br>over (other than a repayment<br>d charitable distribution, one-<br>instructions). | oth SEP, or Roth S of a qualified disas                    | ter distribution                              | from 20                 | )23 Form(s)                  |           |
| 19                        | includi                         | ng any o                           | qualified first-time homeb   | ons from Roth, Roth SEP, a<br>uyer distributions, and any q   | ualified disaster dis                                      | tributions from                               | 19                      |                              |           |
| 20                        | by the                          | total of                           | all your prior qualified firs  | s (see instructions). <b>Do not</b> t-time homebuyer distribution   | ns   |   | 20                      |                              |           |
| 21                        |                                 |                                    |  | 21  |  |   |                         |                              |           |
| 22                        | •                               |                                    |  |   |  | •   | 22                      |                              |           |
| 23                        | Subtra                          | ct line 2                          |  | ess, enter -0- and skip lines   |  | than zero, you                                | 23                      |                              |           |
| 24                        | rollove                         | rs from                            | qualified retirement plans   | traditional, traditional SEP, a to a Roth, Roth SEP, or Roth  | n SIMPLE IRA. See  | instructions .                                | 24                      |                              |           |
| 25a                       |                                 |                                    |  | ess, enter -0- and skip lines 2<br>le to qualified disaster distril   |  |   | 25a                     |                              |           |
| b                         | 8915-F                          | <sup>:</sup> (see in               | structions). Also, enter th  | is amount on 2023 Form(s) 8   | 915-F, line 19, as a                                       | applicable (see                               | 25b                     |                              |           |
| c                         | Form 1                          | 040, 10                            | 40-SR, <b>or</b> 1040-NR, line   | n line 25a. If more than zero,<br>4b ............   |  |   | 25c                     |                              |           |
| if You<br>This F<br>and N | Are Fili<br>Form by<br>lot With | ng<br>Itself                       | Under penalties of perjury, I decla is true, correct, and complete. De | re that I have examined this form, includ<br>claration of preparer (other than taxpaye  | ding accompanying attachr<br>er) is based on all informati | nents, and to the bes<br>on of which preparer | t of my kr<br>has any k | nowledge and be<br>nowledge. | elief, it |
| Tax R                     | eturn                           |                                    | Your signature   |   | 1  | Date  |                         |                              |           |
| Paid<br>Prep              | arer                            | Print/Ty                           | pe preparer's name   | Preparer's signature  | Date   | Check<br>self-en                              | if if iployed           | PTIN                         |           |
| Use                       |                                 |                                    | irm's name Firm's EIN  |   |  |   |                         |                              |           |
|                           | .,                              | Eirm'o o                           | ddroop   |   |  | Dhono   | 20                      |                              |           |

BAA

Firm's address

REV 03/07/24 PRO

Form **8606** (2023)

Phone no.

Form 8889 Department of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

3

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

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

|       | Sequence No. 52                                   |
|-------|---|
|       | ber of HSA beneficiary.<br>HSAs, see instructions |
| 00 50 | 7 ( 0 )   |

2

| Internal F | Revenue Service Go to www.ii.s.gov/Formodos for instructions and the latest mortination.   | S          | equence No. <b>52</b>                       |
|------------|--|------------|---|
|            | If both spouses h  | nave HS    | f HSA beneficiary.<br>As, see instructions. |
|            | R KATIYAL 189-59   |            |   |
|            | e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if  |            |   |
| Part       | <b>HSA Contributions and Deduction.</b> 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.  |            |   |
| •          |  |            | 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  | 44         |   |
| 11<br>12   | Add lines 9 and 10         . | 11<br>12   | 3,850.<br>3,900.                            |
|            | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13   | 13         | 0.  |
|            | <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.   |            |   |
| Part       | <b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.   | arate I    | ISAs, 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 roturn. See instructions   |            |   |
| с          | withdrawn by the due date of your return. See instructions   | 14b<br>14c |   |
| 15         | Qualified medical expenses paid using HSA distributions (see instructions)   | 15         |   |
| 16         | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f  | 16         |   |
| 17a        | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here   |            |   |
|            | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c   | 17b        |   |
| Part I     | completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.   |            |   |
|            | Last-month rule  | 18         |   |
| 19         | Qualified HSA funding distribution   | 19         |   |
| 20         | <b>Total income.</b> 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> |
|------------------|
|------------------|

## Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

| Go to www.irs.gov/Form8995.fd | or instructions and the latest information. |
|-------------------------------|---|
|                               |   |

OMB No. 1545-2294

Sequence No. 55

Name(s) shown on return

Your taxpayer identification number 189-59-7682

ABEER KATIYAL & DEBOLINA GANGULY

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

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

| 1       | (a) Trade, business, or aggregation name   | (b) Taxpayer identification number |    | Qualified business<br>income or (loss) |
|---------|--|------------------------------------|----|--|
|         |  |                                    |    |  |
| i       |  |                                    |    |  |
| •       |  |                                    |    |  |
| ii      |  |                                    |    |  |
|         |  |                                    |    |  |
| iii     |  |                                    |    |  |
| iv      |  |                                    |    |  |
| IV      |  |                                    |    |  |
| v       |  |                                    |    |  |
| 2       | Total qualified business income or (loss). Combine lines 1i through 1v,                          |                                    |    |  |
|         | column (c)   | 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)                  | <b>c</b>                           |    |  |
| _       |  | <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> 257,907.                 |    |  |
| 12      | Enter your net capital gain, if any, increased by any qualified dividends                        | ,                                  |    |  |
|         | (see instructions)   | <b>12</b> 1,675.                   |    |  |
| 13      | Subtract line 12 from line 11. If zero or less, enter -0-  | <b>13</b> 256,232.                 |    |  |
| 14      | Income limitation. Multiply line 13 by 20% (0.20)  |                                    | 14 | 51,246.                                |
| 15      | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also               |                                    |    |  |
|         | 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-    |                                    | 47 |  |
| For Dri |  | 07/24 PRO                          | 17 | ( 0.)<br>Form <b>8995</b> (2023)       |
| FUI Pri | vacy Act and Paperwork neuronon Act Notice, see instructions. REV 03/                            | UIIZ4 FRU                          |    | 1°0111 UJJJU (2023)                    |

8959 Form

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **Additional Medicare Tax**

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

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

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

Your social security number 189-59-7682

| ABEI   | ER KATIYAL & DEBOLINA GANGULY   | 189-59-76     | 582                     |
|--------|---|---------------|-------------------------|
| 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 5   | 9,016.        |                         |
| 2      | Unreported tips from Form 4137, line 6  |               |                         |
| 3      | Wages from Form 8919, line 6  |               |                         |
| 4      | Add lines 1 through 3   | 9,016.        |                         |
| 5      | Enter the following amount for your filing status:  |               |                         |
|        | Married filing jointly  |               |                         |
|        | Married filing separately   |               |                         |
|        |   | 0,000.        |                         |
| 6      | Subtract line 5 from line 4. If zero or less, enter -0-   |               | 29,016.                 |
| 7      | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and  | d qo to       |                         |
|        | Part II   |               | 261.                    |
| Part   | Additional Medicare Tax on Self-Employment Income   | I             |                         |
| 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:  |               |                         |
|        | Married filing jointly.   |               |                         |
|        | Married filing separately   |               |                         |
|        | Single, Head of household, or Qualifying surviving spouse \$200,000 9   |               |                         |
| 10     | Enter the amount from line 4  |               |                         |
| 11     | Subtract line 10 from line 9. If zero or less, enter -0   |               |                         |
| 12     | Subtract line 11 from line 8. If zero or less, enter -0   | 12            |                         |
| 13     | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter he   |               |                         |
| 15     | go to Part III  |               |                         |
| Part   | Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensat   | tion          |                         |
| 14     | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14   |               |                         |
| 14     | (see instructions)  |               |                         |
| 15     | Enter the following amount for your filing status:  |               |                         |
| 10     | Married filing jointly  |               |                         |
|        | Married filing separately   |               |                         |
|        | Single, Head of household, or Qualifying surviving spouse \$200,000 <b>15</b>   |               |                         |
| 16     | Subtract line 15 from line 14. If zero or less, enter -0  | 16            |                         |
| -      | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9%  |               |                         |
| 17     |   |               |                         |
| Part   | Enter here and go to Part IV  | ••• 17        |                         |
|        |   | 040.00        |                         |
| 18     | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1) filers, see instructions), and go to Part V |               | 0.01                    |
| Part   |   | 10            | 261.                    |
|        |   |               |                         |
| 19     | Medicare tax withheld from Form W-2, box 6. If you have more than one FormW-2, enter the total of the amounts from box 619                | 1 250         |                         |
| 20     |   | <u>1,250.</u> |                         |
|        |   | 9,016.        |                         |
| 21     |   | 1,046.        |                         |
| 22     | Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medica withholding on Medicare wages                     |               | 204.                    |
| 23     | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W 14 (see instructions)                          |               |                         |
| 24     | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amou  |               | <u> </u>                |
| -7     | federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SR  |               |                         |
|        | see instructions)   |               | 204.                    |
| For Pa | newselle Deduction Act Nation and security actives instructions   | 07/24 PRO     | Form <b>8959</b> (2023) |
| -      | perwork reduction Act Notice, see your tax return instructions. BAA REV 03/   | 01/241110     |                         |

8960 Form

Department of the Treasury

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

OMB No. 1545-2227 20

3

Attach to your tax return.

|          | ent of the Treasury Go to www.irs.gov/Form8960 for instructions and the late  | st information.                       |            | A  | ttachment<br>equence No. 72 |
|----------|---|---------------------------------------|------------|----|-----------------------------|
|          | shown on your tax return  |                                       | Your socia |    | curity number or EIN        |
|          | ER KATIYAL & DEBOLINA GANGULY   |                                       | 189-5      |    | •                           |
| Part     |   |                                       | 105 5      |    | 002                         |
| r ar c   | $\Box$ Section 6013(g) election (see instructions)  |                                       |            |    |                             |
|          | $\square$ Regulations section 1.1411-10(g) election (see in   | structions)                           |            |    |                             |
| 1        | Taxable interest (see instructions)   |                                       |            | 1  | 3,783.                      |
| 2        | Ordinary dividends (see instructions)   |                                       |            | 2  | 2,813.                      |
| 3        | Annuities (see instructions)  |                                       |            | 3  | 2,013.                      |
| -<br>4a  | Rental real estate, royalties, partnerships, S corporations, trusts, trades or  |                                       |            | -  |                             |
| _        | businesses, etc. (see instructions)   | <b>4a</b> -24,                        | 433.       |    |                             |
| b        | Adjustment for net income or loss derived in the ordinary course of a non-<br>section 1411 trade or business (see instructions) | 4b                                    |            |    |                             |
| _c       | Combine lines 4a and 4b   |                                       |            | c  | -24,433.                    |
| 5a       | Net gain or loss from disposition of property (see instructions)  | <b>5a</b> -3,                         | 000.       |    |                             |
| b        | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)               | 5b                                    |            |    |                             |
| с        | Adjustment from disposition of partnership interest or S corporation stock (see   |                                       |            |    |                             |
|          | instructions)   | 5c                                    |            |    |                             |
| d        | Combine lines 5a through 5c   |                                       | 5          | id | -3,000.                     |
| 6        | Adjustments to investment income for certain CFCs and PFICs (see instructions)  |                                       |            | 6  |                             |
| 7        | Other modifications to investment income (see instructions)   |                                       |            | 7  | 4.                          |
| 8        | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7  |                                       | 8          | 8  | -20,833.                    |
| Part     |   |                                       |            | _  |                             |
| 9a       | Investment interest expenses (see instructions)   | 9a                                    | _          |    |                             |
| b        | State, local, and foreign income tax (see instructions)   | 9b                                    |            |    |                             |
| C        | Miscellaneous investment expenses (see instructions)  | 9c                                    |            |    |                             |
| d        | Add lines 9a, 9b, and 9c  |                                       |            | d  |                             |
| 10       | Additional modifications (see instructions)   |                                       |            | 0  |                             |
| 11       | Total deductions and modifications. Add lines 9d and 10   |                                       | 1          | 1  |                             |
|          | Tax Computation   |                                       |            |    |                             |
| 12       | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,   | •                                     |            |    | 0                           |
|          | Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:   |                                       | · · []     | 2  | 0.                          |
| 40       |   |                                       | C 0 7      |    |                             |
| 13       | Modified adjusted gross income (see instructions)   |                                       | ,607.      |    |                             |
| 14<br>15 | Threshold based on filing status (see instructions)   | · · · · · · · · · · · · · · · · · · · | ,000.      |    |                             |
| 15<br>16 | Subtract line 14 from line 13. If zero or less, enter -0  |                                       |            | 6  | 0                           |
| 16       | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En   |                                       |            | 6  | 0.                          |
| 17       | on your tax return (see instructions)   |                                       |            | 7  | 0.                          |
|          | Estates and Trusts:   |                                       | · · -      |    | 0.                          |
| 18a      | Net investment income (line 12 above)   | 18a                                   |            |    |                             |
| b        | Deductions for distributions of net investment income and charitable  |                                       |            |    |                             |
|          | deductions (see instructions)   | 18b                                   |            |    |                             |
| С        | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0              | 18c                                   |            |    |                             |
| 19a      | Adjusted gross income (see instructions)  | 19a                                   |            |    |                             |
| b        | Highest tax bracket for estates and trusts for the year (see instructions)  | 19b                                   |            |    |                             |
| С        | Subtract line 19b from line 19a. If zero or less, enter -0  | 19c                                   |            |    |                             |
| 20       | Enter the smaller of line 18c or line 19c   |                                       |            | 20 |                             |
| 21       | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.  |                                       |            |    |                             |
|          | include on your tax return (see instructions)   |                                       |            | 21 |                             |
| For Pa   | perwork Reduction Act Notice, see your tax return instructions.   | REV 03/07/24 PRO                      |            |    | Form 8960 (2023)            |

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

**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.   |