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

For the year Jar	1. 1–Dec	2. 31, 2023, or other tax year beginning		, 2023, 6	ending			, 20	s	See ser	oarate ins	tructions.
Your first name	and m	iddle initial	Last na	 ame	_				Y	our so	cial secur	ity number
RAHUL	and m	ada mila	BOP								55   6	-
	nouse's	s first name and middle initial	Last na									curity number
NIDHI	p 0 0 0 0		SAXI							-	48   3	-
	(numbe	er and street). If you have a P.O. box, see						.pt. no.				ion Campaign
		• •	motract					.067	1		nual Elect nere if you	
		NFIELD RD ce. If you have a foreign address, also co	nmolete	snaces helow	Sta	ate	ZIP co				-	ntly, want \$3
GILBERT	000 0111	oo. If you have a foreign address, also so	Simploto	opacco bolowi	A		852					Checking a
Foreign countr	v name			Foreign province/sta				n postal co			ow will no or refund	•
r oreigir counti	y Harric			Torcigit province/sta	to, court	ity	l oroig	jii postai et	ouc y	our tax	You	Spouse
Filing Status	, [	Single				Head of he	ouseh	old (HOH	—- ∃)			
Check only		Married filing jointly (even if only o	ne had	income)				•				
one box.		Married filing separately (MFS)				☐ Qualifying	surviv	ing spou	ıse (Q	SS)		
0.10 2071	lf y	you checked the MFS box, enter the	name	of your spouse. If y	ou ch					•	ld's name	e if the
		alifying person is a child but not you		ndont:								
Distribut	Λ+ or	ny time during 2023, did you: (a) rec	oivo (oc									
Digital Assets		ange, or otherwise dispose of a dig									☐Yes	⊠ No
Standard		eone can claim: You as a de				a dependent				<u>*</u>		
Deduction	_	Spouse itemizes on a separate retur										
		·		_						1050		
		Were born before January 2, 1	959	Are blind S	pouse	e:					∐ ls b	
Dependent				(2) Social secu number	rity	(3) Relationsh	iip   (4	Child ta Child ta				e instructions): ther dependents
If more		irst name Last name				to you	_			ait.	Credit for 0	
than four dependents,	<u>AR1</u>	NIT BOPCHE		362-53-59	145	Son	_	<u> </u>	<u>×</u>			
see instruction	s —						_	L	_			
and check	1 —						_	L	╬			
here L	4 -	Tatal are suit from Faver(a) W/ O h						L		140		<u> </u>
Income	1a	Total amount from Form(s) W-2, b	,	•						1a		00,333.
Attach Form(s)	b	Household employee wages not re		` '						1b		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•	•						1c		
W-2G and	d	Medicaid waiver payments not rep		.,,	e instri	uctions)				1d		
1099-R if tax	e	Taxable dependent care benefits f								1e		
was withheld.	f	Employer-provided adoption bene	etits troi	m Form 8839, line :	29 .					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g		
W-2, see	h	Other earned income (see instruct	,				· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)		<u>li</u>						CO ESE
	<u>z</u>	Add lines 1a through 1h	. i	· · · · · i						1z	_	60,535.
Attach Sch. B	2a	'	2a			axable interest				2b	_	
if required.	<u>3a</u>		3a			Ordinary divider				3b	+	
Standard	4a	<u> </u>	4a			axable amoun				4b	+	
Deduction for—	5a	<del>-</del>	5a			axable amoun				5b	_	
Single or Married filing	6a	,	6a			axable amoun	t			6b	_	
separately,	С	If you elect to use the lump-sum e			,				. 📙			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•					. Ц	7		
jointly or	8	Additional income from Schedule								8		11,575.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		=	incom	e				9	1	48,960.
\$27,700 Head of	10	Adjustments to income from Sche								10	1	
household,	11	Subtract line 10 from line 9. This is	•	•						11		48,960.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedu	ıle A)					12		27 <b>,</b> 700.
any box under Standard	13	Qualified business income deduct	ion fror	n Form 8995 or Fo	rm 899	95-A				13		
Deduction,	14									14		27 <b>,</b> 700.
see instructions.	15	Subtract line 14 from line 11. If zer								15		21 260

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌 _		. 16	2,128.
Credits	17	Amount from Schedule 2, lin	e3				<del></del> .	. 17	
	18	Add lines 16 and 17						. 18	2,128.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	2,000.
	20	Amount from Schedule 3, lir	e8					. 20	
	21	Add lines 19 and 20						. 21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	128.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	128.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a	10,2	79.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	10,279.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
Fayments  f you have a qualifying child, attach Sch. EIC.  Refund  Direct deposit? See instructions.  Amount You Owe  Third Party Designee  Sign Here  Joint return? See instructions. Keep a copy for	28	Additional child tax credit from Schedule 8812							
	29	American opportunity credit from Form 8863, line 8							
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable o	redits .	. 32	
	33	Add lines 25d, 26, and 32. T						. 33	10,279.
Refund	34	If line 33 is more than line 24	ا, subtract line 2	4 from line 33.	This is the amou	nt you <b>ov</b>	erpaid .	. 34	10,151.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here		☐ 35a	10,151.
Direct deposit?	b	Routing number 1 2 1			<b>c</b> Type:	] Checkin	g 🗌 Sav	rings	
See instructions.	d	Account number 5 3 1 5 7 6 1 5 1 9							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.irs.gov</i>	//Payments or	see instructions			. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>		you want to allow another	person to disc	uss this retu	n with the IRS?	See _			_
Designee	ins	structions					Yes. Com	olete below.	. X No
		signee's me		Phone no.			Persona number	l identification	ı
Ciara		ider penalties of perjury, I declare t	nat I have evamined		accompanying sch	adules and		,	t of my knowledge and
_		lief, they are true, correct, and com							
Here	Yο	ur signature		Date	Your occupation			If the IRS se	ent vou an Identity
									PIN, enter it here
Joint return?					SOFTWARE :	ENGINE	ER	(see inst.)	
	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			ent your spouse an tection PIN, enter it here
your records.					   SOFTWARE :	ENGINE	ER	(see inst.)	tection File, enter it here
	 Ph	one no. (551) 281-222	8	Email address	RAHULBOPCI				
		eparer's name	Preparer's signat		14111011101101101	Date		ΓIN	Check if:
Paid		M PRIYA RAM SAGAR GUPTA			GAR GUPTA	03/28		2082703	Self-employed
Preparer		·						Phone no.	(678) 965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			Firm's EIN	(010) 300 3022
	/5-	-1040 for instructions and the last	· · · · · ·	1,01,101/ I//				I THIN S LIN	5 1040 (2022)

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

RAHUL BOPCHE & NIDHI SAXENA

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

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

Sequence No. 01

Your social security number

472-55-6528

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-11 <b>,</b> 575.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	<u>)</u>	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	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	4	
n	Section 951(a) inclusion (see instructions)	8n	4	
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	0- /		
	1040, line 1a or 1d	8s (	4	
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:	0-		
9	Total other income. Add lines 8a through 8z	UZ	9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente		9	
10	1040. 1040-SR. or 1040-NR. line 8		10	-11,575.

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

Educator expenses   11	Par	II Adjustments to Income					
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	Educator expenses				11	
officials, Attach Form 2106  1 Health savings account deduction. Attach Form 8889  1 Health savings account deduction. Attach Form 8889  1 Deductible part of self-employment tax. Attach Schedule SE  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed health insurance deduction  1 The Penalty on early withdrawal of savings  1 Ba Alimony paid  1 Ba Pencipient's SSN  1 C Date of original divorce or separation agreement (see instructions):  2 DIRA deduction  2 DIRA description of future use  2 DIRA defunction  2 DIRA description of future use  2 DI	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   15   15   15   15   15   15   1		officials. Attach Form 2106				12	
15 Deductible part of self-employment tax. Attach Schedule SE  Self-employed SEP, SIMPLE, and qualified plans  16  17  18 Penalty on early withdrawal of savings  18 Penalty on early withdrawal of savings  18 Penalty on early withdrawal of savings  19a Alimony paid  19a Alimony paid  19a Date of original divorce or separation agreement (see instructions):  10 IRA deduction  21 Student loan interest deduction  22 Student loan interest deduction  23 Archer MSA deduction  24 Other adjustments:  25 Ury duty pay (see instructions)  26 Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit  24 Reforestation amortization and expenses  25 Repayment of supplemental unemployment benefits under the Trade Act of 1974  26 Contributions to section 501(c)(18)(D) pension plans  27 Contributions to section 501(c)(18)(D) pension plans  28 Contributions by certain chaplains to section 403(b) plans  29 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  20 IRA deduction  21	13	Health savings account deduction. Attach Form 8889				13	
16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 18 Alimony paid 19 Alimony paid 19 Recipient's SSN 19 CDate of original divorce or separation agreement (see instructions): 10 IRA deduction 11 Student loan interest deduction 12 Student loan interest deduction interest defuction interest def	14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 Alimony paid 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 25 Repayment of supplemental unemployment benefits under the Trade Act of 1974 26 Contributions to section 501(c)(18)(D) pension plans 27 Contributions by certain chaplains to section 403(b) plans 28 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 29 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 29 J Housing deduction from Form 2555 20 J Housing deduction from Form 2555 21 K Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 22 Other adjustments. List type and amount: 21 J 12 J 22 J 22 J 24 J 24 J 24 J 24 J	15					15	
18							
Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions):  IRA deduction Student loan interest deduction 21 Reserved for future use 22 Archer MSA deduction 23 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m d Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 f Contributions to section 501(c)(18)(D) pension plans c Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawfull discrimination claims (see instructions) i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount:  245 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on						-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions):  20 IRA deduction	18						
C Date of original divorce or separation agreement (see instructions):  IRA deduction	19a					19a	
20   Student loan interest deduction   21   22   23   24   22   24   24   24   24	b						
21 Student loan interest deduction	С						
Archer MSA deduction  Other adjustments:  a Jury duty pay (see instructions)  b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m  d Reforestation amortization and expenses  e Repayment of supplemental unemployment benefits under the Trade Act of 1974  f Contributions to section 501(c)(18)(D) pension plans  f Contributions by certain chaplains to section 403(b) plans  h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations  j Housing deduction from Form 2555  k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  z Other adjustments. List type and amount:  25  Total other adjustments. Add lines 24a through 24z  Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on						-	
23 Archer MSA deduction 24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) c Other adjustments. List type and amount:  24b  24c  24d  24e  24e  24f  24g  24h  24h  24h  24h  24h  25  Total other adjustments. Add lines 24a through 24z  Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on						-	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m						_	
a Jury duty pay (see instructions)						23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24	•					
rental of personal property engaged in for profit	а	,	24a			4	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b						
and USOC prize money reported on line 8m			24b			-	
d Reforestation amortization and expenses	С						
e Repayment of supplemental unemployment benefits under the Trade Act of 1974	_		-			_	
Act of 1974		· '	24d			-	
f Contributions to section 501(c)(18)(D) pension plans	е		240				
g Contributions by certain chaplains to section 403(b) plans	f					1	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	-					1	
discrimination claims (see instructions)	•	• • • • • • • • • • • • • • • • • • • •	279			1	
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	•••		24h				
from the IRS for information you provided that helped the IRS detect tax law violations	i	· · · · · · · · · · · · · · · · · · ·					
tax law violations	•						
j Housing deduction from Form 2555		tax law violations	24i				
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i	<b>,</b>					
1041)	k	•					
Total other adjustments. Add lines 24a through 24z			24k				
Total other adjustments. Add lines 24a through 24z	Z	,					
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		· — —	24z				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25	Total other adjustments. Add lines 24a through 24z				25	 
Form 1040, 1040-SR, or 1040-NR, line 10	26	Add lines 11 through 23 and 25. These are your adjustments to income	. Ente	er here	and on		
		Form 1040, 1040-SR, or 1040-NR, line 10				26	

### **SCHEDULE E** (Form 1040)

### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	) shown on return	,	Your social security number							
RAHU	JL BOPCHE & NIDHI SAXENA						472-55-6528			
Part	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rtv. use		e C. See	instru	ctions. If you ar	e an indiv	vidual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you		Form(s)	1099? S	See ins	structions		. 🗌 Ye	es 🛛 No	
B I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No	
	Physical address of each property (street, city, state, ZI									
	SUBNIS PLOT, NEAR KALIMATA AMRAVATI MA		<u> </u>	FNT /1 /1	1601					
A B	SUBNIS PLUI, NEAR KALIMAIA AMRAVAII MA.	паказ	onika i	LIN 44	4001					
	Type of Property 2 For each rental real estate property	ortvi liot	tod.		Го	ir Rental	Ранави	al Haa		
10	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair				Га	Days	Person Da		QJV	
A	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to			В		303				
	qualified joint venture. See instru	uctions	S.	C					H	
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Lanc	1	7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya	alties		Other (descri	be)			
			1							
						Propertie	s:			
Incom				Α		В			С	
3	Rents received	3		- 6	57.					
4	Royalties received	4								
Exper		_								
5	Advertising	5 6								
6	Auto and travel (see instructions)		2 6	0.7						
7	Cleaning and maintenance	7		۷, ٥	87.					
8	Commissions	9								
9	Insurance	10								
10	Legal and other professional fees	11		2 1	6.3					
11 12	Management fees	12		∠,⊥	63.					
13	Mortgage interest paid to banks, etc. (see instructions)	13								
14	Other interest	14		2 0	10.					
15	Repairs	15			24.					
16	Supplies	16		۷, ۵	24.					
17		17		2 2	48.					
18	Utilities	18		2,2	40.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		12,2	32.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			12,2	<u> </u>					
21	result is a (loss), see instructions to find out if you must									
	file <b>Form 6198</b>	21		<b>-11,</b> 5	75.					
22	Deductible rental real estate loss after limitation, if any,			•						
	on Form 8582 (see instructions)	22	(	11,57	75 <b>.</b> )	(	)	(	,	
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope				23a		657.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	12,	232.			
24	Income. Add positive amounts shown on line 21. Do no		de any lo	sses			24			
25	Losses. Add royalty losses from line 21 and rental real esta-		-		nter to	tal losses here	25	(	11 <b>,</b> 575.	
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resul	t 🗌			
	here. If Parts II, III, and IV, and line 40 on page 2 do no	ot appl	ly to you,	also e	nter tl	nis amount or				
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	ımount	in the to	tal on li	ne 41	on page 2 .	26		-11 <b>,</b> 575.	

### SCHEDULE 8812 (Form 1040)

## Credits for Qualifying Children and Other Dependents

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

2023

OMB No. 1545-0074

Attachment Sequence No. 47

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return Your social security number RAHUL BOPCHE & NIDHI SAXENA 472-55-6528 **Child Tax Credit and Credit for Other Dependents** Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 48,960. Enter income from Puerto Rico that you excluded . . . . . 2a 2b Enter the amounts from lines 45 and 50 of your Form 2555 . . . 0 c Enter the amount from line 15 of your Form 4563 . . . . 2c 2d 3 Add lines 1 and 2d . . . . . . . . 3 960. 4 Number of qualifying children under age 17 with the required social security number 5 5 2,000. 6 Number of other dependents, including any qualifying children who are not under age Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 8 8 Add lines 5 and 7 . . . . . . . 2,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 400,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. 12 12 2,000. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **X Yes.** Subtract line 11 from line 8. Enter the result. 13 Enter the amount from Credit Limit Worksheet A 13 2,128. Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** 14 14 2,000. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: $x $1,600$ .		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
Part	Otherwise, go to line 21.  II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	o of F	Quarta Dias
		5 OI F	ruer to hico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22	-	
24	1040 and	-	
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment

Sequence No. 70

Taxpayer identification number

RAHU	JL BOPCHE & NIDHI SAXENA	472-55-6528			
Prepare	's name	Preparer tax identifica	ition numb	oer	
SYAN	M PRIYA RAM SAGAR GUPTA	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). $\square$ EIC $\boxtimes$ CTC/AC		the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided	by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	<ul> <li>Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following.</li> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>Review information to determine that the taxpayer is eligible to claim the credit(s) and</li> </ul>	's responses to			
	status and to figure the amount(s) of any credit(s)		X	П	
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	the return, or tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	7, a copy of any or prepare Form provided by the atus or to figure			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)		×		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer			
	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim (	TC A	CTC
- art	or ODC, go to Part IV.)	olaii i c		
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×	Ш	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<b>₩</b>		
10	·	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part			Part \	/ <u>.</u> )
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	The state of the s		Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	k year	Yes	No
Dank	and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Ш	Ш
Part	<u> </u>			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:			
	<ul> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);</li> </ul>	nses on s) and/d	the retor HOH	turn or fi <b>l</b> ing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed;</li> </ul>	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	<ol> <li>A record of how, when, and from whom the information used to prepare this form and the application obtained.</li> </ol>	ble worl	ksheet(	s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and filing status and the f	oayer's int(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	,	Yes	No

Form 8867 (Rev. 11-2023)

Arizona Form AZ-8879

SPOUSE'S PEN AND INK SIGNATURE

# E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2023

(1	,	
Do not mail this form to the Arizona De	partment of Revenue.	The ERO must retain this document a minimum of four years.
Your First Name and Initial	Last Name	Your Social Security Number*
	BOPCHE	Enter 472 55 6528 your Spanish Spaint Spanish No. *
Your Spouse's First Name and Initial (if filed joint)	Last Name	SSN(s).
	SAXENA	674   48   3044
		ne Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate
	O) to affirm that the taxpa	s electronic income tax return.  ayer wishes to use the taxpayer's electronic signature to the taxpayer's  ayer's electronic Arizona individual income tax return.
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION
		Must be present when requesting direct debit or deposit.
	35 <b>00</b>	Foreign Account Deposit/Debit: See instructions below.
	21 00	TYPE OF ACCOUNT ROUTING NUMBER
	10 00	☐ Checking ☐ Savings ☐ 1 2 1 0 4 2 8 8 2
Check box 4 <u>or</u> box 5:	400	ACCOUNT NUMBER  0 00 5 3 1 5 7 6 1 5 1 9
<b>4</b> ■ <b>REFUND:</b> Enter the amount of refund <b>5</b> □ <b>AMOUNT YOU OWE:</b> Enter the amount owe		00 5 3 1 5 7 6 1 5 1 9
S AMOUNT 100 OWE. Enter the amount owe	:u	\$
Box 4 Checkbox – Refund: You are due a refund be provided on your tax return. Your refund amount vaccount listed in the Financial Institution Information Box 5 Checkbox – Amount You Owe: You ow information provided on your tax return. You have for payment. The payment will be withdrawn from the date listed in the Financial Institution Information Section 1.	will be deposited in the n Section (Part 3). The taxes based on the elected to direct debit the account and on the	Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit you account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.
PART 4 – DECLARATION AND SIGNATUI	RE AUTHORIZATION	,
Under penalties of perjury, I declare that I have electronic Arizona individual income tax return and act and statements for the year ending December 31, 2 my knowledge and belief, it is true, correct, and com that the amounts of Arizona adjusted gross inco income tax withheld, and refund (or amount owed amounts shown on the copy of my electronic Arizona amounts shown on the copy of my electronic Arizona I consent that my refund be directly deposit electronic portion of my 2023 Arizona individed I have filed a joint return, this is an irrew the other spouse as an agent to receive the other spouse as an agent to receive the designated Financial Agent to initiate an withdrawal (direct debit) entry to the finan indicated in the tax preparation software for taxes owed on this return. I also authorize the involved in the processing of the electronic receive confidential information necessary the resolve issues related to the payment.  If I have filed a balance due return, I understand the receive full and timely payment of my tax liability the remain liable for the tax liability and all applicable when electronically filing my federal and state tax that if there is an error on my federal return, my strejected.	eccompanying schedules companying schedules (1023, and to the best of plete. I further declare me, total tax, Arizona d) listed above are the ona income tax return. The dual income tax returns a most receiving a dual tax and the financial institution account payment of my Arizona the financial institutions companyment of taxes to the dual tif the ADOR does not at if the ADOR does not by April 15, 2024, I will interest and penalties. The returns, I understand	I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.  I authorize GLOBAL TAXES LLC  (ELECTRONIC RETURN ORIGINATOR)  to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.
ਘੂ → Rahul Bopche		03/30/2024
YOUR PEN AND INK SIGNATURE  Nidhi Saxena		DATE
N <u>O</u>		
Nidhi Saxena		03/30/2024

DATE

RETURN			140	ſ	Resident	Personal Inc	ome Tax	Return			)23	`
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2			se's First Name and Mido	dle Initial (if box 4	or 6 checked)	Last Name		you	Spor		ocial Securi	
	1	•	DHI	,	,	SAXENA		SSN	(s).		18 <sub>I</sub> 30	•
卣	$\overline{}$		ent Home Address - numb	per and street, rur	al route	DITTELLIA	Apt. No.	Day	time Phone			, 1 1
늘	2	29	10 S GREENFIELD	) RD			1067	94	(551)28	1-22	28	
Ž	_		Town or Post Office		tate	ZIP Code		Last Names Use				fferent)
щ	3	GI	LBERT	P	ΔZ	85295						97
ᇫ	<u> </u>	4	Married filing joint r	return <b>4a</b> 🗆 Ir	niured Spouse	Protection of Joint O	verpayment	REVENUE USE	ONLY. DO N	OT MAR	RK IN THIS A	AREA.
ST	Ĭ₹	5	_		-	ependent on next line.						
5					ayg ca c. a	openaem en nem inte						
ž	NG	6	Married filing separ	rate return. Enter:	spouse's name a	and Social Security Num	iber above.					
nents after Form 140.  Do NOT STAPLE ANY ITEMS TO THE Conditions Parents and Conditions Parents Parents and Condit	∄	7										
	SN			claimed. Do not	put a check r	mark.						
	ΙĒ	8	Age 65 or over (you	u and/or spouse)	If completing li	nes 8, 9, and 11a, also co	mplete lines 38,					
	ΙĒ	9	Blind (you and/or s	spouse)	39, and 41. For	lines 10a and 10b, also co	mplete line 49.	81 PM		80 F	RCVD	
	Á	10a	1 Dependents: Unde	er age of 17.	<b>10b</b> De	pendents: Age 17 an	d over.					
	Ш	11a	Qualifying parents	and grandparents	i							
			(Box 10a and 10b): Do		tion. See instr					page 4,		
			FIRST A	(a) ND LAST NAME		(b) SOCIAL SECURITY	(c)	(d) P NO. OF MONTH	(e) ✓ Dependen	t Age	✓ (f) ✓ if you did n	ot claim
	nts			yourself or spouse.)		NUMBER	KELATIONOTIII	LIVED IN YOUR HOME IN 2023		in:	this person federal return	on your
	nde							HOME IN 2023	(Box 10a) (B	2 Box 10b)	educationa	
	ebe	10c	ARNIT	BOPCHE		362-53-5945	Son	12		┖		
	۵	10d							$+ \sqcup +$	$\sqcup \bot$		
		10e								Ш		
Ċ.		l	(Box 11a): Qualifying		parents. See		re space, chec			page 4		
14	tsand		FIRST A	(a) ND LAST NAME		(b) SOCIAL SECURITY	(c) RELATIONSHII	(d) P NO. OF MONTH	(e) S√IFAGE 6	55 OR	(f) ✓ IF DII	ED
Ē	Paren arent			yourself or spouse.)		NUMBER		LIVED IN YOUR HOME IN 2023	OVE		IN 202	
ē	/ing l							1101112 1112020				
ter	jalij. G	11b							$\vdash$		<u> — Ц</u>	
af		11c							<u> </u>			
schedules or other docum		12	Federal adjusted gross	income (from ye	our federal re	turn)			12		60,535	
			Small Business Income: 139					60,535	00			
		4	Modified federal adjusted	-					00,000			
	ons	1	Non-Arizona municipal ir Partnership Income adju									00
	đặ		Total federal depreciation									00
	¥		Other Additions to Incom									00
		19	Subtotal: Add lines 14 thr	rough 18 and enter t	he total				19		60,535	00
		20	Total net capital gain or (	(loss). See instructi	ons		2	20	00			
		21	Total net short-term capit	tal gain or (loss).	See instructions		2	.1	00			
		22	Total net long-term capita	al gain or (loss).  S	ee instructions		2	.2	00			
SC			Net long-term capital gai									
Z			Multiply line 23 by 25% (								(	00
pu			Net capital gain derived									00
<u>=</u>	Suc		Recalculated Arizona de	•								00
era	ctions		Partnership Income adju									00
ed	Subtra		Interest on U.S. obligation		-							00
any required federal and AZ	Su		Exclusion for federal, Aria		-							00
ij			Exclusion for benefits, ar			· ·						00
þé			U.S. Social Security or R									00
y re			Certain wages of Americ									00
an			Pay received for active s Net operating loss adjust			_						00
g			Contributions to: 34a 529									00
Place			Subtract lines 24 through								60,535	
_		,	= 1 tinougi	. 5 . 5 . 7 5 11 11 10 10							,	, 55

	Your	Name (as shown on page 1)		Your Social Security Number	ur Social Security Number					
	RA]	HUL BOPCHE & NIDHI SAXENA		472-55-6528						
Ī			1							
	36	Other Subtractions from Income. Complete Other Subtraction from A		, ,	60,535	00				
	37	Subtract line 36 from line 35. Enter the difference			00,333	$\overline{}$				
Su	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00				
ptic	39	Blind: Multiply the number in box 9 by \$1,500				00				
Exemptions	40	Other Exemptions. See instructions40E Multiply the number	in box <b>40E</b> by \$2,300	40		00				
ω	41	Qualifying parents and grandparents: Multiply the number in box 11a by	\$10,000	41		00				
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line	37. If less than zero, enter "C	<u>)"</u>	60,535	00				
	43	Deductions: Check box and enter amount. See instructions	43I 🗌 ITEMIZED	43S⊠ STANDARD 43	27,700	_				
	44	If you checked box 43S and claim charitable contributions, check 44C	Complete page 3. See	instructions 44		00				
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than	n zero, enter "0"	45	32,835					
×	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		46	821	00				
Ę	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31.		47		00				
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total	: Add lines 46 and 47. Enter the total							
<u>a</u>	49	Dependent Tax Credit. See instructions		49	100	00				
Ba	50	Family income tax credit (from the worksheet - see instructions)	me tax credit (from the worksheet - see instructions)							
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62			00					
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of line			721					
-	53	2023 AZ income tax withheld	<del>-</del>		1,210	00				
	54	2023 AZ estimated tax payments54a 00 Claim of	f Right 54b	00 Add 54a and 54b. <b>54c</b>	·	00				
σσ	55	2023 AZ extension payment (Form 204)				00				
s an	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00				
nent le C	57	Property Tax Credit from Arizona Form 140PTC				00				
Payr	58	Other refundable credits: Check the box(es) and enter the total amount				00				
Total Payments and Refundable Credits	59	Total payments and refundable credits: Add lines 53 through 58. Ent			1,210	$\overline{}$				
₽ ~ -	60	· · ·			1,210	00				
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 52	·		489					
	62				403	00				
	63	• •			489	_				
		Solutions Teams	00 Arizona Wildlife		105	100				
	04		00 Anzona Wildille							
Gifts			00 Political Git							
ح ح		Neighbors Helping Neighbors 69 00 Special Olympics	00 Veterans Donations 00 Spay/Neuter of Anii							
Voluntary	7.		<del></del>							
8		Political Party (if amount is entered on line 68 - check only one): 751 Dem		753 ☐ Republican		00				
		Estimated payment penalty				100				
<u>£</u>	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 inclu								
Penal	<u>78</u>				489	00				
	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owe <b>Direct Deposit of Refund:</b> Check box 79 <b>A</b> if your deposit will be ultimately p			409	100				
ved		— CX Checking or ROUTING NUMBER ACCOUNT N								
Refund or Amount Owed		98 S Savings 1 2 1 0 4 2 8 8 2 5 3 1	5 7 6 1 5 1 9							
oun etr	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona I	Department of Revenue; write	your SSN on payment;						
A M		and include with your return				00				
	Ţ	Under penalties of perjury, I declare that I have read this return and a	ny documents with it, and	to the best of my knowled	lge and belief, they	y are				
	t	rue, correct and complete. Declaration of preparer (other than taxpaye	er) is based on all informat	tion of which preparer has a	ıny knowledge.					
HERE	<b>→</b>	Rahul Bopche	03/30/2024							
Ш		-		SOFTWARE ENGINEE	R					
I	)	/OUR SIGNATURE		OCCUPATION						
Z,	<b>→</b>	Nidhi Saxena	03/30/2024	CODMMADE ENCINED	D					
SIGN	_	SPOUSE'S SIGNATURE	SOFTWARE ENGINEER  SPOUSE'S OCCUPATION							
		SYAM PRIYA RAM SAGAR GUPTA 03282024	GLOBAL TAXES 1							
PLEASE	Ē	PAID PREPARER'S SIGNATURE DATE	FIRM'S NAME (PREPARER'S			_				
E		245 ROONEY CT	,	P02082703						
7	F	PAID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN	I	_				
		E BRUNSWICK NJ 08816	(678) 965-9	522						
	Ē	PAID PREPARER'S CITY STATE	ZIP CODE	PAID PREPARER'S PH		_				

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.