IRS e-file Signature Authorization

OMB No. 1545-0074

Internal Revenue Service

ERO must obtain and retain completed Form 8879.

Submission Identification Number (SID)

Taxpayer's name Social security number BALA VINEETH NETHA THATIPAMULA 161 - 83 - 2140Spouse's name Spouse's social security number 894-94-2742 MOUNIKA RUDRA Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 166,075. 1 1 21,050. 2 2 3 3 19,980. 4 4 5 5 1,070. 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

3	2	1	4	0	as my
Ento	-				

2 7

4

2

as mv

4

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.

Date

to enter or generate my PIN

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature 🕨	Date 🕨
Practitioner PIN Method F	eturns Only—continue below
Part III Certification and Authentication – Practition	er PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-o	ligit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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 I Don't Submit This I			
For Paperwork Reduction Act Notice, see your tax return	rn instructions.	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	vrite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, ending , 20			, 20	See separate instructions.			
Your first name	and mi	iddle initial	Last r	name				Your so	cial sec	urity number		
BALA VIN	गरन्य	Н ИЕТНА	тна	TIPAMU	JT.A					161	83	2140
		s first name and middle initial	Last r		, <u>, , , , , , , , , , , , , , , , , , </u>							security number
MOUNIKA			RUD	RA						894	94	2742
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign
2545 PAN	INTEI	R PT.										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode	spouse	if filing j	jointly, want \$3
LEANDER						TΣ	< C	786	41			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/				n postal code		k or refu	
											🗌 Yo	_
Filing Status] Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)					,			
one box.		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	u che					ild's nar	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Divital		av time during 2022, did your (a) rea			d owerd or	n 01/r	mont for propo	rtu or		r (b) coll		
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-			Ye	es 🛛 No
Standard	_	eone can claim: You as a de		<u> </u>			a dependent			,,		
Deduction	_	Spouse itemizes on a separate return	•									
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	☐ Is	s blind
Dependents		•		(2) 5	Social security	,	(3) Relationsh	in (4) Check the t	oox if qual	ifies for (see instructions):
If more		irst name Last name		()	number		to you		Child tax of	credit	Credit fo	r other dependents
than four												
dependents,												
see instructions and check	3 —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		185,479.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)						. 10	;			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 10	1			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	orm 2441,	, line 26					. 1e			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	Form 8839, line 29				. 1f			
If you did not	g	Wages from Form 8919, line 6 .								. 1g	ı	
get a Form W-2, see	h	Other earned income (see instruction					· ·		. 1h	1	0.	
instructions.	i	Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h	• •		· · ·					. 1z	:	185,479.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b)	1,158.
if required.	3a	Qualified dividends	3a		107.	bС	Ordinary divider	nds .		. 3b		308.
Standard	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b		
 Single or Married filing 	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b		
separately,	С	If you elect to use the lump-sum e										
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee									_	-1,593.
jointly or	8	Additional income from Schedule								. 8		-19,277.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	our total ind	com	e			. 9	_	166,075.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household,	11	Subtract line 10 from line 9. This is	-							. 11		166,075.
\$20,800 • If you checked Γ	12	Standard deduction or itemized								. 12		27,700.
any box under Standard	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	n 899	95-A			. 13	8	1.
Deduction,	14		• •							. 14	·	27,701.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	ie .		. 15	5	138,374.

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	21,050.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	21,050.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	21,050.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is						24	21,050.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 19	,980.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,					25d	19,980.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)		••		27		_	
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	•		-		-	33	19,980.
Refund	34	If line 33 is more than line 24						34	
neiuliu	35a	Amount of line 34 you want				•		35a	
Direct deposit?	b						I	000	
See instructions.	d								
	36	Account number A A A A A A A A A A A A A A A A A A A							
Amount						50			
You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	1,070.
	38	Estimated tax penalty (see in				38		51	1,070.
			,						
Third Party Designee		you want to allow another	•				omolete be	elow	× No
Designee		signee's		Phone			onal identifi		
	nai			no.			per (PIN)	Jation	
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	prepare	er has any knowledge.
	Yo	ur signature		Date					nt you an Identity
							Protection (see in		IN, enter it here
Joint return? See instructions.	Spouse's signature. If a joint return, both must sign.		Date	SOFIWARE ENGINEER			,	nt your spouse an	
Keep a copy for	зþ	ouse's signature. Il a joint return, i	soun must sign.	Dale	Spouse's occupat	1011			ection PIN, enter it here
your records.							(see ir	ist.)	
	Ph	one no. (864) 624-687	8	Email address	BALAVNTH@	GMAIL.COM			
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/12/2024	P02082	703	Self-employed
Preparer		m's name GLOBAL TAX				· · ·			(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.ad	ov/Forn	n1040 for instructions and the late			BAA	REV 03/07/24 PRO			Form 1040 (2023)
0									· · · · ·

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number BALA VINEETH NETHA THATIPAMULA & MOUNIKA RUDRA 161-83-2140 Part Additional Income 1 1 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 -19,277. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: а Net operating loss 8a 8b b Cancellation of debt 8c С Foreign earned income exclusion from Form 2555 d 8d 8e е 8f f 8q g 8h h i Prizes and awards 8i 8i i 8k L 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 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q α Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t a nongovernmental section 457 plan 8t Wages earned while incarcerated 8u u z Other income. List type and amount: 8z 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -19,277. For Paperwork Reduction Act Notice, see your tax return instructions. 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 24d		
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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (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

Internal Revenue Service Name(s) shown on return

Department of the Treasury

BALA VINEETH NETHA THATIPAMULA & MOUNIKA RUDRA

Your social security number 161-92-2140

161-83-2140

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)

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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Pa line 2, column (om rt 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	13,948.	15,581.	10	6.	-1,527.
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 (I	oss) from Forms 4	684, 6781, and 88	24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	-			5	
6						()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	· / ·		7	-1,527.

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This who	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		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	1,100.	1,173.		7.	-66.
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	11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					
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	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .				15	-66.

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-1,593.
	• 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.			
17	Are lines 15 and 16 both gains?			
	\Box No. Skip lines 18 through 21, and go to line 22.			
18	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		
19	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		
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? 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.			
21	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 (\$3,000), or if married filing separately, (\$1,500) 	21	(1,593.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	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.			

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

	20/	0
Form	034	J

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form8949 for instructions and the latest information.

 Name(s) shown on return
 Social security number or taxpayer identification number

 BALA VINEETH NETHA THATIPAMULA & MOUNIKA RUDRA
 161-83-2140

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-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	Adjustment, in If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed (Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions		
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	3,262.	4,821.	W	106.	-1,453.
Wealthfront Brokerage LLC	01/01/23	12/31/23	10,686.	10,760.			-74.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	13,948.	15,581.		106.	-1,527.

Note: If you checked Box A 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.

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

Form 8949 (2023)				Attachmen	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side BALA VINEETH NETHA THATIPAMULA & MOUNIKA RUDRA

Social security number or taxpayer identification number 161-83-2140

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	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	909.	1,021.	W	7.	-105.	
Webull Financial LLC	01/01/22	12/31/23	191.	152.			39.	
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	1,100.	1,173.		7.	-66.			

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.

REV 03/07/24 PRO

	DULE E			Supplemen	tal Ind	come a	nd Lo	SS			OMB No. 1545-0074			
(Form	1040)									2023				
	Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.								Attachm	nent 10				
	Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.									ce No. 13				
()									al security	number				
Part									<u> </u>	01-8	3-2140			
Part	Note: If yo	ou are	in the	From Rental Real Estate business of renting personal pro from Form 4835 on page 2, line 4	perty, us		e C . See	e instru	ctions. If you are	an indi	vidual, rep	ort farm		
				ts in 2023 that would require y								s 🛛 No		
B I	f "Yes," did you	or wi	ill yo	u file required Form(s) 1099?							. 🗌 Ye	es 🗌 No		
1a	Physical addr	ress o	of ead	ch property (street, city, state,	ZIP coc	le)								
Α	KOHEDA HY	DERA	ABAD	TELANGANA IN 501511	L									
В														
С														
1b	Type of Prope			For each rental real estate pro				Fa			nal Use	QJV		
	(from list below	<i>N</i>)		above, report the number of f personal use days. Check the					Days	Da	iys			
	3			if you meet the requirements			A		365		0			
				qualified joint venture. See ins			B							
C	f Dronowh <i>u</i>						С							
	of Property:	ooido		3 Vacation/Short-Term F	Pontal	5 Lon	d	7	Self-Rental					
	Single Family R Multi-Family Re			4 Commercial	rentai	5 Lan 6 Roy				2)				
2		sideli	ice	4 Commercial		о поу	aities	0	Other (describe					
									Properties					
Incom							Α		В			С		
3					3		6	500.						
_4		ived			4									
Expen					_									
5				· · · · · · · · · · · · · · ·	5									
6		•		ructions)	6		1 0	10 F						
7	-			ce	7		1,8	25.						
8 9					8									
9 10					10									
11				onal fees	11		1 0	200.						
12				o banks, etc. (see instructions			±,2	.00.						
13					13									
14	Repairs		• •		14		4.6	515.						
15					15			374.						
16					16		-70							
17					17		4,8	97.						
18				depletion	18			66.						
19	Other (list)	•		•	19									
20	Total expense			es 5 through 19	20		19,8	77.						
21	Subtract line 2	0 fror	m lin	e 3 (rents) and/or 4 (royalties).	If									
				tructions to find out if you mu	st									
					21		-19,2	77.						
22				tate loss after limitation, if an										
				uctions)	22	(19,27	1)	()		
23a			-	orted on line 3 for all rental pro	-		•	23a	6	500.				
b				orted on line 4 for all royalty p		3	•	23b						
C		of all amounts reported on line 12 for all properties												
d				orted on line 18 for all properti			•	23d		966.				
e			-	orted on line 20 for all properti				23e	19,8	-				
24 25				nounts shown on line 21. Do				· ·		24	(10 077 \		
25 26				es from line 21 and rental real es						25		19,277.)		
26				e and royalty income or (lose IV, and line 40 on page 2 do										
				line 5. Otherwise, include this						26		-19,277.		
For Po				tice, see the separate instruction			PA		-19,277.			orm 1040) 2023		
i Ji Fa	point or a neurol		5.140	abo, oce and separate manuful		- '			, ,	30		0.111 1040/ 2023		

Form **8889** 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 Attachment Sequence No. 52

intorna				
Name(s				of HSA beneficiary.
BALA	A VINEETH NETHA THATIPAMULA	161-83		As, see instructions.
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing 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) d	uring 2023.		
	See instructions		🗌 Se	lf-only 🛛 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made on your behalf), including those made on your behalf).			
	unextended due date of your tax return that were for 2023. Do not include employer co			
	contributions through a cafeteria plan, or rollovers. See instructions		2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during			
	were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter			
			3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during			
	include any amount contributed to your spouse's Archer MSAs	y 2023, aiso	4	0
5	Subtract line 4 from line 3. If zero or less, enter -0-			0. 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and			1,100.
Ŭ	coverage under an HDHP at any time during 2023, see the instructions for the amount to e		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had fami		-	,
-	under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023 9	407.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	407.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	7,343.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse eac a separate Part II for each spouse.	h have sepa	rate 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			
	contributions (and the earnings on those excess contributions) included on line 14a			
	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, amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on	line 16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c		17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See	the instructi		efore
	completing this part. If you are filing jointly and both you and your spouse eacomplete 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,		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched			
	1040), Part II, line 17d		21	

Form 8889 (2023)

REV 03/07/24 PRO

BAA

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information.

2023

OMB No. 1545-2294

Attachment Sequence No. **55**

Your taxpayer identification number

161-83-2140

Name(s) shown on return

BALA VINEETH NETHA THATIPAMULA & MOUNIKA RUDRA

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified busines income or (loss)				
i							
ii							
iii							
iv							
V							
2	Total qualified business income or (loss). Combine lines 1i through 1v,						
_	column (c)	2					
3	Qualified business net (loss) carryforward from the prior year	3 ()					
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	_				
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5				
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 6.					
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()					
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 6.					
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.			
10	Qualified business income deduction before the income limitation. Add lines 5 an	d9	10	1.			
11	Taxable income before qualified business income deduction (see instructions)	11 138,375.					
12	Enter your net capital gain, if any, increased by any qualified dividends						
	(see instructions)	12 107.					
13	Subtract line 12 from line 11. If zero or less, enter -0	13 138,268.					
14	Income limitation. Multiply line 13 by 20% (0.20)		14	27,654.			
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	1.			
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that	n zero, enter -0	16	(0.)			
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a						
	zero, enter -0		17	(0.)			
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03	/07/24 PRO		Form 8995 (2023)			

		Depreciati	on and A	OMB No. 1545-0172						
		(Including Info	rmation on I	Listed Proper	ty)	2027				
Department of the Treasury nternal Revenue Service	Go to v	www.irs.gov/Form456		ns and the latest		5	Attachment Sequence No. 179			
Name(s) shown on return			ess or activity to w	Identifying number						
BALA VINEETH NETHA TH			E KOHEDA			161	-83-2140			
		rtain Property Un ed property, comp			plete Part I.					
1 Maximum amount	(see instruction	s)				1	1,160,000			
2 Total cost of section	Total cost of section 179 property placed in service (see instructions)									
		perty before reductions of the second s				3	2,890,000			
	or tax year. Sul		ne 1. If zero	or less, enter	-0 If married filing	5				
	Description of proper			ness use only)	(c) Elected cost					
		-								
7 Listed property. Er										
		property. Add amour				8				
		aller of line 5 or line				9				
		from line 13 of your				10				
			•	,	ne 5. See instructions	11				
		dd lines 9 and 10, b				12				
13 Carryover of disall					13					
lote: Don't use Part II Part II Special De					lude listed property	500	instructions)			
	-		-							
14 Special depreciati					· ·					
• •		18				14				
15 Property subject to						15				
16 Other depreciation	n (including ACR	<u>5)</u>	<u></u>	<u> </u>	· · · · · · · ·	16				
Part III MACRS De	epreciation (D	on't include listed	Section A		.)					
17 MACRS deduction	e for assets play	ced in service in tax		na before 2023		17				
18 If you are electing						17				
asset accounts, ch			-	-						
					General Depreciatior	⊥ 1 Svste	em			
(a) Classification of property	(b) Month and year	(c) Basis for depreciation (business/investment use only-see instructions)					epreciation deductio			
19a 3-year property	3011100									
b 5-year property						-				
c 7-year property										
d 10-year property						-				
e 15-year property						-				
f 20-year property										
g 25-year property			25 yrs.		S/L	1				
h Residential rental	01/23	85,122.		MM	S/L	1	2,966			
property			27.5 yrs.	MM	S/L	1	_,			
i Nonresidential rea	al		39 yrs.	MM	S/L	-				
property			, , , , , , , , , , , , , , , , , , ,	MM	S/L	1				
	Assets Place	d in Service During	2023 Tax Ye	ar Using the Al	ternative Depreciation	on Sys	stem			
20a Class life					S/L					
b 12-year			12 yrs.		S/L	1				
c 30-year			30 yrs.	MM	S/L	1				
d 40-year			40 yrs.	MM	S/L	1				
	(See instructio	ns.)		1	1					
21 Listed property. Er		,				21				
22 Total. Add amour			, lines 19 and	20 in column (d	a), and line 21. Enter					
		of your return. Partne				22	2,966			
-		ed in service during	-	· · ·			,			

23	For assets shown above and placed in service during the	ne	curi	en	ιує	ear,	en	iter	the	
	portion of the basis attributable to section 263A costs .									23

For Paperwork Reduction Act Notice, see separate instructions.