#### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name	Social security number
AMALIA S GONSALVES	177-49-7358
Spouse's name	Spouse's social security number
WELROY DMELLO	221-68-2207
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Er	nter 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	<b>1</b> 70,757.
<b>2</b> Total tax	<b>. 2</b> 4,533.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>. 3</b> 9,548.
4 Amount you want refunded to you	<b>4</b> 5,015.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a copy of your return)

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

				EBO firm name	, <u> </u>	Er
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	9

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Ent	er fiv i't en	iter a	gits, all ze	but	-

2

2 0

Enter five digits, but don't enter all zeros

8

7

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 I					 		
Practitioner PIN Method Returns Only—continu	e be	low						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 	0 II zer	 2	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 🕨			
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So					
For Demonstrale Deduction Act Nation		DEV 01/00/01 DDO	Farm 8870 (Day, 01 0001)		

Date

to enter or generate my PIN

Deduction forSaFristons and annumes	<b>1040</b>		artment of the Treasury—Internal Revenue Service <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	vrite or sta	aple in this space.
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If joint etcm, spouse's first name and middle initial         Late name         DMELLO         221         68         2207           1 form addines (unsber and sited), if you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaignee           2055         137H         STREET         Catch kee if you, or your at provide time.         Presidential Election Campaignee           2051         137H         STREET         Catch kee if you, or your at provide time.         Presidential Election Campaignee           2051         137H         STREET         Catch kee if you, or your at the provide time.         Presidential Election Campaignee           Provide time.         Pat.         19107         box box will not change your tax or refind.         Dox box will not change your tax or refind.           Provide time.         Single         Image separately (MFS)         Image separately (MFS)         Image separately (MFS)           1 you checket Mr MS box, enter the name of your spouse. If you checket Mr MS hor decises box, enter the child's name if the qualifying person is a child but not your dependent:         Image separately (MFS)         Image separately (MFS)           Deduction         Assorts         Someone can claim:         You as a dependent         Image separately (MFS)           If you checket Mr MS box, enter the name of your spouse. If you checket the KOH or QSS box, enter the child's name than tour dependents.	Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
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City, town, or post office. If you have a foreign address, also complete spaces below.       State       2P code 19107       spouse of filling jointly, want 32 box below will not change box below will not box box below will not box box box below will not box box box box below will not box box box box box box box box box box	206S 13T	'H S'	TREET								Check I	here if y	ou, or your
PHILADELPHIA       PA       194.07       box below will not change         Foreign country name       Foreign province/istate/country       Foreign province/istate/country       Foreign province/istate/country       Province province/istate/country       Province province/istate/country       Province province/istate/country         Filing Status       Single       Head of household (HOH)       Outainty ing separately (MFS)       Cualifying surviving spouse (OSS)         If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the hild's name if the qualifying person is a child but not your dependent.         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.         Assets       Someone can claim:       You a a dependent       Yes No         Standard       Someone can claim:       You as a dependent       (g) Relationship       (g) Check the box if qualifies for 6en instructions);         If more       (I) First name       Last name       number       (g) Relationship       (g) Check the box if qualifies for 6en instructions);         If a Total amount from Form(s) W-2, box 1 (see instructions)       Is one and on the set instructions);       Is one and any daye payments on reported on Form(s) W-2; cee instructions)       Is one and any daye payments on reported on Form(s) W-2; cee instructions);       Is one anad any daye payments				mplete	spaces be	low.	Sta	te	ZIP c	ode		0.	
Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       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:	PHILADEL	PHI	A				PA	ł	191	07			0
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       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:       Qualifying surviving spouse (QSS)         Digital       Anny 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       Yes       No         Standard       Someone can claim:       You as a dependent       You spouse a dependent       Yes       No         Peduction       Spouse itemizes on a separate return or you were a dual-status allen       Age/Bindness       You as a dependent       Yes       No         Age/Bindness       You:       Ware born before January 2, 1959       Are blind       Spouse itemizes on a separate return or you were a dual-status allen       Check the box if qualifies for tee instructions)         If more       (i) First name       Last name       number       No you       Check the box if qualifies for tee instructions)       Check the box if qualifies for tee instructions)       In       Check the box if qualifies for tee instructions)       In       In       In       In       In       In <t< td=""><td>Foreign country</td><td>name</td><td></td><td></td><td>Foreign p</td><td>rovince/state/</td><td>count</td><td>ty</td><td>Foreig</td><td>n postal code</td><td></td><td></td><td>•</td></t<>	Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code			•
Check only       Married filing jointly (even if only one had income)												Yo	u 🗌 Spouse
Check only       Married filing jointly (even if only one had income)	Filing Status		] Single					Head of h	ouseh	old (HOH)	1		
ClickColl yr ane box.       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 surviving spouse (QSS)         Digital       At any time during 2023, did you: (a) receive (as a reward, avard, 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)       Ves       No         Standard       Someone can calm:       You as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Yes       No         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Yes       No         Age/Blindness       You:       (Pl Fint name       Last name       (Pl Reationship)       (Pl Check the box finderified other dependent than four       Child taccredit       Corolific order dependent corolific order dependent         Hatch Form(b)       Household employee wages not reported on Form(s) W-2.       Ib       Ib       Ib         Household employee wages not reported on Form (Ye) (Ye 2.       Ib       Ib       Ib       Ib         Weize sere       Ib       Household endore wages not reported on Form (Ye) (Ye 2.       Ib       Ib </td <td>-</td> <td></td> <td></td> <td>ne hac</td> <td>l income)</td> <td></td> <td></td> <td></td> <td></td> <td>· · ·</td> <td></td> <td></td> <td></td>	-			ne hac	l income)					· · ·			
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).       Image: Comparison of the compar					,			Qualifying	surviv	ing spouse	(QSS)		
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, avard, 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.)       Image: Text text text text text text text text		lf y		name	of your s	pouse. If you	u che					ild's na	me if the
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.)       Ves       No         Standard Deduction       Someone can claim:       You as a dependent       You so as a dependent       Vor spouse as a dependent         Age/Bindness       Spouse itemizes on a separate return or you were a dual-status alien       Mass born before January 2, 1959       Is bind         Dependents       (see instructions):       (a) Relationship       (b) Check the box if qualifies for fisee instructions;         If more than four dependents, see instructions       (a) Relationship       (b) Check the box if qualifies for fisee instructions;         If more there       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       Total amount from Form(s) W-2, box 1 (see instructions)         Nuc 2 here, Also       Tip income not reported on ine ta (see instructions)       1c       1a       Total amount from Form(s) W-2, (see instructions)       1d         W-2 here, Also       Total amount from Form(s) W-2, box 1 (see instructions)       1d       1e       1e         was withheld.       f       Total amount from Form(s) W-2, (see instructions)       1d       1e       1e         W-2 here, Also       f       Medicaid waiver payments nor reported on													
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Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Age/Blindness       You:       You as a dependent:       (a) Social security       (a) Relationship       (a) Check the box if qualifies for (see instructions):         If more       (i) First name       Last name       number       (b) You       (c) Check the box if qualifies for (see instructions)         If more       (i) First name       Last name       number       (c) Credit for other dependents         if more       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       79, 986.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1c       1c         witch Forms       b       Household employee wages not reported on Form(s) W-2 (see instructions)       1c       1d         W-20 and not get       f       Topincome not reported on Form(s) W-2 (see instructions)       1d       1d         W-20 and not get a form       g       Wages from Form 8919, line 6       1d       1g       1d         W-21 and and the dividends       i       Nontaxable comobat pay election (see instructions)       1									-	,	. ,		
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       A re blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (a) Fleationship       (b) Fleationship       (c) Fleationship	-				·				a): (00		115.)		
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         and check		_				•		•					
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions); Child tax credit       Credit for other dependents to you         if more than four dependents, see instructions and check here					_			_	n hofe		2 1050		blind
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Attach Form(s) W-2 here.Also       b       Household employee wages not reported on Form(s) W-2	. —												
Attach Form(s) W-2 here.Also       b       Household employee wages not reported on Form(s) W-2	Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	tions) .					. 1a		79,986.
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W*2 Piere.Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W*2 Ga ad       Pere.Also       C       1d         1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       e       Taxable dependent care benefits from Form 8839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       instructions.       I       It       79,986.         Z       Add lines 1a through 1h       It       79,986.       2b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drdinary dividends       3b         Standard       3a       b       Taxable amount       4b       5b         Scalat security benefits       5a       b       Taxable amount       6b         Standard       Sa       Sa       Sa       9       70,757.         Ga       Social security benefits       6a       Social security benefits       7         Sta		b				,						)	
attach Forms W-2G and 109-R if tax was withheld.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         W ages from Form 8919, line 6       .       1g         W-2, see instructions.       h       Other earned income (see instructions)       1h       0.         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       79, 986.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b Taxable interest       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Datable interest       2b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       5b       5a       b       Taxable amount       5b         Standard       5a       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Standard       5a       Datable amount       5b		с									. 10	;	
W-26 and 109-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         Z       Mothavable combat pay election (see instructions)       1h       0.         Z       Add lines 1a through 1h       1z       79,986.         Z       Add lines 1a through 1h       2a       b       b       Taxable interest       2b         If required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for- Single or Married filing jointly or Qualifying surviving spouse, X27.700       6a       Social security benefits       6a       b       Taxable amount       6b         7       Additional income from Schedule 1, line 10       7       70,757.       70,757.       70,757.         8       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       70,757.       10         8       Additional income from Schedule 1, line 26       11       70,757.       12       27,700.         19       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		d		•		•					. 1d	1	
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form Wages from Form 8919, line 6       9       Wages from Form 8919, line 6       1g         get a Form W-2, see instructions.       h       Other earned income (see instructions)       1i       1h       0.         w2-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1h       0.         w2-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1z       79,986.         Attach Sch. B       2a       Tax-exempt interest       2a       b       5a       2b       1f         frequired.       3a       Qualified dividends       3a       b       b       Taxable interest       2b       2b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       4b       5b         Standard Deduction for       6a       Social security benefits       6a       5b       5b       5b         Single or Married filing jointly or Qualifying spouse, Stards       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Maride filing jointly or Qualifying spouse, St		е									. 1e	,	
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. i Nontaxable combat pay election (see instructions) 1i   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a 3a b   Qualified dividends 3a b   Geduction for- 5a Pensions and annuities 5a   Standard Social security benefits 6a b   Pensions and annuities 5a b Taxable amount   if required. 5a Pensions and annuities 5b   Standard 5a b b   Outling or 6a Social security benefits 6a   Standard c If you elect to use the lump-sum election method, check here (see instructions) 7   Gapital gain or (loss). Attach Schedule D if required. If not required, check here 7   Married filing 9 Additional income from Schedule 1, line 10   9 Additional income from Schedule 1, line 26 10   11 70,757.   12 27,700.   13 Qualified business income deduction from Schedule A) 12   14 Add lines 12 and 13 14		f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
get a Form W-2, see instructions.       h       Other earned income (see instructions)       11       1h       0.         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i       1h       0.         Add lines 1a through 1h       2       Add lines 1a through 1h       1z       79,986.       2b         Attach Sch. B if required.       3a       3a       b       Taxable interest       2b         Standard       Qualified dividends       3a       b       Dordinary dividends       3b         Standard Deduction for- Single or Married filing separately, \$13,850       Fa       Social security benefits       5a       b       Taxable amount       5b         C       If you elect to use the lump-sum election method, check here (see instructions)       1       7       7         Married filing ignity or Qualifying pouse, \$27,700       9       Additional income from Schedule D if required. If not required, check here       7       7         10       Additional income from Schedule 1, line 10       9       70,757.       10       Adjustments to income from Schedule 1, line 26       10       11       70,757.         12       27,700.       10       Standard deduction or itemized deductions (from Schedule A)       12       27,700.       13	lf you did not	q									. 19	1	
W-z, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Z       Add lines 1a through 1h       1       79,986.         Attach Sch. B if required.       2a       b       Tax-exempt interest       2b         Attach Sch. B if required.       3a       b       Ordinary dividends       2b         Attach Sch. B if required.       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- beduction for- beinge or Married filing separately, \$13,850       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -9,229.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       70,757.       9       70,757.         10       Adjustments to income from Schedule 1, line 26       10       11       70,757.       12       27,700.         12       27,700.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       27,700.		h									. 1h	1	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       c       f         Varied filing jointly or       Qualifying 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       11       Subtract line 10 from line 9. This is your adjusted gross income       11       70,757.         12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.       13         14       Add lines 12 and 13       14       27,700.       14       27,700.		i	Nontaxable combat pay election (s	see ins	structions)			1i					
if required. 3a Qualified dividends 3a b Ordinary dividends 3b   4a IRA distributions 4a b Taxable amount 4b   5a Pensions and annuities 5a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7   8 -9,229.   9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 70,757.   10 Head of household, 11 Subtract line 10 from line 9. This is your adjusted gross income 11   19 you checked any box under Standard Deduction or itemized deductions (from Schedule A) 12 27,700.   13 Qualified business income deduction from Form 8995 or Form 8995-A 13   14 Add lines 12 and 13 14 27,700.		z	Add lines 1a through 1h								. 1z	:	79,986.
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for- Single or Single or Single or Married filing separately, \$13,850       4a       b       Taxable amount       4b         C       If you elect to use the lump-sum election method, check here (see instructions)       b       Taxable amount       6b         Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         Married filing jointly or Qualifying surving spouse, \$27,700       8       Additional income from Schedule 1, line 10       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       70,757.         10       Adjustments to income from Schedule 1, line 26       11       70,757.         12       Standard deduction or itemized deductions (from Schedule A)       11       70,757.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       27,700.	Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interes	t.		. 2b	)	
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- o Single or Married filing separately, \$13,850       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       6a       Social security benefits       6a       b       Taxable amount       7         8       Additional income from Schedule D if required. If not required, check here       7       7       7         9       Additional income from Schedule 1, line 10       7       8       -9,229.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       70,757.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       70,757.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       70,757.         10       11       Subtract line 10 from line 9. This is your adjusted gross income       12       27,700.         14       Add lines 12 and 13       14       27,700.       13       14       27,700.		3a		3a			b C	ordinary divide	nds .		. 3b	)	
Deduction for- Single or Married filing jointly or Qualifying surviving spouse, \$27,700       Sa       Def taxable amount		4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b	)	
Single or Married filing separately, \$13,850       6a       Social security benefits 6a       b Taxable amount	Standard	5a	Pensions and annuities !	5a			bТ	axable amoun	t		. 5b		
separately, \$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       -9,229.         10       8       -9,229.         11       Subtract line 10 from line 9. This is your adjusted gross income       10         12       Standard deduction or itemized deductions (from Schedule A)       11       70,757.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       27,700.	Single or	6a	Social security benefits	6a			bΤ	axable amoun	t		. 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       -9,229.         9       Additional income from Schedule 1, line 10       8       -9,229.         9       Additional income from Schedule 1, line 26       9       70,757.         \$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       70,757.         \$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.		с	If you elect to use the lump-sum e	lectior	n method,	check here	(see	instructions)		[			
Married filing jointly or Qualifying surviving spouse, \$27,7008-9,229.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income970,757.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income970,757.\$27,70010Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1170,757.\$20,80012Standard deduction or itemized deductions (from Schedule A)1227,700.13Qualified business income deduction from Form 8995 or Form 8995-A13144dd lines 12 and 131427,700.14	\$13,850	7	Capital gain or (loss). Attach Scher	dule D	if require	d. If not requ	uired	, check here		[	7		
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income970,757.10Adjustments to income from Schedule 1, line 261010Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1170,757.12Standard deduction or itemized deductions (from Schedule A)1227,700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314					•						. 8		-9,229.
10       Adjustments to income from Schedule 1, line 26       10         11       Adjustments to income from Schedule 1, line 26       11         12       Subtract line 10 from line 9. This is your adjusted gross income       11       70,757.         12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       27,700.	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	3. This is y	our total ind	come	e			. 9		
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1170,757.12Standard deduction or itemized deductions (from Schedule A)1227,700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314	\$27,700	10			•						. 10		
\$20,80012Standard deduction or itemized deductions (from Schedule A)1227,700.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1313IdAdd lines 12 and 131427,700.1427,700.		11	-								. 11		70,757.
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard14Add lines 12 and 131427,700.	\$20,800			-	-	-					. 12	2	
Deduction,         14         Add lines 12 and 13         14         27,700.	any box under	13					,	5-A			. 13	;	
		14	Add lines 12 and 13								. 14		27,700.
		15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our t	taxable incom	ne	<u> </u>	. 15	5	

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌	[	16	4,729.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	4,729.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ie8				[	20	196.
	21	Add lines 19 and 20					[	21	196.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	4,533.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[	23	0.
	24	Add lines 22 and 23. This is	your total tax				[	24	4,533.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 9	,548.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	9,548.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return		[	26	
qualifying child,	27	Earned income credit (EIC)		••		27	Ī		
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				undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	9,548.
Refund	34	If line 33 is more than line 24						34	5,015.
lioiana	35a	Amount of line 34 you want				, .	. n İ	35a	5,015.
Direct deposit?	b	Routing number 0 3 6					Savings		
See instructions.	d	Account number 4 3 3					J		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38	t t		
Third Party	Do	you want to allow another							
Designee							omplete be	elow.	× No
	De	signee's		Phone		Pers	onal identific	ation	
	nar	ne		no.		num	oer (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com							, ,
Here		· · · ·	piete. Declaration	、	1	ased on an informatio		•	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					ARCHITECTU	RAL DESIGNE			
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat			RS ser	nt your spouse an
Keep a copy for	·	<b>o</b> , , ,	U				Identit	y Prote	ection PIN, enter it here
your records.					SOFTWARE H	ENGINEER	(see in	st.)	
	Ph	one no. (267)334-546	8	Email address	AMALIAGONSA	LVES@BLTA.CO	M		1
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/17/2024	P02082	703	Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phone	no. (	678)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 01/08/24 PRO			Form <b>1040</b> (2023)

REV 01/08/24 PRO

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. **01** 

Your social security number

177-49-7358

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Fo

ivanie(5) Si	100		ω,	1040-36,0	JI 1040-INN
AMALIA	S	GONSALVES	&	WELROY	DMELLO

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1	
2a	Alimony received		
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	. 3	
4	Other gains or (losses). Attach Form 4797		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-9,229.
6	Farm income or (loss). Attach Schedule F.	. 6	
7	Unemployment compensation	. 7	
8	Other income:		
а	Net operating loss	)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555	)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
I.	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 81		
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)		
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions)         .         .         .         80	_	
р	Section 461(I) excess business loss adjustment		
q	Taxable distributions from an ABLE account (see instructions)     .     8q	_	
r	Scholarship and fellowship grants not reported on Form W-2 8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form		
	1040, line 1a or 1d	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated   8u	_	
z	Other income. List type and amount:		
~		_	
9	Total other income. Add lines 8a through 8z	. 9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form		0 220
Ear D-	1040, 1040-SR, or 1040-NR, line 8		-9,229.
rur Pa	perwork neuronom Act Notice, see your tax return instructions.	Schedu	le 1 (Form 1040) 2023

Par	t II Adjustments to Income					
1	Educator expenses				. 11	
2	Certain business expenses of reservists, performing artists, and fee	-basi	s gov	vernme	nt	
	officials. Attach Form 2106				. 12	2
3	Health savings account deduction. Attach Form 8889				. 13	3
4	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	•
5	Deductible part of self-employment tax. Attach Schedule SE				. 15	<b>i</b>
6	Self-employed SEP, SIMPLE, and qualified plans				. 16	;
7	Self-employed health insurance deduction					,
3	Penalty on early withdrawal of savings					6
Эa	Alimony paid					a
b	Recipient's SSN					-
С	Date of original divorce or separation agreement (see instructions):				_	
ר כ	IRA deduction					
1	Student loan interest deduction					
2	Reserved for future use					
3	Archer MSA deduction				23	
4	Other adjustments:		• •			
a		24a				
b		<u>-</u> u			_	
D		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals	270			_	
C	and USOC prize money reported on line 8m	24c				
Ч		240 24d			_	
u	Repayment of supplemental unemployment benefits under the Trade	24u			-	
е		24e				
<u>,</u>	Act of 1974	24e 24f			_	
f	Contributions to section 501(c)(18)(D) pension plans				_	
g	Contributions by certain chaplains to section 403(b) plans	24g			_	
h	Attorney fees and court costs for actions involving certain unlawful	<b>~</b> 4				
	discrimination claims (see instructions)	24h			_	
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
_	tax law violations	24i			_	
Ĵ	Housing deduction from Form 2555	24j			_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
5	Total other adjustments. Add lines 24a through 24z				. 25	<b>i</b>
6	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040, 1040-SR, or 1040-NR, line 10				. 26	<b>;</b>

Department of the Treasury

# **Additional Credits and Payments**

OMB No. 1545-0074

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

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

2023	
Attachment	
Sequence No. <b>U3</b>	

Internal I	Revenue Service				S	equence No. 03
	. ,	040, 1040-SR, or 1040-NR				ecurity number
		ES & WELROY DMELLO		177-4	9-73	358
Par	t Nonrefund	dable Credits				
1	Foreign tax cred	dit. Attach Form 1116 if required			1	
2		and dependent care expenses from Form 2441, line	11. A	ttach		
	Form 2441 .				2	
3	Education credi	its from Form 8863, line 19			3	
4	Retirement savi	ngs contributions credit. Attach Form 8880			4	196.
5a	Residential clea	an energy credit from Form 5695, line 15			5a	
b	Energy efficient	home improvement credit from Form 5695, line 32			5b	
6	Other nonrefund	dable credits:				
а	General busines	ss credit. Attach Form 3800 6a				
b	Credit for prior	year minimum tax. Attach Form 8801 6b				
С	Adoption credit.	. Attach Form 8839 6c				
d	Credit for the ele	derly or disabled. Attach Schedule R 6d				
е	Reserved for fut	ture use				
f	Clean vehicle cr	redit. Attach Form 8936 6f				
g	Mortgage intere	est credit. Attach Form 8396 6g				
h	District of Colum	nbia first-time homebuyer credit. Attach Form 8859 6h				
i	Qualified electric	c vehicle credit. Attach Form 8834 6i				
j	Alternative fuel v	vehicle refueling property credit. Attach Form 8911 6j				
k	Credit to holder	rs of tax credit bonds. Attach Form 8912 6k				
I	Amount on Form	m 8978, line 14. See instructions 6I				
m	Credit for previo	ously owned clean vehicles. Attach Form 8936 . 6m				
z	Other nonrefund	dable credits. List type and amount:				
		6z				
7	Total other nonr	refundable credits. Add lines 6a through 6z			7	
8		ough 4, 5a, 5b, and 7. Enter here and on Form 1040,		R, or		
	1040-NR, line 2			•••	8	196.
				(co	ntinı	ied 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	01/08/24 PRO	Schedu	ule 3 (Form 1040) 2023

				Supplementa							OMB No	b. 1545-0074	
(Form	1040)	(Fro	om re	ental real es	state, royalties, partners	hips, S	corporat	ions, es	tates,	trusts, REMIC	s, etc.)	20	23
	ent of the Treasury				Attach to Form 1040,							Attachm	nent
	Revenue Service			Go to wu	ww.irs.gov/ScheduleE fo	r instru	uctions an	d the la	itest in			Sequen	ce No. <b>13</b>
.,	shown on return											al security	
-	IA S GONSA										177-4	9-7358	
Part					ental Real Estate an			•					
	Note: If yo rental inco	ou are ome o	e in th or lose	ne business ( s from <b>Form</b>	of renting personal propertion of renting personal properties of the second sec	rty, use	Schedule	e C. See	Instruc	ctions. If you ar	e an indiv	/idual, rep	ort farm
Α					that would require you	to file	Form(s)	10992 5	See ins	tructions			s X No
					ired Form(s) 1099?								
1a					y (street, city, state, ZI								
	-						-)						
	KHOPWADI '	VAS	AII	MAHARASI	HTRA IN 401201								
<u> </u>		.											
1b	Type of Prope (from list below		2		rental real estate prope				Fa	ir Rental	Person		QJV
	1	~)			port the number of fair					Days	Da	-	
 	3 personal use days. Check the Q if you meet the requirements to						A B		365		0		
<u>С</u>					oint venture. See instru			C					
	of Property:							C					
	Single Family R	osida	onco	3 1/2	cation/Short-Term Ren	tal	5 Lanc	4	7	Self-Rental			
	Multi-Family Re				mmercial	itai	6 Roya				he)		
	Matti-r armiy rie	Side	nce	4 00	ininercial			anties	0	Other (descri			
										Propertie	es:		
Incom								Α		В			C
3						3		5	90.				
4		ived				4							
Expen						_							
5	-					5							
6						6							
7						7		1,2	56.				
8						8							
9						9							
10						10			60				
11	-					11		9	60.				
12 13					etc. (see instructions)	12 13							
13 14						13		1 0	E G				
14						14		1,2 1,8					
16						16		1,0	09.				
17						17		1,5	50				
18					· · · · · · · · · · · · · · · · · · ·	18		2,9					
19	Other (list)	-				19		275					
20					gh 19 ......	20		9,8	19.				
21					and/or 4 (royalties). If			270					
					to find out if you must								
	(	<i>,</i> .				21		-9,2	29.				
22	Deductible rer	ntal re	eal e	state loss	after limitation, if any,								
						22	(	9,22	29.)	(	)	(	
23a					ne 3 for all rental prope				23a		590.		
b					ne 4 for all royalty prop				23b				
С					ne 12 for all properties				23c				
d					ne 18 for all properties				23d		,908.		
е					ne 20 for all properties				23e	9	,819.		
24					own on line 21. <b>Do no</b>		-				24		
25	Losses. Add ro	oyalty	/ loss	es from line	e 21 and rental real estat	e losse	es from lin	ie 22. Ei	nter to	tal losses here	25	(	9,229.
26	Total rental re	eal e	estat	e and rova	alty income or (loss).	Comb	ine lines	24 and	25 E	nter the resul	t		

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

Schedule E (Form 1040) 2023

26

.

-9,229.

Department of the Treasury

Internal Revenue Service Name(s) shown on return

# **Credit for Qualified Retirement Savings Contributions**

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

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

(b) Your spouse

1,956.

Your social security number

177-49-7358

(a) You

1,956.

1,956.

1,956.

1,956.

.

70,757.

REV 01/08/24 PRO

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## AMALIA S GONSALVES & WELROY DMELLO



10 11 12 You cannot take this credit if either of the following applies.

• The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions . . . .
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) . .

- 6 In each column, enter the smaller of line 5 or \$2,000 . . . .
- Male the encountry, enter the smaller of time 5 of \$2,000 . . . . .
   Add the encounte on line C. If nore, story you could take this encount.
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* .
- 9 Enter the applicable decimal amount from the table below.

If line	8 is—	A	And your filing status is –				
Over-	But not over—	Married filing jointly Enter or	Head of household	Single, Married filing separately, or Qualifying surviving spouse			
	\$21,750	0.5	0.5	0.5			
\$21,750	\$23,750	0.5	0.5	0.2			
\$23,750	\$32,625	0.5	0.5	0.1	9	х	.1
\$32,625	\$35,625	0.5	0.2	0.1			
\$35,625	\$36,500	0.5	0.1	0.1			
\$36,500	\$43,500	0.5	0.1	0.0			
\$43,500	\$47,500	0.2	0.1	0.0			
\$47,500	\$54,750	0.1	0.1	0.0			
\$54,750	\$73,000	0.1	0.0	0.0			
\$73,000		0.0	0.0	0.0			
	Note:	If line 9 is zero, <b>stop</b> ;	you can't take this o	credit.			
ultiply line 7	by line 9 .				. 10		196
nitation bas	ed on tax liabil	lity. Enter the amount	from the Credit Lim	it Worksheet in the instruction	s <b>11</b>	4	,729
		•		maller of line 10 or line 11 h			
d on Sched	ule 3 (Form 10	40), line 4			· 12		196

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form **8880** (2023)

## PA-40 - 2023 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

					N	Extensio	on.	Ν	Amended Return.
177497358	55769550			R	Residen	cy Status.			
GONSALVES							5		Part-Year Resident
						from			to
AMALIA	Ζ	Occupatio	n AR(	THITECTU	J	Single,	Married/F	Filing ${f J}$ o	intly,
						Married	1/Filing Se	eparately	, <b>F</b> inal Return
WELROY		Occupatio	n SOF	TWARE E					
					N	Decease	ed		
DMELLO									
					N	Taxpaye	er Date of	Death	
					N	Spouse 1	Date of D	eath	
50P2 J31H Z1	REET								
					N	Farmers			
PHILADELPHIA		PA	1910.	7		School I	District N	ame PH	ILADELPHIA
				-					
267-	334-5468		51500	ו					

la Gross Compensation. Do not include exempt income, such as combat zone pay and 81942 1a qualifying retirement benefits. See the instructions. lb Unreimbursed Employee Business Expenses. 1b lc 81942 Net Compensation. Subtract Line 1b from Line 1a. 1c2 2 Interest Income. Complete PA Schedule A if required. З 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. 4 4 Net Income or Loss from the Operation of a Business, Profession or Farm. 5 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property. Ь Net Income or Loss from Rents, Royalties, Patents or Copyrights. 6 7 7 Estate or Trust Income. Complete and submit PA Schedule J. 8 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T. 9 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 81942 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6. 10 10 **Other Deductions.** Enter the appropriate code for the type of deduction. Ν See the instructions for additional information. 77 81942 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1555 REV 12/21/23 PRO





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Page 1 of 2

PA-40 - 2023

Social Security Number

## 177497358 Name(s) AMALIA S GONSALVES

12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	73 75	2516 2516
14 15 16 17 18	Credit from your 2022 PA Income Tax return. 2023 Estimated Installment Payments. REV-459B included. N 2023 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	0 0 0 0
19a	<ul> <li>Forgiveness Credit. Submit PA Schedule SP.</li> <li>Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased</li> <li>Dependents, Section II, Line 2, PA Schedule SP</li> <li>Total Eligibility Income from Section III, Line 11, PA Schedule SP.</li> <li>Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.</li> </ul>	19a 19b 20 21	00 00 0
22 23 24 25 26 27	Resident Credit. Submit your <b>PA Schedule(s) G-L</b> and/or <b>RK-1</b> . Total Other Credits. Submit your <b>PA Schedule OC</b> and/or <b>PA Schedule DC</b> . <b>TOTAL PAYMENTS and CREDITS.</b> Add Lines 13, 18, 21, 22 and 23. <b>USE TAX.</b> Due on internet, mail order or out-of-state purchases. See instructions. <b>TAX DUE.</b> If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box.	22 23 24 25 26 27	0 2516 0 0 0
28 29	<b>TOTAL PAYMENT DUE.</b> See the instructions. <b>OVERPAYMENT.</b> If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	0 0
30 31	The total of Lines 30 through 36 must equal Line 29.       Refund – Amount of Line 29 you want as a check mailed to you.       REFUND         Credit – Amount of Line 29 you want as a credit to your 2024 estimated account.       REFUND	31 30	0 0
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
You	Signature Spouse's Signature, if filing jointly		
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D11724 59659522 Firm FEII Preparer's	1	N 843171965 P02082703
	1555 REV 12/21/23 PRO Page 2 of 2		

2300215338

## **PA SCHEDULE E**

2301410029

Rents and Royalty Income (Loss)

PA-40 E (EX) 03-23 (I) PA Department of Revenue

1

## 2023

PA Department of Revenue 2023	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
AMALIA S GONSALVES	177-49-7358
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights - use PA Schedule C.

#### **PROPERTY DESCRIPTION SECTION I**

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. If more than three properties, submit additional schedules as needed.

	Туре	Description of Property	For Profit Prop	erty Complete Address (street, city, state and ZIP code)
^			YES 👝	KHOPWADI
A	3	KHOPWADI	NO 👝	VASAI, MAHARASHTRA , 401201 , India
в			YES 👝	
D			NO 🔵	
с			YES 🔵	
Ŭ			NO 🔘	

Property type: 1. Single family residence 3. Vacation/short-term rental 5. Land 7. Self-rental 6. Royalties 2. Multi-family residence 4. Commercial 8. Other, describe: \_

SECTION II INCOME & EXPENSES			
	Property A	Property B	Property C
Line a: Identify the property from Section I and indicate ownership (T/S/J)	🗂 T 💭 S 💭 J	□ T □ S □ J	□ T □ S □ J
Line b: Is the property rental location in PA?	YES NO	YES NO	YES NO
Line c: Is the property rented for any period less than 30 days?	YES NO	YES NO	YES NO
Income: 1. Rent received 1.	590		
2. Royalties received 2.			
Expenses: 3. Advertising 3.			
4. Automobile and travel 4.			
5. Cleaning and maintenance 5.	1,945		
6. Commissions 6.			
7. Insurance 7.			
8. Legal and professional fees			
9. Management fees9.			
10. Mortgage interest 10.			
11. Other interest 11.			
12. Repairs	578		
13. Supplies 13.	645		
14. Taxes - not based on net income14.			
15. Utilities	1,846		
16. Depreciation expense - See the instructions	2,908		
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	7,922		
Income 19. Income – Subtract Line 18 from Line 1 or 2			
or Loss: 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) 20.	0 0	0	$\bigcirc$
21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the in	structions (fill in the	e oval, if a net loss) 21.	
22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the	ne instructions (fill in the	e oval, if a net loss) 🔵 22.	0
23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your			<b>~</b>
PA Schedule(s) RK-1 or NRK-1. 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more th		e oval, if a net loss) 23.	
total all Line 22 and 23 amounts and include on Line 6 of your PA-40.	(fill in the	e oval, if a net loss) 🔵 24.	0
	REV 12/21/23 PRO		1555





PA-8879 (EX) 03-23 (I)

Declaration Control Number/Submission ID

Primary Taxpayer's Nar	ne	Social Security Number		
AMALIA S GONSA	LVES	177-49-7358		
Secondary Taxpayer's I	Name	Social Security Number		
WELROY DMELLO		221-68-2207		
SECTION I	TAX RETURN INFORMATION - TAX YEAR EN	DING DEC. 31, 2023 (whole dollars only)		
1. Adjusted PA taxable i	– ncome (Form PA-40, Line 11)		81,942	
2. PA tax liability (Form	PA-40, Line 12)		2,516	
3. Total PA tax withheld	(Form PA-40, Line 13)		2,516	
4. Amount to be refunde	ed (Form PA-40, Line 30)			
5. Total payment (tax du	e) (Form PA-40, Line 28)		0	
SECTION II	DECLARATION AND SIGNATURE AUTHORIZA	ATION OF TAXPAYER		
Under penalties of perju	- ry, I declare that I have examined a copy of my electron	ic individual income tax return and accompanying sche	dules and statement	

of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

#### PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

(X) I authorize <u>GLOBAL TAXES LLC</u> to enter my PIN <u>97358</u> as my signature on my tax year 2023 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 82207
 as my signature on my tax year 2023

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature

Date

Date

## SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

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

222496 / 08271

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO. Name AMALIA S GONSALVES Social Security Number 177-49-7358

				Federal Form	s W-2		
# of W2	* NT / TX B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
				PERKINS EASTMAN ARCHITECTS DPC 13-3044005	79,986. 81,942.	81,942. 2,516.	PA

Pennsylvania W-2	<b>Taxpayer</b> 81,942.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	2,516.	

## Federal Forms W-2: Local Tax

<b>#</b> of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		T	<u>13-3044005</u> 	PHILADELPHIA C.	<u>84,629.</u>	3,191.	<u>PA</u>

Pennsylvania Local W-2	<b>Taxpayer</b> 84,629.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	3,191.	

#### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

*	Payer Name			Pa	yer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
	]								<u> </u>	
				-						
	J								-	
E Ju Di E> Ho Co Do	Ivania Payment type: xecutor fee irry duty pay irector's fee conorarium ovenant not to compete amages or settlement fo st wages, other than ersonal injury	or	I J K L M N O	Descri Emplo Distrib Distrib Distrib Distrib Descri Fiducia	yer spons ution from ution from ution from ution from be: ary fees fr income no	ored re IRA ( Life Ir Charit Emplo	etiremer Fraditior surance able Gi byee Sto	ation. nt/pension/defe nal or Roth) e, Annuity or E ft Annuities ock Ownership	ndowment C	
Misce Withł	ellaneous Compensatio	n froi	m Fo	orm 109	99MISC/1	099K/1	099NE	<b>Тахра</b> С	ayer	Spouse
		Со	mpe	ensati	on from	Feder	al For	ms 1099R		
*	Payer's EIN Payer's Name	T S	Fed #	РА Туре	Gro Distrib		E	Basis F	PA Taxable	PA Tax Withheld
	1									
	J						-			
							_			
	]	—	—	<u> </u>			-			
	]						_			
nnsy N No PA Ur Mi 2 Mi 3 U. A 1 Ar (in (in (in 2 Ro 3 I'n Dist	Enter an 'X' if this incon Ivania Distribution typ o entry A school, state, or muni nited Mine Workers pen ilitary pension .S. Civil service retiremen nuity or Non-civil service roluding Qual Joint Surv arly distribution from a r ollover n eligible; plan is eligible tribution from Life Insura ineligible retirement pla tribution from Charitable mpensation from Form	pe: cipal sion ent/di ce dis vivors etirer e (no ance, ans ( e Gift	emp sabili sabili hip / nent PA t , Anr see Ann	lloyee lity/anr ity Annuity plan tax) nuity, E Tax He uities -	plan huity /) indowmer elp FAQ's	12: J1 J2 K3 M1 M2 M3 M4 nt Contu	2 I'm n Trad 2 Trad 2 Non- 3 Life i - Distr 1 ESO 2 ESO 3 KSO 4 KSO racts or re info)	ot eligible yet; itional or Roth qualified defer nsurance or e ibution from C P: Allocated E P: Non-Alloca P: Taxable ES P: Nontaxable	plan is eligib IRA; I'm over IRA; I'm und red compens ndowment haritable Gift SOP Stock D ted ESOP Stock SOP within a ESOP within ayer	le in PA · 59.5 er 59.5 iation plan Annuities bividend ock Dividend totk Dividend totk) a 401(k) Spouse
	hholding					••••				
				Tota	Gross (	Comp	ensati	on		

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.