Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpayer's name	Social security number
ANUJ RAJENDRA DHOOT	136-39-1652
Spouse's name	Spouse's social security number
HARSHITA JAISWAL	719-42-8922
Part I Tax Return Information – Tax Year Ending December 31, 2023 (E	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	1 118,322.
2 Total tax	2 8,553.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 18,351.
4 Amount you want refunded to you	4 9,798.
5 Amount you owe	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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

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Enter five digits, but don't enter all zeros

my

as mv

signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

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—contin	nue be	low						
Part III Certification and Authentication – Practitioner PIN Method On	у							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	6 0	 	7 1	

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							
Don	e Instructions Requested To Do So						
For Demonstrate Deduction Act Notice	and the set of the test of the set	DEV/ 00/07/04 DDO	Farm 8870 (Day, 01 0001)				

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

to enter or generate my PIN

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2	3	OMB No. 1545-	0074	IRS Use Only	–Do not w	rite or sta	ple in this space.
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get a Form h Other earned income (see instructions) 11 W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch, B 2a Tax-exempt interest 2a Attach Sch, B 2a Tax-exempt interest 2a Ualified dividends 3a Ualified dividends 3a Bandard b Deduction for- 5a Single or 6a Social security benefits 6a Social security benefits 6a Maried filing binty or C If you elect to use the lump-sum election method, check here (see instructions) If you elect to use the lump-sum election method, check here 10 Maried filing binty or B Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 118, 322. 12 27, 700. 13 Qualified business income deduction from Schedule A) 14 27, 700.		a			-			• •			-	
VV-2, see i Nontaxable combat pay election (see instructions) 1i z Add lines 1 a through 1h 118, 322. Attach Sch. B 2a Tax-exempt interest 2b a Qualified dividends 3a b Ordinary dividends 3b 4a B Taxable amount 3b 3b Standard 4a b Taxable amount 4b Standard Deduction for- 5a Sa b Taxable amount 5b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing jointly or 8 Social security benefits 6a b Taxable amount 7 8 C If you elect to use the lump-sum election method, check here (see instructions) 7 7 9 Additional income from Schedule 1, line 10 8 9 118, 322. 9 Additional income from Schedule 1, line 26 10 11 118, 322. 9 <t< td=""><td>get a Form</td><td></td><td>.</td><td></td><td></td><td>•••</td><td></td><td>• •</td><td></td><td></td><td></td><td>0.</td></t<>	get a Form		.			•••		• •				0.
z Add lines 1a through 1h 118,322. Attach Sch. B 2a Tax-exempt interest 2a attach Sch. B 2a Tax-exempt interest 2b 3a Qualified dividends 3a b Ordinary dividends 3b Standard Qualified dividends 4a b Taxable amount 4b Standard Deduction for- 6a b Taxable amount 4b Standard Deduction for- 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Additional income from Schedule 1, line 10 10 118, 322. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 111			,				11	Ì				
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- 5a HRA distributions 4a b Taxable amount 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Single or Married filing separately, \$13,850 C apital gain or (loss). Attach Schedule D if required. If not required, check here b Taxable amount 6b Married filing giority or Outling surving spouse, \$27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 7 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule 1, line 26 10 11 118, 322. 14 Add lines 12 and 13 14 27, 700. 13 Qualified business income deduction from Form Sone Sone Sone Sone Sone Sone Sone Sone										. 1z		118,322.
if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- Buddetion for- Single or Married filing separately, \$13,850 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6b If you elect to use the lump-sum election method, check here (see instructions) 5 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 118, 322. 9 118, 322. 10 11 118, 322. 9 118, 322. 11 118, 322. 12 820,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27, 700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27, 700.	Attach Sch. B			2a		b Та	axable interest					
4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- Single or Married filing separately, \$13,850 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 7 Gaital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 Additional income from Schedule 1, line 10 7 8 Qualifying surviving spouse, \$22,800 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 118, 322. 10 It you checked any box under Standard Deduction, 11 118, 322. 11 118, 322. 14 27, 700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27, 700.			· -			b 0	ordinary divider	nds .				
Deduction for- Sa Sa Definition and annutries Sa S		4a	IRA distributions	4a						. 4b		
 Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you elect to use the lump-sum election method, check here (see instructions) Additional income from Schedule 1, line 10 Head of household, \$20,800 Standard deduction or itemized deductions (from Schedule A) Standard deduction or itemized deduction from Form 8995 or Form 8995-A Add lines 12 and 13 Add lines 12 and 13 Married filing jointly or Qualified business income deduction from Form 8995 or Form 8995-A Add lines 12 and 13 		5a	Pensions and annuities	5a		b Ta	axable amount			. 5b		
separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Maried filing jointly or Qualifying surviving spouse, \$12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 8 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 118, 322. \$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 118, 322. 12 277,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27,700.		6a	Social security benefits	6a		b Ta	axable amount			. 6b		
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 8 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 118, 322. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 118, 322. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27, 700.		с	If you elect to use the lump-sum e	lection me	thod, check here ((see	instructions)		[
Married filling jointly or Qualifying surviving spouse, \$27,700 8 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 118, 322. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 118, 322. \$27,700 10 Adjustments to income from Schedule 1, line 26 10 11 Subtract line 10 from line 9. This is your adjusted gross income 11 118, 322. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27, 700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27, 700.	\$13,850	7	Capital gain or (loss). Attach Sche	dule D if re	quired. If not requ	ired,	, check here		[7		
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9118, 322.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11118, 322.12Standard deduction or itemized deductions (from Schedule A)1227, 700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427, 700.14		8								. 8		
10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 118,322. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27,700. 14 27,700.	Qualifying	9								. 9		118,322.
Head of household, 11 Subtract line 10 from line 9. This is your adjusted gross income 11 118,322. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. If you checked any box under Standard Deduction, 14 Add lines 12 and 13 14 27,700.	\$27,700	10			-					. 10		
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 Add lines 12 and 13 13 14 27,700. 14		11	•			ne				. 11		118,322.
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard14Add lines 12 and 131427,700.	\$20,800			•	-					. 12		
Deduction, 14 Add lines 12 and 13	any box under					,	5-A			. 13		
		14	Add lines 12 and 13							. 14		27,700.
		15	Subtract line 14 from line 11. If zer	o or less, e	enter -0 This is y	our t	taxable incom	<u>e</u> .	<u></u>	. 15		

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

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	1	6 10,553.
Credits	17	Amount from Schedule 2, lin	ne3				1	7
	18	Add lines 16 and 17					1	8 10,553.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ne8				2	0 2,000.
	21	Add lines 19 and 20					2	1 2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	3 0.
	24	Add lines 22 and 23. This is					2	
Payments	25	Federal income tax withheld						
. aj mente	а	Form(s) W-2				25a 18	,351.	
	b	Form(s) 1099				25b	·	
	с	Other forms (see instructions				25c		
	d	Add lines 25a through 25c	,				25	id 18,351.
Here have a	26	2023 estimated tax payment					2	
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit				29		
	30	Reserved for future use .		-		30		
	31	Amount from Schedule 3, lin				31	_	
	32	Add lines 27, 28, 29, and 31					3	2
	33	Add lines 25d, 26, and 32. T			-			10.051
Refund	34	If line 33 is more than line 24					3	-
neiuna	35a	Amount of line 34 you want	,			, ,		
Direct deposit?	b	Routing number 3 2 5					Savings	
See instructions.	ď	Account number 7 6 0					Janingo	
	36	Amount of line 34 you want a			d tax	36		
Amount	37	Subtract line 33 from line 24						
You Owe	57	For details on how to pay, g					3	7
	38	Estimated tax penalty (see ir				38		•
Third Party		you want to allow another						
Designee		structions	•				omplete belov	w. 🗙 No
<u>.</u>	De	signee's		Phone		Perso	nal identificati	on
	nai	nē		no.		numb	ber (PIN)	
Sign		der penalties of perjury, I declare the						, ,
Here	bei	ief, they are true, correct, and com	piete. Declaration of		,	ased on all mormatic		
	Yo	ur signature		Date	Your occupation			sent you an Identity n PIN, enter it here
Joint return?					SOFTWARE :	ENGINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, i	ooth must sian.	Date	Spouse's occupat		If the IRS	sent your spouse an
Keep a copy for	-1-					Identity P	rotection PIN, enter it here	
your records.					STUDENT		(see inst.)	
	Ph	one no. (714)791-996	0	Email address	ANUJDHOOT	R@GMAIL.COM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/30/2024	P0208270	3 Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone no	. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's Ell	N
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO		Form 1040 (2023)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074

Attachment Sequence No. 03

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

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

	s) shown on Form 1040, 1040-SR, or 1040-NR		security number		
	J RAJENDRA DHOOT & HARSHITA JAISWAL	136-3	39-1	652	
Par	t Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, I	ne 11. A	Attach		
•	Form 2441		• •	2	
3	Education credits from Form 8863, line 19			3	2,000.
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15		• •	5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800 6a	1		-	
b	Credit for prior year minimum tax. Attach Form 8801 6k)		-	
С	Adoption credit. Attach Form 8839	;		-	
d	Credit for the elderly or disabled. Attach Schedule R 60				
е	Reserved for future use 66				
f	Clean vehicle credit. Attach Form 8936 61				
g	Mortgage interest credit. Attach Form 8396				
h	District of Columbia first-time homebuyer credit. Attach Form 8859	1			
i	Qualified electric vehicle credit. Attach Form 8834 6				
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6				
k	Credit to holders of tax credit bonds. Attach Form 8912	x l			
I	Amount on Form 8978, line 14. See instructions 6				
m	Credit for previously owned clean vehicles. Attach Form 8936 .	า			
z	Other nonrefundable credits. List type and amount:				
	62				
7	Total other nonrefundable credits. Add lines 6a through 6z	1		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040		SR. or		
-	1040-NR, line 20			8	2,000.
			(00	ontini	ued on page 2)

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

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
с	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	
	BAA REV	03/07/24 PRO	Schedu	ile 3 (Form 1040) 2023

Form 8863
Department of the Treasury Internal Revenue Service

Name(s) shown on return

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

	C	MB No.	1545-0074						
	2023								
		Attachme Sequenc	ent e No. 50						
Your social security number									
13	б	39	1652						

ANUJ RAJENDRA DHOOT & HARSHITA JAISWAL



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead .	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot at least three places)			6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	
Part		(:	9	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet			9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	26,375.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or				
10	qualifying surviving spouse	13	180,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	14	118,322.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on				
	line 18, and go to line 19	15	61,678.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying surviving spouse	16	20,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	instructions) .	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	Limit	Worksheet (see		
	instructions) here and on Schedule 3 (Form 1040), line 3			19	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA	REV 03/07	/24 PRO	Form 8863 (2023)

1652

Your social security number 39

136

ANUJ RAJENDRA DHOOT & HARSHITA JAISWAL

CAUT	Complete Part III for each student for whom credit or lifetime learning credit. Use addition		
Par	t III Student and Educational Institution Informatio	n. See instructions.	
20	Student name (as shown on page 1 of your tax return) HARSHITA	21 Student social security number (as sh your tax return)	nown on page 1 of
	JAISWAL	719-42-8922	
22	Educational institution information (see instructions)		
á	a. Name of first educational institution	b. Name of second educational institution	on (if any)
	Portland State University		
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. PO Box 751 	(1) Address. Number and street (or P.C post office, state, and ZIP code. If a instructions.	
	PORTLAND OR 97207		
(2) Did the student receive Form 1098-T X Yes □ No from this institution for 2023?	(2) Did the student receive Form 1098- from this institution for 2023?	T 🗌 Yes 🗌 No
(3) Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes X No 7 checked?	(3) Did the student receive Form 1098- from this institution for 2022 with be 7 checked?	
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	 (4) Enter the institution's employer ider if you're claiming the American oppo checked "Yes" in (2) or (3). You can 1098-T or from the institution. 	ortunity credit or if you
	36-4776757		
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	\Box Yes – Stop! Go to line 31 for this student. \boxed{X} No –	- Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		- Stop! Go to line 31 nis student.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	▼ Yes - Stop! Go to line 31 for this student. No -	- Go to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?		- Complete lines 27 Igh 30 for this student.
CAUT	You can't take the American opportunity credit and the l you complete lines 27 through 30 for this student, don't		in the same year. If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Do	i't enter more than \$4,000	27
28	Subtract \$2,000 from line 27. If zero or less, enter -0-	· · · · · · · · · · · · · · · ·	28
29	Multiply line 28 by 25% (0.25)		29
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts t		30
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Inc		31 26,375.
			- 0060 ()

8889 Form Department of the Treasury

Internal Revenue Service

1010.00

1010 10

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Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	2023
	Attachment
	Sequence No. 52
num	ber of HSA beneficiary.

ivame(s		f both spouses ha			
ANU	J RAJENDRA DHOOT	136-39	-165	2	
_	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separate				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) de See instructions		Se	lf-only	🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those m unextended due date of your tax return that were for 2023. Do not include employer co contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2		0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter	(\$7,750 for	3		7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	[5		7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to en	had family	6		7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had famil under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7		
8	Add lines 6 and 7	[8		7,750.
9	Employer contributions made to your HSAs for 2023	1,000.			
10	Qualified HSA funding distributions 10				
11	Add lines 9 and 10		11		1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0		12		6,750.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction				
Part	a separate Part II for each spouse.		rate I	ISAs, d	complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include a contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	14b		
С	Subtract line 14b from line 14a	[14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	[15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here				
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	ıle 2 (Form	17b		
Part		the instruction			
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,		20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Scheder 1040), Part II, line 17d		21		

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

REV 03/07/24 PRO

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

00

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name	1	Your Social Security Number*
ANUJ RAJENDRA	DHOOT	Enter	136 39 1652
Your Spouse's First Name and Initial (if filed joint)	l ast Name	your SSN(s).	Spouse's Social Security No.*
HARSHITA	JAISWAL	55 (5).	719 42 8922

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)^{*Do Not Truncate}

• To certify the truthfulness, correctness, and completeness of the taxpaver's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION			PART 3 – FINA	NCIAL INSTI	TUTION INFORMATION
		_	Must be presen	t when request	ing direct debit or deposit.
1 Arizona Adjusted Gross Income	4,091 00		Foreign Acc	ount Deposit/D	bebit: See instructions below.
2 Balance Of Tax	78 00		TYPE OF ACCOUNT		
3 Arizona Income Tax Withheld	82 00		🛛 Checking	Savings	3 2 5 0 7 0 7 6 0
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER		
4 REFUND : Enter the amount of	refund	4 00	7 6 0 0 5	7 3 3 8	
5 AMOUNT YOU OWE: Enter the	e amount owed	00	DIRECT DEBIT REQUE	EST DATE	DIRECT DEBIT PAYMENT AMOUNT

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

5 AMOUNT YOU OWE: Enter the amount owed

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. PO Box 29085, Phoenix, AZ 85038-9085.

\$

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a 🔀 I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund
- 6c I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

RE	→		
E SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE	-	SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.	Arizona Form 140NR Nonresident Personal Income Tax Return					F	_	1023			
Ē	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG		12.0.2	317	AND ENDING		. 1	66F
E	,		First Name and Middle Initial		Last Name				Your		I Security Number
			J RAJENDRA		DHOOT			Enter	. 13	б і	39 1652
2		Spou	se's First Name and Middle Init	ial (if box 4 or 6 checked)) Last Name			your	Spor	ise's S	Social Security No.
ANY ITEMS	1	HAR	SHITA		JAISWAL			SSN(s). 71	9	42 8922
Ξ.		Curre	nt Home Address - number and	d street, rural route	· · · ·	Apt. No.		Dayt	me Phone	(with	area code)
Σļ			0 SW VERMONT						(714)79		
		-	own or Post Office	State	ZIP Code		L	ast Names Used	d in Last Foເ	ur Prior	Year(s) (if different)
STAPLE	3	POR	TLAND	OR	97219-	9424					97
ΑP	S	4	Married filing joint return	4a 🔲 Injured Spouse	Protection of Joint O	verpayment		-	ONLY. DO N	OT MA	ARK IN THIS AREA.
	TAT	5	Head of household: Enter	er name of qualifying child or	dependent on next line:		88	or.			
DO NOT	FILING STATUS										
Z	L	6	Married filing separate re	eturn: Enter spouse's name	and Social Security Num	ber above.					
ă		7	Single								
	EXEMPTIONS			ed. Do not put a check	lines 8 and 9, also com	nloto linoo 47		PM			RCVD
	IPT	8	Age 65 or over (you and	and 48 For li	ines 10a and 10b, comp	-	81	PIN		80R	
	XEV	9	Blind (you and/or spouse	·	nondonto: Ago 17 on	davar					
	-	10a	Dependents: Under age		ependents: Age 17 an						
		11-13	Residency Status (check or								
			(Box 10a and 10b): Depend	lent Information. See inst		1	the			page 4	
			(a) FIRST AND LA	STNAME	(b) SOCIAL SECURITY	(c) RELATIONSI	нΡ	(d) NO. OF MONTHS	(e) ✔ Dependen	t Age	(f) ✓ if you did not claim
	Dependents		(Do not list yourse		NUMBER	RELATION		LIVED IN YOUR	included	in: 2	 if you did not claim this person on your federal return due to
								HOME IN 2023	(Box 10a) (E	Box 10b)	educational credits
		10c									
		10d							브	<u> </u>	
١R.		10e							님	- 님-	
õ		10 f									
after Form 140NR		14	Check box 14 if married and y				۵m	2023 FEDEI nount from Fede			023 ARIZONA urce Amount Only
L			who qualifies for relief under t	• •	•						·····
ñ			Wages, salaries, tips, etc				15	110,	322 00 00		4,091 00 00
ftei		16 17	Interest Dividends				<u>16</u> 17		00		00
	e						18		00		00
ints	E COM							00		00	
me	na Inco	20	Gains or (losses) from federal				20		00		00
CU	zon	21	Rents, royalties, partnerships, esta						00		00
op.	Ari	22	Other income reported on you				22		00		0 00
hei		23	Total income: Add lines 15 throu	ugh 22			23	118,	322 00		4,091 00
ot		24	Other federal adjustments: Ind				24		0 00		0 00
or		25	Federal adjusted gross income						322 00		
les		26	Arizona gross income: Subtrac								4,091 00
npe		27	Arizona income ratio: Divide								0.035
schedules or other docume			Small Business Income: 285								<u> </u>
Z S	us		Modified Arizona gross income								4,091 00
I A.	Addition		Total depreciation included in <i>I</i> Partnership Income adjustmer	-							00
and AZ	Adc		Other Additions to Income. Co								00
al			Subtotal: Add lines 29, 30, 3					-			4,091 00
der	3		Total Arizona sourced net capi						00		,
fe	page	35	Total net short-term capital ga						00		
ed	u u	36	Total net long-term capital gair						00		
uir	Ľ.	37	Net long-term capital gain from						00		
required federal	ы С	38	Multiply line 37 by 25% (.25) a						38		00
any r	suo	39	Net capital gain derived from i	nvestment in qualified sm	all business				39		00
) al	Subtraction	40	Recalculated Arizona deprecia	ation					40		00
Place	ubtr	41	Partnership Income adjustmer								00
Ē	L		Subtract lines 38 through 41 fi	rom line 33. Enter the diff					42		4,091 00
	4DOI	r 101	^{77 (23)} 1555		AZ Form 140NR (2	2023)		REV 01/13/24 I	PRO		Page 1 of 6

	Your	Name (as shown on page 1)	Your Social Secur	ity Number		
	AN	UJ RAJENDRA DHOOT & HARSHITA JAISWAL	136-39-1	652		
° -	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		43		00
Subtractions cont. from page	44	Agricultural crops contributed to Arizona charitable organizations				00
btrac	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income sche				00
Su cont.	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference		4,091	00	
	47	Age 65 or over: Multiply the number in box 8 by \$2,100		00		
suo	48	Blind: Multiply the number in box 9 by \$1,500		00		
Exemptions	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300		00		
eml	50	Add lines 47, 48, and 49. Enter the total		00		
Ě	51	Multiply line 50 by the Arizona ratio on line 27		51		00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"			4,091	00
	53	Deductions: Check box and enter amount. See instructions			970	00
Тах	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See				00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		55	3,121	00
Balance of Tax	56	Tax: Mulitply line 55 by 2.5% (.025). Enter the result		56	78	00
JCe	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		57		00
alar	58	Subtotal of tax: Add lines 56 and 57. Enter the total		58	78	00
В	59	Dependent Tax Credit. See instructions		59		00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 62		60		00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, e	nter "0"	61		00
nts and Credits	62	2023 AZ income tax withheld			82	00
Cre	63	2023 AZ estimated tax payments63a 00 Claim of Right 63b	00 Add 63a and	63b. 63c		00
Payme ndable	64	2023 AZ extension payment (Form 204)				00
al Pá	65	Other refundable credits: Check the box(es) and enter the total amount	2 334 65 3	349 65		00
Total	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total		66	82	00
	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines				00
nent	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayme			4	00
Tax Due or Overpayment	69	Amount of line 68 to be applied to 2024 estimated tax				00
1ax Over	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference			4	00
	71	- 81 Voluntary GIπs to:Assigned to Schools71OUArizona Wildlife		00		
Gifts		Child Abuse Prevention 73 00 Domestic Violence Services 74 00 Political Gift Neighbors Helping Neighbors76 00 Special Olympics 77 00 Veterans' Donations F		00		
ary (Neighbors Helping Neighbors76 00 Special Olympics77 00 Veterans' Donations F I Didn't Pay Enough Fund		00		
Voluntary	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 8:		100		
Vol	83	Estimated payment penalty		83		00
۲.		841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included		05		100
Penalty	85	Add lines 71 through 81 and 83. Enter the total		85		00
Pe	86	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87			4	00
_		Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see				
or Iwed		C Checking or ROUTING NUMBER ACCOUNT NUMBER	-			
Refund or Amount Owed	~-	98 S□ Savings 3 2 5 0 7 6 0 5 7 3 3 8				- <u>1</u>
Amoi	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write you payment.				00
1						100
Г		Under penalties of perjury, I declare that I have read this return and any documents with it, and	to the best of n	ny knowledge a	and belief, the	y are
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information				
u	_		OFTWARE E	NGINEER		
	2					
Ë	∃ →	S	TUDENT			
Z	-	SPOUSE'S SIGNATURE DATE	SPOUSE'S OCCUP	ATION		
DI EASE SIGN HERE	2	SYAM PRIYA RAM SAGAR GUPTA 03302024 GLOBAL TAXES L	LC			
U	J	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S		ED)		
U	2	245 ROONEY CT	P02082	2703		
Ľ)	PAID PREPARER'S STREET ADDRESS	PAID PREP			
ā	4	E BRUNSWICK NJ 08816		965-9522		
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREP	ARER'S PHONE NU	JMBER	

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140NR. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138. ADOR 10177 (23) 1555 AZ Form 140NR (2023) REV 01/13/24 PRO Page 2 of 6

2023 Form OR-40			Oregon Department of F	Revenue
Oregon Individual Incor	ne Tax Return for F	ull-year Residents		
Page 1 of 8 • Use UPPERCASE lett	ers. • Use blue or black ink. • F	Print actual size (100%). • Don't s	submit photocopies or use staple	es.
Fiscal year ending date (MM/DD/YYYY)	Extension filed	Space for 2-D	barcode-do not write in box b	
Amended return.	Form OR-24			
If amending for an NOL tax year (YYYY) NOL, tax year the	Form OR-243			
NOL was generated:	Federal Form 8379			
Calculated with "as if" federal return	Federal Form 8886	III KANKA DAFEKTARA UKAN	onens konsternet	
Short-year tax election	Disaster relief			
First name	Initia	Date of birth (MM/DD/Y	YYY)	
ANUJ RAJENDRA Last name		08/26/1993		
DHOOT				
Social Security number (SSN)				
136-39-1652	First time using th	is SSN (see instructions)	Applied for ITIN	Deceased
Spouse first name	Initia	Al Spouse date of birth (N	IM/DD/YYYY)	
HARSHITA Spouse last name		08/26/1993		
JAISWAL Spouse SSN				
719-42-8922	First time using th	is SSN (see instructions)	Applied for ITIN	Deceased
Current mailing address				
2220 SW VERMONT City		State	ZIP code	
PORTLAND		OR Phone	97219-9424	
USA		714-	791-9960	
Filing Status (check only one box)				
1. Single 2. X Married	filing jointly 3.	Married filing separately (en	ter spouse information above)
4. Head of household (with qualifying	dependent) 5.	Qualifying surviving spous	e	



Last name	SSN
DHOOT	136-39-1652
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. 1
Check boxes that apply: X 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 depend schedule with your return.	dents, complete Schedule OR-ADD-DEP. Include the
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	



ast name	SSN	
DHOOT	136-39-1652	
lote: Reprint page 1 if you make changes to this page.		
axable income		
 Federal adjusted gross income from federal Form 1040, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions) 		22.00
8. Total additions from Schedule OR-ASC, line A5		
9. Income after additions. Add lines 7 and 8		22.00
Subtractions		
10. 2023 federal tax liability (see instructions)	10. 7,8	00.00
11. Social Security amount on federal Form 1040 or 1040-SR, line 6b		
12. Oregon income tax refund included in federal income		
13. Total subtractions from Schedule OR-ASC, line B7		
14. Total subtractions. Add lines 10 through 13		00.00
15. Income after subtractions. Line 9 minus line 14		22.00
Deductions		
 Oregon itemized deductions. Enter your Oregon itemized deductions fr Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 		0.00
17. Standard deduction. Enter your standard deduction		10.00
You were: 17a. 65 or older 17b. Blind Your s	ouse was: 17c. 65 or older 17d. Bl	ind
Standard deductionsSingleMarried filing jointlyMarried filing so\$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 See instructions if you are married filing separately.	pendent.	
18. Enter the larger of line 16 or 17		10.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0		12.00

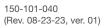


Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit phot	ocopies or use staples.
Last name SSN	
DHOOT 136-39-165	2
Note: Reprint page 1 if you make changes to this page.	
Oversen tex	
Oregon tax 20. Tax (see instructions)	8,645.00
Check the appropriate 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	
22. Total tax recaptures from Schedule OR-ASC, line C5 22.	
23. Total additions to tax. Line 21 plus line 22	
24. Total tax before credits. Add lines 20 and 23	8,645.00
Standard and carryforward credits	
 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	472.00
26. Political contribution credit. See limits in instructions	
27. Total standard credits from Schedule OR-ASC, line D16	
28. Total standard credits. Add lines 25 through 27	472.00
29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter 0	8,173.00
 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)	
31. Tax after standard and carryforward credits. Line 29 minus line 30	8,173.00



1555

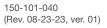
	SSN	
DHOOT	136-39-1652	
ote: Reprint page 1 if you make changes to this page.		
ayments and refundable credits		
32. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099	32.	8,951.00
33. Amount applied from your prior year's tax refund	33.	
34. Estimated tax payments for 2023. Include all estimated payments you made	9	
by April 15, 2024, including any extension payment (see instructions). Do not include the amount on line 33	24	
	54.	
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.	0.00
39. Total refundable credits from Schedule OR-ASC, line F7	20	
40. Total payments and refundable credits. Add lines 32 through 39	40.	8,951.00
ax to pay or refund 41. Overpayment of tax. If line 31 is less than line 40, you overpaid.		
Line 40 minus line 31	41.	778.00
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.	
 Interest on underpayment of estimated tax. Include Form OR-10 	44.	
Exception number from Form OR-10, line 1 44a. Check box if yo	u annualized: 44b.	





00462301061555

	Page 6 of 8 • Use L	PPERCASE letters. • Us	e blue or black ink. • Print a	ctual size (100%). • Don't submit	photocopies or use staples.			
Last r	ame			SSN				
DHO	TOC			136-39-1	652			
Note	: Reprint page 1 if you ma	ke changes to this pa	age.					
	to pay or refund (continu Total penalty and interest o		44					
46.	Net tax including penalty Line 42 plus line 45		This is the amount y	ou owe . 46.				
47.	Overpayment less penalt Line 41 minus line 45		This is your	refund. 47.	778.00			
48.	Estimated tax. Fill in the po estimated tax account							
49.	Charitable checkoff donati	ons from Schedule OF	R-DONATE, line 30					
50.	Political party \$3 checkoff							
	Party code: 50a.	You	50b. Spouse					
51.	Oregon 529 college saving	s plan deposits from S	Schedule OR-529, line 5 .	51.				
52.	Total. Add lines 48 through refund on line 47							
53.	Net refund. Line 47 minus	line 52	This is your net	refund. 53.	778.00			
	ct deposit For direct deposit of your r	efund, see instructions	s. Check the box if the fir	nal deposit destination is outsi	de the United States:			
	Type of account:	Account inform	nation:					
	X Checking or	Routing number		Account number				
	Savings		325070760	760057338				
	Kicker donation 55. If you elect to donate your kicker to the State School Fund, check this box							
	Complete the kicker works amount here			ocable. 55b.				



	Page 7 of 8	Use UPPERCASE	E letters. • Use	blue or	black ink.	Print actua	l size (1009	%). • Don't s	ubmit photocopies or use stap	oles.
Last name								SSN		
DHOOT				136-39-1652						
Note: Repr	rint page 1 if	es to this pa	qe.							
			-	-	informati	on in this re	turn and a	iny attachm	nents is true, correct and co	omplete.
Your signa	ture									
V										
X Date (MM/DI										
2410 (2, ,									
Spouse sig	gnature									
Х										
A Date (MM/DI	D/YYYY)									
Signature	of preparer oth	er than taxpayer								
χSYAM	PRIYA	RAM SAGAR	GUPTA							
Date (MM/DI	D/YYYY)		Preparer p	hone				Pre	eparer license number	
03/30/	/2024		678-9	965-	9522					
Preparer first	name		Ir	nitial	Prepare	er last name				
SYAM			I	2	RAM	SAGAR	GUPI	'A		
Preparer add	iress									
245 RC	DONEY C	Т								
City								State	ZIP code	
E BRUN	NSWICK							NJ	08816	
			-						alf. For more information, se	ee the instructions for
the Tax Info	ormation Auth	orization and Powe	er of Attorney	for Rep	oresentati	on form on (our websi	ie.		
Important:	Include a cop	by of your federal F	orm 1040, 10)40-SR	, 1040-X,	or 1040-NR	. We may	adjust you	ur return without it.	
Pay the a	mount 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.

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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

DHOOT

136-39-1652

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.



REV 03/05/24 PRO