

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**  
 ▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|  |                                       |
|--|---------------------------------------|
| Taxpayer's name<br>STEFFY ANNAMMA OOMMEN | Social security number<br>787-47-4674 |
| 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 | 130,656. |
| 2 Total tax . . . . .   | 2 | 15,962.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 27,173.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 11,211.  |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 4 | 6 | 7 | 4 |
|---|---|---|---|---|

 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 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 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 |
|---|---|---|---|---|---|---|---|---|---|---|

  
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 STEFFY ANNAMMA Last name OOMMEN Your social security number 787 47 4674

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. 2782 SW 196TH CT Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

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

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

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

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

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

Income section table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (147,484); 1b Household employee wages; 1c Tip income; 1d Medicaid waiver payments; 1e Taxable dependent care benefits; 1f Employer-provided adoption benefits; 1g Wages from Form 8919, line 6; 1h Other earned income (0); 1i Nontaxable combat pay election; 1z Add lines 1a through 1h (147,484).

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest (0); 3a Qualified dividends (84); 3b Ordinary dividends (84); 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss); 8 Additional income from Schedule 1, line 10 (-16,912); 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (130,656); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income (130,656); 12 Standard deduction or itemized deductions (from Schedule A) (36,726); 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 (36,726); 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (93,930).

Tax and Credits table with rows 16-24. Includes Tax (15,962), Amount from Schedule 2, line 3, Add lines 16 and 17 (15,962), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (15,962), Other taxes (0), and Add lines 22 and 23 (15,962).

Payments table with rows 25-33. Includes Federal income tax withheld (27,173), 2023 estimated tax payments, Earned income credit (0), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, and total other payments and refundable credits (27,173).

Refund table with rows 34-36. Includes amount overpaid (11,211), amount refunded to you (11,211), and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature lines for taxpayer and spouse, including occupation and PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone/EIN.

**SCHEDULE 1  
(Form 1040)**

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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

Your social security number  
787-47-4674

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -16,912. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -16,912. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    |            | <b>26</b>  |  |

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

STEFFY ANNAMMA OOMMEN

Your social security number

787-47-4674

|                                    |   |  |         |         |
|------------------------------------|---|--|---------|---------|
| <b>Medical and Dental Expenses</b> | <b>Caution:</b> Do not include expenses reimbursed or paid by others. |  |         |         |
|                                    | 1   | Medical and dental expenses (see instructions)   | 1       |         |
|                                    | 2   | Enter amount from Form 1040 or 1040-SR, line 11  | 2       |         |
|                                    | 3   | Multiply line 2 by 7.5% (0.075)  | 3       |         |
|                                    | 4   | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-  |         | 4       |
| <b>Taxes You Paid</b>              | 5   | State and local taxes.   |         |         |
|                                    | a   | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a      | 11,950. |
|                                    | b   | State and local real estate taxes (see instructions)   | 5b      | 4,667.  |
|                                    | c   | State and local personal property taxes  | 5c      |         |
|                                    | d   | Add lines 5a through 5c  | 5d      | 16,617. |
|                                    | e   | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | 5e      | 10,000. |
|                                    | 6   | Other taxes. List type and amount: _____   | 6       |         |
|                                    | 7   | Add lines 5e and 6   | 7       | 10,000. |
| <b>Interest You Paid</b>           | 8   | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>   |         |         |
|                                    | a   | Home mortgage interest and points reported to you on Form 1098. See instructions if limited  | 8a      | 26,726. |
|                                    | b   | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____                            | 8b      |         |
|                                    | c   | Points not reported to you on Form 1098. See instructions for special rules  | 8c      |         |
|                                    | d   | Reserved for future use  | 8d      |         |
|                                    | e   | Add lines 8a through 8c  | 8e      | 26,726. |
|                                    | 9   | Investment interest. Attach Form 4952 if required. See instructions  | 9       |         |
| 10                                 | Add lines 8e and 9  | 10   | 26,726. |         |
| <b>Gifts to Charity</b>            | 11  | Gifts by cash or check. If you made any gift of \$250 or more, see instructions  | 11      |         |
|                                    | 12  | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500   | 12      |         |
|                                    | 13  | Carryover from prior year  | 13      |         |
|                                    | 14  | Add lines 11 through 13  | 14      |         |
| <b>Casualty and Theft Losses</b>   | 15  | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions   |         | 15      |
| <b>Other Itemized Deductions</b>   | 16  | Other—from list in instructions. List type and amount: _____   |         | 16      |
| <b>Total Itemized Deductions</b>   | 17  | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12   | 17      | 36,726. |
|                                    | 18  | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>   |         |         |

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

STEFFY ANNAMMA OOMMEN

Your social security number

787-47-4674

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** VEDIKATTIL HOUSE, MUNDAMALA PURAMATTOM, THIRUVALLA KERALA IN 689543

**B** \_\_\_\_\_  
**C** \_\_\_\_\_

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 364              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:   | Properties: |   |   |
|---|-------------|---|---|
|   | A           | B | C |
| <b>3</b> Rents received . . . . .   | 890.        |   |   |
| <b>4</b> Royalties received . . . . .   |             |   |   |
| <b>Expenses:</b>  |             |   |   |
| <b>5</b> Advertising . . . . .  |             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   |             |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | 1,587.      |   |   |
| <b>8</b> Commissions . . . . .  |             |   |   |
| <b>9</b> Insurance . . . . .  |             |   |   |
| <b>10</b> Legal and other professional fees . . . . .   |             |   |   |
| <b>11</b> Management fees . . . . .   | 1,365.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  |             |   |   |
| <b>13</b> Other interest . . . . .  |             |   |   |
| <b>14</b> Repairs . . . . .   | 3,988.      |   |   |
| <b>15</b> Supplies . . . . .  | 3,865.      |   |   |
| <b>16</b> Taxes . . . . .   |             |   |   |
| <b>17</b> Utilities . . . . .   | 3,144.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | 3,853.      |   |   |
| <b>19</b> Other (list) _____  |             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | 17,802.     |   |   |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | -16,912.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | ( 16,912. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | 890.        |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   |             |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  |             |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | 3,853.      |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | 17,802.     |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  |             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | ( 16,912. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | -16,912.    |   |   |

2023 Form OR-40  
Oregon Individual Income Tax Return for Full-year Residents

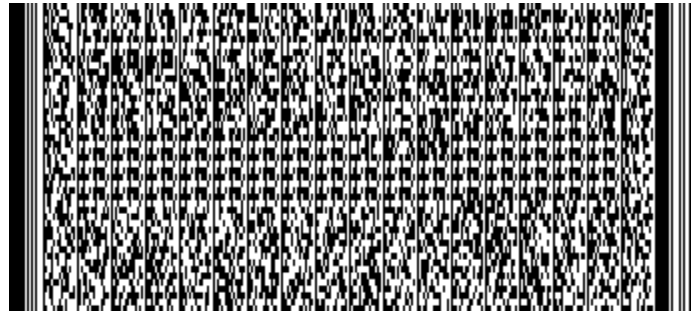
Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

- Extension filed
- Form OR-24
- Amended return.  
If amending for an NOL tax year (YYYY)  
NOL, tax year the  
NOL was generated:  Form OR-243
- Calculated with "as if" federal return  Federal Form 8379
- Short-year tax election  Federal Form 8886
- Disaster relief



First name Initial Date of birth (MM/DD/YYYY)

STEFFY ANNAMMA 09/08/1990

Last name

OOMMEN

Social Security number (SSN)

787-47-4674

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

Spouse last name

Spouse SSN

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current mailing address

2782 SW 196TH CT

City

BEAVERTON

Country

USA

State

OR

Phone

513-641-7438

ZIP code

97003

Filing Status (check only one box)

- 1.  Single
- 2.  Married filing jointly
- 3.  Married filing separately (enter spouse information above)
- 4.  Head of household (with qualifying dependent)
- 5.  Qualifying surviving spouse





Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN

OOMMEN 787-47-4674

Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

6b. Credits for your spouse .....6b.

Check boxes that apply: [ ] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

Dependents

List your dependents in order from youngest to oldest. If you have more than three dependents, complete Schedule OR-ADD-DEP. Include the schedule with your return.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code \*

[ ] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code \*

[ ] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code \*

[ ] Dependent 3: Check if child has a qualifying disability

\*Dependent relationship code (see instructions).

6c. Total number of dependents..... 6c.

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 1



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Last name SSN
OOMMEN 787-47-4674

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Taxable income

7. Federal adjusted gross income from federal Form 1040, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions)..... 7. 130,656.00
8. Total additions from Schedule OR-ASC, line A5 ..... 8.
9. Income after additions. Add lines 7 and 8 ..... 9. 130,656.00

Subtractions

10. 2023 federal tax liability (see instructions)..... 10. 4,700.00
11. Social Security amount on federal Form 1040 or 1040-SR, line 6b ..... 11.
12. Oregon income tax refund included in federal income..... 12.
13. Total subtractions from Schedule OR-ASC, line B7 ..... 13.
14. Total subtractions. Add lines 10 through 13..... 14. 4,700.00
15. Income after subtractions. Line 9 minus line 14 ..... 15. 125,956.00

Deductions

16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 ..... 16. 31,414.00
17. Standard deduction. Enter your standard deduction ..... 17. 2,605.00

You were: 17a. [ ] 65 or older 17b. [ ] Blind Your spouse was: 17c. [ ] 65 or older 17d. [ ] Blind

Table with 6 columns: Standard deductions, Single, Married filing jointly, Married filing separately, Qualifying surviving spouse, Head of household. Values: \$2,605, \$5,210, \$2,605 or \$0, \$5,210, \$4,195.

See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent. See instructions if you are married filing separately.

18. Enter the larger of line 16 or 17 ..... 18. 31,414.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 ..... 19. 94,542.00



Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
OOMMEN 787-47-4674

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Oregon tax

20. Tax (see instructions) 20. 7,987.00

Check the appropriate box if you're using an alternative method to calculate your tax:

20a. [ ] Schedule OR-FIA-40 20b. [ ] Worksheet FCG 20c. [ ] Schedule OR-PTE-FY

21. Interest on certain installment sales 21.

22. Total tax recaptures from Schedule OR-ASC, line C5 22.

23. Total additions to tax. Line 21 plus line 22 23.

24. Total tax before credits. Add lines 20 and 23 24. 7,987.00

Standard and carryforward credits

25. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$236. Otherwise, see instructions 25.

26. Political contribution credit. See limits in instructions 26.

27. Total standard credits from Schedule OR-ASC, line D16 27.

28. Total standard credits. Add lines 25 through 27 28.

29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter 0 29. 7,987.00

30. Total carryforward credits used this year from Schedule OR-ASC, line E9. Line 30 can't be more than line 29 (see Schedule OR-ASC instructions) 30.

31. Tax after standard and carryforward credits. Line 29 minus line 30 31. 7,987.00



Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
OOMMEN 787-47-4674

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Payments and refundable credits

32. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099..... 32. 11,782.00
33. Amount applied from your prior year's tax refund..... 33.
34. Estimated tax payments for 2023. Include all estimated payments you made by April 15, 2024, including any extension payment (see instructions). Do not include the amount on line 33..... 34.
35. Tax payments from a pass-through entity ..... 35.
36. Earned income credit (see instructions)..... 36.
37. Oregon Kids Credit (see instructions) ..... 37.
38. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter 0 and see line 55 ..... 38. 4,742.00
39. Total refundable credits from Schedule OR-ASC, line F7 ..... 39.
40. Total payments and refundable credits. Add lines 32 through 39..... 40. 16,524.00

Tax to pay or refund

41. Overpayment of tax. If line 31 is less than line 40, you overpaid. Line 40 minus line 31 ..... 41. 8,537.00
42. Net tax. If line 31 is more than line 40, you have tax to pay. Line 31 minus line 40 ..... 42.
43. Penalty and interest for filing or paying late (see instructions) ..... 43.
44. Interest on underpayment of estimated tax. Include Form OR-10 ..... 44.

Exception number from Form OR-10, line 1 44a. Check box if you annualized: 44b. [ ]



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
OOMMEN 787-47-4674

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Tax to pay or refund (continued)

- 45. Total penalty and interest due. Add lines 43 and 44 ..... 45.
46. Net tax including penalty and interest.
Line 42 plus line 45 ..... This is the amount you owe. 46.
47. Overpayment less penalty and interest.
Line 41 minus line 45 ..... This is your refund. 47. 8,537.00
48. Estimated tax. Fill in the portion of line 47 you want applied to your open
estimated tax account ..... 48.
49. Charitable checkoff donations from Schedule OR-DONATE, line 30 ..... 49.
50. Political party \$3 checkoff ..... 50.
Party code: 50a. You 50b. Spouse
51. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 ..... 51.
52. Total. Add lines 48 through 51. Line 52 can't be more than your
refund on line 47 ..... 52.
53. Net refund. Line 47 minus line 52 ..... This is your net refund. 53. 8,537.00

Direct deposit

54. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: [ ]

Type of account:

[X] Checking or

[ ] Savings

Account information:

Routing number

Account number

044000037

790610211

Kicker donation

55. If you elect to donate your kicker to the State School Fund, check this box..... 55a. [ ]

Complete the kicker worksheet in the instructions and enter the amount here..... This election is irrevocable. 55b.



Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

OOMMEN

787-47-4674

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct and complete.

Your signature

X

Date (MM/DD/YYYY)

Spouse signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X SYAM PRIYA RAM SAGAR GUPTA

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

04/07/2024

678-965-9522

Preparer first name

Initial

Preparer last name

SYAM

P

RAM SAGAR GUPTA

Preparer address

245 ROONEY CT

City

State

ZIP code

E BRUNSWICK

NJ

08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

Pay the amount due (shown on line 45)

- Online: www.oregon.gov/dor.
By mail: Payable to the Oregon Department of Revenue. Write "2023 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, don't include Form OR-40-V payment voucher.

Mail your return

- Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 8 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

OOMMEN

787-47-4674

**Note: Reprint page 1 if you make changes to this page.**

**Amended statement.** Complete this section only if you're amending your 2023 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.



# 2023 Schedule OR-A Oregon Itemized Deductions

Oregon Department of Revenue

Page 1 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

OOMMEN

Social Security number (SSN)

787-47-4674

**Read instructions carefully before completing. If you itemize, you must include this schedule with your Oregon return.**

## Medical and dental expenses

**Caution!** Don't include expenses reimbursed or paid by others.

- |   |    |            |
|---|----|------------|
| 1. Medical and dental expenses (see instructions).....  | 1. |            |
| 2. Federal adjusted gross income (AGI). Enter the amount from Form OR-40, line 7;<br>or Form OR-40-N or OR-40-P, line 29F ..... | 2. | 130,656.00 |
| 3. AGI threshold. Multiply line 2 by 7.5% (0.075).....  | 3. | 9,799.00   |
| 4. <b>Medical and dental expense deduction.</b> Line 1 minus line 3. If line 3 is more<br>than line 1, enter 0 .....            | 4. |            |

## Taxes you paid

- |  |    |          |
|--|----|----------|
| 5. State and local income taxes. <b>Don't include Oregon income tax,<br/>including Oregon withholding.</b> ..... | 5. | 21.00    |
| 6. Real estate taxes (see instructions) .....  | 6. | 4,667.00 |
| 7. Personal property taxes .....   | 7. |          |

Reserved

- |   |     |          |
|---|-----|----------|
| 9. Total income and property taxes. Add lines 5 through 8. <b>Don't enter more than<br/>\$10,000 (\$5,000 if married filing separately)</b> ..... | 9.  | 4,688.00 |
| 10. Other taxes. List type and amount: .....  | 10. |          |
| 11. <b>Taxes paid deduction.</b> Add lines 9 and 10.....  | 11. | 4,688.00 |

Continued on next page





**2023 Schedule OR-A  
Oregon Itemized Deductions**

Page 2 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

**Interest you paid**

- 12. Mortgage interest and points reported on federal Form 1098 ..... 12. 26,726.00
  
- 13. Mortgage interest not reported on federal Form 1098 ..... 13.
  
- 14. Points not reported on federal Form 1098..... 14.

Reserved

- 16. Investment interest (see instructions) ..... 16.
  
- 17. **Interest paid deduction.** Add lines 12 through 16 ..... 17. 26,726.00

**Gifts to charity**

- 18. Gifts by cash or check (see instructions)..... 18.
  
- 19. Gifts other than by cash or check (see instructions) ..... 19.
  
- 20. Carryover from prior year..... 20.
  
- 21. **Total gifts to charity.** Add lines 18 through 20 ..... 21.

**Other miscellaneous deductions**

- 22. List type and amount. **Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation** (see instructions) ..... 22.

**Oregon itemized deductions**

- 23. Add lines 4, 11, 17, 21, and 22. Enter the amount from line 23 on Form OR-40, line 16; or Form OR-40-N or OR-40-P, line 37 ..... 23. 31,414.00

