Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Ide	entification Number (SID)				
Taxpayer's name			Social security	y number	
MEGHANATH	REDDY BOBBALA		808-88-	4589	
Spouse's name			Spouse's soci	al security numbe	r
HARSHINI	RAMASAHAYAM		982-99-	-4222	
Part I Ta	ax Return Information — Tax Year Ending De	cember 31, 2023 (Ente	r year you ar	e authorizing	.)
	ollars only on lines 1 through 5.	,			,
	40-SS filers use line 4 only. Leave lines 1, 2, 3, and 5	blank.			
1 Adjuste	d gross income			1 76	5,811.
2 Total ta	x			2 3	3,455.
3 Federal	income tax withheld from Form(s) W-2 and Form(s) 1	099		3 12	2,127.
4 Amount	you want refunded to you				3,672.
5 Amount	you owe			5	
Part II Ta	expayer Declaration and Signature Authoriza	tion (Be sure you get and	keep a copy	of your retu	ırn)
return (original or to send my retur for any delay in p Agent to initiate a payment of my fe authorization is t payment, I must business days p taxes to receive personal identific	and belief, it is true, correct, and complete. I further declar amended) I am now authorizing. I consent to allow my into the IRS and to receive from the IRS (a) an acknowled processing the return or refund, and (c) the date of any refundant ACH electronic funds withdrawal (direct debit) entry to the deeral taxes owed on this return and/or a payment of estimator remain in full force and effect until I notify the U.S. Treat contact the U.S. Treasury Financial Agent at 1-888-350 rior to the payment (settlement) date. I also authorize the form confidential information necessary to answer inquiries a cation number (PIN) below is my signature for the income to Withdrawal Consent.	ermediate service provider, transmingement of receipt or reason for rejund. If applicable, I authorize the Uthe financial institution account indicated tax, and the financial institutionacrous Financial Agent to terminate 3-4537. Payment cancellation requirancial institutions involved in the not resolve issues related to the process.	itter, or electro ection of the tra .S. Treasury ar icated in the ta on to debit the e the authoriza uests must be processing of payment. I furtle	nic return origina ansmission, (b) that its designated x preparation so entry to this accu- tion. To revoke received no late the electronic paper acknowledge	ator (ERO) he reason I Financial Iftware for ount. This (cancel) a er than 2 ayment of e that the
	N: check one box only				
		to enter or generate	my PIN	4 5 8 9	as my
_	ERO firm name ture on the income tax return (original or amended)		Ent	er five digits, but 't enter all zeros	asiny
☐ I will e	enter my PIN as my signature on the income tax retu are entering your own PIN and your return is filed u	ırn (original or amended) I am r			
Your signature	>	Date ▶ _			
Consulta DIN	ahaali aaa hay aubi				
-	check one box only		DIN 0	4 0 0 0	
_	orize GLOBAL TAXES LLC ERO firm name ture on the income tax return (original or amended) I	to enter or generate	Ent	4 2 2 2 er five digits, but 't enter all zeros	as my
☐ I will e	enter my PIN as my signature on the income tax retu are entering your own PIN and your return is filed u	ırn (original or amended) I am r			
Spouse's signa	ature ►	Date ►			
	Practitioner PIN Method Re	-	1		
Part III Co	ertification and Authentication — Practitione	r PIN Method Only			
ERO's EFIN/P	IN. Enter your six-digit EFIN followed by your five-dig	git self-selected PIN. 2 2		5 0 8 2 5 er all zeros	7 1
authorized to file	above numeric entry is my PIN, which is my signature for e for tax year indicated above for the taxpayer(s) indicated the Practitioner PIN method and Pub. 1345, Handbook for the Practitioner PIN method and Pub. 1345, Handbook for the Practitioner PIN method and Pub. 1345, Handbook for the Practitioner PIN method and Pub. 1345, Handbook for the Practical Pub. 1345, Han	d above. I confirm that I am subn	nitting this retu	rn in accordance	
ERO's signatur	re ▶	Date ►			
		orm - See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023

IRS Use Only-Do not write or staple in this space.

For the year Jan	ı. 1–Dec	. 31, 2023, or other tax year beginning	, 2023, ending , 20						s	See separate instructions.			
Your first name	and mi		Last na						Y	Your social security number			
MEGHANAT	TH RI	EDDY	BOBE	BALA						808	88 45	89	
If joint return, s	pouse's	s first name and middle initial	Last na	me					s	pouse's	s social secu	rity number	
HARSHIN]	Ε		RAMA	SAHAYAM						982	99 42	22	
Home address	(numbe	er and street). If you have a P.O. box, see					/	Apt. no.	Р	residen	ntial Election	Campaign	
2201 VA	JGHN	LAKES BLVD					1	2921	c	heck h	ere if you, or	r your	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP c	ode		if filing jointly			
MONTGOME	ERY				ΑI		361	.17	- 1	to go to this fund. Checking a box below will not change			
Foreign country	/ name		1	Foreign province/state/c	count	ty	Forei	gn postal cod			or refund.	3 ·	
											You	Spouse	
Filing Status	;	Single				☐ Head of ho	ouseh	old (HOH)					
Check only		Married filing jointly (even if only or	ne had i	ncome)									
one box.		Married filing separately (MFS)				☐ Qualifying	survi	ing spous	se (Q	SS)			
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	l or Q	SS box, er	nter t	he chil	d's name if	the	
	qu	alifying person is a child but not you	r deper	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or t	navr	ment for prope	rtv or	services):	or (b) sell.			
Assets		ange, or otherwise dispose of a digi									Yes	⊠ No	
Standard	Som	eone can claim: You as a dep	oenden	t	e as	a dependent				-			
Deduction		Spouse itemizes on a separate return	n or you	ı were a dual-status a	alien	I							
Ago/Plindnoo		Ware been before January 2, 10)50 F	Arablind Cno		. Mac bar	n hof	ore Januar		1050	☐ Is bline		
		Were born before January 2, 19	939 [☐ Are blind Spo					<u> </u>		ies for (see in		
Dependents		instructions): irst name Last name		(2) Social security number		(3) Relationsh to you	iip	Child tax			Credit for other	,	
If more than four	· ·	HIKESH REDDY BOBBALA		829-07-9924	4	Son		X					
dependents,	KISL	IIKESH KEDDI BOBBALA		029-01-992-	1	3011			1			<u>. </u>	
see instructions	s —								<u> </u>			<u> </u>	
and check here	l ——								<u>. </u>				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)					<u> </u>	1a	1 89	772.	
	b	Household employee wages not re	•	,						1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a								1c			
attach Forms	d	Medicaid waiver payments not rep	•	•						1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits fi		, , , ,						1e			
was withheld.	f	Employer-provided adoption benef	fits from	n Form 8839, 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	ons)							1h		0.	
instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)		1i							
	z	Add lines 1a through 1h								1z	89	772.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t.			2b		42.	
if required.	3a	Qualified dividends	За		b C	rdinary divider	nds .			3b		1.	
	4a	IRA distributions	1a		b T	axable amount	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount	t			5b			
Single or	6a	Social security benefits	3a		b T	axable amount	t			6b			
Married filing separately,	С	If you elect to use the lump-sum el	ection r	method, check here (see	instructions)							
\$13,850 • Married filing	7	Capital gain or (loss). Attach Scheo	dule D it	frequired. If not requ	ired	, check here				7		-962.	
jointly or	8	Additional income from Schedule 1	I, line 1	0						8		2,042.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome	e				9	76	5,811.	
\$27,700 • Head of	10	Adjustments to income from Scheo								10			
household,	11	Subtract line 10 from line 9. This is	-	-						11		5,811.	
\$20,800 • If you checked T	12	Standard deduction or itemized								12	27	7,700.	
any box under Standard	13	Qualified business income deducti			899	5-A				13			
Deduction, see instructions.	14	Add lines 12 and 13								14		7,700.	
JCC II ISLI UCLIOI IS.	15	Subtract line 14 from line 11. If zero	o or les	s, enter -0 This is yo	our t	taxable incom	ne .			15	49	9,111.	

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		. 1	6	5,455.
Credits	17	Amount from Schedule 2, lir					 .	. 1	7	
	18	Add lines 16 and 17						. 1	8	5,455.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 1	9	2,000.
	20	Amount from Schedule 3, lir	ne 8					. 2	20	
	21	Add lines 19 and 20						. 2	21	2,000.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				. 2	22	3,455.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			. 2	23	0.
	24	Add lines 22 and 23. This is	your total tax					. 2	24	3,455.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	12,1	27.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 2	5d	12,127.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			. 2	26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro	m 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, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable cred	its .	. 3	32	
	33	Add lines 25d, 26, and 32. T						. 3	33	12,127.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overp a	aid .	. 3	34	8,672.
	35a									8,672.
Direct deposit?	b	Routing number 1 2 1				Checking	Savi	ngs		
See instructions.	d	Account number 3 2 5	0 5 5 4	0 7 8 6	5 7					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe						
You Owe		For details on how to pay, g	o to www.irs.go	v/Payments or	see instructions .			. 3	37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				. LYe	s. Comp	lete belo	w.	⊠ No
		signee's me		Phone no.			Personal number (l	identificat ואוס	ion	
Cian		der penalties of perjury, I declare t	hat I have examine		accompanying sched				est i	of my knowledge and
Sign		lief, they are true, correct, and com								, ,
Here	Yo	ur signature		Date	Your occupation		1	If the IRS	S sei	nt you an Identity
								Protection	n P	IN, enter it here
Joint return?				SOFTWARE DEVELOPER					.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on				nt your spouse an ection PIN, enter it here
your records.					HOME MAKER)		(see inst.		ection Fire, enter it here
	Phone no. (814)384-9875 Email address REDDYMAGGI6@GMAIL.COM									
		eparer's name	Preparer's signat		TODATINGGI	Date	PT	IN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALJAM	02/18/20	24 P0	208270)3	Self-employed
Preparer		m's name GLOBAL TA	1			1 32, 10, 20	, - 0			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's El		84-3171965
								U	-	<u> </u>

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

MEGHANATH REDDY BOBBALA & HARSHINI RAMASAHAYAM

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

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

	Sequence No. 01
Your soc	ial security number
808-88	-4589

Par	t I 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. Att		5	-12,042.
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		
ı	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		
0	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 . Ente	r here and on Form		400
	1040, 1040-SR, or 1040-NR, line 8		10	-12,042.

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee				
	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)	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		-	
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)	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		-	
J	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
05	Tatal allows allow to some Add lines Ode thousands Ode	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 Form 1040, 1040-SR, or 1040-NR, line 10	. ∟nter	nere and on		
				26	I. 4 (F 1010) 0000
	BAA	REV 02/	11/24 PRO	Schedu	le 1 (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

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.

OMB No. 1545-0074

Attachment

Department of the Treasury Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 808-88-4589 MEGHANATH REDDY BOBBALA & HARSHINI RAMASAHAYAM Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 1,086. 48. 1,015. -23. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -23. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 172. 1,111. -939. 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-939.

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -962. • 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 • 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? ☐ **Yes.** Go to line 18. 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 962.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified 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.

8949

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

OMB No. 1545-0074 Attachment

Sequence No. 12A

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

MEGHANATH REDDY BOBBALA & HARSHINI RAMASAHAYAM

Social security number or taxpayer identification number

808-88-4589

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 F	orm 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 co	f any, to gain or loss amount in column (g), ode in column (f). arate 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) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	1,015.	1,086.	W	48.	-23.
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 (al here and inc is checked), lir	lude on your ne 2 (if Box B	1,015.	1,086.		48.	-23.

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.

Form 8949 (2023) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MEGHANATH REDDY BOBBALA & HARSHINI RAMASAHAYAM

Social security number or taxpayer identification number 808-88-4589

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

(i) Long to in transactions	not roportod	to you on re	ли 1000 В				
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	Proceeds S	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(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 CRYPTO LLC	01/01/22	12/31/23	172.	1,111.			-939.
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 line).	I here and inc is checked), lir	lude on your ne 9 (if Box E	172.	1.111.			-939.

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 E (Form 1040)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2023
Attachment Sequence No. 13

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

Your social security number

MEGF	ANATH REDDY I	SORE	SALA &	HARSHINI RAMASAHA	AY AM					808-88-4589	9
Part	Income or	Los	s From I	Rental Real Estate an	d Ro	valties					
	Note: If you a	re in t	he busines	ss of renting personal proper			C . See	instructions.	If you	are an individual, re	port farm
				rm 4835 on page 2, line 40.							
				23 that would require you							es 🔀 No
В	f "Yes," did you or	will y	ou file red	quired Form(s) 1099? .						<u>\</u> Y	es 🗌 No
1a	1a Physical address of each property (street, city, state, ZIP code)										
Α	A HANAMKONDA WARANGAL TELANGANA IN 506009										
В	3										
С											
1b	Type of Property	2	For eac	h rental real estate prope	rty lis	ted		Fair Rer	ıtal	Personal Use	QJV
	(from list below)			report the number of fair				Days		Days	QJV
Α	3			al use days. Check the Qu			Α	36	55	0	
В				neet the requirements to f d joint venture. See instru			В				
С			quaiiile	a joint venture. See instru	CHOIR	o.	С				
Туре	of Property:										
1	Single Family Resid	dence	e 3\	/acation/Short-Term Ren	tal	5 Lanc	i	7 Self-F	Rental		
2	Multi-Family Reside	ence	4 (Commercial		6 Roya	alties	8 Other	(desc	cribe)	
								Pi	operl		
Incon							Α		В		С
3					3		6	00.			
4		١			4						
Expe											
5	_				5						
6	· ·			8)	6						
7	Cleaning and main	ntena	ance		7		1,2	40.			
8	Commissions .				8						

Exper	nses:					1		
5	Advertising	5						
6	Auto and travel (see instructions)	6						
7	Cleaning and maintenance	7	1,2	40.				
8	Commissions	8						
9	Insurance	9						
10	Legal and other professional fees	10						
11	Management fees	11	1,0	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13						
14	Repairs	14	3,6	18.				
15	Supplies	15	2,8	88.				
16	Taxes	16						
17	Utilities	17	3,8	96.				
18	Depreciation expense or depletion	18						
19	Other (list)	19						
20	Total expenses. Add lines 5 through 19	20	12,6	42.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If							
	result is a (loss), see instructions to find out if you must							
	file Form 6198	21	-12,0	42.				
22	Deductible rental real estate loss after limitation, if any,							
	on Form 8582 (see instructions)	22	(12,04	2.)	·)	(
23a	Total of all amounts reported on line 3 for all rental proper			23a	6	00.		
b	Total of all amounts reported on line 4 for all royalty prope			23b				
С	Total of all amounts reported on line 12 for all properties			23c				
d	Total of all amounts reported on line 18 for all properties			23d				
е	Total of all amounts reported on line 20 for all properties			23e	12,6	42.		
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any losses			24		
25	Losses. Add royalty losses from line 21 and rental real estate	losse	es from line 22. Er	nter to	tal losses here	25	(:	12,042.

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.

26

-12,042.

26

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Your social security number

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. **47**

IEGH.	ANATH REDDY BOBBALA & HARSHINI RAMASAHAYAM	308-88	3-4589	
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	76	,811.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	. 2d	ı	0.
3	Add lines 1 and 2d	. 3	76	,811.
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000	. 5	2	,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside			
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	-		
8	Add lines 5 and 7	. 8	2	,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \int	. 9	400	,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10		0.
11	Multiply line 10 by 5% (0.05)			0.
12	Is the amount on line 8 more than the amount on line 11?		2 2	,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cre	dit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A			,455.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	2	,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NI	₹ throug	th line 27	
	(also complete Schedule 3, line 11) before completing Part II-A.			

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of F	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22	-	
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	25	
20	Next, enter the smaller of line 27 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

MEGI	HANATH REDDY BOBBALA & HARSHINI RAMASAHAYAM	808-88-458	9		
repare	r's name	Preparer tax identifica	ation numl	oer	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you?	by the taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	lule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following.	must do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	·			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in		H		
b	Did you contemporaneously document your inquiries? (Documentation should include				
-	you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) put taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	7, a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)	_	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

orm 8	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part	statement to the return?		 Part \	/)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	d filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsing your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	"s eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the application obtained.	ble work	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxle determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).			
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	· .	Yes	No

REV 02/11/24 PRO