PA-40 - 2023

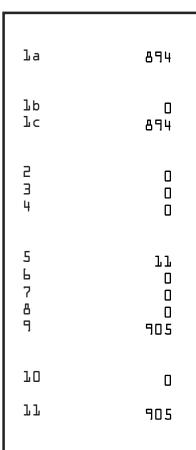
Pennsylvania Income Tax Return

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

				N	Extension.	N	Amended Return.
189597682 035841557	7			N	Residency State	ıs.	
KATIYAL					-		Part-Year Resident
					from		to
ABEER	Occupation	n	TECHNICAL	J	Single, Married	_	=
					Married/Filing	Separately	γ , F inal Return
DEBOLINA	Occupation	n	POSTDOCTOR				
				N	Deceased		
GANGULY							
				N	Taxpayer Date	of Death	
APT 431							
				N	Spouse Date of	Death	
160 CAMBRIDGEPARK DR							
				N	Farmers.		
CAMBRIDGE	MA	02	140		School District	Name NO	T IN PA
206-693-0594		99	999				

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
- 4 Net Income or Loss from the Operation of a Business, Profession or Farm.
- 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J.**
- 8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1555 REV 02/24/24 PRO





N





Social Security Number

189597682 Name(s) ABEER KATIYAL

	39659522			Firm FEII Preparer's			+3171965 D2082703
_	arer's Name and Telephone Number	ΠΡΤΔ	Date 040524	E-File Op	t Out	N	
	Signature	Spouse's Signature,					
-	ature(s). Under penalties of perjury, I (we) decla			_			
36	Refund donation line. Enter the organ				36		
35	Refund donation line. Enter the organ				35		
34	Refund donation line. Enter the organ				34		
33	Refund donation line. Enter the organ				33		
32	Refund donation line. Enter the organ	nization code and don	nation amount. See instru	ections.	32		
30 31	Refund – Amount of Line 29 you was Credit – Amount of Line 29 you wan			REFUND	31 30		0
	The total of Lines 30 through 36 mu	_			7.0		
	the difference here.						_
28 29	TOTAL PAYMENT DUE. See the in OVERPAYMENT. If Line 24 is more		ne 12, Line 25 and Line 2	27, enter	28 29		1
27	Penalties and Interest. See the instruct If including form RE		er Code: , mark the box.	N	27		0
	TAX DUE. If the total of Line 12 and			ence here.	22 5P		1
	USE TAX. Due on internet, mail orde				25		0
24	TOTAL PAYMENTS and CREDIT	S. Add Lines 13, 18,	21, 22 and 23.		24		27
2223	Resident Credit. Submit your PA Scho Total Other Credits. Submit your PA S				23 22		0
							_
20 21	Total Eligibility Income from Section Tax Forgiveness Credit from Section				57 50		0
	Dependents, Section II, Line 2, PA Sc		odulo CD		19b	00	_
19a	Filing Status: 01 Unmarried or S	Separated 02 Ma	arried 03 Deceased		19a	00	
Tax	Forgiveness Credit. Submit PA Sch	edule SP.					
18	Total Estimated Payments and Cred		•		18		0
16 17		PA Schedule(s) NRF	7-1 . (Nonresidents only)	1	16 17		0
15 16	2023 Estimated Installment Payments 2023 Extension Payment.	. KEV-459B include	d.	N	15		0
	Credit from your 2022 PA Income Tay		1		14		0
13	PA Tax Liability. Multiply Line 11 by Total PA Tax Withheld. See the instruc-	_	<i>1)</i> •		73 75		28 27
10	D. W. 1.13. W. F. 11. 411	2.07	- \		17		

1555 REV 02/24/24 PRO

Page 2 of 2



PA SCHEDULE D

Sale, Exchange or Disposition of Property

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

2023

OFFICIAL USE ONLY

	If you need mo	ore space, you m	ay photocopy.		
Name of the taxpayer filing this schedule ABEER KATIYAL				Social Security 189-59-	Number (shown first) -7682
Taxpayer		Spouse	Joint _	\supset	
Important: A taxpayer and spouse must complet 10 of PA Schedule D. However, if all the gains indicate whether the gains and losses included cother spouse's gains. When reporting the sale of sale on their separate PA Schedule D. Read the iproperty, including inherited property. Amounts for carefully the instructions concerning intangible property.	and losses were on the schedule at jointly owned prop nstructions. Ente rom Federal Sche	realized on a joir re from the taxpay perty that is not reper all sales, exchanated adule D may not be	of basis, one schedu er, spouse or joint. Coorted on a joint PAS ges or other dispositive correct for PA inco	le may be complete one spouse may not chedule D, each mu ons of real or persor ome tax purposes. N	ed. Complete the oval to use a loss to reduce the st show their share of the lal tangible and intangible
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (lf a loss, fill in the oval).
1.ROBINHOOD SECURITIES	01/01/23	12/31/23	2,087.	2,003.	LOSS 84.
Interactive Brokers	01/01/23	12/31/23	218.	45.	LOSS 173.
Apex Clearing	01/01/22		1,095.	4,138.	3,043.
ROBINHOOD SECURITIES	01/01/22	12/31/23	4,721.	6,419.	1,698.
Interactive Brokers	01/01/22	12/31/23	9,773.	10,113.	340.
Interactive Brokers	01/01/22		6,916.	4,550.	LOSS 2,366.
					LOSS
Net gain (loss) from above sales				Loss 2.	2,458.
3. Gain from installment sales from PA Schedule D		· · · · · · · · · · <u>· · · · ·</u>		<u></u> 3.	
4. Taxable distributions from C corporations					
	•	usted basis		= 4.	
5. Net gain (loss) from the sale of 6-1-71 property f6. Net PA S corporation and partnership gain (loss)			· · · · · · · · · · · · · · · · · · ·		
Taxable gain from selling a principal residence. Comp		<u> </u>		•	
(a) Address of residence	(b) Date acquire Month/day/ye		(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
Taxable gain from the sale of your principal resider If you realized a gain/loss on the sale of the nonre					
8. Taxable distributions from partnerships from RE\	V-999			8.	
9. Taxable distributions from PA S corporations from					
10. Taxable gain from exchange of insurance contra					
11. Total PA Taxable Gain (Loss). Add Lines 2 throu	ugh 10. Enter on Lin	e 5 of your PA-40. (f a net loss, fill in the or	val) LOSS 11.	2,458.

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Sale, Exchange or Disposition of Property

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

2023

OFFICIAL USE ONLY

	If you need me	ore space, you ma	ay photocopy.		
Name of the taxpayer filing this schedule DEBOLINA GANGULY				Social Security	Number (shown first) - 7682
Taxpayer		Spouse (Joint		
Important: A taxpayer and spouse must comple 10 of PA Schedule D. However, if all the gains indicate whether the gains and losses included other spouse's gains. When reporting the sale of sale on their separate PA Schedule D. Read the property, including inherited property. Amounts carefully the instructions concerning intangible p	te separate sched and losses were on the schedule a f jointly owned prop instructions. Ente from Federal Sche	ules to report their realized on a joir re from the taxpay perty that is not reper all sales, exchanedule D may not be	gains or losses or if a th basis, one schedul er, spouse or joint. Coorted on a joint PA So ges or other dispositive correct for PA inco	any amounts are reple may be completed in spouse may not chedule D, each muchs of real or person me tax purposes. N	ed. Complete the oval to use a loss to reduce the st show their share of the hal tangible and intangible
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (lf a loss, fill in the oval).
1.ROBINHOOD SECURITIES	01/01/22	12/31/23	1,011.	1,000.	LOSS 11.
			,	,	LOSS
					LOSS
Net gain (loss) from above sales				LOSS 2.	11.
Gain from installment sales from PA Schedule E)-1			3.	
Taxable distributions from C corporations		distribution		<u> </u>	
		usted basis		= 4.	
5. Net gain (loss) from the sale of 6-1-71 property	-			1,000	
6. Net PA S corporation and partnership gain (loss) from your PA Sche	dule(s) RK-1 or NRI	ζ-1	LOSS 6.	
Taxable gain from selling a principal residence. Com	plete and submit PA	Schedule 19. Compl	ete Columns (a) through	(e) and enter your total	gain on Line 7.
(a) Address of	(b) Date acquire	(c) ed: Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of	(f) Gain or loss:
residence	Month/day/ye		less expenses of sale	the property sold	(d) minus (e)
 Taxable gain from the sale of your principal reside If you realized a gain/loss on the sale of the nonre 					
8. Taxable distributions from partnerships from RE	:V-999	<u></u>	<u></u>	8.	
9. Taxable distributions from PAS corporations fro					
10. Taxable gain from exchange of insurance contra	acts			10.	
11. Total PA Taxable Gain (Loss). Add Lines 2 thro	ugh 10. Enter on Lir	e 5 of your PA-40. (f a net loss, fill in the ov	/al) Loss 11.	11.

1555 REV 02/24/24 PRO



PA SCHEDULE E

Rents and Royalty Income (Loss)

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

2023

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		he taxpayer filing this schedule R KATIYAL				8 9 – 5 9 –	umber (shown -7682	first) or EIN
		icense Number (if applicable). See the instructions.	Are rental	navmanta ma	l.			Voc No
See th	e ir	nstructions. Report the income and expenses for the use of your pers s and other minerals from your property, and the use of your patent minerals from your property or producing products from your patents	sonal property by ts and copyrigh	y others. Al	lf you are in t	income you	received for th	he extraction
SE	CTI	ON I PROPERTY DESCRIPTION						
Enter th	e typ	pe and complete address of each rental real estate property, and/or each source of roy	alty income. If more	e than three p	roperties, submit	additional sche	dules as needed	i.
Ту	/pe	Description of Property For Profit Prope	rty Com	nplete Add	ress (street, ci	ty, state and	ZIP code)	
		YES 👝	7W9F+JJ	8, SE	RNABAT	IM		
A .	3	7W9F+JJ8, SERNABATIM NO 🕳	BENAULI	M, GC	A, 403	716,	India	
В		YES 🗀		•	•	· ·		
٦		NO 👝						
С		YES 🗀						
		NO 🔘						
		•		Self-rental Other, desc	cribe:			
SE	SII	INCOME & EXPENSES	Donasata		D	- D	D	
		a. Identify the group of from Costian Land indicate group and in /T/C//)	Property		Proper	•	Prope	
		a: Identify the property from Section I and indicate ownership (T/S/J)	T S		O T O	S O J	OT C	S O J
		b: Is the property rental location in PA?	YES	NO NO	YES	O NO	YES	O NO
		c: Is the property rented for any period less than 30 days?	YES	NO 1 7 5 0	YES	O NO	YES	O NO
ncom	e:	1. Rent received 1.	-	1 , 752				
		2. Royalties received						
Expen	ses	: 3. Advertising						
		4. Automobile and travel		2 0 6 4				
		5. Cleaning and maintenance		2,964				
		6. Commissions						
		7. Insurance 7.						
		8. Legal and professional fees		4 510				
		9. Management fees 9.		4,510				
		10. Mortgage interest						
		11. Other interest		- 410				
		12. Repairs		5,410				
		13. Supplies	4	4 , 360				
		14. Taxes - not based on net income		2 505				
		15. Utilities		2,595				
		16. Depreciation expense - See the instructions	(6 , 346				
		17. Other expenses (itemize):						
		18. Total Expenses - Add Lines 3 through 17 18.	26	6 , 185				
Incom	-	19. Income – Subtract Line 18 from Line 1 or 2						
or Los	ss:	20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) 20.		0				
		21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the ins	structions	(fill in the	oval, if a net los	s) 21.		
		22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the	e instructions	(fill in the	oval, if a net los	s) 22.		C
		Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1.		(fill in the	oval, if a net los	s) 23.		
		24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more the	an one schedule,	•		,		
		total all Line 22 and 23 amounts and include on Line 6 of your PA-40.		(fill in the 2/24/24 PRO	oval, if a net los	s) 24.		0
								1555





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

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

Declaration Control Number/Submission ID		
Primary Taxpayer's Name ABEER KATIYAL	Social Security Number 189-59-7682	
Secondary Taxpayer's Name DEBOLINA GANGULY	Social Security Number 035-84-1557	
SECTION I TAX RETURN INFORMATION – TAX YEAR B	ENDING DEC. 31, 2023 (whole dollars only)	
1. Adjusted PA taxable income (Form PA-40, Line 11)	11	905
2. PA tax liability (Form PA-40, Line 12)	2. <u>_</u>	28
3. Total PA tax withheld (Form PA-40, Line 13)	3	27
4. Amount to be refunded (Form PA-40, Line 30)	4	
5. Total payment (tax due) (Form PA-40, Line 28)	5	1
SECTION II DECLARATION AND SIGNATURE AUTHOR	IZATION OF TAXPAYER	
agents to initiate an electronic funds withdrawal (direct debit) entry to my d institution to debit the entry to my account and the financial institutions invol information necessary to answer inquiries and resolve issues related to pay the United States or one of its territories. I have selected a personal iden applicable, my electronic funds withdrawal consent. PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) NOTE: (X) I authorize GLOBAL TAXES LLC to electronically filed income tax return.	lived in the processing of my electronic payment of ment. I certify the funds for this withdraw are origin tification number as my signature for my electron. Mark one oval only. enter my PIN	taxes to receive confidential ating from an account within iic income tax return and, if
I will enter my PIN as my signature on my tax year 2023 electronicall	y filed income tax return.	
Signature		Date
SECONDARY TAXPAYER'S PIN Mark one oval only. (X) I authorize GLOBAL TAXES LLC to electronically filed income tax return. I will enter my PIN as my signature on my tax year 2023 electronically	enter my PIN $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	ature on my tax year 2023
Signature		Date
SECTION III CERTIFICATION AND AUTHENTICATION –	PRACTITIONER PIN PROGRAM PARTICIPAN	NTS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-se	elected PIN222496_/_08271	
As a participant in the Practitioner PIN Program, I certify the above numeric income tax return for the taxpayer(s) indicated above. I confirm I am particestablished for this program.		
ERO's Signature		Date

The ERO must retain this form and supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

2023

Keep for your records Line 1a Name Social Security Number ABEER KATIYAL 189-59-7682 Federal Forms W-2 Federal # TS Pennsylvania ST Ν Employer ID of Ν R Name (state) wages W2 Τ Н compensation from box 1 from box 16 (See Tax Help) Т Pennsylvania Χ В Employer (state) identification income tax Medicare L tax withheld number from wages box B from box 5 from box 17 207,398. SALESFORCE, INC. 207,398. X MA 94-3320693 222,670. 0. UT SOUTHWESTERN MEDICAL CENTER 4,905. TX75-6002868 0. DANA FARBER CANCER INSTITUTE 3 Χ S 56**,**346. 56,346. MΑ 04-2263040 56**,**346. 0. **Spouse Taxpayer** Pennsylvania W-2........ 0. Pennsylvania W-2 to Schedule NRH, line 9. Federal Form 4137, Unreported Tips, line 6 Noncash tips....... Non-Pennsylvania W-2 to Schedule SP, line 6 207,398. Withholding Federal Forms W-2: Local Tax TS Local wages, ST # Locality name Local income Employer of identification tips, etc. ID tax W2 number from (local) (local) from box 18 from box 19 box B **Taxpayer Spouse** Federal Form 4137, Unreported Tips, line 6 Withholding **Excess Reimbursements** T/S Description Employer's EIN Amount

Taxpayer

Spouse

ABEER KATIYAL 189-59-7682 Page 2

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

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

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

Executor fee

В Jury duty pay

CD Director's fee

Expert witness fee

Ε Honorarium

Covenant not to compete

Damages or settlement for lost wages, other than personal injury

H Other nonemployee compensation.

Describe: NONEMPLOYEE COMPENSATION INCOME

Employer sponsored retirement/pension/deferred compensation plan ı Distribution from IRA (Traditional or Roth)

Distribution from Life Insurance, Annuity or Endowment Contracts

Distribution from Charitable Gift Annuities

Distribution from Employee Stock Ownership Plan. Describe:

Fiduciary fees from a trust

Other income not listed above

Describe:

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC	0.	894.
Withholding		27.

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
	04-3523567							
X	NATIONAL FINAN	S	2_	J2	4,106.			
	04-3523567							
X	NATIONAL FINAN	<u>T</u>	<u>2</u>	<u>J2</u>	43,390.			
	04-6568107							
X	FIDELITY INVES	<u>T</u>	<u>G</u> _	<u> 112</u>	2,548.			
	04-6568107							
X	FIDELITY INVES	<u>T</u>	<u>G</u> _	<u>I12</u>	44,405.			

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

Pennsylvania Distribution type:

N No entry

I31 PA school, state, or municipal employee plan

111 United Mine Workers pension

I32 Military pension

133 U.S. Civil service retirement/disability/annuity

Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)

Early distribution from a retirement plan

I12 Rollover

113 I'm eligible; plan is eligible (no PA tax)

- 122 I'm not eligible yet; plan is eligible in PA
- Traditional or Roth IRA; I'm over 59.5 J1
- J2 Traditional or Roth IRA; I'm under 59.5
- K2 Non-qualified deferred compensation plan Life insurance or endowment

K3

Distribution from Charitable Gift Annuities

ESOP: Allocated ESOP Stock Dividend M1

ESOP: Non-Allocated ESOP Stock Dividend KSOP: Taxable ESOP within a 401(k) **M2**

М3

KSOP: Nontaxable ESOP within a 401(k)

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

Total Gross Compensation

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

Total gross compensation to Form PA-40 line 1a	894.
--	------

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

			▼ DLTAG	IIILINL \			
2024 Form 1-ES							REV 03/05/24 PRO
Estimated Tax Payı	ment Voucher						
Social Security number	Tax	filing period	Due date	Tax type	Voucher type	ID type	Vendor code
189597682	12,	/31/2024	04/17/2024	053	17	005	1555
Last name (print)	First name an	d initial (and spo	use's, if joint return)				
ABEER KATIYAL & DEBOLINA GANGULY			1. Amount due with this installment (from line 12 of worksheet)				
Street address				Form you plan to file:			
160 CAMBRIDGEP	ARK DR Apt :	No 431		Form 1, Full-Year R	lesident	1-NR/PY, Nonresident/	Part-Year Resident
City/Town	State	2	Zip		•		onwealth of Massachusetts.
CAMBRIDGE	MA	(2140	Mail to Massachuset	ts Department of Ro	evenue, PO Box 41954	0, Boston, MA 02241-9540.
E-mail address		Phone num	ber	, ,	. ,	nent online. It's fast, eas	sy and secure.
ABEERKATIYAL92	@GMATICOM	206-69	3-0594	Go to mass.gov/mass	staxconnect for more	information.	





			▼ DETACE	1 NEKE ▼			
2024 Form 1-ES							REV 03/05/24 PRO
Estimated Tax Payı	ment Voucher						
Social Security number	Tax fi	ling period	Due date	Tax type	Voucher type	ID type	Vendor code
189597682	12/	31/2024	06/17/2024	053	17	005	1555
Last name (print)	First name and	d initial (and spo	use's, if joint return)				
ABEER KATIYAL & DEBOLINA GANGULY			1. Amount due with this installment (from line 12 of worksheet)				
Street address				Form you plan to file:			
160 CAMBRIDGEP	ARK DR Apt N	To 431		Form 1, Full-Year Re	esident	1-NR/PY, Nonresident/	Part-Year Resident
City/Town	State	Ž	Zip	Return this voucher with check or money order payable to Commonwealth of Massachusett			
CAMBRIDGE	MA	C	2140	Mail to Massachusett	s Department of Re	venue, PO Box 41954), Boston, MA 02241-9540.
E-mail address		Phone num	ber			ent online. It's fast, eas	sy and secure.
ABEERKATIYAL92	@GMAIL.COM	206-69	3-0594	Go to mass.gov/mass	taxconnect for more	information.	





			▼ DETACE	THERE \			
2024 Form 1-ES							REV 03/05/24 PRO
Estimated Tax Payn	nent Voucher						
Social Security number	Tax fi	ling period	Due date	Tax type	Voucher type	ID type	Vendor code
189597682	12/	31/2024	09/16/2024	053	17	005	1555
Last name (print)	First name and	d initial (and spo	use's, if joint return)				
ABEER KATIYAL & DEBOLINA GANGULY			1. Amount due with this	installment (from line	12 of worksheet)	401.00	
Street address				Form you plan to file:			
160 CAMBRIDGEPA	ARK DR Apt N	To 431		Form 1, Full-Year Re	esident	1-NR/PY, Nonresident/F	Part-Year Resident
City/Town	State	Ž	Zip				nwealth of Massachusetts.
CAMBRIDGE	MA	C	2140	Mail to Massachusett	s Department of Re	venue, PO Box 419540), Boston, MA 02241-9540.
E-mail address		Phone num	ber			nent online. It's fast, eas	sy and secure.
ABEERKATIYAL920	GMAIL.COM	206-69	3-0594	Go to mass.gov/mass	taxconnect for more	information.	





			▼ DETACE	THERE \			
2024 Form 1-ES							REV 03/05/24 PRO
Estimated Tax Payı	ment Voucher						
Social Security number	Tax f	iling period	Due date	Tax type	Voucher type	ID type	Vendor code
189597682	12/	/31/2024	01/15/2025	053	17	005	1555
Last name (print)	First name and	d initial (and spo	use's, if joint return)				
ABEER KATIYAL & DEBOLINA GANGULY			1. Amount due with this	installment (from line 1	2 of worksheet)	401.00	
Street address				Form you plan to file:			
160 CAMBRIDGEP	ARK DR Apt 1	No 431		X Form 1, Full-Year Re	esident Form 1	I-NR/PY, Nonresident/	Part-Year Resident
City/Town	State	Z	Zip	Return this voucher with check or money order payable to Commonwealth of Massachusett			
CAMBRIDGE	MA	C	2140	Mail to Massachusett	s Department of Rev	enue, PO Box 41954	0, Boston, MA 02241-9540.
E-mail address		Phone num	ber	Important: Make you			sy and secure.
ABEERKATIYAL92	@GMAIL.COM	206-69	3-0594	Go to mass.gov/mass	taxconnect for more i	nformation.	







Your signature

Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Spouse's signature

Date

Please print or type. Privacy Act Notice available upon i	request. For	the year January	1-December 31, 2023.		
Your first name and initial		name	Your Social Security number		
ABEER KATIYAL		189597682			
If a joint return, spouse's first name and initial	Last name Spouse's Social Security nu			ımber	
DEBOLINA GANGULY			035841557		
Present street address (and apartment number)					
160 CAMBRIDGEPARK DR APT NO 431					
City/Town/Post Office	State	Zip	Filing status: O Single	Married filing jointly	
CAMBRIDGE	MA	02140	Married filing separately	O Head of household	
 Income tax after credits (from Form 1, line 32, or Form Massachusetts use tax (from Form 1, line 34, or Form Massachusetts income tax withheld (from Form 1, line Refund amount (from Form 1, line 53, or Form 1-NR/P Tax due (from Form 1, line 54, or Form 1-NR/PY, line 5 	1-NR/PY, line 38, or Form Y, line 57)	e 38)		14674 13071 1603	
Part 2. Declaration and Signature of Ta Under pains and penalties of perjury, I declare that I have re Return Originator and that the amounts above agree with the this information is true, correct and complete. I consent that sent to the Massachusetts Department of Revenue by my E the transmitter when my electronic return has been accepted the return can be corrected and re-transmitted. If I have filed my tax liability, I will remain liable for the tax liability and all a	eviewed the in the amounts s my return, in Electronic Ret d. In the ever d a balance d	hown on my 2023 ncluding this decla curn Originator. I an nt that it is rejected ue return, I unders	Massachusetts return. To the best of my k ration and accompanying schedules, form uthorize DOR to inform my Electronic Retu d, I authorize DOR to identify the reasons to stand that if DOR does not receive full and	nowledge and belief s and statements be irn Originator and/or for rejection so that	

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

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

Date

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if
		04052024	843171	1965	self-employed
Firm name (or yours, if self-employed	d) and address	City/Town	State	Zip	O Fill in if also
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer

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

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

Paid preparer's signature and SSN or PTIN	Date	EIN		O Fill in if
P02082703	04052024	843171	L965	self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT	E BRUNSWICK	NJ	08816	

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

MASSACHUSETTS DEPARTMENT OF REVENUE
PO BOX 419540
BOSTON, MA 02241-9540

DETACH HERE

2023 Form PV

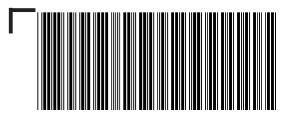
Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy) Tax type	e Voucher type	Voucher type ID type		Vendor code		
12/31/2023 053	01	005	1555			
Name of taxpayer	Social Security n	umber	Amount en	closed		
ABEER KATIYAL	189597682		\$	1,603.00		
Name of taxpayer's spouse	Social Security n	umber of taxpayer's	spouse			
DEBOLINA GANGULY	035841557					
Street address	City/Town		State	Zip		
160 CAMBRIDGEPARK DR APT NO 4	31 CAMBRIDGE		MA	02140		
Phone	E-mail		Fill in if nan	ne/address changed since 2022		
206-693-0594	ABEERKATIY	AL92@GMAIL.	COM \square			

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









2023 Form 1

MA23001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

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

ABEER KATIYAL DEBOLINA GANGULY

160 CAMBRIDGEPARK DR CAMBRIDGE MA 02140

431

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

Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: \$1 You \$1 Spouse TOTAL

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula
You Spouse
Taxpayer deceased
You Spouse
Fill in if under age 18
Fill in if name change
You Spouse
Fill in if name change

a. Total federal income 310040 Fill in if noncustodial parent
b. Federal adjusted gross income 310040 Fill in if filing Schedule TDS

1. Filing status (select one only): Single Fill in if filing Schedule FCI

X Married filing jointly Fill in if reporting crypto currency

Married filing separate return NRA

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

189597682

035841557

2. Exemptions

a. Personal exemptions 2a 8800

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

c. Age 65 or over before 2024 You + Spouse =

d. Blindness You + Spouse =

e. Medical/dental

f. Adoption

Spouse =

Spous

. Adoption

g. Total exemptions. Add items 2a through 2f. Enter here and on line 18 2g 8800 SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

206-693-0594

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





2023 Form 1, pg. 2

MA23001021555 Massachusetts Resident Income Tax Return 189597682

Wages, salaries, tips	3	268649
Taxable pensions and annuities	4	
Mass. bank interest: a. 3116 -b. exemption 20) () = 5	2916
Business/profession income/loss	6a	
Farming income/loss	6b	
Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
Unemployment	8a	
Mass. lottery winnings	8b	
Other income from Schedule X, line 7	9	37795
TOTAL 5.0% INCOME	10	309360
Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirem	ent 11b	2000
Reserved for future use	12	
Reserved for future use	13	
D	2.44	4000
31000	, =	4000
,	**	0000
· ·	• •	8000
5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less		
		301360
Exemption amount	18	8800
Exemption amount 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less	18 than "0" 19	8800 292560
Exemption amount 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less INTEREST AND DIVIDEND INCOME	18 than "0" 19 20	8800 292560 1480
Exemption amount 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	18 ihan "0" 19 20 21	8800 292560
Exemption amount 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20 TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in an	18 than "0" 19 20 21 and multiply line 21 and the	8800 292560 1480 294040
Exemption amount 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20 TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in an amount in Schedule D, line 21 by .0585	18 ihan "0" 19 20 21	8800 292560 1480
Exemption amount 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20 TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in an amount in Schedule D, line 21 by .0585 INCOME FROM SCHEDULE B. Not less than "0."	18 than "0" 19 20 21 and multiply line 21 and the	8800 292560 1480 294040
Exemption amount 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20 TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in ar amount in Schedule D, line 21 by .0585 INCOME FROM SCHEDULE B. Not less than "0." a. × .085 = 23a	18 than "0" 19 20 21 and multiply line 21 and the	8800 292560 1480 294040
Exemption amount 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20 TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in an amount in Schedule D, line 21 by .0585 INCOME FROM SCHEDULE B. Not less than "0."	18 than "0" 19 20 21 and multiply line 21 and the	8800 292560 1480 294040
	Taxable pensions and annuities Mass. bank interest: a. 3116 -b. exemption 20 Business/profession income/loss Farming income/loss Rental, royalty and REMIC, partnership, S corp., trust income/loss Unemployment Mass. lottery winnings Other income from Schedule X, line 7 TOTAL 5.0% INCOME Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement Reserved for future use Reserved for future use Rental deduction. a. 31860 Other deductions from Schedule Y, line 19 Total deductions. Add lines 11 through 15	Taxable pensions and annuities Mass. bank interest: a. 3116 -b. exemption 200 =5 Business/profession income/loss Business/profession income/loss 6a Farming income/loss 6b Rental, royalty and REMIC, partnership, S corp., trust income/loss 7 Unemployment 8a Mass. lottery winnings 8b Other income from Schedule X, line 7 7 TOTAL 5.0% INCOME 10 Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement 11a Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement 11b Reserved for future use 12 Reserved for future use 13 Rental deduction. a. 31860 \$\displays{2} = 14 Other deductions from Schedule Y, line 19 Total deductions. Add lines 11 through 15

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

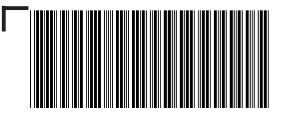




2023 Form 1, pg. 3

MA23001031555 Massachusetts Resident Income Tax Return 189597682

24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if fi	iling Schedule D-IS		24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 of	or 24			
25.	Credit recapture amount (from Credit Recapture Schedule)			25	
26.	Additional tax on installment sale			26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28				
28.	TOTAL INCOME TAX.				
	a. Income tax. Add lines 22 through 26	28a	14702		
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b			
	c. Total tax. Add lines 28a and 28b			28	14702
29.	Limited Income Credit			29	
30.	Income tax due to another state or jurisdiction			30	28
31.	Other credits from Credit Manager Schedule			31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through	n 31 from line 28. Not	less than "0"	32	14674
33.	Voluntary Contributions				
	a. Endangered Wildlife Conservation			33a	
	b. Organ Transplant Fund			33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund			33c	
	d. Massachusetts U.S. Olympic Fund			33d	
	e. Massachusetts Military Family Relief Fund			33e	
	f. Homeless Animal Prevention and Care			33f	
	Total. Add lines 33a through 33f			33	
34.	Use tax due on Internet, mail order and other out-of-state purchases			34	
35.	Health care penalty a. You + b. Spouse			35	
36.	Amended return only. Overpayment from original return			36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE	TAX. Add lines 32 thr	ough 36	37	14674
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	13071		
	b. Massachusetts income tax withheld from Form(s) 1099	38b			
	c. Massachusetts income tax withheld from other forms	38c			
	Total. Add lines 38a through 38c			38	13071





2023 Form 1, pg. 4 MA23001041555

MA23001041555 Massachusetts Resident Income Tax Return 189597682

39.	2022 overpayment applied to your 2023 estimated to	tax		39	
40.	2023 Massachusetts estimated tax payments			40	
41.	Payments made with extension			41	
42.	Amended return only. Payments made with original	al return. Not less than "0"		42	
43.	Earned Income Credit. a. Number of qualifying child	dren b. Amount from U.S. re	turn	$\times .40 = 43$	
	Note: You cannot claim the Earned Income Credit is	f your filing status is married filing	separately unless yo	ou qualify	
	for an exception (see instructions). Fill in if you qual	lify for this exception			
44.	Senior Circuit Breaker Credit			44	
45.	Reserved for future use			45	
46.	Child and Family Tax Credit				
	a.			× \$310 = 46	
47.	Other Refundable Credits			47	
48.	Total Refundable Credits. Add lines 43 through 47	7		48	
49.	Excess Paid Family Leave Withholding			49	
50.	TOTAL. Add lines 38 through 42 and lines 48 and 4	19		50	13071
51.	Overpayment. Subtract line 37 from line 50			51	10071
52.	Amount of overpayment you want applied to your	2024 estimated tax		52	
53.	Refund. Subtract line 52 from line 51. Mail to: Mass	sachusetts DOR, PO Box 7000, Bo	oston, MA 02204	53	
	Direct deposit of refund. Type of account	checking			
	The state of the s	savings			
	RTN # account #	- In the second			
54.	Tax due. Pay online at www.mass.gov/dor/payor	alina Mail to: Mass DOP PO Roy	7003 Roston MA	02204 54	1603
J . .	Interest Penalty	M-2210 amt.	(7003, Dosion, MA	02204 34	EX enclose
	Therest Fenalty	W-22 TO attit.			Form M-2210
May t	ne Department of Revenue discuss this return with the	he preparer shown here?			
	ot want preparer to file my return electronically		(this may delay you	,	Paid preparer's
	paid preparer's name		Date	Check if self-employed	
SYA	M PRIYA RAM SAGAR GUPTA		04052024		P02082703
Paid p	oreparer's signature		Paid preparer's pho		Paid preparer's EIN
			678-965-9	9522	84-3171965

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

SYAM PRIYA RAM SAGAR GUPTA





2023 Schedule X MA23SXX011555

ABEER KATIYAL 189597682

Schedule X. Other Income

1.	Alimony received	1	
2.	Taxable IRA/Keogh and Roth IRA conversion distributions	2	36890
3.	Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law	3	
4.	Fees and other 5.0% income. Not less than "0"	4	905
5.	PFML taxable distributions	5	
6.	Excess business loss adjustment	6	
7.	Total other 5.0% income. Add lines 1 through 6. Not less than "0"	7	37795





189597682

Total tax due before credits,

W-2 withholding and payments

2023 Schedule OJC

MA23655011555 Income Tax Paid to Other Jurisdictions

ABEER KATIYAL

Two-letter state or

jurisdiction Amount of income on postal code which you paid taxes

PA 894 28

04/05/2024 02:16 AM

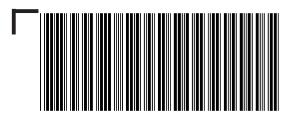
REV 03/05/24 PRO





2023 Schedule B MA23010011555

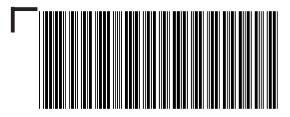
AF	BEER	KATIYAL	189597682		
Part	1. Interest and Dividend Inc	ome			
1.	Total interest income			1	3783
2.	Total ordinary dividends			2	2813
3.	Other interest and dividends not inc	cluded above		3	
4.	Total interest and dividends			4	6596
5.	Total interest from Massachusetts b	anks		5	3116
6a.	Other interest and dividends to be	excluded		6a	
6b.	Part-year/Nonresidents only			6b	
7.	Subtotal			7	3480
8.	Allowable deductions from your trace	le or business		8	
9.	Subtotal			9	3480
Part	2. Short-Term Capital Gains	e/Losses and Long-Torm	Gains on Collectibles		
10.	Massachusetts short-term capital g	_	dailis on collectibles	10	257
11.	Massachusetts long-term capital ga		26 installment sales	11	251
12.		•	ion of property used in a trade or business		
12.	held for one year or less	onange of involuntary convers	ion of property adda in a trade of business.	12	
13a.	Add lines 10 through 12			13a	257
13b.	Part-year/Nonresidents only			13b	
13c.	Subtract line 13b from line 13a. No	less than 0		13c	257
14.	Allowable deductions from your trace	le or business		14	
15.	Subtotal			15	257
16.	Massachusetts short-term capital lo	osses		16	
17.	Massachusetts loss on the sale, ex	change or involuntary conversi	on of property used in a trade or business a	and	
	held for one year or less			17	
18.	Prior short-term unused losses for	ears beginning after 1981		18	





2023 Schedule B, pg. 2 189597682 MA23010021555

19a.	Combine lines 15 through 18	19a	257
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	257
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2024	23	
24.	Short-term gains and long-term gains on collectibles	24	257
25.	Long-term losses applied against short-term gain	25	257
26.	Subtotal	26	
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	
	3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gain		0.4.0.0
29.	Enter the amount from line 9	29	3480
30.	Short-term losses applied against interest and dividends	30	0.4.0.0
31.	Subtotal interest and dividends	31	3480
32.	Long-term losses applied against interest and dividends	32	2000
33.	Adjusted interest and dividends	33	1480
34.	Enter the amount from line 28	34	
35.	Adjusted gross interest, dividends and certain capital gains	35	1480
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	1480
38.	Interest and dividends taxable at 5.0%	38	1 1 0 0
			1480
39. 40.	Total taxable 8.5% and 12% capital gains Available short-term losses for carryover in 2024	39 40	1480



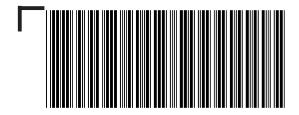


2023 Schedule D

MA23012011555 Long-Term Capital Gains and Losses Excluding Collectibles

ABEER KATIYAL 189597682

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





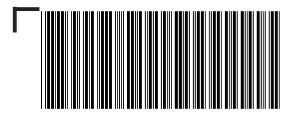
2023 Schedule INC MA23INC011555

ABEER KATIYAL 189597682

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
943320693	10345	207398	13365		W2
042263040	2726	56346		4310	W2
043523567		4106			1099R
043523567		43390			1099R
046568107		8			1099R

TOTALS 13071 311248 13365 4310





2023 Schedule HC

MA23029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ABEER KATIYAL 189597682

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

Federal adjusted gross income
 310040

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

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

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

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

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

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

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

AETNA 066033492 264459123

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

HPHC INSURANCE COMPANY 043149694 HP613241900

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

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





2023 Schedule HC, pg. 2 189597682 MA23029021555

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

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

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

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

Your Health Insurance

- 6 Yes X No If you answer Yes, you are not subject to a penalty in 2023. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2023, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.
 - 7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2023. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

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

Months Covered By Health Insurance

You: .lan March April May June Aug. Sept. Oct. Nov Dec. Spouse: Jan. X Feb. X March X April X May X June X July X Aug. X Sept. X Oct. X Nov. X Dec. If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2023. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

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

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





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Affordability as Determined By State Guidelines

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

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?10 You Yes NoSpouse Yes No

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

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC
11 You
Yes
No
Worksheet for Line 11 in the instructions?
Spouse
Yes
No

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

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?

Spouse Yes No

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

Complete Only If You Are Filing An Appeal

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

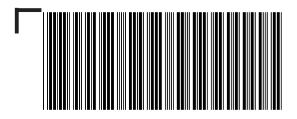
You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2023 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

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

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

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





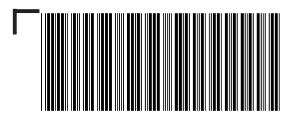
2023 Schedule E MA23013041555

ABEER KATIYAL 189597682

Income or Loss from Real Estate and Royalties

Income 1. Rents received

11100	71110		
1.	Rents received	1	1752
	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	2964
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	4510
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	5410
13.	Supplies	13	4360
14.	Taxes	14	
15.	Utilities	15	2595
16.	Other expenses	16	
17.	Add lines 3 through 16	17	19839
18.	Depreciation expense or depletion	18	6346
19.	Total expenses. Add lines 17 and 18	19	26185
20.	Income or loss from rental real estate or royalty properties	20	-24433
21.	Deductible rental real estate loss	21	
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24.	Rental real estate and royalty income or loss	24	

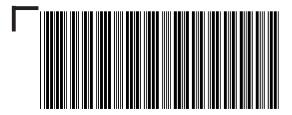




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Inco	ome or Loss from Partnerships and S Corporations	
25.		25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
_	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
49.	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53.	Combine lines 51 and 52	53



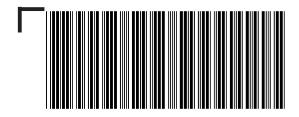


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Farm Income

_	Net farm rental income or loss	54
55.	Income or loss. Combine lines 24, 35, 49, 53 and 54	55
56.	Massachusetts differences Enclose statements	56
57.	Abandoned building renovation deduction	57
58.	Total income or loss. Combine lines 55 through 57	58





2023 Schedule E-1 MA23013011555

ABEER KATIYAL 189597682

7W9F+JJ8, SERNABATIM

7W9F+JJ8, SERNABATIM BENAULIM

Check one: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1	1752
2.	Royalties received	2	
Exp	enses		
-	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	2964
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	4510
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	5410
13.	Supplies	13	4360
14.	Taxes	14	
15.	Utilities	15	2595
16.	Other expenses	16	
17.	Add lines 3 through 16	17	19839
18.	Depreciation expense or depletion	18	6346
19.	Total expenses. Add lines 17 and 18	19	26185
20.	Income or loss from rental real estate or royalty properties	20	-24433
21.	Deductible rental real estate loss	21	
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	
24.	Rental real estate and royalty income or loss	24	
25.	Check if this rental property was used by you or your family for more than 14 days or more than		
	10 percent of the total number of days that the property was rented at fair market value		