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)

Taxpay	ver's name	Social sect	irity numb	ber
ABH	II DESAI	810-3	9-720-	4
Spouse	o's name	Spouse's s	ocial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	i year you	are au	thorizing.)
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	86,416.
2	Total tax		2	10,558.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,540.
4	Amount you want refunded to you		4	2,982.
5	Amount you owe		5	·
Dow	Townsway Declaration and Connetwork Authorization (Decurrence) act and			· · · · · · · · · · · · · · · · · · ·

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

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

Ent	er fiv i't er	/e di	gits, all ze	but	as my
9	7	2	0	4	

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.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	mv	PIN
ιU	enter	UI.	generate	нну	1 11 1

as mv Enter five digits, but don't enter all zeros

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 s	ignature D	ate 🖡					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei	 2	7 1	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 Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	· BAA	REV 02/11/24 PRO	Form 8879 (Rev. 01-2021)

For the year Jar	. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, er	Iding		, 20)	See se	parate inst	ructions.
Your first name	and m		Lastin	name						cial securit	
	ur first name and middle initial Last name Your si BHI DESAI 810 Dint return, spouse's first name and middle initial Last name 810 me address (number and street). If you have a P.O. box, see instructions. Apt. no. 1 G LARE ST 1 07306 Check y, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse' reign country name Foreign province/state/county Foreign postal code your ta ng Status Single Head of household (HOH) 07306 box be pick only Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFD box, enter the name of your spouse. If you checked the HOH or QSS box, enter the cher qualifying person is a child but not your dependent: stata exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) andard duction Spouse itemizes on a separate return or you were a dual-status alian s/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 pendents, instructions): Informate Last name Informate Info			-							
	pouse's	s first name and middle initial	-								curity numbe
, , .											•
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt.	no.	Preside	ntial Election	on Campaig
86 LAKE	ST						1		Check I	here if you,	or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces below.	Sta	ate	ZIP code				tly, want \$3
JERSEY (CITY				N	J	07306			ow will not	•
Foreign country	/ name			Foreign province/state	coun	ty	Foreign po	ostal code		k or refund.	•
										You	Spouse
Filing Status	; 🗵	Single				Head of h	ousehold	(HOH)			
Check only			ne had	l income)		_					
one box.	L	0 1 <i>3</i> (<i>)</i>				, ,	0	•	` '		
					ou che	ecked the HOF	l or QSS	box, ente	er the chi	ild's name	if the
	qu	alifying person is a child but not you	ur aepe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award, o	r payr	ment for prope	rty or ser	vices); or	(b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a financial inte	rest i	n a digital asse	et)? (See ii	nstructio	ns.)	Ves	X No
Standard	Som	eone can claim: 🗌 You as a de	epende	nt 🗌 Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-status	s alier	ו					
Age/Blindnes	S You:	🛛 🗌 Were born before January 2, 1	959	Are blind Sp	ouse	: 🗌 Was bor	n before	January 2	2, 1959	🗌 ls bl	ind
Dependent	s (see	instructions):		(2) Social securit	tv	(3) Relationsh	ip (4) Cł	neck the b	ox if quali	ifies for (see	instructions)
If more	•	•			.,			Child tax c	redit	Credit for ot	her dependent
than four										[
dependents,										[
and check	s 									[
here										[[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					. 1a	1	96,760.
Attach Form(s)	b	Household employee wages not re	eporteo	d on Form(s) W-2 .					. 1b)	
W-2 here. Also	С	•	•						. 1c	;	
attach Forms W-2G and	d	.,			instru	uctions)			. 1d		
1099-R if tax		•			• •				. <u>1e</u>		
was withheld.	f			-				• •	. 1f		
If you did not get a Form	-				• •			• •	. <u>1g</u>		0
W-2, see		· ·	,	· · · · · · ·	• •	· · · ·	· · ·		. 1h	1	0.
instructions.			see ins	structions)	• •	🛄			- 4-		96,760.
		-	 00	· · · · · ·	 ьт	· · · ·		• •			844.
Attach Sch. B if required.								• •			011.
	<u> </u>		3a 4a			axable amoun		• •	. 30 . 4b		
Standard	4a 5a		4a 5a			axable amoun		• •	. 40 . 5b		
Deduction for — Single or	5a 6a		6a			axable amoun		• •	. 50 . 6b		
Married filing	C	If you elect to use the lump-sum e		method check here				 Г		,	
separately, \$13,850	7	Capital gain or (loss). Attach Sche						· · L	7		
Married filing jointly or	8	Additional income from Schedule		•	•			L	. 8		11,188.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 0		36,416.
surviving spouse, \$27,700	10	Adjustments to income from Sche				• · · · ·			. J		-, -=••
Head of household,	11	Subtract line 10 from line 9. This is							. 11		36,416.
\$20,800	12	Standard deduction or itemized							. 12		13,850.
If you checked any box under	13	Qualified business income deduct				95-A			. 13		
Standard Deduction,	14								. 14	-	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	е				72,566.
			-								

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

Form **1040** (2023)

Credits 17 Anount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 11, 274. 19 Child tax credit or oredit for other dependents from Schedule 8812 19 20 Anount from Schedule 3, line 8 20 716. 21 716. 22 10, 558. 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0. 24 Add lines 22 and 23. This is your total tax 24 10, 558. 24 Add lines 22 and 23. This is your total tax 24 10, 558. 250 20 24 20, 558. 260 255. 260 260 27 244 20, 558. 260 28 Federal income tax withheld from: 250 260 28 202 setimated tax payments and amount applied from 2022 returm. 26 23, 540. 29 American apportunity credit from Schedule 8112 29 20 20 29 American apportunity credit from Schedule 8112 29 20 20 20	Form 1040 (2023	3)						Page 2
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30 Reserved for future use	attach Sch. EIC.	28	Additional child tax credit from Schedule	8812		28		
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32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 13, 540. 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 2, 982. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here .		31				31		
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Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 2,982. Jirect deposit? b Routing number 0 2 1 2 0 2 35 2,982. Jirect deposit? b Routing number 0 2 1 2 0 2 35 2,982. Jirect deposit? b Routing number 0 2 1 2 0 1 3 3 7 c Type: Checking Savings d Account number 2 0 6 0 0 1 3 3 1 1 1 3					-			
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 2,982. Direct deposit? b Routing number 0 2 1 2 0 2 3 7 c Type: Checking Savings 36a Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want is go to www.irs.gov/Payments or see instructions 37 X Subtract line 36 form line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 37 Y No Signature Do you want to allow another person to discuss t	Refund	34	· · · · · · · · · · · · · · · · · · ·				-	
Direct deposit? b Routing number 0 2 1 2 0 2 3 3 7 c Type: X Checking Savings See instructions. d Account number 2 0 6 0 1 3 5 3 1 <th1< td=""><td>nerana</td><td></td><td></td><td></td><td></td><td>, .</td><td>_</td><td></td></th1<>	nerana					, .	_	
See instructions. d Account number 2 0 6 0 0 1 3 5 3 1 <	Direct deposit?	b					Savings	
36 Amount of line 34 you want applied to your 2024 estimated tax	See instructions.							
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Do you want to allow another person to discuss this return with the IRS? See instructions Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Your signature Joint return? See instructions. Keep a copy for orur records. Spouse's signature. If a joint return, both must sign. Date Your occupation FINANCIALPLANNING&ANALYSI If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (551) 258 - 7181 Email address DESAI, ABHI94@GMAIL, COM Preparer's name Preparer's signature Date Pate PTIN Check if: (see inst.) Phone no. (551) 258 - 7181 Email address DESAI, ABHI94@GMAIL, COM Ptins' cance (678) 965 - 9522 Paid Preparer's name Furn''s name					ed tax	36		
You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Phone no. Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Your signature If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Joint return? See instructions. Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Phone no. (551) 258-7181 Email address DESAI.ABHI94@GMAIL.COM Preparer's name Preparer's signature Date PTIN 02/19/2024 PO1082703 Seff-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's EIN 84-3171965 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	Amount							
38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee's name Designee's name Phone number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Your signature Joint return? Souse's signature. If a joint return, both must sign. Date Your occupation Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Phone no. (551) 258 - 7181 Email address DESAI. ABHI94@GMAIL.COM Preparer's name Preparer's signature Date Pate SYM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's elin 84-3171965	You Owe	57					3	7
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Paid Preparer Use Only Firm's name GLOBAL TAXES Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Ph	one no. (551)258-7181	Email address	DESAI.ABHI	94@GMAIL.CO	М	
Preparer STAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/19/2024 P02082/03 [] Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		Pre	parer's name Preparer's s	signature		Date	PTIN	Check if:
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Firm's address 245 ROONEY CT E BRUNSWICK NJ U8816 Firm's EIN 84-31/1965		Fir	n's name GLOBAL TAXES LLC				Phone no	b. (678)965-9522
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 02/11/24 PRO Form 1040 (202		Fir	n's address 245 ROONEY CT E	BRUNSWICK N	J 08816		Firm's El	N 84-3171965
	Go to www.irs.go	ov/Form	1040 for instructions and the latest information	۱.	BAA	REV 02/11/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 2023

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR ABHI DESAI

	Attachment Sequence No. 01
Your soc	ial security number
810-39	-7204

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		
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .	5	-11,188.
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 8		
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)		
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		
Z	Other income. List type and amount:		
-	8z		
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form		11 100
	1040, 1040-SR, or 1040-NR, line 8		-11,188.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedu	le 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	aovernmer	nt 🗌	
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889				
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	
15	Deductible part of self-employment tax. Attach Schedule SE			. 15	
16	Self-employed SEP, SIMPLE, and qualified plans			. 16	
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				1
b	Recipient's SSN				
с	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
	Deductible expenses related to income reported on line 8l from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
-		24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•		24e			
f		24f			
g		24g		_	
U	Attorney fees and court costs for actions involving certain unlawful	- 3		_	
		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				
		24i			
i		24i			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
7	Other adjustments. List type and amount:				
-		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	1
26	Add lines 11 through 23 and 25. These are your adjustments to income .				+
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA		11/24 PRO		ule 1 (Form 1040) 202

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 20

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

	Go to www.irs.gov/Form1040 for instructions and the latest information.					
			security number			
Par		39-	7204			
1	Foreign tax credit. Attach Form 1116 if required	1				
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach	-				
-	Form 2441	2				
3	Education credits from Form 8863, line 19	3	716			
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					
b	Credit for prior year minimum tax. Attach Form 8801 6b					
с	Adoption credit. Attach Form 8839 6c					
d	Credit for the elderly or disabled. Attach Schedule R 6d					
е	Reserved for future use 6e					
f	Clean vehicle credit. Attach Form 8936 6f					
g	Mortgage interest credit. Attach Form 8396 6g					
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h					
i	Qualified electric vehicle credit. Attach Form 8834 6i					
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j]				
k	Credit to holders of tax credit bonds. Attach Form 8912 6k					
Ι	Amount on Form 8978, line 14. See instructions 6					
m	Credit for previously owned clean vehicles. Attach Form 8936 . 6m					
z	Other nonrefundable credits. List type and amount:					
	6z					
7	Total other nonrefundable credits. Add lines 6a through 6z	7				
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or					
	1040-NR, line 20	8	716.			

(continued 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	-SR, or 1040-NR,	15	
	BAA REV	02/11/24 PRO	Schedu	ule 3 (Form 1040) 2023

SCHE	DULE E
(Form	1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Name(s) ABHI Part

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

)	2023
	Attachment Sequence No. 13

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

Name(s	s) shown on return								Your socia	-	
	I DESAI								810-39	9-7204	
Par	Note: If you a	re in t	s From Rental Real Estate an he business of renting personal proper is from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you	are an indiv	idual, rep	ort farm
			ents in 2023 that would require you								
B	If "Yes," did you or	will y	ou file required Form(s) 1099? .							. 🗌 Υε	es 🗌 No
1a	Physical address	ofea	ach property (street, city, state, ZII	P code	e)						
Α	PRAKASH NAGA	AR N	IARASARAOPET ANDHRA PRAI	DESH	IN 522	601					
В											
С											
1b	Type of Property (from list below)	2	For each rental real estate prope above, report the number of fair				Fa	ir Rental Days	Persona Day		QJV
Α	3		personal use days. Check the Q			Α		365		0	
B			if you meet the requirements to f			 B		303		0	
C			qualified joint venture. See instru	uctions	s. –	C					
	of Property:					•					
1	Single Family Reside Multi-Family Reside			ital	5 Land 6 Royal	ties		Self-Rental Other (desc	ribe)		
								Propert	ies:		
Incon	ne:					Α		В			С
3				3		5	80.				
4	Royalties received	ł.,		4							
Expe	nses:										
5	Advertising			5							
6	Auto and travel (se	ee ins	structions)	6							
7	Cleaning and mair	ntena	ance	7		1,1	27.				
8	Commissions .			8							
9	Insurance			9							
10	Legal and other p	rofes	sional fees	10							
11	Management fees			11		1,0	45.				
12	Mortgage interest	paid	to banks, etc. (see instructions)	12							
13	Other interest .	·		13							
14	Repairs			14		1,5	48.				
15	Supplies			15		1,8	65.				
16				16							
17	Utilities			17		2,3	50.				
18			or depletion	18		3,8	33.				
19	Other (list)		·	19							
20		dd lir	nes 5 through 19	20		11,7	68.				
21			ne 3 (rents) and/or 4 (royalties). If structions to find out if you must								
				21	-	11,1	88.				
22			estate loss after limitation, if any, tructions)	22		1,18		()(
23a			ported on line 3 for all rental prope			_,_0	23a	1	580.		
b			ported on line 4 for all royalty prop				23b				
c			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d		3,833.		
e			ported on line 20 for all properties				23e		L,768.		
24			amounts shown on line 21. Do no t						. 24		
25			ses from line 21 and rental real estat		-		nter to	tal losses he			11,188.

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

-11,188. 26

Form **8863**

Internal Revenue Service
Name(s) shown on return

Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

Attach to Form 1040 or 1040-SR.

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

	2023							
		Attachme Sequenc	ent e No. 50					
Your social security number								
81	0	39	7204					

ABHI DESAI

AUTION

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.

For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 02/11/2	4 PRO	Form 8863 (2023)
	instructions) here and on Schedule 3 (Form 1040), line 3				19	716.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	sheet (see				
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	,	18	716.		
	least three places)			J		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun			}	17	0.358
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18)		
17	If line 15 is:	10		-0,000.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		10,000.		
16	line 18, and go to line 19	15		3,584.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 19, and go to line 19.	15				
	the amount to enter instead	14		86,416.		
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form					
10	qualifying surviving spouse	13		90,000.		
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or				12	2,000.
11 12	Enter the smaller of line 10 or \$10,000 . <td></td> <td></td> <td></td> <td>11</td> <td>10,000.</td>				11	10,000.
44	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10 11	10,480.
10	After completing Part III for each student, enter the total of all amounts from a					10 400
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•			9	
Part	II Nonrefundable Education Credits					
-	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter					
-	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	portu	nity credit;	7	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th			meet the		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot at least three places)	undeo	d to		6	
	• Equal to or more than line 5, enter 1.000 on line 6				6	
6	If line 4 is:			、		
	qualifying surviving spouse	5				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	-				
4	credit	4				
	the amount to enter instead	3				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form					
	or qualifying surviving spouse	2				
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				•	
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
Part	Refundable American Opportunity Credit					

Form 8863 (2023) Pr					
Name(s) shown on return	Your social security number				
ABHI DESAI	810	39	7204		

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 i	nstructions.		
	Student name (as shown on page 1 of your tax return) ABHI	21 3	Student social security number (as s our tax return)	hown or	n page 1 of
	DESAI		810-39-7204		
22	Educational institution information (see instructions)				
a	a. Name of first educational institution	b. N	lame of second educational institut	ion (if an	y)
	NEW ENGLAND COLLEGE				
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 98 BRIDGE STREET 	(1)	Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	HENNIKER NH 03242				
(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?	в-т	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 b 7 checked?		Yes 🗌 No
(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 ide if you're claiming the American opp checked "Yes" in (2) or (3). You can 1098-T or from the institution.	oortunity	credit or if you
	02-0223955				
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	□ Ye Go	x = Stop! to line 31 for this student. 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.	X Ye		— Stop! this stud	Go to line 31 ent.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.		es – Stop! to line 31 for this student.	— 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?				lete lines 27 or this student.
CAUT	You can't take the American opportunity credit and the layou complete lines 27 through 30 for this student, don't from			t in the s	ame year. If
	American Opportunity Credit				
27	Adjusted qualified education expenses (see instructions). Do			27	
28				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 f			30	
	Lifetime Learning Credit				
31	Adjusted qualified education expenses (see instructions). Inc III, line 31, on Part II, line 10			31	10,480.
					9963 (0000)



Department of Taxation and Finance New York State E-File Signature Authorization for Tax Year 2023 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name ABHI DESAI	Spouse's name (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105.

	art A – Tax return information			
1	Federal adjusted gross income (from applicable line)	1.		86416.
2	Refund	2.		173.
3	Amount you owe	3.		
	Financial institution routing number	4.	021202337	
5	Financial institution account number	5.	206001353	
6	Account type: X Personal checking Personal savings Business checking Business saving	ngs		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02192024

{	NEW
2	YORK
2023	Y-

Department of Taxation and Finance **Nonresident and Part-Year Resident** **IT-203**

REV 01/17/24 PRO

23

Income Tax Return New York State • New York City • Yonkers • MCTMT

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning

	tions, Form IT-2	203-1.			ending	
Your last name (for a joint re			You	r date of birth (mmddyyyy)	Your Soci	al Security number
DESAI			03301994	810397204		
Spouse's last name			Spo	use's date of birth (mmddyyyy)	Spouse's	Social Security number
 Imber and street or PO Box)				Apartment number	New York	State county of residence
				1	NR	
State	ZIP code	Country			School di	strict name
NJ	07306	UNITED	SI	TATES	NR	
SS (see instructions) (no. and st	reet or rural route)	Apartment no.		City, village, or post office		School district code number
ountry				Decedent	's date of d	eath Spouse's date of death
filing separate return th spouses' Social Security nu	imbers above)		ir If (2) N (3) N If	id you or your spouse mai 1 Yonkers for any part of 2 5 Yes: Jumber of months you li Jumber of months your sp 6 <i>No</i> :	023? ived in Yo ouse lived	Yes No nkers in 2023 in Yonkers in 2023
ependent on another		E × × × F G	n New Bron (1) N (2) N ir Ente code New	ot living in Yonkers for any York City part-year re ix, Brooklyn, Manhattan Jumber of months you li Jumber of months your in NY City in 2023 ar your 2-character spe e(s) if applicable	v part of 20 sidents of , Queens ived in NY spouse I cial cond	23Yes No X only (This includes the , and Staten Island) (City in 2023 ived
		н	or ou On tl 1) L 2) L N 3) L N Did y living	ut of NYS (<i>mmddyyyy</i>) he last day of the tax ye ived in NYS ived outside NYS; recei IYS sources during non ived outside NYS; recei IYS sources during non you or your spouse main g quarters in NYS in 202	ear <i>(mark a</i> ived incor resident p ived no in resident p ntain 23?	nn X in one box):
l ast name	Relati					Date of birth (mmddyyyy)
	DESAI Spouse's last name Imber and street or PO Box) State NJ SS (see instructions) (no. and st ountry filing joint return th spouses' Social Security no filing separate return th spouses' Social Security no f household (with qualifying ing surviving spouse tions on your 2023 ependent on another pount located in a	DESAI Spouse's last name Imber and street or PO Box) State ZIP code NJ 07306 SS (see instructions) (no. and street or rural route) ountry filing joint retum th spouses' Social Security numbers above) filing separate retum th spouses' Social Security numbers above) f household (with qualifying person) Ing surviving spouse tions on your 2023 Person No pendent on another Yes No pount located in a Yes No	DESAI Spouse's last name Index and street or PO Box) State ZIP code Country NJ 07306 UNITED SS (see instructions) (no. and street or rural route) Apartment no. ountry D2 filing joint retum th spouses' Social Security numbers above) filing separate return th spouses' Social Security numbers above) f household (with qualifying person) E ing surviving spouse E tions on your 2023 Yes No pendent on another Yes No K ount located in a Yes No K M Yes No K M Yes No K M Yes No K	DESAI Spouse's last name Spouse's last name <td>DESAI 03301994 Spouse's last name Spouse's date of birth (mmddyyyy) imber and street or PO Box) Apartment number I I State ZIP code NJ 07306 UNITED STATES ss (see instructions) (no. and street or rural route) Apartment no. City, village, or post office ountry Decedent Information Information D2 (1) Did you or your spouse mainin Yonkers for any part of 2 filing separate return (2) Number of months your spouse if household (with qualifying person) (3) Number of months your spouse woot not living in Yonkers for any part of 2 in spouses' Social Security numbers above) Mo ft household (with qualifying person) (3) Number of months your spouse woot not living in Yonkers for any spouse woot not living in Yonkers for any constructions on your 2023 appendent on another Yes No pount located in a Yes No pount located in a Yes No pount located in a Yes No genedent on another Yes No pount located in a Yes No<td>DESAT 0.3301994 Spouse's last name Spouse's date of birth (mmddyyyy) Spouse's mber and street or PO Box) Apartment number 1 NR NR NR State ZIP code Country School di NR 07306 UNITED STATES NR see instructions) (no. and street or rural route) Apartment no. City, village, or post office s ountry Decedent Taxpayer's date of d information s ountry Decedent Taxpayer's date of d information s filing joint retum th spouses' Social Security numbers above) If Yes: (2) Number of months you lived in Yo filing separate retum th spouses' Social Security numbers above) (3) Number of months you spouse lived in Yo f household (with qualifying person) No (3) Number of months you spouse lived in No spendent on another Yes No (2) Number of months you spouse lived in No spunt located in a Yes No (2) Number of months you spouse lived in No spunt located in a Yes No (2) Number of months you spouse lived in No spun</td></td>	DESAI 03301994 Spouse's last name Spouse's date of birth (mmddyyyy) imber and street or PO Box) Apartment number I I State ZIP code NJ 07306 UNITED STATES ss (see instructions) (no. and street or rural route) Apartment no. City, village, or post office ountry Decedent Information Information D2 (1) Did you or your spouse mainin Yonkers for any part of 2 filing separate return (2) Number of months your spouse if household (with qualifying person) (3) Number of months your spouse woot not living in Yonkers for any part of 2 in spouses' Social Security numbers above) Mo ft household (with qualifying person) (3) Number of months your spouse woot not living in Yonkers for any spouse woot not living in Yonkers for any constructions on your 2023 appendent on another Yes No pount located in a Yes No pount located in a Yes No pount located in a Yes No genedent on another Yes No pount located in a Yes No <td>DESAT 0.3301994 Spouse's last name Spouse's date of birth (mmddyyyy) Spouse's mber and street or PO Box) Apartment number 1 NR NR NR State ZIP code Country School di NR 07306 UNITED STATES NR see instructions) (no. and street or rural route) Apartment no. City, village, or post office s ountry Decedent Taxpayer's date of d information s ountry Decedent Taxpayer's date of d information s filing joint retum th spouses' Social Security numbers above) If Yes: (2) Number of months you lived in Yo filing separate retum th spouses' Social Security numbers above) (3) Number of months you spouse lived in Yo f household (with qualifying person) No (3) Number of months you spouse lived in No spendent on another Yes No (2) Number of months you spouse lived in No spunt located in a Yes No (2) Number of months you spouse lived in No spunt located in a Yes No (2) Number of months you spouse lived in No spun</td>	DESAT 0.3301994 Spouse's last name Spouse's date of birth (mmddyyyy) Spouse's mber and street or PO Box) Apartment number 1 NR NR NR State ZIP code Country School di NR 07306 UNITED STATES NR see instructions) (no. and street or rural route) Apartment no. City, village, or post office s ountry Decedent Taxpayer's date of d information s ountry Decedent Taxpayer's date of d information s filing joint retum th spouses' Social Security numbers above) If Yes: (2) Number of months you lived in Yo filing separate retum th spouses' Social Security numbers above) (3) Number of months you spouse lived in Yo f household (with qualifying person) No (3) Number of months you spouse lived in No spendent on another Yes No (2) Number of months you spouse lived in No spunt located in a Yes No (2) Number of months you spouse lived in No spunt located in a Yes No (2) Number of months you spouse lived in No spun

If more than 6 dependents, mark an **X** in the box.



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Enter your Social Security number

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	810397204				
Eo	deral income and adjustments		Federal amount		New York State amount
			Whole dollars only		Whole dollars only
1	Wages, salaries, tips, etc	1	96760.00	1	96760.00
2	Taxable interest income	2	844.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local				
	income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-11188.00	11	.00
12	Rental real estate included				
	in line 11 (federal amount) 12. -11188.00			·	
13		13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income Identify:	16	.00	16	.00
	Add lines 1 through 11 and 13 through 16	17	86416.00	17	96760.00
	Total federal adjustments to income				
L	Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	86416.00	19	96760.00
Nev	w York additions				
\subseteq)				
20	Interest income on state and local bonds and obligations	-			
	(but not those of New York State or its localities)	20	.00	20	.00
	Public employee 414(h) retirement contributions	21	.00	21	.00
	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19 through 22	23	86416.00	23	96760.00
Nev	v York subtractions				
24	Taxable refunds, credits, or offsets of state and				
24		24	00	24	00
25	local income taxes (from line 4)	24	.00	24	.00
25	federal government	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26		26	
20 27	Interest income on U.S. government bonds	20 27	.00	20	.00
	Pension and annuity income exclusion	27	.00 .00	27	.00
		20 29	.00	20	.00
	Add lines 24 through 29	30	.00	30	.00
	New York adjusted gross income (subtract line 30 from line 23)	31	86416.00	31	96760_00
51		UT.			
32	Enter the amount from line 31, <i>Federal amount</i> column		└───►	32	86416.00
-					





Name(s) as shown on page 1	Enter your Social Security number	IT-203 (2023)	Page 3 of 4
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Sta	andard deduction or itemized deduction		
33	Enter your standard deduction or your itemized deduction (from Form IT-196).		
	Mark an X in the appropriate box: \mathbf{X} Standard – or –	33	8000.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	78416.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	78416.00
Tay	c computation, credits, and other taxes		
	New York taxable income (from line 36)	37	78416.00
	New York State tax on line 37 amount	38	4148.00
	New York State household credit	39 40	.00
	Subtract line 39 from line 38 <i>(if line 39 is more than line 38, leave blank)</i>	40 41	4148.00
	New York State child and dependent care credit	41	.00 4148.00
	Subtract line 41 from line 40 <i>(if line 41 is more than line 40, leave blank)</i>	42	
43		43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	4148.00
			–
	Income New York State amount from line 31 Federal amount from line 31 percentage 96760.00 ÷		Round result to 4 decimal places
I	96760.00 ÷ 86416.00 =	45	1.1197
	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46 47	4645.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8)		.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48 49	4645.00
	Net other New York State taxes (Form IT-203-ATT, line 33)	49 50	.00
50	Total New York State taxes (add lines 48 and 49)	50	4645.00
Ne	w York City and Yonkers taxes, credits, and surcharges, and MCTMT		
51	Part-year New York City resident tax (Form IT-360.1) 51		See instructions to compute
	Part-year resident nonrefundable New York City		New York City and Yonkers
	child and dependent care credit		taxes, credits, and
52a	Subtract line 52 from 51 52a .00		surcharges.
52b	MCTMT net earnings		
	base for Zone 1 52b .00		
52c	MCTMT net earnings		
	base for Zone 2 52c .00		
52d	MCTMT for Zone 1		
52e	MCTMT for Zone 2		See instructions to compute the MCTMT for each zone.
	Total MCTMT (add lines 52d and 52e) 52f .00		the MCTWITIO CACITZOIR.
	Yonkers nonresident earnings tax (Form Y-203) 53		
54	Part-year Yonkers resident income tax surcharge		
	(Form IT-360.1)		
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54)	55	.00
56	Sales or use tax (Do not leave blank.)	56	0.00
57		57	.00
58	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,		1
	and voluntary contributions (add lines 50, 55, 56, and 57)	58	4645.00





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Enter your Social Security number 810397204

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59 I	Enter amount from line 58					59	4645.00
Pay	yments and refundable credits						
<u> </u>)					1	If applicable, complete
	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60 60a			.00		Form(s) IT-2 and/or IT-1099-R
	NYC school tax credit (rate reduction amount)		and submit them with your				
61	Other refundable credits (Form IT-203-ATT, line 17)		return.				
62	Total New York State tax withheld	62			4818.00		Do not send federal
63	Total New York City tax withheld	63			.00		Form W-2 with your return.
64	Total Yonkers tax withheld	64 65			.00		
65	Total estimated tax payments/amount paid with Form IT-370 Total payments and refundable credits (add lines 60 thro		5)		.00	66	4818.00
		uyn o				00	1010.00
Yo	ur refund, amount you owe, and account information						
67	Amount overpaid (if line 66 is more than line 59, subtract line	e 59 fr	om line 66) .			67	173.00
68	Amount of line 67 available for refund (subtract line 69 from	n line	67)			68	173.00
	TIP: Use this amount to check your refund status online.						
	Amount of line 68 that you want to deposit into a NYS 529 account						.00
68b	Total refund after NYS 529 account deposit (subtract line 68	Ba fror	n line 68)			68b	173.00
	Mark and refund chains X direct deposit to	cheo	cking or line 73) - 0	r - 🗌	paper		Refund? Direct deposit is the
~~	Mark one refund choice: 🗙 savings account	(fill in	line 73)	•	check		easiest, fastest way to get your
69	Amount of line 67 that you want applied to your 2024 estimated tax (see instructions)	69			.00		refund.
70	Amount you owe (if line 66 is less than line 59, subtract line 60		line 50) To	nav hv			See instructions for payment
10	funds withdrawal, mark an X in the box and fill in I		,				options.
	or money order you must complete Form IT-201-V and					70	.00
71	Estimated tax penalty (include this amount on line 70,		5				·
	or reduce the overpayment on line 67)	71			.00		See instructions for the
72	Other penalties and interest				.00		proper assembly of your return.
73	Account information for direct deposit or electronic funds w	withd	awal.				
	If the funds for your payment (or refund) would come from (or go	to) an acco	unt outs	ide the U.S.,	marl	an X in this box
					1		
	73a Account type: X Personal checking - or -	sonal	savings - o	r -	Business ch	neckir	ng - or - Business savings
	73b Politing number 021202337 73c					206	5001353
	73b Routing number 021202337 73c	: Acc	ount number			200	5001555
74	Electronic funds withdrawal	Date			Amoun	ıt 🗌	.00
	Third-party Print designee's name		Desi	anee's nt	one number		Personal identification
des	Third-party Print designee's name signee? (see instr.)		()			number (PIN)
Yes			N)			
		/TPRIN	. 1		_		
((see instructions) ex	cl. cod			 Taxpa 	yer(s) must sign here ▼
	arer's signature Preparer's printed name AM PRIYA RAM SAGAR GUP SYAM PRIYA RAM	STG	AR CITD	Your sig	Inature		
Firm	's name (or yours, if self-employed) Preparer's PT			Your oc	cupation		
GL	OBAL TAXES LLC P02	0827	03				NG&ANALYSI
Addr	843	ntificatio 1719		Spouse	s signature and	occup	pation (if joint return)
	5 ROONEY CT	ate		Date			Daytime phone number
		UZT	92024	Email	DD037 35		(551)258 7181
Ema	^{il:} SYAM@GTAXFILE.COM			Email:	DESAL.AB	нта	4@GMAIL.COM

See instructions for where to mail your return.







Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers Records below. File Form IT-2 as an entire page with your return

REV 01/17/24 PRO

[-2

Do not detach or separate the W	-2 Records	below. File Form IT-2	2 as an e	entire pa	age with your return	n. See inst	ructions on the back.					
W-2 Record 1		Box c Employer's information Employer's name										
Box a Employee's Social Security number for this W-2 Record		SAKS COM LLC Employer's address (number and street)										
810397204		225 LIBERTY ST. FL 31										
Box b Employer identification number (EIN)	City											
861572853	NEW Y	V R K		NY	10281							
Box 1 Wages, tips, other compensation	Box 12a Amo		Code		14a Amount		Description					
96760.00	DUX 12a Amo		Cl	BUX	-	399.00	NY PFL					
Box 8 Allocated tips	Box 12b Amo	34.00	Code	Box	14b Amount	599.00	Description					
	BUX 120 Ame			BUX	HID AMOUNT	31.00	NY SDI					
.00 Box 10 Dependent care benefits	Box 12c Amo	.00	Code	Box	14c Amount	51.00	Description					
		.00			140 Amount	.00						
Box 11 Nonqualified plans	Box 12d Amo		Code	Box	14d Amount	.00	Description					
.00		.00			140 Millount	.00						
.00		.00				.00						
Box 13 Statutory employee Retire	ment plan 🛛 🗙	Third-party sick pay					Corrected (W-2c)					
	Bo	_ → x 16a NYS wages, tips, e	tc.	Box 17	7a NYS income tax with	held						
NY State information: Box 15a NY State	N Y		760.00			18.00						
		ox 16b Other state wages,		Box 17	7b Other state income tax							
Other state information: Box 15b other state	NJ	-	760.00			.00						
Other state				L		100						
NYC and Yonkers Box	18 Local wage	s, tips, etc.	Box	19 Local	income tax withheld		Box 20 Locality name					
information (see instr.):			ality a		.00	Locality a						
Locality b			ality b		.00	Locality b						
],						
Do not detach.	Box c Em	ployer's information										
W-2 Record 2	Employer											
Box a Employee's Social Security number												
for this W-2 Record	Employer	's address (number and stree	et)									
							(
Box b Employer identification number (EIN)	City		:	State	ZIP code	Country						
Box 1 Wages, tips, other compensation	Box 12a Amo	punt	Code	Box	14a Amount		Description					
.00		.00				.00						
Box 8 Allocated tips	Box 12b Amo	ount	Code	Box	14b Amount		Description					
.00		.00				.00						
Box 10 Dependent care benefits	Box 12c Amo	ount	Code	Box	14c Amount		Description					
.00		.00				.00						
Box 11 Nonqualified plans	Box 12d Amo	punt	Code	Box	14d Amount		Description					
.00		.00				.00						
							• · · · · · · · · · · · · · · · · · · ·					
Box 13 Statutory employee Retire	ment plan	Third-party sick pay					Corrected (W-2c)					
NY State information: Box 15a		ox 16a NYS wages, tips, e	tc.	Box 17	7a NYS income tax with	held						
NY State	NY		.00			.00						
Other state information: Box 15b	Bo	5x 16b Other state wages,	tips, etc.	Box 17	7b Other state income tax	withheld						
other state mornation.			.00			.00						
			_				— •• • • • • • • • • • • • • • • • • •					
NYC and Yonkers Box information (see instr.):	18 Local wage	·	Box	19 Local	income tax withheld	1	Box 20 Locality name					
Locality a		.00 Loc	ality a		.00	Locality a						
			1									
Locality b		.00 Loc	ality b		.00	Locality b						
			ality b	2100 Jawa 1 Mari	.00.	Locality b						
		.00 Loc	ality b		.00	Locality b						
		.00 Loc	ality b		.00	Locality b						

SCHE	DULE E
(Form	1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Name(s) ABHI Part

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

)	2023
	Attachment Sequence No. 13

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

Name(s	s) shown on return								Your socia	-	
	I DESAI								810-39	9-7204	
Par	Note: If you a	re in t	s From Rental Real Estate an he business of renting personal proper is from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you	are an indiv	idual, rep	ort farm
			ents in 2023 that would require you								
B	If "Yes," did you or	will y	ou file required Form(s) 1099? .							. 🗌 Υε	es 🗌 No
1a	Physical address	ofea	ach property (street, city, state, ZII	P code	e)						
Α	PRAKASH NAGA	AR N	IARASARAOPET ANDHRA PRAI	DESH	IN 522	601					
В											
С											
1b	Type of Property (from list below)	2	For each rental real estate prope above, report the number of fair				Fa	ir Rental Days	Persona Day		QJV
Α	3		personal use days. Check the Q			Α		365		0	
B			if you meet the requirements to f			 B		303		0	
C			qualified joint venture. See instru	uctions	s. –	C					
	of Property:					•					
1	Single Family Reside Multi-Family Reside			ital	5 Land 6 Royal	ties		Self-Rental Other (desc	ribe)		
								Propert	ies:		
Incon	ne:					Α		В			С
3				3		5	80.				
4	Royalties received	ł.,		4							
Expe	nses:										
5	Advertising			5							
6	Auto and travel (se	ee ins	structions)	6							
7	Cleaning and mair	ntena	ance	7		1,1	27.				
8	Commissions .			8							
9	Insurance			9							
10	Legal and other p	rofes	sional fees	10							
11	Management fees			11		1,0	45.				
12	Mortgage interest	paid	to banks, etc. (see instructions)	12							
13	Other interest .	·		13							
14	Repairs			14		1,5	48.				
15	Supplies			15		1,8	65.				
16				16							
17	Utilities			17		2,3	50.				
18			or depletion	18		3,8	33.				
19	Other (list)		·	19							
20		dd lir	nes 5 through 19	20		11,7	68.				
21			ne 3 (rents) and/or 4 (royalties). If structions to find out if you must								
				21	-	11,1	88.				
22			estate loss after limitation, if any, tructions)	22		1,18		()(
23a			ported on line 3 for all rental prope			_,_0	23a	1	580.		
b			ported on line 4 for all royalty prop				23b				
c			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d		3,833.		
e			ported on line 20 for all properties				23e		L,768.		
24			amounts shown on line 21. Do no t						. 24		
25			ses from line 21 and rental real estat		-		nter to	tal losses he			11,188.

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

-11,188. 26

NJ-1040 2023	
Page 1	040MP01230

2023 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

ZIP Code

07306

1555

Your Social Security Number (required) 810397204

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) DESAI ABHI

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50) 1212

Home Address (Number and Street, including apartment number) 86 LAKE ST APT 1

City, Town, Post	Office	State
JERSEY	CITY	NJ

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			021202337
dd5. Account number		dd5.			206001353

Note: This does not reduce your refund or increase your balance due.



NJ- 2022 Page	<u> </u>	MP02230	Name(s) as shown on I DESAI ABH Your Social Security N 810397204	I		1555
Part- Fron	year residents, provide months/days		sident during 2023:	Fiscal year file Enter month of	-	2024
	ng Status					
	 Single Married/CU Couple, filing Married/CU Partner, filing Head of Household Qualifying Widow(er)/Sur Indicate the year of your sp mptions the ovals that apply. You must enter a total spectrum of the second sec	separate return viving CU Partner vouse's/CU partner's death		Enter spouse's/CU partner's S	SN	
 6. 7. 8. 9. 10. 11. 12. 13. 	Regular Senior 65+ (Born in 1958 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (So Total Exemption Amount (Add tot		Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =	
14. a. b. c. d.	Dependent Information. Provide tl Last Name, First Name, Middle Ini	itial	·	Social Security Number	Birth Year	No Health Insurance



NJ-1040 2023 Page 3 Name(s) as shown on Form NJ-1040 DESAI ABHI

Your Social Security Number 810397204

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	96760 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	844 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	•
24.	Net gambling winnings (See instructions)	24.	•
25.	Alimony and separate maintenance payments received	25.	•
26.	Other (Enclose documents) (See instructions)	26.	•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	97604 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	97604 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	•
32.	Alimony and separate maintenance payments (See instructions)	32.	•
33.	Qualified Conservation Contribution	33.	
34.	Health Enterprise Zone Deduction	34.	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	
37a.	NJBEST Deduction	37a.	
37b.	NJCLASS Deduction	37b.	
37c.	NJ Higher Ed. Tuition Deduction	37c.	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	96604 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1728 .
40b.	Indicate your residency status during 2023 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	96604 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	4029 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	3994 .
	Enter Code		32
45.	Balance of Tax (Subtract line 44 from line 43)	45.	35 .
46.	Sheltered Workshop Tax Credit	46.	•
47.	Gold Star Family Counseling Credit (See instructions)	47.	
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	
49.	Total Credits (Add lines 46 through 48)	49.	
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	35 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0.
52.	Interest on Underpayment of Estimated Tax	52.	
	Fill in if Form NJ-2210 is enclosed		
53a.	Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.	



Name(s) as shown on Form NJ-1040 DESAI ABHI

1555

53b.	If you indicated at line 53a that someone in your tax household does not			53b.	
52	Get Covered New Jersey to assist with obtaining coverage (See instruction		. V	52	0.
53c.	Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule NJ-HCC and fi	ll in 🗙	53c.	35.
54.	Total Tax Due (Add lines 50 through 53c)			54.	55.
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year	ir residents, see instructions)		55.	го
56.	Property Tax Credit (See instructions page 24)			56.	50.
57.	New Jersey Estimated Tax Payments/Credit from 2022 tax return			57.	•
58.	New Jersey Earned Income Tax Credit (See instructions)			58.	•
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See	e instructions)		59.	•
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-245	50) (See instructions)		60.	•
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ	-2450) (See instructions)		61.	•
62.	Wounded Warrior Caregivers Credit (See instructions)			62.	•
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)	1		63.	•
64.	Child and Dependent Care Credit (See instructions)			64.	•
	Fill in if you are a CU couple claiming the Child and Dependent Care Cr	edit			
65.	New Jersey Child Tax Credit (See instructions)			65.	
	Number of dependents age 5 or younger on 12/31/2023				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)			66.	50.
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line	e 54 and enter the amount you owe		67.	
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Sul	ptract line 54 from line 66 and enter the overpaym	ent	68.	15 .
69.	Amount from line 68 you want to credit to your 2024 tax			69.	
70.	Contribution to N.J. Endangered Wildlife Fund			70.	
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse			71.	
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund			72.	
73.	Contribution to N.J. Breast Cancer Research Fund			73.	
74.	Contribution to U.S.S. New Jersey Educational Museum Fund			74.	
75.	Other Designated Contribution (See instructions)	Enter Cod	e	75.	
76.	Other Designated Contribution (See instructions)	Enter Cod	e	76.	
77.	Other Designated Contribution (See instructions)	Enter Cod	e	77.	
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 throu	gh 77)		78.	
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)			79.	
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68	8)		80.	15 .

Under penalties of perjury, I declare that I have exa the best of my knowledge and belief, it is true, corre based on all information of which the preparer has a	ct, and complete	· · · · · · · · · · · · · · · · · · ·	0 1 5 0	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation
Your Signature	Date	Spouse's/CU Pa	artner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature			Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or
SYAM PRIYA RAM SAGAR	GUPTA	TALLAM	P02082703	money order payable to: State of New Jersey – TGI You can also make a payment on our website: nj.gov/taxation Refund or No Tax Due Address
Firm's Name			Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation
GLOBAL TAXES LLC			84-3171965	Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555

____4___

____5___

6_

7

NJ-1040 2023

Page 4

Division Use:

1_

2_

3____

Name(s) as shown on Form NJ-1040	Social Security Number
DESAI ABHI	810-39-7204

		lew Jersey Business Inc				nedule	2023	
Ρ	art I Net Profits From Business	ist the net profi	it (loss) fro	om bus	siness(es). See Instr	ructions.	
	Business Name	Social Secu Fede	urity Numb ral EIN	oer/		Prof	ît or (Loss)	
1.								
2.								<u> </u>
3.		<u> </u>						<u> </u>
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Ent line 18, NJ-1040. If loss, make no entry on line 1			4.				
Ρ	art II Distributive Share of Partner	ship Incom	e				hare of income (loss) See instructions.)
	Partnership Name	Federal EIN	N		re of Par come or	•	Share of Pass-Thro Business Alternat Income Tax	
1.								
2.								
3.		-)						
4.	Distributive Share of Partnership Income or (Los (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 21.)		4.					
5.	Total Share of Pass-Through Business Alternativ (Add lines 1, 2, and 3.)(Enter here and include or		40.) 5.					
Ρ	art III Net Pro Rata Share of S Co						e of income (usable). See instructions.	l loss)
	S Corporation Name	Federal EIN	Pro Rata S Incom	Share o		ation Shar	e of Pass-Through Busi Alternative Income Tax	
1.								
2.								
3.								
4.	Net Pro Rata Share of S Corporation Income or (Usab (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ- If loss, make no entry on line 22.)							
5.	Total Share of Pass-Through Business Alternative Incor (Add lines 1, 2, and 3.)(Enter here and include on line 6							
Р	Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights						e	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Federal FIN			ype – En number fr list abov	om	Income or (Loss)	
1.	PRAKASH NAGAR	810397204			1		-11,188.	
2.								
3.					r			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)4.							

Name(s) as shown on Form NJ-1040	Social Security Number
DESAI ABHI	810-39-7204

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2023

	Column A Column B							
Part	I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.		1b.	0.		
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-11,188.		
5.	Loss Carryforward From Tax Year 2022	,			5b.	(18,500.)	
6.	Totals	6а.	0.		6b.	-29,688.		
Part	II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.					
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.					
9.	Business Increment (Subtract line 8 from line 7)	9.	0.					
10.	Adjustment Percentage	10.	(0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.					
Part	III Loss Carryforward to Tax Year 2024							
12.	Loss Carryforward to Tax Year 2024				12.	(29,688.)	

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040		Social Security Number
DESAI ABHI	810-39-7204	

Schedule NJ-HCC

Health Care Coverage

2023

1555

REV 01/29/24 PRO

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

Part I										,, u						-
	Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in															
· ·	2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.															
	schedule with your return.															
No. Continue	No. Continue to Part II.															
If you or any member of your tax household does not currently have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)																
Part II																
Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.																
							Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jame Social Security Number																
Exemption number:																
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number					1											
Exemption number:																
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov														Nov	Dec	
Name Social Security Number												1				
Exemption number:		Check box if this individual has more than one exemption number														
					Jan	Feb	Mar	Apr	May	lun		Aug	Sen	Oct	Nov	Dec
Name Social Security Number					<u> </u>				Iviay	Jun		Aug				Dee
Exemption number:						C	heck b	ox if this	s individ	dual ha	s more	than or	ne exer	nption r	number	
						Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number																
Exemption number:							heck b	ox if this	s individ	dual ha	s more	than or	ne exer	nption r	number	