Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

6 9 7 9 0

Submission Identification Number (SID)

Taxpayer's name		Social security num	ber							
ABHISHEK SARKAR		863-26-979	0							
Spouse's name		Spouse's social sec	curity number							
CHETNA PARAS		138-77-443	31							
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)										
Enter whole dollars only on lines 1 through 5.										
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
1 Adjusted gross income		1	242,148.							
2 Total tax		2	38,268.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	32,844.							
4 Amount you want refunded to you		4								
5 Amount you owe		5	5,506.							
Part II Taxpayer Declaration and Signature Authorization (Be sure	you get and k	keep a copy of	your return)							

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

×	I authorize	GLOBAL TAXES	LLC	to enter of	r generate m	iy PIN L		as my		
			ERO firm name				Enter five digits, but don't enter all zeros			
	signature o	n the income tax retu	rn (original or amer	nded) I am now authorizing.						
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Part II	Certific	cation and Authen	tication – Pract	titioner PIN Method Onl	У					
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	certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now uthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the taxpayer(s) and put heart of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the provision of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the provision of the provision									

requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature		Date 🕨	
ERO Must Retain Thi Don't Submit This Form to th			
For Paperwork Reduction Act Notice, see your tax return instructio	ons. BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning .2023, ending .2024, ending	1040		rtment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	ple in this space.	
Your first name and middle initial Last name Your social security number ABIT SHEK SARKAR 86.3 26.9 97.90 High in truth, scoole's first name and middle initial East name Boule's deal security number CHETNA EART AR 86.3 26.9 97.90 Home address fluctures and stread, if you have a P.O. box, see enstructions. Apt. no. Presidential Election Campaigned City, town, or port office, if you have a foreign address, also complete spoces blow. Dist 21.5 Check here' you, or your spouse. Foreign province/state/county Every province/state/county Every province/state/county Every province/state/county Every province/state/county Every province/state/county Every province/state/county Filing Status Single Head of household (HOH) Wor is spouse. Wor is spouse. Wor is spouse. Every province/state/county Wor is spouse.	For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			-		See separate instructions.		
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W-26 and Ingene if tax was withheld. Taxable dependent care benefits from Form 2441, line 26 1e If you did not get a Form W-2, see g Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form W-2, see g Wages from Form 8919, line 6 1g Z Add lines 1a through 1h 1h 0. Z Add lines 1a through 1h 1z 256, 199. Z Add lines 1a through 1h 2a b b Taxable interest 2b 2, 303. If required. 3a Dualified dividends 3a b b Taxable amount 4b Standard Deduction for- Single or Married filing jointly or Qualifying Surviving spouse, X27.700 If you elect to use the lump-sum election method, check here (see instructions) 1 7 Maried filing serviving spouse, X27.700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 242, 148. X27.700. Standard Deduction or temized deduction or temized deduction (from Schedule A) 11 242, 148. X27.700. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 10 Maried filing sourving spouse, X27.700. Standard deduction or temized deduction				•								_		
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If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Tax-exempt interest 2a if required. 3a b Datasable interest 2b Attach Sch. B 2a Tax-exempt interest 2a if required. 3a b Dravable amount 3b Attach Sch. B 4a IRA distributions 4a IRA distributions 4a b Married fling social security benefits 6a separately, 513.850 ff you elect to use the lump-sum election method, check here (see instructions) 6b Married fling 9 Additional income from Schedule 1, line 10 7 Galifying separately, 8 Additional income from Schedule 1, line 26 9 242, 148. 22, 148. 11 242, 148. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 19 Qualified business income deduction from Schedule A) 12 27, 700. 13 Qualified business income deduction from Schedule A) 12		f	•						• •					
get a Form W-2, see instructions. h Other earned income (see instructions) 11 1h 0. w-2, see instructions. i Nontaxable combat pay election (see instructions) 1i 1i 0. z Add lines 1a through 1h z 256, 199. 256, 199. Attach Sch. B 2a Tax-exempt interest 2a b 7, 303. Attach Sch. B 2a Tax-exempt interest 3a b 0 Ordinary dividends 3b Standard Qualified dividends 3a b b Taxable amount 4b 5b Standard Deduction for- 5a Pensions and annuities 5a 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b 7 Married filing separately, S13.850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Married filing jointy or Qualifying surving spouse, S27.700 9 242,148. 9 242,148. S27.700 Adjustments to income from Schedule 1, line 26 10 11 242,148. S20.800		a										_		
W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h 1z 256, 199. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 2, 303. if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard 4a b Taxable amount 4b 5b Standard Deduction for- 5a 6a b Taxable amount 5b Single or Married filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Narried filing jointly or Qualifying souse, \$27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 242, 148. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 242, 148. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27, 700. 14 Add lines 12 and 13 14 27, 700. 14 27, 700.													0.	
z Add lines 1a through 1h 1z 256, 199. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 2, 303. if required. 3a Qualified dividends 3a b Ordinary dividends 3b 3b Standard 4a b Taxable amount 4b 5b				,				11						
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 1 if required. 3a Qualified dividends 3a b Draxable interest 1 Standard 4a IRA distributions 4a b Draxable amount 1 Standard 5a 6a b Taxable amount 1 4b Standard 5a 6a b Taxable amount 1 5b Standard 5a 6a b Taxable amount 1 5b Standard 6a b Taxable amount 1 5b 6a Social security benefits 6a b Taxable amount 1 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 1 7 8 -16,354. 9 242,148. 9 242,148. \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 242,148. 12 27,700. 13 Qualifyind business income deduction from Schedule A) 12 27,700. 14<											. 1z		256,199.	
if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 Standard c If you elect to use the lump-sum election method, check here (see instructions) 7 6b Married filing jointly or 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Additional income from Schedule 1, line 10 10 10 10 Head of household, sevend Subtract line 10 from line 9. This is your adjusted gross income 11 242, 148. 19 Subtract line 10 from line 9. This is your adjusted gross income 12 27, 700. 14 Add lines 12 and 13 1	Attach Sch. B		U I	2a			b Ta	axable interest	ŀ.					
4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- Bar Second Security benefits 5a b Taxable amount 5b Single or Married filing separately, \$13,850 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Additional income from Schedule 1, line 10 7 8 -16,354. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 242,148. \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 242,148. 19 you checked any box under Standard Deduction, 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. 14 Add lines 12 and 13 14 27,700. 13			· · -									-		
Standard Deduction for - 5a Pensions and annuities								-						
Single or Married filing separately, \$13,850 6a Social security benefits . 6a b Taxable amount	Standard											-		
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .	 Single or 											-		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -16,354. 9 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 9 242,148. 9 242,148. 10 11 9 242,148. 10 11 11 242,148. \$20,800 12 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13	Married filing	с		lection	method,					[
Married filing jointly or Qualifying surving spouse, \$27,7008Additional income from Schedule 1, line 108-16,3549Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9242,14810Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11242,14812Standard deduction or itemized deductions (from Schedule A)1227,70013Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700	\$13,850	7								[7			
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9242, 148.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11242, 148.12Standard deduction or itemized deductions (from Schedule A)1227, 700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427, 700.		d filing						. 8		-16,354.				
10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 Subtract line 10 from line 9. This is your adjusted gross income 11 242,148. 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 27,700.	Qualifying	9									. 9			
Index of household,11Subtract line 10 from line 9. This is your adjusted gross income11242,148.\$20,80012Standard deduction or itemized deductions (from Schedule A)1227,700.If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A1213IdAdd lines 12 and 131427,700.14	\$27,700	10			-						. 10			
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 27,700. 14 27,700.		11				gross incon	ne				. 11		242,148.	
In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.	\$20,800			-							. 12			
Deduction, 14 Add lines 12 and 13	any box under							5-A			. 13		· · ·	
		14	Add lines 12 and 13								. 14		27,700.	
		15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 This is y	our t	taxable incom	<u>e</u> .		. 15		214,448.	

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

Form **1040** (2023)

Form 1040 (2023	5)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	38,268.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17					[18	38,268.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	38,268.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	38,268.
Payments	25	Federal income tax withheld							<u>.</u>
· · · , · · · · · ·	а	Form(s) W-2				25a 32	,844.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c	,					25d	32,844.
If you have a	26	2023 estimated tax payment						26	ř
qualifying child,	27	Earned income credit (EIC)		••		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		,		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	,	-	-			33	32,844.
Refund	34	If line 33 is more than line 24	-					34	,
nerana	35a	Amount of line 34 you want				•		35a	
Direct deposit?	b	Routing number X X X		XXX			Savings		
See instructions.	ď	Account number X X X					ournigo		
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24							
You Owe	57	For details on how to pay, g						37	5,506.
	38	Estimated tax penalty (see in	-	-		38	82.		-,
Third Party		you want to allow another					02.		
Designee		structions	•				omplete be	elow.	× No
_ • • • · 9 · • • •	De	signee's		Phone		Pers	onal identifi	cation	
	nai	nē		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare to ief, they are true, correct, and com							
Here			ipiete. Declaration		.,,			• •	, .
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?		Abliishek Sarkar		04/08/2024	MACHINE LEA	RNING ENGINE			
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat		RS ser	nt your spouse an		
Keep a copy for	- 1-			04/08/2024			Identit	ty Prote	ection PIN, enter it here
your records.		Chetna Paras		04/00/2024	STRATEGIC B	USINESS ANALY	T (see ir	ıst.)	
		one no. (650) 713-759		Email address	SABHISHEK0	711@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/07/2024	P02082	703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC				Phone	∍no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	; EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. **01**

Your social security number

863-26-9790

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ABHISHEK SARKAR & CHETNA PARAS

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attac	h Schedule E .	5	-16,354.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	a ()	
b	Gambling	b		
С	Cancellation of debt	lc		
d		d ()	
е		le		
f		Bf		
g		g		
h		8h		
i		Bi		
j		Bj		
k		lk 🛛		
I	Income from the rental of personal property if you engaged in the rental			
		31	_	
m	Olympic and Paralympic medals and USOC prize money (see			
	,	m	_	
n		8n	- 1	
0		lo	- 1	
р		р	- 1	
q		q	-	
r		Br	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_		Bs (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	5 I	<u>St</u>	-	
u		Bu	-	
Z	Other income. List type and amount:	_		
0		3z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter h 1040, 1040-SR, or 1040-NR, line 8		10	-16,354.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses 24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE B (Form 1040)

Department of the Treasury

Interest and Ordinary Dividends

OMB No. 1545-0074 20

Attach to Form 1040 or 1040-SR.

Department of the Tr Internal Revenue Ser		Go to www.irs.gov/ScheduleB for instructions and the latest information.		Attachment Sequence No. 08	8
Name(s) shown on r	return		Your	social security numl	
ABHISHEK S	ARKAI	R & CHETNA PARAS	863	3-26-9790	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amount	
Interest (See instructions and the Instructions for		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: CITIZENS ACCESS STANFORD FEDERAL CREDIT UNION WELLS FARCO RANK			36. 21. 00.
Form 1040, line 2b.)		WELLS FARGO BANK			46.
Note: If you		WELLS FARGO BANK			
received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter		CHASE BANK WELLS FARGO BANK	1		00.
the total interest shown on that					
form.					
	2	Add the amounts on line 1	2	2,3	03.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.Attach Form 8815	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	2,3	03.
		If line 4 is over \$1,500, you must complete Part III.		Amount	
Part II	5	List name of payer:			
Ordinary Dividends					
(See instructions and the Instructions for Form 1040, line 3b.)			5		
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm,					
list the firm's name as the					
payer and enter					
the ordinary dividends shown on that form.	6 Note:	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b If line 6 is over \$1,500, you must complete Part III.	6		
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d	ivida	ada: (b) had a fa	roian
Foreign		nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr			reign
Accounts				Yes	No
and Trusts	7a	At any time during 2023, did you have a financial interest in or signature authority of	over a	a financial	
Caution: If required, failure to file FinCEN Form		account (such as a bank account, securities account, or brokerage account) locat country? See instructions			×
114 may result in substantial penalties.		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.	CEN F	Form 114	
Additionally, you may be required to file Form 8938, Statement of		If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) is (are) located:	-ies) v	where the	
Specified Foreign Financial Assets.	8	During 2023, did you receive a distribution from, or were you the grantor of, or t	ransf	eror to, a	

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

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

See instructions.

REV 03/07/24 PRO

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. Schedule B (Form 1040) 2023

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		-	Supplementa							OMB No	0. 1545-0074
•	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										23
	Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.										ce No. 13
	shown on return								our soci	al security	
. ,		R&C	HETNA PARAS							6-9790	
Part			ss From Rental Real Estate an	nd Ro	valties						
	Note: If yo	ou are in	the business of renting personal proper	rty, use	Schedule	c . See	instru	ctions. If you are	an indiv	vidual, rep	ort farm
			oss from Form 4835 on page 2, line 40.	to filo		0002 0		tructions			
			ents in 2023 that would require you you file required Form(s) 1099?								
									• •		
1a	, ,		each property (street, city, state, Zl		,						
	F NO:2E,1	17a r.	ASHBEHARI AV TRAIANGULA	r paf	RK KOLF	KATA,	WEST	BENGAL IN	7000)29	
<u> </u>											
<u>C</u>			E		ha al			in Donatal			
1b	Type of Prope (from list below		For each rental real estate prope above, report the number of fair				Fa	ir Rental F Days	erson Da	al Use	QJV
Α	3		personal use days. Check the Q			Α		365		0	
B			if you meet the requirements to			B				<u> </u>	
С			qualified joint venture. See instru	uctions	6.	С					
Туре о	of Property:							L.			
1 :	Single Family R	esidenc	ce 3 Vacation/Short-Term Ren	ntal	5 Land	l		Self-Rental			
2	Multi-Family Re	sidence	e 4 Commercial		6 Roya	alties	8	Other (describe	e)		
								Properties	:		
Incom	e:					Α		В			С
3	Rents received	k		3		7	50.				
4	Royalties recei	ived .		4							
Expen	ses:										
5	-			5							
6			nstructions)	6							
7	•		ance	7		1,8	65.				
8				8							
9				9							
10 11	•	•	ssional fees	10		E	<u> </u>				
12	-		d to banks, etc. (see instructions)	12		Z, J	68.				
13		•		13							
14				14		3,6	98.				
15	<u> </u>			15			87.				
16				16							
17	Utilities			17		4,9	86.				
18		xpense	or depletion	18							
19	Other (list)			19							
20	•		ines 5 through 19	20		17,1	04.				
21			line 3 (rents) and/or 4 (royalties). If								
	file Form 6198		nstructions to find out if you must	21		-16,3	54				
22			estate loss after limitation, if any,	21		10,0	51.				
~~			structions)	22	(16,35	(4.)	()	()
23a			eported on line 3 for all rental prope				23a		,750.	\	/
b			eported on line 4 for all royalty prop				23b				
с			eported on line 12 for all properties				23c				
d	Total of all am	ounts re	eported on line 18 for all properties				23d				
е			eported on line 20 for all properties				23e	17,1			
24			amounts shown on line 21. Do no		-				24		
25			sses from line 21 and rental real estat						25	(1	16,354.)
26			ate and royalty income or (loss).								
			nd IV, and line 40 on page 2 do no 40), line 5. Otherwise, include this a						26	-	-16,354.
Ear Da			Notice, see the separate instructions		NE			-16,354.			-10, 554

Schedule E (Form 1040) 2023

Form	1040
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Form W-2 Worksheet

Keep for your records

2023

Social Security Number Name as shown on return CHETNA PARAS 138-77-4431 Employer EIN..... 13-4994650 Employer Name..... JP MORGAN CHASE BANK, NATIONAL ASSOCIATION Name (continued). Street Address or P. O. Box 1111 POLARSIS PARKWAY City .COLUMBUS State OH ZIP .43240 Foreign Province/County . . . Foreign Postal Code Foreign Country Do not transfer this W-2 to next year Х Spouse's W-2 Automatically calculate lines 3 through 6 and line 16. Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically. Wages, tips, other comp . . Federal income tax withheld . 1 67,690. 2 6,824. Social sec tax withheld . . . 4 3 6 Medicare tax withheld 5 7 Social security tips 8 Allocated tips 13 b X Retirement plan Foreign source income eligible for exclusion on Form 2555 Active duty military pay **Box 12 Box 12** If Box 12 code is: Code Amount A: Enter amount attributable to RRTA Tier 2 tax . . 35. M: Enter amount attributable to RRTA Tier 2 tax . . C 750. 15, P: Double-click to link to Form 3903, line 4 D R: Enter MSA contribution for Taxpayer DD ,851. Spouse W: Enter HSA contribution for Taxpayer Spouse Employer is not a state or local government G: Is this an elective deferral? Yes No Enter amount attributable to ROTH SEP F S: Enter amount attributable to ROTH SIMPLE **Box 15 Box 16 Box 17** State Employer's state I.D. no. State wages, tips, etc. State income tax DE 1-134994650-001 67,690. 3,312. I confirm that the state withholding identification number(s) are accurate Х **Box 18** Associated **Box 20 Box 19** Local income tax State Locality name Local wages, tips, etc. WILMINGTON 83,440. 1,043. DE 9 10 Dependent care benefits (Check if employer furnished care at work) 10 Dependent care benefits — Amount forfeited from flexible spending account Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.). 11 11 Sect. 457 and nonqualifled plans - State Allocation Indicate the amount of distributions pertaining to states. For each row, enter the state ID in col (a) and state amount in col (b). (a) State ID (b) Amount of distributions for state ProSeries Identification of Description or Code **Box 14** Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). on Actual Form W-2 Amount

Form W-2 Worksheet Additional Information Keep for your records

2023

CHETNA PARAS	138-7	7-4431	Page 2
Employer Name JP MORGAN CHASE BANK, NATIONAL ASSOCIATION			
Part I – Statutory employees			
 Box 13a. Statutory employee New for 2022: A Schedule C is mandatory. Proceed to line C. Double-click to link to Schedule C	с		
Part II — Clergy, church employees, members of recognized religious sects			
Clergy only: D Enter your designated housing or parsonage allowance	D E		
 Pay self-employment tax on housing or parsonage allowance only Pay self-employment tax on W-2 income only Pay self-employment tax on W-2 income and housing allowance Exempt from SE tax and have an approved exemption Form 4361 			
Non-Clergy: G If no FICA was withheld, check the applicable box below 1 Pay self-employment tax on this W-2 income 2 Exempt from self-employment tax and have an approved Form 4029			
Part III – Unreported Tip Income			
 H 1 Tips \$20 or more in a month which were not reported to employer	H1 H2 H3 H4 H5		
Part IV – Substitute Form W-2			
 a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 b Enter Form 4852, Line 9 information. "How did you determine amounts on line c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" d QuickZoom to completed Form 4852 for reference 	7 of For	m 4852?"	
Part V – Inmate in a Penal Institution			
J a Pay from work performed while an inmate in a penal institution			
Part VI – Medicaid Waiver Payments			
 K a Box 1 wages include amounts excludable as difficulty of care payments b Amount of wages from box 1 excludable as difficulty of care payments c Excludable difficulty of care payments received from this payer and not in box 1 	· · · · ·	· · · · · [
Part VII – Additional Information for Electronic Filing and Certain States	(See H	lelp)	
L a Third-party sick pay Non-standard W-2 (handwritten, typewritten, or altered in any way) Corrected W-2 Income from Paid Family Leave Control number (optional)			
Employee information: Correct to match employee information on W-2 Employee's SSN. 138-77-4431 First name MI. Last name Suff. CHETNA PARAS Address Origin Parks 116 WEST 9TH ST, Apt. 215 WILMINGTON Foreign Province/County Foreign Postal Code Foreign Country Foreign Postal Code		St ZIP coo DE 19801	

Form 1040			Frm W-2 W ► Keep for you				2023
Name as shown ABHISHEK S						Social Se 863-26	curity Number −9790
E S C F	Employer EIN . Employer Name Name Street Address of City . <u>COLUMBUS</u> Foreign Province Foreign Postal Cor Foreign Country		JP MORGAN CH 1111 POLAR St	HASE BANK, SIS PARKV ate <u>OH</u>	ZIP - 432		ION
Autom	e's W-2 atically calcula n: Box 12 entrie	te lines 3 throu s for deferred c	gh 6 and line compensation	16.	t transfer this nes 3 through		-
13 b X Reti	os, other comp curity wages wages and tips curity tips rement plan eign source inco ve duty military p	· · me eligible for e		4 Social se6 Medicare8 Allocated	ncome tax with c tax withheld tax withheld tips	:::: -	26,020. 9,932. 2,794.
Box 12 Code AA C D DD	4,1	A: Er 765. 48. 748. 764. 764. 764. 764. 764. 764. 764. 764. 765. 765. 765. 765. 765. 765. 765. 765. 765. 765. 765. 765. 765. 765. 765. 765. 77. 76. 77. 76. 77. 76. 77. 76. 77. 76. 77. 76. 77. 76. 77. 76. 77. 76. 76	nter amount at ouble-click to l nter MSA cont nter HSA cont	ttributable to I link to Form 3 ribution for ibution for is not a state deferral? ibutable to ROT	RRTA Tier 2 ta 903, line 4 Taxpayer Spouse Taxpayer Spouse or local gove	ax 	No
		x 15 loyer's state I.D). no.	State was	5x 16 Jes, tips, etc. 188, 509.		Box 17 income tax 10,996.
I confirm the	at the state with	nolding identific	ation number(s) are accura	te		· · · · · · X
WILMINGT	Box 20 Locality name		Box Local wage		Box 1 Local incor		Associated <u>State</u> <u>DE</u>
Depende 11 Distributi if EIC, C Sect. 457 Indicate th	ent care benefits ent care benefits ions from Sectio hild Care, Child ' and nonqualifle he amount of distri ID in col (a) and st	— Amount forf n 457 and othe Tax Credit, or II d plans - State A butions pertaining	feited from flex r nonqualified RAs.) Nlocation g to states. For	tible spending plans (See h	j account elp, 	9 10 _ 11 _ 11 _	
(a)) State ID	(b) Amou	nt of distributio	ons for state			
Descript	ox 14 iion or Code al Form W-2	Amount		dentify this iten	ntification of Dea by selecting th list. If not on the	e identifica	ation from

Form W-2 Worksheet Additional Information Keep for your records

2023

ABHI	SHEK SARKAR	863-2	26-9790	Page 2
	Employer Name JP MORGAN CHASE BANK, NATIONAL ASSOCIATION			
Part	I – Statutory employees			
A B C	Box 13a. Statutory employee New for 2022: A Schedule C is mandatory. Proceed to line C . Double-click to link to Schedule C	с		
Part	II — Clergy, church employees, members of recognized religious sects			
Clerg D E F	gy only: Enter your designated housing or parsonage allowance	D E		
1 2 3 4	Pay self-employment tax on housing or parsonage allowance only Pay self-employment tax on W-2 income only Pay self-employment tax on W-2 income and housing allowance Exempt from SE tax and have an approved exemption Form 4361			
G 1 2	Clergy: If no FICA was withheld, check the applicable box below Pay self-employment tax on this W-2 income Exempt from self-employment tax and have an approved Form 4029			
Part	III – Unreported Tip Income			
2 3 4	Tips \$20 or more in a month which were not reported to employer Tips less than \$20 in a month which were not required to be reported Tips less than \$20 in a month which were not required to be reported Tips less than \$20 in a month which were not required to be reported Value of non-cash tips, such as tickets or passes, not reported to employer Actual amount of allocated tips if different than the amount in box 8 Tips paid out through a tip-sharing arrangement Employer is a federal, state, or local government and tips are only subject to Medicare tax	H1 H2 H3 H4 H5		
Part	IV – Substitute Form W-2			
c d	If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 Enter Form 4852, Line 9 information. "How did you determine amounts on line Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" QuickZoom to completed Form 4852 for reference	7 of For	m 4852?"	
Part	V – Inmate in a Penal Institution			
Ja	Pay from work performed while an inmate in a penal institution			
Part	VI – Medicaid Waiver Payments			
Ka b c	Box 1 wages include amounts excludable as difficulty of care payments Amount of wages from box 1 excludable as difficulty of care payments Excludable difficulty of care payments received from this payer and not in box 1	· · · · ·	· · · · · [
Part	VII – Additional Information for Electronic Filing and Certain States	(See F	lelp)	
La	Third-party sick pay Non-standard W-2 (handwritten, typewritten, or altered in any way) Corrected W-2 Income from Paid Family Leave Control number (optional)			
Ei Fii AE Ac 11	mployee information: Correct to match employee information on W-2 mployee's SSN. 863-26-9790 st name M.I. Last name Suff. BHISHEK SARKAR SARKAR Idress SARKAR City 6 WEST 9TH ST, Apt. 215 WILMINGTON Foreign Province/County Foreign Postal Code		St ZIP coo DE 19801	
Fo	reign Country			

Interest and Dividends Summary Keep for your records

2023

Name(s) Shown on Return ABHISHEK SARKAR & CHETNA PARAS

Social Security Number 863-26-9790

Ir	nterest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 2 3	Seller-financed mortgage From Schedule B, Part I From Schedule B, Part II	2,303.			
4 5 6 7	From K-1 Worksheets Exempt-int.divs (net of adj.) From Forms 6252 From Forms 8814				
8	Subtotal	2,303.			
9	U.S. savings bond interest previously reported				
10 11 12	Nominee distribution OID adjustment				
12 13 14	ABP adjustment				
15 16	Series EE & I bond exclusion . Total Adjustments				
17 18 19 20	Total to Schedule B, line 2 . ► Total to Form 1040, line 2a . ► Total U.S. govt. interest ► Total to Form 6251, line 2g . ►	2,303.			

	Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1	From Schedule B				
2	From K-1 Worksheets				
	Subtotal				
3	Less Adjustments:				
4	Nominee distribution				
5	Other adjustment				
6	Total Adjustments				
7	Total to Schedule B, line 6				
8	Total qualified dividends ►				
9	Total capital gains				
10	Total nontaxable dividends <				

	Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 2 3 4 5	From Schedule B				
	Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%		

Schedule E

► Keep for your records

2023

Nam	e(s) shown on return	Social Security No.
	ISHEK SARKAR & CHETNA PARAS	863-26-9790
Gen	eral Information:	
	Property description	
	Property type . 3 Vacation/Short-term If type is other, enter a description	ption
	Location (street address) F NO:2E, 117A RASHBEHARI AV	
		code
	If a foreign address: Foreign province or state KOLKATA, WEST BENGA	
	Foreign postal code <u>700029</u> Foreign country <u>In</u>	
Con	plete For All Properties:	
	Did you make any payments that would require you to file Form(s) 1099?	Yes No X
	If yes , did you or will you file all required Form(s) 1099?	
Con	plete For All Rental Properties:	
	Days rented at fair rental value 365 Days of personal use	0
Che	ck All That Apply:	
Α	Owned by spouse B Owned jointly	
c	Active participation.	
Ĕ	Qualified joint venture F Some investment is not a	
G	Other passive exceptions X H Complete taxable disposi	
0	Trade or business not subject to net investment income tax	• –
I	Treat all MACRS assets for this activity as qualified Indian reservation property?	
J	Treat all assets acquired after August 27, 2005 as	
J		Extension No X
к	Treat all assets acquired after May 4, 2007 as	
n	qualified Kansas Disaster Zone property?	Yes No 🛛
	Was this activity located in a Qualified Disaster Area?	
L	•	
M	Check this box if filing this Schedule E as an LLC in CA or TX	
Ν	Check this box if some or all assets for this property are located outside the Un	
	United States possessions (See tax help)	•••••
0	arabin Daraantara	
	ership Percentage:	
N	Check to allocate income and expenses using ownership percentage	
0	Enter ownership percentage	· · · · · · ð
••••	nor Occupied Pontolo	
	ner-Occupied Rentals:	
P	Check to allocate personal use items to Schedule A	
Q	Percentage of rental use	· · · · · · %
V		
	ation Home or Property with Personal Use Days:	
R	Check to allocate interest and taxes using the Tax Court Method	
S	Number of days property owned if less than the entire year	· · · · · · · · · · · · <u> </u>

Property Location					Page 2			
F	NO:2E,117A RASHBEHARI AV,	TRAIANGULAR	PARK, KOLP	KATA,	WEST BENGAL	, 700029,	India	
Inc	ome				% if Different	Total		
3	Enter rental income (not reported el	sewhere)	75	50.				
	Rental income from Form 1099-MIS	С						
	Rental income from Form 1099-K .							
	Rental Income from Cancellation of	Debt Wks ...						
	Total rents received		75	50.	100.000000	-	750.	
4	Enter royalties received (not reported	d elsewhere) .						
	Royalty income from Form 1099-MI	SC						
	Royalty income from Form 1099-K							
	Royalty Income from Cancellation o	f Debt Wks						
	Royalty Income from Schedule K-1							
	Total royalties received	[

Expenses		(a) Total	(b) Enter % if not 100.00	Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5	Advertising					
6 a	Auto					
b	Travel					
7	Cleaning and maint	1,865.		1,865.		
8	Commissions					
9 a	Mort insur qualified					
	From Form 1098 import					
	Total mort insur qual					
b	Other Insurance					
0	Legal & other prof fees					
1	Management fees	2,568.		2,568.		
2 a	Mortgage int qualified .	•				
	From Form 1098 import					
	Total mort int qualified					
b	Mort int other					
	From Form 1098 import		-			
	Total mort int other					
3	Other interest.					
14	Repairs	3,698.		3,698.		
5	Supplies	3,987.		3,987.		
-	Real estate taxes			0,001		
• •	From Form 1098 import		-			
	Total real estate taxes					
h	Other taxes					
7	Utilities	4,986.		4,986.		
	Depreciation	17000.		17500.		
	Depreciation carryover					
9	Other expenses					
a						
b						
C						
d						
	Indirect operating exp .					
e f	Operating exp carryover					
f	Vehicle rental.					
g	Amortization					
		17 104	-	17 104		
20	Add lines 5 through 19	17,104.		17,104.		
21	Income or (loss)			-16,354.		
22	Deductible rental real esta			-16,354.		