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

	5				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social secur	ity numl	ber	
KIRA	N KUMAR PAKALA	863-78	-557	8	
Spouse's	s name	Spouse's so	cial sec	urity number	
Dout	Toy Detuye Information Toy Very Ending December 21 0000 (Enter		240 011	thorizina '	<u> </u>
Part	, ,	year you a	are au	thorizing.)
	vhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1 1	106	,133.
2	Total tax		2		,608.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,321.
4	Amount you want refunded to you		4	1	, 713.
5	Amount you owe		5	1	, /13.
Part		eep a co	by of y	our retu	rn)
my knoreturn (to send for any Agent to paymer authorize paymer business taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmi my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pall identification number (PIN) below is my signature for the income tax return (original or amended) I arnotic Funds Withdrawal Consent.	e are the anter, or electricition of the second of the sec	nounts fronic re- transmistand its of tax preperently eation. The receipt the election at the election at the election at the receipt the receipt the receipt the receipt the election at the receipt	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (in ved no late dectronic pa	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	yer's PIN: check one box only	Г	Τ_Τ.		
X	•	nv PIN		5 7 8	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	´ Ei		digits, but er all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow.				
Your s	gnature ▶ Date ▶				
Snous	e's PIN: check one box only	_			
Opous	I authorize to enter or generate r	nv DINI			as my
	ERO firm name	_	nter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't en	6 0	8 2 7	1
		Don ren	cor all Ze	03	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this ret	urn in a	accordance	
FRO'∘	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

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



For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate instr	ructions.
Your first name and middle initial				ıme					Your social security number		
KIRAN KU	JMAR		PAKA	ΑLA					863	78 55	578
If joint return, s	pouse's	s first name and middle initial	Last na	ıme							curity number
									819	64 14	424
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.		Preside	ntial Electic	on Campaign
9307 N E	FAIR	MONT CIR							Check I	here if you,	or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	e	ZIP code		•	if filing joint	•
COLLIERV	/ILL	Ε			TN		38017			this fund. (low will not	
Foreign country	y name			Foreign province/state/o	county	y	Foreign postal			x or refund.	0
										You	Spouse
Filing Status	. [Single				Head of ho	ousehold (HO	H)			
Check only		Married filing jointly (even if only or	ne had i	income)							
one box.	X	Married filing separately (MFS)				☐ Qualifying	surviving spo	use (0	QSS)		
		ou checked the MFS box, enter the					l or QSS box,	enter	the chi	ild's name	if the
	qu	alifying person is a child but not you	ır deper	ndent: MOUNIKA	REV	/ANURU					
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or i	navm	nent for prope	rty or services	s): or ((b) sell.		
Assets		nange, or otherwise dispose of a digi								Yes	⊠ No
Standard		neone can claim: You as a de					, ,		<u>, </u>		
Deduction		Spouse itemizes on a separate return									
A are /Directors		<u> </u>		_				0	1050		
	_	: Were born before January 2, 19	939 <u></u>	<u> </u>	ouse:		n before Janu			∐ Is bli	
Dependent		instructions): irst name Last name		(2) Social security number	′	(3) Relationsh to you	ip · ·	tax cre		1	instructions): ner dependents
If more	(1) [irst ridine Last ridine		namber		to you	Offilia		Juit	F	
than four dependents,										<u> </u>	┽──
see instruction:	s				-						┽──
and check here	1 —									Г	┽──
-	1a	Total amount from Form(s) W-2, bo	ov 1 (se	e instructions)				Ш	1a	11	
Income	b		,	,					1b		<u> </u>
Attach Form(s)	C	Tip income not reported on line 1a (see instructions)									
W-2 here. Also attach Forms	d										
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29								<u> </u>	
1099-R if tax was withheld.	f										
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form	h	Other earned income (see instructi							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			l 1i					
	z	A alal limana dia thaman ala dia					.		1z		9,909.
Attach Sch. B	2a	<u> </u>	2a		b Ta	axable interest	t		2b	,	2,009.
if required.	3a	Qualified dividends	3a	15.	b O	rdinary divider	nds		3b	,	17.
	4a	IRA distributions	4a			axable amount			4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t		5b	,	
Single or	6a	Social security benefits	6a		b Ta	axable amount	t		6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here ((see i	nstructions)		. \square			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	check here		. \square	7		-1 , 500.
Married filing jointly or	8	Additional income from Schedule	1, line 1	0					8	-1	4,302.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				9	10	6,133.
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26					10)	
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne				11	10	6,133.
\$20,800 If you checked 1	12	Standard deduction or itemized	deduct	ions (from Schedule	A)				12	<u> </u>	L3,850.
any box under Standard	13	Qualified business income deducti	on from	n Form 8995 or Form	8995	5-A			13		
Deduction,	14	Add lines 12 and 13							14		.3 , 850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is ye	our t a	axable incom	e		15	; 9	92,283.

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	15,608.	
Credits	17	Amount from Schedule 2, lin	ne 3					17		
	18	Add lines 16 and 17						18	15,608.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,608.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	15,608.	
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 20) , 321.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	20,321.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	., . ,		26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
attaci ocii. Lio.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit from Form 8863, line 8								
	30	Reserved for future use .								
	31	Amount from Schedule 3, lin								
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	20,321.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	4,713.	
	35a	Amount of line 34 you want			is attached, che	ck here	🗌	35a	4,713.	
Direct deposit?	b	Routing number 0 1 1								
See instructions.	d	Account number 3 8 5								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	37							
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_	
Designee	ins	instructions							⊠ No	
		signee's me		Phone no.		onal identi ber (PIN)	fication			
Cian		der penalties of perjury, I declare t	hat I have examined		accompanying sche		(/	he best	of my knowledge and	
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Identity	
		-							IN, enter it here	
Joint return?					SOFTWARE			inst.)		
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	iion	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (860) 402-447	0	Email address	P.KIRANREDD	Y432@GMAIL.C	MC			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY.	A RAM SAC	GAR GUPTA	03/26/2024	P0208	2703	Self-employed	
Use Only	Fir	m's name GLOBAL TA	XES LLC			Phone no. (678) 965-			(678) 965-9522	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm									

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

KIRAN KUMAR PAKALA

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

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

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

Your social security number 863-78-5578

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-14,310.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
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 p8		
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:			
_	Substitute Payment from 1099-Misc 8.	8z 8.		_
9	Total other income. Add lines 8a through 8z		9	8.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter			1 4 2 2 2
	1040. 1040-SR. or 1040-NR. line 8		10	-14,302.

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	e-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)	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	041			
_	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA ENO	uu	

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

Your social security number 863-78-5578

OMB No. 1545-0074

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

KIRAN KUMAR PAKALA

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

Attachment Sequence No. **08**

Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	unt
Interest		buyer used the property as a personal residence, see the instructions and list this			
(See instructions		interest first. Also, show that buyer's social security number and address: CAPITAL ONE N.A.			1,212.
and the		DICITAL FEDERAL CREDIT INION			797.
Instructions for Form 1040,		DIGITAL FEDERAL CREDIT ONION			
line 2b.)					
Note: If you received a					
Form 1099-INT,			1		
Form 1099-OID, or substitute					
statement from					
a brokerage firm, list the firm's					
name as the payer and enter					
the total interest					
shown on that form.					
	2	Add the amounts on line 1	2		2,009.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.	_		2,003.
		Attach Form 8815	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		2,009.
		If line 4 is over \$1,500, you must complete Part III.	1	Amo	
Part II	5	List name of payer: ROBINHOOD SECURITIES LLC			17.
Ordinary					
Dividends					
(See instructions					
and the Instructions for					
Form 1040, line 3b.)			5		
Note: If you					
received a Form 1099-DIV					
or substitute					
statement from a brokerage firm,					
list the firm's					
name as the payer and enter					
the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		17.
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.			
Part III	You m	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d	ivider	nds: (b) had	a foreigr
Foreign		nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			
Accounts					Yes No
and Trusts	72	At any time during 2023, did you have a financial interest in or signature authority of	wer a	- h	100 110
Caution: If		account (such as a bank account, securities account, or brokerage account) locate			
required, failure to file FinCEN Form)	country? See instructions		_	×
114 may result in		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank			
substantial penalties.		Accounts (FBAR), to report that financial interest or signature authority? See Fin0 and its instructions for filing requirements and exceptions to those requirements.			
Additionally, you may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-			
to file Form 8938,		financial account(s) is (are) located:			
Statement of Specified Foreign					
Financial Assets.	8	During 2023, did you receive a distribution from, or were you the grantor of, or t	ransfe	eror to, a	
See instructions.		foreign trust? If "Yes," you may have to file Form 3520. See instructions			X

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 Sequence No. 12

Department of the Treasury Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 863-78-5578 KIRAN KUMAR PAKALA 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. 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 (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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. 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 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 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 10,225.) 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 -10,225.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 (or other basis) Form(s) 8949, Part II, (sales price) 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 0. 277. -277. Totals for all transactions reported on Form(s) 8949 with **Box E** checked 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

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -10,502. 16 Combine lines 7 and 15 and enter the result 16 • 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 21 1,500.) • (\$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 X 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.

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 KIRAN KUMAR PAKALA

Social security number or taxpayer identification number 863-78-5578

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)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.	ı				

1 (a) Description of property	(b)	oto acquired Date Sold of		(d) Cost or other basis Proceeds See the Note below		See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		
(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	0.	277.			-277.			
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			0.	277.			-277.			

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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

KIRA	AN KUMAR PAKALA						863-7	8-5578	
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use 🕄	Schedule	C . See	instru	ctions. If you	are an indi	vidual, rep	ort farm
_	Did you make any payments in 2023 that would require you	to file F	-arm(a) 1	0002.0	'aa ina	tructions			- V No
	f "Yes," did you or will you file required Form(s) 1099? .				• •			. <u> </u> 16	S NO
1a	Physical address of each property (street, city, state, ZII	P code)	1						
Α	H.NO:3-26/1, HUZURABAD SINGAPUR KARIMNA	AGAR :	TELANG	ANA	IN 5	05468			
В									
С									
1b	Type of Property 2 For each rental real estate property	erty liste	ed		Fa	ir Rental	Persor	nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ıys	QUV
A	gersonal use days. Check the Quif you meet the requirements to the second secon			Α		365		0	
В	qualified joint venture. See instru			В					
C				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
						Propert			
Incon	ne:			Α		В			С
3	Rents received	3		6	54.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,4	56.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,6	10.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,7	98.				
15	Supplies	15		2,3	21.				
16	Taxes	16							
17	Utilities	17			87.				
18	Depreciation expense or depletion	18		2,4	92.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		14,9	64.				
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	-	-14, 3	ΤΟ.				
22	Deductible rental real estate loss after limitation, if any,					,		,	
	on Form 8582 (see instructions)	22 (14,31		()	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		654.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties			-	23c		2 402		
d	Total of all amounts reported on line 18 for all properties				23d		2,492.		
e	Total of all amounts reported on line 20 for all properties				23e	Ι.	1,964.		
24	Income. Add positive amounts shown on line 21. Do not		-			 tal lagges be	. 24	/	1/ 210
25	Losses. Add royalty losses from line 21 and rental real estat							(14,310.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 10/0) line 5. Otherwise include this at						00		_1/ 310