Department of the Treasury 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 security n	umber
DUR	GANATH SASHANK NARNE	675-86-1	192
Spouse	s's name	Spouse's social	security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	er year you are	authorizing.)
Enter	whole dollars only on lines 1 through 5.		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income		1 84,426.
2	Total tax		2 10,834.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 14,145.
4	Amount you want refunded to you		4 3,311.
5	Amount you owe		5

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

Under penalties of 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

				ERO firm name	-	E	r
\times	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-			16	٦

Ent	as my				
6	1	1	9	2	
	6 Ent	6 1 Enter fiv	6 1 1 Enter five di	6 1 1 9 Enter five digits,	6 1 1 9 2 Enter five digits, but don't enter all zeros

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.

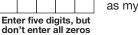
Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN



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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature	Date										
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2			6 nter a			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 F Don't Submit This Form to the I										
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)							

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not wi	ite or staple in this space.		
For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See sep	arate instructions.		
Your first name	and mi	ddle initial	Last na	ame						Your so	cial security number		
DURGANAI	'H SA	ASHANK	NARN	ARNE							86 1192		
		first name and middle initial	Last na								s social security number		
										864	84 6768		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.		tial Election Campaign		
7908 N M	IACAI	RTHUR BLVD						1	.021	Check h	ere if you, or your		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode	spouse if filing jointly, want \$			
IRVING						ТΧ	ζ	750	63	to go to this fund. Checking box below will not change			
Foreign country	name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code		or refund.		
											You Spouse		
Filing Status	; [Single					Head of h	ouseh	old (HOH)				
Check only		Married filing jointly (even if only or	ne had	income)									
one box.	X	Married filing separately (MFS)					Qualifying	surviv	ving spouse	(QSS)			
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	r the chil	d's name if the		
	qu	alifying person is a child but not you	ır depe	ndent: _]	PRIYANKA	K K	ARNATI						
Digital	Δt ar	ny time during 2023, did you: (a) rece	aiva (as	a rewar	d award or i	navr	ment for prope	rtv or	services): or	(h) sell			
Digital Assets		ange, or otherwise dispose of a digi	•					•	,	. ,	🗌 Yes 🛛 No		
Standard		eone can claim: You as a de		·			a dependent			,			
Deduction		Spouse itemizes on a separate return	•		•		•						
Age/Blindness	-	Were born before January 2, 1		Are b		use	_	n befo	ore January 2	2, 1959	Is blind		
Dependents		•		T	Social security		(3) Relationsh	14			ies for (see instructions):		
-		irst name Last name		(2)	number		to you		Child tax ci	edit	Credit for other dependents		
lf more than four	.,												
dependents,													
see instructions and check	s ——												
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	ctions)					. 1a	96,171.		
	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1b			
Attach Form(s) W-2 here. Also	с	c Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441	, line 26 .					. 1e			
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8	839, line 29					. 1f			
If you did not	g	Wages from Form 8919, line 6 .								. 1g			
get a Form W-2, see	h	Other earned income (see instructi				•				. 1h	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	1 i						
	z	Add lines 1a through 1h	• •			•				. 1z	96,171.		
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b			
if required.	3a		3a			b 0	Ordinary divide	nds .		. 3b			
Standard	4a		4a			bΤ	axable amoun	t		. 4b			
Deduction for –	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b			
 Single or Married filing 	6a	, _	6a				axable amoun	t	· · · _	. 6b			
Married filing separately,	С	If you elect to use the lump-sum el							· · · [
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee		•	•		-		[7			
jointly or Qualifying	8	Additional income from Schedule	,							. 8	-11,745.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	our total inc	ome	e			. 9	84,426.		
\$27,700 • Head of	10	Adjustments to income from Sche								. 10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11	84,426.		
• If you checked	12	Standard deduction or itemized								. 12	13,850.		
any box under Standard	13	Qualified business income deducti			995 or Form	899	5-A			. 13			
Deduction, see instructions.	14	Add lines 12 and 13				•				. 14	13,850.		
	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 This is ye	ourt	taxable incom	e.		. 15	70,576.		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	10,834.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	10,834.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			🗔	22	10,834.
	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	10,834.
Payments	25	Federal income tax withheld							i
· · · , · · · · · ·	а	Form(s) W-2				25a 14	,145.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,				2	25d	14,145.
If you have a	26	2023 estimated tax payment						26	i
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31				31		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	14,145.
Refund	34	If line 33 is more than line 24						34	3,311.
neiuliu	35a	Amount of line 34 you want				•		85a	3,311.
Direct deposit?	b	Routing number 0 7 2					Savings	Ja	
See instructions.	b	Account number 3 7 5	Savings						
	36	Account number <u>9</u> , <u>9</u> Amount of line 34 you want a				36			
A						30	-		
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38					38		57	
Think Dauta		Estimated tax penalty (see in	,						
Third Party Designee		you want to allow another	•				omplete belo	2010/	× No
Designee		signee's		Phone			onal identifica		
	nai			no.			ber (PIN)	lion	
Sign		der penalties of perjury, I declare tl							
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all information	on of which pr	epare	r has any knowledge.
TICIC	Yo	ur signature		Date	Your occupation				t you an Identity
									N, enter it here
Joint return? See instructions.				Data		FTWARE ENGINE	· · · ·	,	
Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			t your spouse an ction PIN, enter it here
your records.						(see inst			
	Ph	one no. (816) 859-441	3	Email address	DURGANATHSAS	SHANK@GMAIL.CO	M		
<u> </u>		eparer's name	Preparer's signat		_ 01:01:01:01:01:0	Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/22/2024	P020827	03	Self-employed
Preparer		m's name GLOBAL TAX				, , , , , , , , , , , , , , , , , , , ,			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's E		84-3171965
Go to www.irs.or		1040 for instructions and the late					1		Form 1040 (2023)
			scanomation.		BAA	REV 01/12/24 PRO			10111 10-10 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
DURGANATH SASH	ANK NARNE	675-86	-1192

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
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		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-11,745.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
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	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	_	
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		
	1040, 1040-SR, or 1040-NR, line 8		10	-11,745.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

1	Adjustments to Income				. 11	1	
	Educator expenses						
2	Certain business expenses of reservists, performing artists, and fee	-basi	s gov	ernme	nt . 12		
,	officials. Attach Form 2106	• •	• •	• •	. 13		
3	Moving expenses for members of the Armed Forces. Attach Form 3903						
4 5							_
5	Deductible part of self-employment tax. Attach Schedule SE						
6	Self-employed SEP, SIMPLE, and qualified plans						
7	Self-employed health insurance deduction						
8	Penalty on early withdrawal of savings						
9a	Alimony paid					а	
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	3	
24	Other adjustments:						
а	Jury duty pay (see instructions)	24a					
b	Deductible expenses related to income reported on line 8l from the						
	rental of personal property engaged in for profit	24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
	and USOC prize money reported on line 8m	24c					
d	Reforestation amortization and expenses	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
q	Contributions by certain chaplains to section 403(b) plans	24g					
· ·	Attorney fees and court costs for actions involving certain unlawful						
	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					
i	Housing deduction from Form 2555	24i					
۲ ۲	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
n		24k					
z	Other adjustments. List type and amount:	2-TR					
2		24z					
25	Total other adjustments. Add lines 24a through 24z				. 25		
25 26						, 	
0	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10						
	Form 1040, 1040-SR, or 1040-NR, line 10	• •	• •	• •	. 26	o dule 1 (Form 1	_

SCHE (Form		(Erom r	antal real a	Supplementa state, royalties, partnersh					tructo DEMI	Co. etc.)		b. 1545-0074
	-	(FIOIIIII		Attach to Form 1040,		-				JS, etc.)	2() 23
	ent of the Treasury Revenue Service		Go to wy	ww.irs.gov/ScheduleE for					nformation.		Attachn Seguen	nent ice No. 13
	shown on return									Your socia		
DURG	ANATH SASH	ANK NA	RNE							675-8	6-1192	
Part		or Los	s From R	ental Real Estate an	d Ro	yalties						
	Note: If yo	ou are in th	he business	of renting personal proper	ty, use	Schedule	e C. See	instru	ctions. If you a	re an indiv	/idual, rep	ort farm
Α				1 4835 on page 2, line 40. B that would require you	to filo	Form(s) 1	10002 5	Soo ing	structions			
 1a				ty (street, city, state, ZIF				• •				
						,						
	RAPARTHI	NAGAR	KHAMMA	M TELANGANA IN	1 507	/001						
B C												
 1b	Type of Prope	rty 0	For each	rantal raal astata propa	ret v licet	ad		Fo	ir Rental	Person		
10	(from list below			rental real estate prope port the number of fair				Га	Days	Da		QJV
Α	3	<i>,</i>	personal	use days. Check the Qu	JV bo>	c only	Α		365		0	
В				et the requirements to f joint venture. See instru			В				-	
С			quaimed	joint venture. See instru	CLIONS	.	С					
Туре	of Property:	·										
	Single Family R		e 3 Va	cation/Short-Term Rent	tal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Cc	ommercial		6 Roya	alties	8	Other (descr	ribe)		
									Properti	es:		
Incom	ie:						Α		В			С
3	Rents received	ł			3		7	11.				
4	Royalties rece	ived			4							
Expen	ISES:											
5	-				5							
6					6							
7					7		2,3	45.				
8 9					8							
9 10					9 10							
11					11		1.0	23.				
12				etc. (see instructions)	12		± / ∪	23.				
13					13							
14					14		3,4	56.				
15	o				15		3,7	12.				
16					16							
17					17		1,9	20.				
18		xpense o	or depletion	η	18							
19	Other (list)				19							
20				gh 19	20		12,4	56.				
21) and/or 4 (royalties). If to find out if you must								
	file Form 6198				21	-	-11 , 7	45.				
22				after limitation, if any,	21		/ -					
					22	(11,74	15.)	()	(
23a		-	-	ine 3 for all rental prope				23a		711.		
b		-		ne 4 for all royalty prop				23b				
С				ine 12 for all properties				23c				
d				ne 18 for all properties				23d				
е				ine 20 for all properties				23e	12	,456.		
24				nown on line 21. Do not		-				. 24	/	
25	Losses. Add ro	yalty loss	ses trom line	e 21 and rental real estate	e losse	es trom lin	ie 22. Ei	nter to	tal losses her	e 25	(11,745.

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

For Paperwork Reduction Act Notice, see the separate instructions.

26

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-11,745.

88 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

	2023
tion.	Attachment Sequence No. 52
	ber of HSA beneficiary. e HSAs, see instructions.

675-86-1192

DURGANATH	SASHANK	NARNE

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

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

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023.		-1
•		X Se	lf-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the		
	unextended due date of your tax return that were for 2023. Do not include employer contributions,		
	contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you		
	were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for		
	family coverage). All others, see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also		
	include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
•	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage		· · ·
	under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023 9 400.		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	400.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,450.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate i	HSAS, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
-	contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
h	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that		
D	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17c	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct		efore
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate	HSAs,
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20			
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

REV 01/12/24 PRO BAA