

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name JOSHUA DUPRE	Social security number 433-91-6490
Spouse's name	Spouse's social security number

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	98,042.
2	Total tax	2	13,797.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,337.
4	Amount you want refunded to you	4	540.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and 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.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	6	4	9	0
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
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Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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 Last name Your social security number
JOSHUA DUPRE 433 91 6490

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. Apt. no. Presidential Election Campaign
102 IRON WOOD WAY
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
LAFAYETTE LA 70508
Foreign country name Foreign province/state/country Foreign postal code
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)
Check only one box.
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.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 100,344. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 100,344.

Table with rows 2a through 6a. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends 465. 3b Ordinary dividends 485. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 98,042. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 98,042. 12 Standard deduction or itemized deductions (from Schedule A) 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 84,192.

Attach Sch. B if required.
Standard Deduction for—
• Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

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	13,797.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,797.
	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	13,797.
	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	13,797.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	14,336.
	b	Form(s) 1099	25b	1.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	14,337.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> 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	14,337.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	540.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	540.
	b	Routing number 084201278 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 75510818		
	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 SOFTWARE CONSULTANT	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. (601) 310-7521 Email address JOSHUPRE44@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/20/2024	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				

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return
JOSHUA DUPRE

Your social security number
433-91-6490

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	8,570.	11,523.		-2,953.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -2,953.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	3,760.	3,624.	4.	140.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 140.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	-2,813.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(2,813.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return
JOSHUA DUPRE

Social security number or taxpayer identification number
433-91-6490

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	MORGAN STANLEY	01/01/23	12/31/23	5,035.	4,591.			444.	
	ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	3,535.	6,932.			-3,397.	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				8,570.	11,523.			-2,953.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

JOSHUA DUPRE

433-91-6490

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	MORGAN STANLEY	01/01/23	12/31/23	3,760.	3,624.	W	4.	140.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .				3,760.	3,624.		4.	140.

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

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 433-91-6490

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 3,850.
9	Employer contributions made to your HSAs for 2023	9 2,800.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 2,800.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 1,050.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a 117.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 117.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 117.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

FORM 40NR Alabama 2023 Individual Income Tax Return NONRESIDENTS ONLY



Your social security number 433-91-6490

Spouse's SSN if joint return

Check if primary is deceased Primary's deceased date (mm/dd/yyyy)

Check if spouse is deceased Spouse's deceased date (mm/dd/yyyy)

Your first name JOSHUA Initial Last name DUPRE

Spouse's first name Initial Last name

Present home address (number and street or P.O. Box number)

102 IRON WOOD WAY

City, town, or post office

LAFAYETTE

State ZIP code

LA 70508

Foreign Country

Check if address is outside U.S.

CHECK BOX IF AMENDED RETURN

Filing Status/ 1 X \$1,500 Single 3 \$1,500 Married filing separate. Complete Spouse SSN NRA

Exemptions 2 \$3,000 Married filing joint 4 \$3,000 Head of Family (with qualifying person). Complete Schedule HOF.

Table with 3 columns: A - Alabama Tax Withheld, B - All Sources, C - Alabama Income. Rows include Wages, salaries, tips, etc.; Other income; Total income; Adjustments to income; Adjusted total income; Alabama percentage of adjusted total income; Other Adjustments; Adjusted Gross Income.

Table with 3 columns: A - Alabama Tax Withheld, B - All Sources, C - Alabama Income. Rows include Deductions: Check appropriate box (Itemized or Standard); Federal Income Tax deduction; Personal exemption; Dependent exemption; Total deductions.

Table with 3 columns: A - Alabama Tax Withheld, B - All Sources, C - Alabama Income. Rows include Tax: Taxable income; Tax due; Net tax due Alabama.

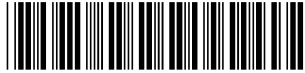
Table with 3 columns: A - Alabama Tax Withheld, B - All Sources, C - Alabama Income. Rows include Payments: Alabama Income Tax withheld; 2023 estimated tax payments; Composite tax payments; Amended Returns Only - Previous payments; Refundable Credits; Total payments; Amended Returns Only - Previous refund; Adjusted total payments.

Table with 3 columns: A - Alabama Tax Withheld, B - All Sources, C - Alabama Income. Rows include AMOUNT YOU OWE: If line 20 is larger than line 28, subtract line 28 from line 20, and add line 30 and enter AMOUNT YOU OWE; Estimated tax penalty; OVERPAID: If line 28 is larger than line 20, subtract line 20 from line 28 and enter AMOUNT OVERPAID; Amount of line 31 to be applied to your 2024 estimated tax; REFUND: REFUNDED TO YOU.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. 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.

Sign Here In Black Ink: Your Signature, Spouse's Signature, Preparer's Signature. Date, Daytime Telephone Number, Your Occupation, Spouse's Occupation, Preparer's SSN or PTIN, E.I. Number, Firms's Name (or yours if self employed), Daytime Telephone No., ZIP Code.

MAIL FORM 40NR TO: SEE INSTRUCTIONS



		B – All Sources		C – Alabama Income		
PART I Other Income <i>(See instructions)</i>	1 Interest and dividend income <i>(attach Schedule B if over \$1500.00)</i>	1 ●	511	1 ●	0	
	2 Alimony received	2 ●				
	3 Taxable portion of pensions and annuities <i>(attach Schedule RS)</i>	3 ●				
	4 Business income or (loss) <i>(attach Federal Schedule C) (see instructions)</i>	4 ●		4 ●		
	5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. <i>(attach Schedule D)</i>	5 ●	0	5 ●	0	
	6 Rents, Royalties, Partnerships, Estates, Trusts, etc. <i>(attach Schedule E)</i>	6 ●	0	6 ●		
	7 Farm income or (loss) <i>(attach Federal Schedule F) (see instructions)</i>	7 ●		7 ●		
	8 Other income <i>(state nature and source)</i>	8 ●		8 ●		
	9 Total other income. Add lines 1 through 8, column B, and lines 1, 4 through 8, column C. Enter here and also on page 1, line 6	9 ●	511	9 ●	0	
PART II Adjustments to Income <i>(See instructions)</i>	1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction	1 ●		1 ●		
	2 Penalty on early withdrawal of savings	2 ●				
	3 Moving Expenses (Attach Federal Form 3903)					
	Place of new employment:	3 ●		3 ●		
	4 Self-employed health insurance deduction	4 ●		4 ●		
	5 Payments to Alabama College Counts 529 Fund or Alabama PACT program	5 ●		5 ●		
	6 Firefighter's Insurance Premiums	6 ●		6 ●		
	7 Contributions to an Achieving a Better Life Experience (ABLE) savings account	7 ●		7 ●		
8 Adjustments to income. Add lines 1 through 7, Column B, and lines 1, 3 through 7, Column C. Enter here and also on page 1, line 8, columns B and C	8 ●		8 ●			
PART III Other Adjustments <i>(See instructions)</i>	1 Alimony Paid	1 ●				
	2 Adoption Expenses	2 ●				
	3 Health insurance deduction for small employer employee	3 ●				
	4 Add lines 1 through 3, enter here and on page 1, line 11, column B	4 ●				
	5 Enter the percentage from page 1, line 10	5 ●	4.77%			
	6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C	6 ●				
PART IV Federal Income Tax Deduction <i>(See instructions)</i>	If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3.		B – Federal Adjusted Gross Income		C – Alabama Federal Tax Deduction Computation	
	1 Your joint federal adjusted gross income	1 ●				
	2 Your federal adjusted gross income	2 ●				
	3 Divide line 2 by line 1. Enter percentage here			3 ●		%
	4 Enter the Federal Income Tax Liability from worksheet <i>(see instructions)</i>			4 ●	13,797	
	5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3			5 ●		
	6 Enter the percentage from page 1, line 10			6 ●	4.77%	
7 If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise, multiply line 4 by percentage on line 6			7 ●	658		
PART V Dependents	1 Total number of dependents from Schedule DS, line 1b	1 ●				
	2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions	2 ●				
	3 Enter the percentage from page 1, line 10 of your return	3 ●		3 ●	4.77%	
	4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16	4 ●				
PART VI General Information	1 Name of state of which you were a legal resident in 2023 <u>LA</u>					
	2 Did you file a return with that state for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____					
	3 If married, did your spouse receive a separate income for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name here. _____					
	4 Did you file an Alabama return for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____					
All Taxpayers Must Complete This Section <i>(See instructions)</i>	5 Give name and address of your present employer(s). Yours: <u>CGI TECHNOLOGIES AND SOLUTIONS INC 11325 RANDOM HILLS ROAD FAIRFAX VA 22030</u> Your Spouse's: _____					
	6 Enter the Adjusted Gross Income reported on your 2023 Federal Individual Income Tax Return	6 ●		6 ●	98,042	
Drivers License Info	DOB (mm/dd/yyyy) ● _____ DL# ● _____	Your state ● _____ Spouse state ● _____ DL# ● _____	Iss date (mm/dd/yyyy) ● _____ Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____ Exp date (mm/dd/yyyy) ● _____		

SCHEDULES
A, B, D, & E
(FORM 40NR)



(Schedules B, D, and E are on back)
ATTACH TO FORM 40NR — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40NR JOSHUA DUPRE	Your social security number 433-91-6490
---	--

The itemized deductions you may claim for the year 2023 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule.

<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>						
Medical and Dental Expenses	1 Medical and dental expenses.....	1	0	00		
	2 Enter amount from Form 40NR, line 12, col. B	2		00		
	3 Multiply the amount on line 2 by 4% (.04). Enter the result.	3		00		
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....	4	•		00	
Taxes You Paid	5 Real estate taxes.	5		00		
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6	7,676	00		
	7 Railroad Retirement. (Tier 1 only)	7		00		
	8 Other taxes. (List – include personal property taxes.) _____	8		00		
	9 Add the amounts on lines 5 through 8. Enter the total here.	9	•	7,676	00	
Interest You Paid	10a Home mortgage interest and points reported to you on Federal Form 1098.	10a		00		
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ► _____					
		10b		00		
	NOTE: Personal interest is not deductible.	11 Reserved for future use.	11		00	
	12 Points not reported to you on Form 1098.	12		00		
	13 Investment interest. (Attach Form 4952A).	13		00		
14 Add the amounts on lines 10a through 13. Enter the total here.	14	•		00		
Gifts to Charity	<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>					
	15 Contributions by cash or check (If more than \$250, see instructions).	15		00		
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		00		
	17 Carryover from prior year.	17		00		
18 Add the amounts on lines 15 through 17. Enter the total here.	18	•		00		
Qualified Long-Term Care	<i>CAUTION: Do not include medical insurance premiums.</i>					
	19 Enter Amount	19	•		00	
Miscellaneous Deductions	20 Other (from list in the instructions). List type and amount. ► _____					
		20	•		00	
Proration of Above Amounts	21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.)	21	•	7,676	00	
	22 Enter percentage (%) from Form 40NR, page 1, line 10.	22	•	4.77	%	
	23 Multiply line 21 by the percentage on line 22.	23	•	366	00	
Alabama Casualty and Theft Losses	24a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16, attach copy.	24a		00		
	b Enter 10% of your Adjusted Gross Income (Form 40NR, line 12, column C) if box B checked, otherwise enter zero	24b		00		
	c Subtract line 24b from line 24a. If zero or less, enter -0-	24c	•		00	
Alabama Job Related Expenses	25 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ► _____	25		00		
	26 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ► _____	26		00		
	27 Add the amounts on lines 25 and 26. Enter the total here.	27		00		
	28 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here.	28		00		
	29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0-	29	•		00	
<i>You may ONLY deduct expenses associated with your Alabama income.</i>						
Total Itemized Deductions	30 Add the amounts on lines 23, 24c, and 29. Enter the total here. Then enter on Form 40NR, page 1, line 13 and check 13a, Itemized Deductions.	30	•	366	00	



Name(s) as shown on Form 40NR (Do not enter name and social security number if shown on other side)
 JOSHUA DUPRE

Your social security number
 433-91-6490

SCHEDULE B – Interest and Dividend Income

		1		B		C	
		511 00		Adjusted Gross Income from All Sources		Adjusted Gross Income Earned in Alabama	
1	Total Income from Interest and Dividends before any exclusions ▶						
2	List all interest received from obligations of the Federal Government, State of Alabama, and political subdivisions of Alabama.						
a	_____	2a	00				
b	_____	2b	00				
c	_____	2c	00				
d	_____	2d	00				
3	Total. Add amounts on lines 2a, b, c, and d. ▶	3	00				
4	TOTAL TAXABLE INCOME FROM INTEREST AND DIVIDENDS. Subtract line 3 from line 1. Enter here and also on Form 40NR, page 2, Part I, line 1, column B and C. ▶	4	511 00			0 00	

SCHEDULE D – Profit From Sale of Real Estate, Stocks, Bonds, etc.

		1		B		C					
		00									
1	Enter total gain or (loss), before any Federal exclusion, from the sale of all assets which is not taxable to the State of Alabama.										
2	Itemize all other transactions which are taxable to Alabama in columns a through f below.										
a	Kind of Property & Location	b	Date Acquired	c	Amount Received	d	Depreciation Allowable Since Acquisition	e	Cost or Other Basis	f	Subsequent Improvements
3	Totals.										
4	Net profit or (loss) (total of columns c and d less total of columns e and f).	4	0 00								0 00
5	TOTAL GAIN OR (LOSS) FROM SALE OF REAL ESTATE, STOCKS, BONDS, ETC. Add the amounts on lines 1 and 4. Enter here and on Form 40NR, page 2, Part I, line 5, columns B and C. ▶	5	0 00								0 00

SCHEDULE E – Income From Rents, Royalties, Partnerships, Estates, Trusts, and S Corporations

PART I – Rent and Royalty Income or (Loss)

		1		B		C			
		00							
1	Enter total income or (loss) from all rents and royalties which is not taxable to Alabama.								
2	Itemize below all rent and royalty income which is taxable to Alabama.								
a	Kind of Property & Location	b	Amount of Rent or Royalty	c	Depreciation or Depletion (attach schedule)	d	Repairs (attach itemized list)	e	Other Expenses (attach itemized list)
3	Totals (columns 2b through 2e).								
4	Net profit or (loss) (column b less sum of columns 2c through 2e).	4	0 00						00
5	TOTAL INCOME FROM RENTS AND ROYALTIES. Add the amounts on lines 1 and 4. Enter the totals here and include in line 8 below. ▶	5	0 00						00

PART II – Income or (Loss) from Partnerships, S Corporations, Estates, or Trusts

		6a		6b		6c	
		00		00		00	
6	List income received from partnerships, estates, trusts, and S corporations in 2023. Income from these sources not taxable to Alabama should be listed in column B only. This type income earned from Alabama sources should be listed in both columns B and C.						
	Name and Address	Check One			Employer Identification Number		
		Partnership	Estate or Trust	S Corporation			

7	TOTAL INCOME OR (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts on lines 6a, b, and c. Enter the totals here and include in line 8 below. ▶	7	00				00

PART III – Summary

8	TOTAL INCOME OR (LOSS). Combine the amounts on lines 5 and 7, columns B and C. Enter here and on Form 40NR, page 2, Part I, line 6, columns B and C. ▶	8	0 00			00
---	--	---	------	--	--	----



SCHEDULE
W-2
(FORM 40, 40A, or 40NR)



2023



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.

JOSHUA DUPRE

433-91-6490

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/C-EZ Filed?	E State Code	F Alabama Employer's State ID Number	G Alabama State Income Tax Withheld	H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages – Other States	
1	• 433-91-6490	• 540856778	• <input type="checkbox"/>	• <input type="checkbox"/>	• OS	•	•	•	•	• 95,538	
2	• 433-91-6490	• 540856778	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 0000232108	• 151	• 100,344	• 4,806	•	
3	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here ...						• 151				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements.						• 0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.						• 151	• 100,344	• 4,806	• 95,538	

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE



Taxpayer E-file Opt Out Election Form

General Information

Tax preparers who prepare 11 or more individual income tax returns in any calendar year are required by Alabama Rule 810-3-27-.09, in that calendar year and for each subsequent year thereafter, to file all acceptable Alabama individual income tax returns using electronic medium. Filing paper returns with 2D barcode technology will no longer be allowed in meeting this requirement.

As a taxpayer receiving services from a tax preparer who is required by Alabama law to file all acceptable Alabama individual income tax returns using electronic medium you may elect to "Opt Out." That is, you may elect to not file your return using an electronic medium. Returns submitted electronically are processed faster, more accurately, and at a lower cost to the Department. If you elect to "Opt Out," you are required to complete this form, which must be attached to your original paper individual income tax return. The paper return must have a 2D barcode on it when submitted to the Department with this form.

By signing this form, you have elected to:

NOT file your return electronically.

Reason for election: _____

TAXPAYER'S SIGNATURE	DATE 03/20/2024	SPOUSE'S SIGNATURE (IF FILING JOINT RETURN)	DATE
TAXPAYER'S NAME (PLEASE PRINT) JOSHUA DUPRE	SPOUSE'S NAME (IF FILING JOINT RETURN) (PLEASE PRINT)		
PRIMARY'S SSN 433-91-6490	SPOUSE'S SSN (IF FILING JOINT RETURN)		
PREPARER'S OR FIRM'S NAME SYAM PRIYA RAM SAGAR GUPTA	PREPARER'S FEIN / PTIN / SSN P02082703	DATE 03/20/2024	

Instructions for Paid Tax Preparers

If you are complying with Alabama Rule 810-3-27-.10 by offering electronic filing, you must file all acceptable Alabama individual income tax returns electronically. If the taxpayer elects not to file electronically, then the taxpayer must complete this form. Attach this form to the taxpayer's Alabama individual income tax return.

If you are complying with Alabama Rule 810-3-27-.10 and the taxpayer elects not to file electronically, you must submit the taxpayer's Alabama individual income tax return with the 2D barcode printed on the return.

Income Worksheet

2023

Name as Shown on Return JOSHUA DUPRE	Social Security Number 433-91-6490
---	---------------------------------------

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
 Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
CGI TECHNOLOGIES AND SOLU	<input type="checkbox"/>	LA	95,538.	0.	
CGI TECHNOLOGIES AND SOLU	<input type="checkbox"/>	AL	4,806.	4,806.	151.
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
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	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			100,344.	4,806.	151.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
 Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
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	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			

Interest Income Statement

2023
Statement INT

Name(s) shown on return JOSHUA DUPRE	Social Security Number 433-91-6490
---	---------------------------------------

Interest Income and Adjustments

Payer's Name	Regular Interest	Type	U.S. Government Interest	Tax exempt Interest	Type of Adjustment	Adjustment Amount (enter as positive)	Subtotal	St ID
	Minus Bond Premium on regular interest		Minus Bond Premium on U.S. Govt Interest	Minus Bond Premium on exempt interest				
ROBINHOOD SECURITIES LLC							26.	
	26.						26.	

- | | |
|--|--|
| <p>Type</p> <ul style="list-style-type: none"> (blank) Regular Taxable Interest M State Use Only S Seller Financed | <p>Type of Adjustment</p> <ul style="list-style-type: none"> N Nominee Distribution O OID Adjustment A Accrued Interest H Other Adjustment U U.S. Savings Bond Previously Reported |
|--|--|

Summary

	Exempt	Subtotal
1 Subtotal of all interest income		26.
2 Net U.S. obligations		
3 Net in-state municipal bonds		
4 Net tax-exempt municipal bonds from certain U.S. Territories		
5 Net interest income (Line 1 minus lines 2, 3 and 4)		26.

Dividend Income Statement

2023
Statement DIV

Name(s) shown on return
JOSHUA DUPRE

Social Security Number
433-91-6490

Dividend Income and Adjustments

Payer's Name	Federally Exempt Interest Dividends		Ordinary Dividends	Capital Gain Distributions	Nontax Distributions	Type of Adj & Adj Amt (enter as positive)	U.S. Interest Amount included in Dividends
	*	Amount					
CHARLES SCHWAB & CO., INC.	<input type="checkbox"/>		18.				
ROBINHOOD SECURITIES LLC	<input type="checkbox"/>		467.		16.		
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

* Enter 'X' if tax-exempt for Alabama purposes

Summary of Dividends

1	Total Gross Dividends	501.
2	Nominee and Other Adjustments	
3	Exempt-Interest Dividends	
4	US Interest Amount Included in Dividends (net)	
5	Total Adjustment Amount	
6	Subtotal (Line 1 less Line 5)	501.
7	Capital Gains (net)	
8	Nontaxable Distributions (net)	16.
9	Total of Line 7 and Line 8	16.
10	Net Dividend Income (Line 6 less Line 9)	485.



Your first name and initial JOSHUA DUPRE	Last name	Your Social Security Number 1 4 3 3 9 1 6 4 9 0	2023
Spouse's first name and initial	Last name	Spouse's Social Security Number 2	
Present home address (number and street including apartment number or rural route) 102 IRON WOOD WAY		Daytime Telephone Number 6 0 1 3 1 0 7 5 2 1	
City, town, or post office LAFAYETTE		State ZIP LA 70508	

Part A Tax Return Information

Balance Due , , .
 Refund Due , , .

Part B Direct Deposit of Refund (Optional) or Direct Debit (Optional)

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

Account Number

Type of Account: Checking Savings
(Check one.)

Direct Debit Payment

, , .

Withdrawal Date

MM DD YYYY

Full Payment Partial Payment
 Payment made/will be made by credit card.

PART C Declaration of Taxpayer

REV 12/19/23 PRO

- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____
Your signature Date Spouse's signature (if joint return) Date

Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. _____
 Preparer's signature Social Security Number or ID Number Date Telephone
 Mark box if also ERO. _____
 Electronic Return Originator's signature Social Security Number or ID Number Date Telephone

This form is to be maintained by ERO. Do not submit to LDR.

Name Change

2023 LOUISIANA RESIDENT - 2D

Decedent Filing

JOSHUA DUPRE

Your SSN

433916490

Spouse Decedent

Spouse's SSN

Address Change

102 IRON WOOD WAY

Amended Return

LAFAYETTE

LA 70508

Telephone

6013107521

NOL Carryback

07301994
Your Date of Birth

Spouse's Date of Birth

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

Enter a "1" in box if **single**.

Enter a "2" in box if **married filing jointly**.

Enter a "3" in box if **married filing separately**.

Enter a "4" in box if **head of household**.

If the qualifying person is not your dependent, enter name here.

Enter a "5" in box if **qualifying surviving spouse**.

If the qualifying person is not your dependent, enter name here.

6 EXEMPTIONS:

6A Yourself

65 or older

Blind

Qualifying Surviving Spouse

Total of 6A & 6B 1

6B Spouse

65 or older

Blind

6C DEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on Federal Form 1040 or 1040-SR here.

6C 0

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D EXEMPTIONS – Total of 6A, 6B, and 6C. 6D 1

6E DEPENDENTS FOR CERTAIN ADOPTIONS 6E 0
DEDUCTION – Enter the number of dependents included on Line 6C for whom you are claiming the Deduction for Certain Adoptions. Enter name here.

6F TOTAL EXEMPTIONS – Subtract Line 6E from Line 6D. 6F 1

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FOR OFFICE USE ONLY

Field Flag

62450

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 12

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	X	From Louisiana Schedule E, attached		98042
8A	FEDERAL ITEMIZED DEDUCTIONS			8A	0
8B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES			8B	0
8C	FEDERAL STANDARD DEDUCTION			8C	0
8D	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8C from Line 8B.			8D	0
9	YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less than zero, enter '0'. Use this figure to find your tax in the tax tables.			9	98042
10	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.			10	3497
11	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6 .			11	132
12	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 11 from Line 10. If the result is less than zero, or you are not required to file a federal return, enter zero "0".			12	3365
13	2023 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Child Care Credit Worksheet.			13	0
13A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.			13A	0
13B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.			13B	0
14	2023 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.			14	0
	5 0 4 0 3 0 2 0				
15	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.			15	0
16	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9.			16	0
17	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 13, and 14 through 16. Do not include amounts on Lines 13A and 13B.			17	0
18	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS			18	3365
19	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS			19	0
20	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16.			20	0
21	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 20 from Line 18.			21	3365



22A	CONSUMER USE TAX – You must mark one of these boxes.	<input checked="" type="checkbox"/>	No use tax due.	22A	0
			Amount from the Consumer Use Tax Worksheet.		
22B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE	<input checked="" type="checkbox"/>	No usage fee due.	22B	0
			Amount from Form R-19000A.		
23	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE – Add Lines 21, 22A and 22B.			23	3365
24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 19.			24	0
25	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6.			25	0

PAYMENTS

26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2023 – Attach Forms W-2 and 1099.			26	3410
27	AMOUNT OF CREDIT CARRIED FORWARD FROM 2022			27	0
28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2023			28	0
29	AMOUNT OF EXTENSION PAYMENT			29	0
30	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 24 through 29.			30	3410
31	OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line 23 from Line 30. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 38.			31	45
32	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.			32	0
33	ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38.			33	45
34	TOTAL DONATIONS – From Schedule D, Line 22.			34	0

REFUND DUE

35	SUBTOTAL – Subtract Line 34 from Line 33. This amount of overpayment is available for credit or refund.			35	45
36	AMOUNT OF LINE 35 TO BE CREDITED TO 2024 INCOME TAX		CREDIT	36	0
	AMOUNT TO BE REFUNDED – Subtract Line 36 from Line 35. If mailing to LDR, use the address on the bottom of page 4.				
37	Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.		REFUND 2	37	45

DIRECT DEPOSIT INFORMATION

Type:	Checking	Savings	Will this refund be forwarded to a financial institution located outside the United States?	Yes	No
Routing Number			Account Number		



Enter the first 4 letters of your last name in these boxes.
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AMOUNTS DUE LOUISIANA

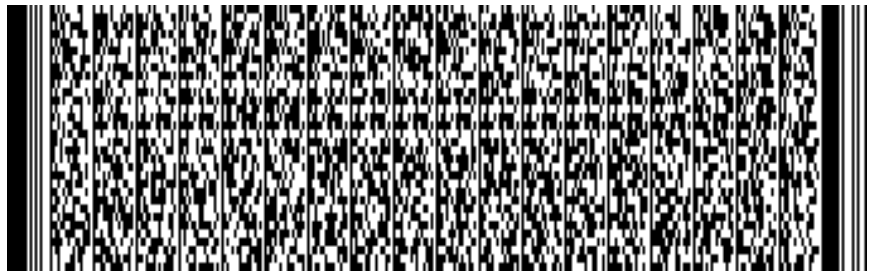
38	AMOUNT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23.	38	0
39	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	39	0
40	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	40	0
41	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	41	0
42	INTEREST – From the Interest Calculation Worksheet, Line 5.	42	0
43	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3.	43	0
44	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	44	0
45	UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	45	0
46	BALANCE DUE LOUISIANA – Add Lines 38 through 45 If mailing to LDR, use address below. For electronic payment options, see instructions.	46	0

PAY THIS AMOUNT.

DO NOT SEND CASH.

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip.
Do not staple.



Status 010

Contribution and Donation 0000

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. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 37.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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PAID PREPARER USE ONLY	Print/Type Preparer's Name	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	SYAM PRIYA RAM SAGAR GUP		03/20/2024	
	Firm's Name ▶	GLOBAL TAXES LLC	Firm's FEIN ▶	
	Firm's Address ▶	245 ROONEY CT E BRUNSWICKNJ 08816	Telephone ▶	678-965-9522

Name
DUPR

Individual Income Tax Return
Calendar year return due 5/15/24

P02082703

Mail to: Department of Revenue
PO BOX 3440
BATON ROUGE LA 70821-3440

PTIN, FEIN, or LDR
Account Number
of Paid Preparer


For Office
Use Only.



SCHEDULE C – 2023 NONREFUNDABLE PRIORITY 1 CREDITS

1 CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – A copy of the return filed with the other states and Form R-10606 must be submitted with this schedule.

1A Enter the total of Net Tax Liability Paid to Other States from Form R-10606. **1A** 148

1B Enter the Credit for Taxes Paid to Other States from Form R-10606. **1B** 132

Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. *See the instructions.*

	Credit Description	Credit Code	Amount of Credit Claimed
2	_____	2	0
3	_____	3	0
4	_____	4	0
5	_____	5	0
6	Add Lines 1B, and 2 through 5. Also, enter this amount on Form IT-540, Line 11.	6	132



SCHEDULE E – 2023 ADJUSTMENTS TO INCOME

Social Security Number **433916490**

1	FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040 or 1040-SR, Line 11. Check box if amount is less than zero.	1	98042
2A	INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS	2A	0
2B	RECAPTURE OF START CONTRIBUTIONS	2B	0
2C	RECAPTURE OF START K12 CONTRIBUTIONS	2C	0
2D	ADD BACK OF PASS-THROUGH ENTITY LOSS	2D	0
3	TOTAL – Add Lines 1, 2A, 2B, 2C, and 2D.	3	98042

EXEMPT INCOME – Enter on Lines 4A through 4G the amount of exempted income included in Line 1 above. Enter description and associated code, along with the dollar amount. *See the instructions.*

	Exempt Income Description	Code	Amount
4A	_____	4A	0
4B	_____	4B	0
4C	_____	4C	0
4D	_____	4D	0
4E	_____	4E	0
4F	_____	4F	0
4G	_____	4G	0
4H	EXEMPT INCOME – Add Lines 4A through 4G.	4H	0
5	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 4H from Line 3 Also, enter this amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used.	5	98042

Description	Code
Interest and Dividends on US Government Obligations.....	01E
Louisiana State Employees' Retirement Benefits (Date Retired).....	02E
Taxpayer _____ Spouse _____	
Louisiana State Teachers' Retirement Benefits (Date Retired).....	03E
Taxpayer _____ Spouse _____	
Federal Retirement Benefits (Date Retired).....	04E
Taxpayer _____ Spouse _____	
Other Retirement Benefits (Date Retired).....	05E
Provide name or statute: _____	
Taxpayer _____ Spouse _____	
Annual Retirement Income Exemption for Taxpayers 65 or over	06E
Provide name of pension or annuity: _____	

Description	Code
Taxable Amount of Social Security	07E
Native American Income	08E
START Savings Program Contribution	09E
Military Pay Exclusion	10E
Road Home	11E
Recreation Volunteer	13E
Volunteer Firefighter	14E
Voluntary Retrofit Residential Structure	16E
Elementary and Secondary School Tuition	17E
Educational Expenses for Home-Schooled Children	18E
Educational Expenses for Quality Public Education	19E
Capital Gain from Sale of Louisiana Business	20E
Employment of Certain Qualified Disabled Individuals	21E
S Bank Shareholder Income Exclusion	22E
Entity Level Taxes Paid to Other States	23E
Pass-Through Entity Exclusion	24E
IRC 280C Expense	25E
COVID-19 Relief Benefits	27E
START K12 Savings Program Contributions	28E
Digital Nomads	29E
Certain Adoptions	30E
Other (Identify: _____)	49E

