Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpay	ver s name	Social secu	rity nume	ber
SUR	RESH PAULRAJ	866-96	5-454	б
Spouse	o's name	Spouse's so	ocial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r 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	129,328.
2	Total tax		2	20,538.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	24,048.
4	Amount you want refunded to you		4	3,510.
5	Amount you owe		5	·
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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

e	5	4	5	4	6	
E	nt on	er fiv i't er	/e di iter a	gits, all ze	but ros	as my

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 my PIN

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 Form — Se Ibmit This Form to the IRS Unless		
For Denemicarly Deduction Act Nation and			Earm 8879 (Bay, 01 2021)

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

Filing Status Single Head of household (HOH) Check only Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use C	Dnly—Do	o not wr	ite or sta	ple in thi	is space.
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Attach Sch. B if required.2aTax-exempt interest2abTaxable interest2b82.3aQualified dividends3a4.bOrdinary dividends3b6.Standard Deduction for- • Single or Married filing separately, \$13,8504aI.R.A distributions4a1,234.bTaxable amount4b0.Standard Deduction for- • Single or Married filing separately, \$13,8505aEnsite amount5b6bStandard Deduction for • Single or Married filing giontly or Oualifying suving spouse, \$27,700Capital gain or (loss). Attach Schedule D if required. If not required, check here737.8Additional income from Schedule 1, line 109129,328.\$27,700Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11129,328.10Standard deduction or itemized deductions (from Schedule A)1216,236.1314Add lines 12 and 131416,236.1416,236.	instructions.			see ins	structions)		• •	1 i					÷	140	212
And Hor Born Born Born Born Born Born Born Bo			Ŭ			· · ·	 . .		• •		·			142,	
Standard Deduction for- 4a 1, 234 b Taxable amount ROLLOVER 4b 0. Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 5b 4b 0. Single or Married filing separately, \$13,850 6a 5a 5a b Taxable amount 5b 5b C If you elect to use the lump-sum election method, check here (see instructions) 5 7 37. \$13,850 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 37. Warried filing jointly or Qualifying surving spouse, \$27,700 8 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 129, 328. 10 Adjustments to income from Schedule 1, line 26 10 11 129, 328. 10 11 129, 328. 12 16, 236. 13 14 16, 236.						4					·				
Standard Deduction for- 5a 5a b Taxable amount 5a 5b • Single or Married filing separately, \$13,850 6a Social security benefits 6a b Taxable amount 6b • Married filing separately, \$13,850 r Capital gain or (loss). Attach Schedule D if required. If not required, check here r 7 37. Married filing jointly or Qualifying surviving spouse, \$27,70 8 Additional income from Schedule 1, line 10 8 -13,110. 9 129,328. 10 11 129,328. 10 ¥20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 129,328. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 16,236.					1					ROLL	OVER				
Single or Married filing separately, \$13,850 6a Social security benefits 6a b Taxable amount 6b Y Additional income from Schedule D if required. If not required, check here Y 7 37. Married filing jointly or Qualifying surviving spouse, \$27,70 8 Additional income from Schedule 1, line 10 Y 8 -13,110. 9 129,328. 9 129,328. 10 11 129,328. 11 129,328. 12 Standard deduction or itemized deductions (from Schedule A) 11 129,328. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14	Standard				, ⊥ ,	, 231.					·				0.
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .			-								•		+		
Standard Deduction, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 37. Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 8 -13,110. 9 129,328. 9 129,328. 9 129,328. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 129,328. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 16,236.	Married filing				method.	 check here					П				
Married filling jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-13,110.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9129,328.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11129,328.12Standard deduction or itemized deductions (from Schedule A)1216,236.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131416,236.	\$13,850		,				•	,				7			37.
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9129, 328.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11129, 328.12Standard deduction or itemized deductions (from Schedule A)1216, 236.13Qualified business income deduction from Form 8995 or Form 8995-A131416, 236.	 Married filing iointly or 		1 6 ()		•									-13	
10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 129,328. 12 Standard deduction or itemized deductions (from Schedule A) 12 16,236. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 16,236.	Qualifying							e					1		
Head of household, S20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 129,328. 12 Standard deduction or itemized deductions (from Schedule A) 12 16,236. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 16,236.	\$27,700													-	
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 16,236. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 Add lines 12 and 13 14 16,236. 14 16,236.		11				gross inco	ne					11		129	,328.
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard Deduction,1416,236.	\$20,800	12										12			
Deduction, 14 Add lines 12 and 13 16,236.	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	ı 899	95-A				13			
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 113,092.	Deduction,	14	Add lines 12 and 13									14		16	,236.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our t	taxable incom	e.			15		113	,092.

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	n(s): 1 🗌 881	4 2 4972	3 🗌		16	20,538.
Credits	17	Amount from Schedule 2, line 3				[17	
	18	Add lines 16 and 17				[18	20,538.
	19	Child tax credit or credit for other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20				[21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	20,538.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is your total tax				[24	20,538.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 24	,048.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	24,048.
If you have a	26	2023 estimated tax payments and amount a	pplied from 20	22 return .		[26	
qualifying child,	27	Earned income credit (EIC)		No .	27	[
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 8863	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments			[33	24,048.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,510.
	35a	Amount of line 34 you want refunded to you	u. If Form 8888	is attached, che	ck here	. 🗆 [35a	3,510.
Direct deposit?	b	Routing number 1 2 1 0 0 0 3	58	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 3 2 5 0 8 8 5	5276	5 3				
	36	Amount of line 34 you want applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24. This is the amo	ount you owe.					
You Owe		For details on how to pay, go to www.irs.go	v/Payments or	see instructions			37	
	38	Estimated tax penalty (see instructions) .			38	[
Third Party	Do	you want to allow another person to disc	cuss this retu	rn with the IRS?	' See			
Designee	ins	tructions			🗌 Yes. Co	omplete be	low.	🗙 No
		signee's	Phone			onal identific	ation	
<u>.</u>	na	der penalties of perjury, I declare that I have examine	no.			per (PIN)	- hoot (
Sign		ef, they are true, correct, and complete. Declaration						, ,
Here	Yo	ur signature	Date	Your occupation		lf the l	RS ser	nt you an Identity
	10		Date					N, enter it here
Joint return?				COMPUTER 1	PROGRAMMER	(see in	st.)	
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	tion			t your spouse an
Keep a copy for your records.						Identit (see in		ection PIN, enter it here
,		(010)505 4050				,		
		parer's name Preparer's signat	Email address	SURESH88E	CE@GMAIL.CO			Check if:
Paid		······································		AIIDERA	Date	PTIN		_
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/05/2024	P02082		Self-employed
Use Only		n's name GLOBAL TAXES LLC		- 00016		Phone		678)965-9522
		n's address 245 ROONEY CT E BRU	NNSWICK N			Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/23/24 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.

OMB No. 1545-0074 2 23

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
SURESH PAULRAJ		866-96	-4546
Part I Additio	onal Income		

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a		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. Attach Schedule E		-13,110.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
I	Income from the rental of personal property if you engaged in the rental		
	for profit but were not in the business of renting such property 81		
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)	_	
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions)	_	
р	Section 461(I) excess business loss adjustment	_	
q	Taxable distributions from an ABLE account (see instructions) 8q	_	
r	Scholarship and fellowship grants not reported on Form W-2 8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form		
_	1040, line 1a or 1d		
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated 8u	_	
Z	Other income. List type and amount:		
~	Tatal athening areas Add lines On through On		
9	Total other income. Add lines 8a through 8z		
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Forn 1040, 1940, SP, or 1040, NP, line 8		12 110
	1040, 1040-SR, or 1040-NR, line 8		-13,110.
or Pa	Derwork neurgion Act Notice, see your lax return instructions.	Schedu	le 1 (Form 1040) 2023

F aperwo lotice, see your tax returi nstructions

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
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		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 02/	/23/24 PRO	Schedule 1 (Form 1040) 2023

SCHE	DULE	Α
(Form	1040)	

Itemized Deductions

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

3

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

	partment of the Treasury ernal Revenue Service Go to www.irs.gov/ScheduleA for instructions and the latest information. Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.						
Name(s) shown on					6. Sequence No. 07 Your social security number		
SURESH PA	ULR	AJ		866	-96-4546		
Medical and Dental Expenses	2 3	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 Multiply line 2 by 7.5% (0.075) Subtract line 1 from Form 1.4 line 2 is more than line 1 enter 0.	3				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		4	•		
Taxes You Paid		State and local taxes. a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a 1,19	6.			
	k	State and local real estate taxes (see instructions)	5b 4,90				
	c	State and local personal property taxes	5c 5d 6,10	2.			
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e 6,10	2.			
	•		6				
	7	Add lines 5e and 6		7	6,102.		
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	2 k 0 9 10	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 10,13 8b 8c 8d 8e 10,13 9 		0 10,134.		
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11				
Caution: If you made a gift and got a benefit for it, see instructions.	13	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500Carryover from prior yearAdd lines 11 through 13	12 13	1	4		
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	r than net qualifie 8 of that form. Se	ee	5		
Other Itemized Deductions	16	Other-from list in instructions. List type and amount:			6		
Total Itemized Deductions		Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12		1	7 16,236.		
		If you elect to itemize deductions even though they are less than your check this box		n,			
For Paperwork	Schee	dule A (Form 1040) 2023					

SCHEDULE	D
(Form 1040)	

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number 866-96-4546

SURESH PAULRAJ

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column (om 1 art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324	4	
5 Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6 ()
7 Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked			37.		
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions			-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	37.

Part III

16

17

18

19

20

21

		Faye Z
II Summary	1	
Combine lines 7 and 15 and enter the result	16	37.
• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
• The loss on line 16; or	21	()

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22

☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.

□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

• (\$3,000), or if married filing separately, (\$1,500)

REV 02/23/24 PRO BAA

Schedule D (Form 1040) 2023

|--|

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SURESH PAULRAJ

Social security number or taxpayer identification number 866-96-4546

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/23	124.	87.			37.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	124.	87.			37.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE	Ε
(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

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)) shown on return							Your soci	al security	number	
	SH PAULRAJ							866-96-4546			
Part	Note: If you ar	Loss From Rental Real Estate ar e in the business of renting personal prope or loss from Form 4835 on page 2, line 40.	erty, use		le C. See	instru	ctions. If you	are an indi	vidual, rep	ort farm	
Α	Did you make any p	ayments in 2023 that would require you	ı to file	Form(s)	1099? 5	See ins	structions .		. 🗌 Ye	s 🗵 No	
B	f "Yes," did you or y	will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No	
1a	Physical address	of each property (street, city, state, ZI	P cod	e)							
Α	KODUNGAIYUR	CHENNAI TAMILNADU IN 6001	18								
В	1011 EMIL PI	ACE ALLEN TX 75013									
С						1		1			
1b	Type of Property (from list below)	2 For each rental real estate proper above, report the number of fair	rental	and		Fa	ir Rental Days	Persor Da		QJV	
Α	3	personal use days. Check the Q if you meet the requirements to	JV box	x only	Α		365		0		
B	1	qualified joint venture. See instru			В		84		281		
_ C					С						
1	of Property: Single Family Resic Multi-Family Reside		ntal	5 Lan 6 Roy			Self-Rental Other (desc	ribe)			
							Propert	ies:			
Incom					Α		В			С	
3			3		б	00.		7,074.			
4			4								
Exper			-								
5 6		ee instructions)	5 6								
7			7		1,3	55					
8			8		1,5	55.					
9			9								
10		ofessional fees	10								
11			11		8	25.	4	4,404.			
12		paid to banks, etc. (see instructions)	12					3,030.			
13	Other interest .	• • • • • • • • • • • •	13								
14	Repairs		14		1,6	48.					
15	Supplies		15		1,9	85.					
16			16				-	1,466.			
17			17			50.					
18		nse or depletion	18		3,7	21.		0.			
19 00	Other (list)		19		11 0	0.4		2 0 0 0			
20	-	dd lines 5 through 19	20		11,8	04.		8,900.			
21		om line 3 (rents) and/or 4 (royalties). If ee instructions to find out if you must									
			21		-11,2	84.	-1	1,826.			
22		real estate loss after limitation, if any, e instructions)	22	(11,28			,826.)	(
23a		ts reported on line 3 for all rental prope				23a		, <u>620.</u> , 7,674.	\		
b		ts reported on line 4 for all royalty prop				23b					
С		ts reported on line 12 for all properties				23c		3,030.			
d		ts reported on line 18 for all properties				23d		3,721.			
е		ts reported on line 20 for all properties				23e	20),784.			
24		tive amounts shown on line 21. Do no		-							
25		y losses from line 21 and rental real estat							(L3,110.	
26	Total rental real	estate and royalty income or (loss).	Comb	ine lines	s 24 and	25. E	nter the resu	ult			

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 . NPA For Paperwork Reduction Act Notice, see the separate instructions.

-13,110. 26

-13,110.

R 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.

a	ition.	Attachment Sequence No. 52
		ber of HSA beneficiary. We HSAs, see instructions
	066 06	1 = 1 6

2

Name(s				f HSA beneficiary.
SURI	ESH PAULRAJ	both spouses h 866-96		As, see instructions. 6
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	ontracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) due See instructions		× Se	lf-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made unextended due date of your tax return that were for 2023. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	tributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 (sfamily coverage). All others , see the instructions for the amount to enter	\$7,750 for	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Fe lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during a include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and h			
	coverage under an HDHP at any time during 2023, see the instructions for the amount to ent	-	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family under an HDHP at any time during 2023, enter your additional contribution amount. See inst		7	0.
8	Add lines 6 and 7	uctions.	8	3,850.
9	Employer contributions made to your HSAs for 2023	3,850.	0	5,050.
10	Qualified HSA funding distributions 10	5,050.		
11	Add lines 9 and 10		11	3,850.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Par		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part		I	rate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	151.
b	Distributions included on line 14a that you rolled over to another HSA. Also include an contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	14b	
с	Subtract line 14b from line 14a		14c	151.
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	151.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additiona Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lin are subject to the additional 20% tax. Also, include this amount in the total on Schedul 1040), Part II, line 17c	e 2 (Form	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.			
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, I		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedul	e 2 (Form		

1040), Part II, line 17d For Paperwork Reduction Act Notice, see your tax return instructions. REV 02/23/24 PRO BAA

Form 8889 (2023)

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