

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial OLIVA Last name GHOSH Your social security number 117 55 5109

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1090 JUDSON STREET Apt. no. 2A Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 28,018. 1b Household employee wages not reported on Form(s) W-2 1b. 1c Tip income not reported on line 1a (see instructions) 1c. 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d. 1e Taxable dependent care benefits from Form 2441, line 26 1e. 1f Employer-provided adoption benefits from Form 8839, line 29 1f. 1g Wages from Form 8919, line 6 1g. 1h Other earned income (see instructions) 1h 0. 1i Nontaxable combat pay election (see instructions) 1i. 1z Add lines 1a through 1h 1z 28,018.

Table with rows 2a through 6a. 2a Tax-exempt interest 2a. 3a Qualified dividends 3a. 4a IRA distributions 4a. 5a Pensions and annuities 5a. 6a Social security benefits 6a.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7. 8 Additional income from Schedule 1, line 10 8. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 28,018. 10 Adjustments to income from Schedule 1, line 26 10. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 28,018. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13. 14 Add lines 12 and 13 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 14,168.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	1,481.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,481.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,481.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	1,481.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	1,996.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	1,996.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	1,996.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	515.									
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	515.									
	b	Routing number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>3</td><td>0</td><td>0</td><td>0</td><td>6</td><td>4</td><td>8</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	0	3	0	0	0	6	4	8		
	1	0	3	0	0	0	6	4	8				
d	Account number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>9</td><td>0</td><td>6</td><td>5</td><td>2</td><td>0</td><td>2</td><td>3</td><td>1</td></tr></table>	9	0	6	5	2	0	2	3	1			
9	0	6	5	2	0	2	3	1					
36	Amount of line 34 you want applied to your 2024 estimated tax	36											

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation MOLECULAR TECHNOLOGIST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (531) 218-5416 Email address OLIVAGHOSH93@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/24/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				

Nebraska Individual Income Tax Return
for the taxable year January 1, 2023 through December 31, 2023 or other taxable year:
, 2023 through ,

Please Type or Print	Your First Name and Initial OLIVA		Last Name GHOSH		Please Do Not Write In This Space						
	If a Joint Return, Spouse's First Name and Initial		Last Name								
	Current Mailing Address (Number and Street or PO Box) 1090 JUDSON STREET , Apt. 2A										
	City BENSENVILLE		State IL								ZIP Code 60106

Your Social Security Number 1 1 7 5 5 5 1 0 9			Spouse's Social Security Number			High School District Code 5 5 5 5 0 0 1					
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During 2023, did you receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? Yes No

(1) <input type="checkbox"/> Farmer/Rancher	(2) <input type="checkbox"/> Active Military	(1) <input type="checkbox"/> Deceased Taxpayer(s) (first name & date of death):			
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1 Federal Filing Status:
 (1) Single
 (2) Married, filing jointly and Full Name _____
 (3) Married, filing separately—Spouse's SSN: _____
 (4) Head of Household
 (5) Qualifying surviving spouse (QSS)

2a Check if YOU were: (1) 65 or older (2) Blind
 SPOUSE was: (3) 65 or older (4) Blind
2b Check here if someone (such as your parent) can claim you or your spouse as a dependent: (1) You (2) Spouse

3 Type of Return:
 (1) Resident
 (2) Partial-year resident from ____ / ____ , 2023 to ____ / ____ , 2023 (attach Schedule III)
 (3) Nonresident (attach Schedule III)

4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):
a Yourself. If someone can claim you as a dependent, leave blank. **4 a** 1
b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. **4 b**

c

Dependents, if more than three, see instructions	Dependent's Social Security Number
First Name	Last Name

Total number of dependents listed **4 c**

Total Nebraska personal exemptions – add lines 4a, 4b, and 4c **4** 1

5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank **5** 28,018.00

6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,900 if single; \$15,800 if married, filing jointly or qualifying surviving spouse; \$7,900 if married, filing separately; or \$11,600 if head of household)	6	7,900.	00
7 Total itemized deductions (line 17, Federal Schedule A – see instructions)	7		00
8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR)	8	0.	00
9 Nebraska itemized deductions (line 7 minus line 8)	9	0.	00

10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9) **10** 7,900.00

11 Nebraska income before adjustments (line 5 minus line 10). **11** 20,118.00

12 Adjustments increasing federal AGI (line 10, from attached Nebraska Schedule I) **12** 00

13 Adjustments decreasing federal AGI (line 36, from attached Nebraska Schedule I) **13** 00

14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing **14** 20,118.00

15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.) **15** 667.00

16 Nebraska other tax calculation:

a Federal Tax on Lump-Sum Distributions (Federal Form 4972) **16 a** \$ _____

b Federal tax on early distributions (lesser of Federal Form 5329 or line 8, Sch. 2, Federal Form 1040 or 1040-SR) **16 b** \$ _____

c Total (add lines 16a and 16b) **16 c** \$ _____

Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III **16** 00

17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 44. **17** 667.00

18	Nebr. personal exemption credit for residents only (\$157 times the number on line 4)	18	157.	00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return)	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20		00
21	Community Development Assistance Act credit (attach Form CDN)	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	23	0.	00
24	Credit for financial institution tax (attach Form NFC)	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00
26	Designated extremely blighted area tax credit (attach Form 1040N-EB)	26		00
27	NE employer tax credit for employing convicted felons. Enter certificate number from Form ETC-A	27		00
28	Total nonrefundable credits (add lines 18 through 27)	28	157.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see instructions. If entering federal tax, check box <input type="checkbox"/>	29	510.	00
30	Total Nebraska income tax withheld (attach 2023 Forms, see instructions) a W-2 \$ 815. b K-1N \$ c W-2G, 1099-R, 1099-MISC, 1099-NEC, etc \$ 0. d PTET credit from K-1N	30	815.	00
31	2023 estimated income tax payments (include any 2022 overpayment credited to 2023 and any payments submitted with an extension request)	31		00
32	Form 3800N refundable credit (attach Form 3800N)	32		00
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	33		00
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00
35	Nebraska earned income credit. Enter number of qualifying children 97 Federal credit 98 \$.00 x .10 (10%) (see instructions)	35		00
36	Credit for school district property taxes (attach Form PTC)	36		00
37	Credit for community college property taxes (attach Form PTC)	37		00
38	Credit for qualified Volunteer Emergency Responders (see instructions)	38		00
39	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)	39		00
40	Total refundable credits (add lines 30 through 39)	40	815.	00
41	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/>	41		00
42	Total tax and penalty. Add lines 29 and 41	42	510.	00
43	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 5.5%); Enter purchases subject to local tax 93 \$ Local tax 94 \$ (purchases x local rate of %) 95 Local code (see local rate schedule); Add state and local taxes and enter on line 43. If no use tax is due, enter -0- on line 43.	43	0.	00
44	Total amount due. If line 40 is less than total of lines 42 and 43, subtract line 40 from total of lines 42 and 43 Pay this amount in full. For electronic or credit card payment check box here <input type="checkbox"/> and see instructions	44		00
45	Overpayment. If line 40 is more than the total of lines 42 and 43, subtract the total of lines 42 and 43 from line 40.	45	305.	00
46	Amount of line 45 you want applied to your 2024 estimated tax	46		00
47	Wildlife Conservation Fund donation of \$1 or more	47		00
48	Amount of line 45 you want refunded to you (line 45 minus lines 46 and 47) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions).	48	305.	00

49a Routing Number

1	0	3	0	0	0	6	4	8
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 49b Type of Account

1

 1 = Checking 2 = Savings

49c Account Number

9	0	6	5	2	0	2	3	1											
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49d Check this box if this refund will go to a bank account outside the United States.



sign here Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

Keep a copy of this return for your records.

Your Signature _____ Date (531) 218-5416
 Spouse's Signature (if filing jointly, both must sign) _____ Daytime Phone _____

paid preparer's use only SYAM PRIYA RAM SAGAR GUPTA 03/24/2024 P02082703
 Preparer's Signature Date Preparer's PTIN
 GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816
 Print Firm's Name (or yours if self-employed), Address and ZIP Code EIN (678) 965-9522
 Daytime Phone

A copy of the federal return and schedules must be attached to this return.
 E-file your return. NebFile offers **FREE** e-filing of your state return for most Nebraska residents.
 Mail returns requesting a refund to: Nebraska Department of Revenue, PO Box 98912, Lincoln NE 68509-8912.
 Mail returns not requesting a refund to: Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.