(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 Identification Number (SID)			
Taxpayer's name	Social security	number	
PRANESH PAMULAPATI	686-56-	4137	
Spouse's name	Spouse's socia	al security num	ber
PRIYANKA TELLA	809-82-		
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter y	ear you ar	e authorizir	າg.)
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1	1	
1 Adjusted gross income			08,450.
2 Total tax	<u> </u>		30,379.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	⊢		26,091.
4 Amount you want refunded to you	+	5	4 000
5 Amount you owe		-	4,288.
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitt to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejec for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indica payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reque business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the paymers to receive confidential information necessary to answer inquiries and resolve issues related to the paymersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	tion of the tra . Treasury and the day to debit the eathorizates the authorizates the rocessing of the transfer of the transfe	nsmission, (b) d its designat c preparation entry to this action. To revok received no the electronic er acknowled	the reason ed Financia software for ccount. This se (cancel) a later than 2 payment of dge that the
Taxpayer's PIN: check one box only			
■ I authorize GLOBAL TAXES LLC to enter or generate m	V DINI 6	4 1 3 5	7 as my
ERO firm name	Ente	er five digits, bu	
signature on the income tax return (original or amended) I am now authorizing.	don	t enter an zero	15
I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Your signature ▶ Date ▶			
Spouse's PIN: check one box only			_
I authorize GLOBAL TAXES LLC to enter or generate m signature on the income tax return (original or amended) I am now authorizing.	Ente	1 8 0 5 er five digits, bu	
I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 Don't enter		7 1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitt requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Ind	ting this retur	n in accordar	nće with the
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		ırn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this	space.
For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20		See se	oarate i	nstructi	ons.
Your first name	and m	iddle initial	Last nan	ne							Your so	cial sec	urity nur	mber
PRANESH			PAMUI	LAPATI	-						686	56	4137	,
	pouse's	s first name and middle initial	Last nan										security	
PRIYANKA	4		TELLZ	Δ							809	82	1805	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Ca	
		CREEK DR							-	- 1			ou, or yo	
		ce. If you have a foreign address, also co	mplete sp	aces belov	w.	Sta	te	ZIP c	ode			•	jointly, w	
IRVING						ТХ	ζ	750	38		•		nd. Chec not chan	•
Foreign country	/ name		F	oreign pro	vince/state/o	count	У	Foreig	n postal c		your tax			.go
												Yo	u 🗌	Spouse
Filing Status	<u>. </u>	Single					Head of h	ouseh	old (HOI	 ∃)				
Check only	×	Married filing jointly (even if only o	ne had ir	ncome)					,	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	ou checked the MFS box, enter the	name of	f your spo	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	е
	qu	alifying person is a child but not you	ır depend	dent:										
Distrib	Λ + αι	ny time during 2023, did you: (a) rece	oivo (ac a	roward										
Digital Assets		nange, or otherwise dispose of a digi										ΠYe	25 X	No
Standard		neone can claim: You as a de		`			a dependent	,,, (0	30 1113114	Otion	J.,			
Deduction	_	Spouse itemizes on a separate return	•											
Deddotton	<u> </u>		ii oi you	- Weie a di	uai status t	ancri						_		
Age/Blindness	You	: Were born before January 2, 1	959 _	Are blin	d Spo	use	: U Was bo	n befo	ore Janu	ary 2,	, 1959	ls	blind	
Dependents	s (see	instructions):		(2) So	cial security		(3) Relationsh	_{iip} (4) Check t					
If more	(1) F	irst name Last name		r	number		to you		Child t	ax cre	edit	Credit fo	r other de	pendents
than four										<u> </u>			_ <u>_</u>	
dependents, see instructions	s —									<u> </u>				
and check	, —												_Ц_	
here L														
Income	1a	Total amount from Form(s) W-2, be	•		,						1a		225,2	<u>232.</u>
Attach Form(s)	b	Household employee wages not re	•		•						1b			
W-2 here. Also	С	Tip income not reported on line 1a									1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep		. ,	•	nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f				•					1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29	•					1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instructi	,			•		· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		•	<u>1</u> i						225	222
	<u>z</u> _	Add lines 1a through 1h			_i .						1z		225,	
Attach Sch. B if required.	2a		2a		~-		axable interes				2b			822.
	3a		3a				rdinary divide				3b			25.
Standard	4a	-	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	, _	6a				axable amoun	τ			6b			
separately, \$13,850	c	If you elect to use the lump-sum e		,	,	`	,				- I		2	000
Married filing	7	Capital gain or (loss). Attach Sched		•	•					. L	7			$\frac{000.}{620}$
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	-								8	_	-14,6	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-							9		208,	1 30.
Head of	10	Adjustments to income from Sche									10		200	450
household, [11	Subtract line 10 from line 9. This is	-	-							11			<u>450.</u>
If you checked	12	Standard deduction or itemized				,	 E A				12		<u> </u>	700.
any box under Standard	13	Qualified business income deducti									13		27	700
Deduction, see instructions.	14 15	Add lines 12 and 13									14		180 '	700.

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	30,379.
Credits	17	Amount from Schedule 2, line 3				[17	
	18	Add lines 16 and 17					18	30,379.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20				[21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0			[22	30,379.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21		[23	0.
	24	Add lines 22 and 23. This is your total tax					24	30,379.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			25a 26	,091.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				2	25d	26,091.
If you have a	26	2023 estimated tax payments and amount a	applied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 886			29			
	30	Reserved for future use	-		30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	-	-		🗀	33	26,091.
Refund	34	If line 33 is more than line 24, subtract line 2					34	
11010111	35a	Amount of line 34 you want refunded to yo			•	. 🗆 🖫	35a	
Direct deposit?	b	Routing number X X X X X X X X	and the second second			Savings		
See instructions.	ns. d Account number X X X X X X X X X							
	36	Amount of line 34 you want applied to your			36			
Amount	37	Subtract line 33 from line 24. This is the am	ount vou owe					
You Owe	٥.	For details on how to pay, go to www.irs.go	•				37	4,288.
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to dis tructions			_	mplete bel	ow. 🔀 N	
	De na	signee's ne	Phone no.			nal identifica er (PIN)	tion	
Sign Here		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration						•
Here	Yo	ur signature	Date	Your occupation			S sent you a	,
						Protecti (see ins	ion PIN, ente	er it here
Joint return? See instructions.		and a signature of a scient return that he would sign	Dete	SOFTWARE I				
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation DATA ENGIN				PIN, enter it here
		272 NO. C. 2670	Email address			1,	/	
		parer's name Preparer's signa		PPKANESHUS	00@GMAIL.COI	PTIN	Check	k if:
Paid		· '		מאם לנוטיייא				Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA SYAM PRIY	A KAM SA	JAK GUPIA	04/03/2024	P020827	00	
Use Only		n's name GLOBAL TAXES LLC	INICHITAV NI	J 08816		Phone r		965-9522
Co to warming ==		n's address 245 ROONEY CT E BRU	DINDMICK IN	0 08810	DEV 03/07/24 DDO	Firm's E	-	Form 1040 (2023)
COLO WWW.IIS.O	UVITOR	TO SO TO THIS TRUCTIONS AND THE IMPEST INFORMATION.			DEM 03/07/24 DDO		F	onn 1040 (2023)

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

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

PRANESH PAMULAPATI & PRIYANKA TELLA

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 686-56-4137

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	-14,257.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-372.
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	,	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	4	
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u> </u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	T. I.	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	, .	14 600
	1040, 1040-SR, or 1040-NR, line 8		10	-14,629.

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

Par	t II 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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. **09**

	of proprietor YANKA TELLA						security number (SSN) -82-1805
A	Principal business or profession	n inc	luding product or service (se	Δ inetr	uctions)		er code from instructions
A		Jii, iiic	during product or service (se	e iiisiii	detions)		
С	SOFTWARE SERVICES	huoin	voca nama, lagua blank				1 9 2 0 0
C	Business name. If no separate	busin	ess name, leave blank.			D Emp	loyer ID number (EIN) (see instr.)
	SOFTWARE SERVICES			DOM	CDURK DD Asst T		
E	Business address (including s						
	City, town or post office, state						
F	Accounting method: (1)		sh (2) Accrual (3) [Other (specify)		
G					2023? If "No," see instructions for li		_
Н							
ı					n(s) 1099? See instructions		
J		e requi	red Form(s) 1099?				<u> Yes No</u>
Par	Income						
1					this income was reported to you on		
	•		•		d	1	58,000.
2							
3							58,000.
4							
5							58,000.
6	•		•		refund (see instructions)		
7	Gross income. Add lines 5 ar	nd 6 .	<u> </u>	<u> </u>	<u> </u>	7	58,000.
Part	Expenses. Enter ex	pense	es for business use of yo	our ho	me only on line 30.		
8	Advertising	8		18	Office expense (see instructions) .	18	
9	Car and truck expenses			19	Pension and profit-sharing plans .	19	
	(see instructions)	9	7,367.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179			22	Supplies (not included in Part III) .	22	
	expense deduction (not included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	
	(other than on line 19) .	14		b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15		25	Utilities	25	
16	Interest (see instructions):			26	Wages (less employment credits)	26	
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	64,890.
b	Other	16b		b	Energy efficient commercial bldgs		
17	Legal and professional services	17			deduction (attach Form 7205)		
28	Total expenses before expen	ses fo	r business use of home. Add	l lines 8	8 through 27b \ldots \ldots \ldots	28	72,257.
29	Tentative profit or (loss). Subt	ract lin	e 28 from line 7			29	-14,257.
30	Expenses for business use of	of your	home. Do not report these	e expe	nses elsewhere. Attach Form 8829		
	unless using the simplified me	thod.	See instructions.				
	Simplified method filers only	: Ente	r the total square footage of	(a) you	ır home:		
	and (b) the part of your home	used f	or business:		Use the Simplified		
	Method Worksheet in the instr	ruction	is to figure the amount to en	ter on I	ine 30	30	
31	Net profit or (loss). Subtract	line 30	from line 29.		,		
	• If a profit, enter on both Sch checked the box on line 1, see		• • • • • • • • • • • • • • • • • • • •		, , ,	31	-14,257.
	• If a loss, you must go to lin	e 32.				_	
32	If you have a loss, check the b	ox tha	at describes your investment	in this	activity. See instructions.		
	 If you checked 32a, enter th 	e loss	on both Schedule 1 (Form	1040)	line 3, and on Schedule		
	SE, line 2. (If you checked the		•			32a	X All investment is at risk.
	Form 1041, line 3.			,		32b	☐ Some investment is not
	• If you checked 32b, you mu	st atta	ch Form 6198. Your loss ma	ay be li	mited.		at risk.

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
	value closing inventory: a Cost b Lower of cost or market c Other (atta		planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry? 	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part				
43	When did you place your vehicle in service for business purposes? (month/day/year)09/12/2021			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehicle	for:	
а	Business 11,247 b Commuting (see instructions) 2,367 c (Other		3,964
45	Was your vehicle available for personal use during off-duty hours?		Yes	⊠ No
46	Do you (or your spouse) have another vehicle available for personal use?		X Yes	☐ No
47a	Do you have evidence to support your deduction?		Yes	⊠ No
	If "Yes," is the evidence written?		🗌 Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
BA	CK END OFFICE EXPENSES			42,560.
CA	SH EXPENSES			22,330.
		1		
48	Total other expenses. Enter here and on line 27a	48		64,890.

SCHEDULE D (Form 1040)

Department of the Treasury

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 686-56-4137 PRANESH PAMULAPATI & PRIYANKA TELLA 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) Form(s) 8949, Part I, combine the result (or other basis) 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 243,723. 261,650. 12,936. -4,991. Totals for all transactions reported on Form(s) 8949 with Box B checked 1,692. 1,565. 127. 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 44,213.) 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 -49,077. 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

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

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

4,068.

4,068.

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Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -45,009. 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 3,000.) • (\$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.

<u>8949</u>

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.

Attachment

OMB No. 1545-0074

Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

686-56-4137

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

PRANESH PAMULAPATI & PRIYANKA TELLA 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 broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions 01/01/23 | 12/31/23 238,808. 254,989. W 12,936. -3,245.01/05/22 01/30/23 3,313. 5,001. -1,688.

Robinhood Securities LLC COINBASE 09/02/22 01/30/23 1,602. 1,660. -58. COINBASE 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 1b (if Box A above is checked), line 2 (if Box B 243,723. 261,650. 12,936. -4,991.

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.

above is checked), or line 3 (if Box C above is checked) .

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

PRANESH PAMULAPATI & PRIYANKA TELLA

Social security number or taxpayer identification number

686-56-4137

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.

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

(R) 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		(e) Cost or other basis See the Note below	Cost or other basis	Adjustment, i If you enter an enter a co See the sep	(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	1,692.	1,565.			127.
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	1,692.	1,565.			127.

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.

Income or Loss From Partnerships and S Corporations Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment the box in column (e) on line 28 and attach the required basis computation. If you report a loss amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. 27	edule(s) K-1. Int from an S c as from an at- is. See instructions, a prior ship expens Interpolation in the second of the seco	corporations. year uses? If the control of the con	inallowed loss from a you answered "Yes,						
Caution: The IRS compares amounts reported on your tax return with amounts shown on Sched Part III Income or Loss From Partnerships and S Corporations Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment the box in column (e) on line 28 and attach the required basis computation. If you report a loss amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. 27	edule(s) K-1. Int from an S c as from an atsections, a prior ship expens Interpolation on number and attentions and attentions and attentions are attentions at a section 179 expection from Form	corporations. year uses? If years consister c	ion, you must check ivity for which any inallowed loss from a you answered "Yes, Yes No heck if mputation quired in any amount is not at risk in the public of the public						
Income or Loss From Partnerships and S Corporations Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment the box in column (e) on line 28 and attach the required basis computation. If you report a loss amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. 27	nt from an S c as from an at- ss from an at- sc from from Form	corporate risk act trisk act trisk act tions. Year u ses? If year	ivity for which any inallowed loss from a you answered "Yes, . Yes No hept in any amount is not at risk any amount is not						
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Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment the box in column (e) on line 28 and attach the required basis computation. If you report a loss amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitatic passive activity (if that loss was not reported on Form 8582), or unreimbursed partners see instructions before completing this section 28 (a) Name (b) Enter P for partnership; S for S corporation or S corporation o	ss from an at- 3. See instructions, a prior ship expens	risk act tions. r year u ses? If year u ses year u se year u ses year u se year u ses year u se ye	ivity for which any inallowed loss from a you answered "Yes, . Yes No hept in any amount is not at risk any amount is not						
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32 Total partnership and S corporation income or (loss). Combine lines 30 and 31 Part III Income or Loss From Estates and Trusts		31							
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В									
34a Totals									
b Totals		0.5							
35 Add columns (d) and (f) of line 34a		35	/						
36 Add columns (c) and (e) of line 34b		36							
Total estate and trust income or (loss). Combine lines 35 and 36		37							
Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REM			l Holder						
(a) Name (b) Employer Schedules O line 2c									
	MICs) — Re (d) Taxable inco	ome	(e) Income from						
	(d) Taxable inco	ome m	(e) Income from Schedules Q, line 3b						
Identification number (see instructions) Sc	(d) Taxable inco (net loss) fron schedules Q, lin	ome m							
	(d) Taxable inco (net loss) fron schedules Q, lin	ome m							
Identification number (see instructions) Sc	(d) Taxable inco (net loss) fron schedules Q, lin	ome m ne 1b							
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41	(d) Taxable inco (net loss) fron chedules Q, lin	ome m ne 1b							
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 Part V Summary 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	(d) Taxable inco (net loss) fron ichedules Q, lin 1 below	ome m ne 1b							
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 Part V Summary 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on	(d) Taxable inco (net loss) fron ichedules Q, lin 1 below	39 40	Schedules Q, line 3b						
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 Part V Summary 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on 1 (Form 1040), line 5	(d) Taxable inco (net loss) fron ichedules Q, lin 1 below	ome m ne 1b							
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 Part V Summary 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on 1 (Form 1040), line 5	(d) Taxable inco (net loss) fron ichedules Q, lin 1 below	39 40	Schedules Q, line 3b						
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 Part V Summary 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on 1 (Form 1040), line 5	(d) Taxable inco (net loss) fron ichedules Q, lin 1 below	39 40	Schedules Q, line 3b						
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43

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

marrie(s) snown on return					laenurying i	lumbe	Г
PRAN	NESH PAMULAPATI &	PRIYANKA T	'ELLA			686-56-	4137	
1a	Enter the gross proceeds substitute statement) that						1a	
b	Enter the total amount o MACRS assets	of gain that you are	-	es 2, 10, and 24 o	due to the partial c	lispositions of	1b	
С	Enter the total amount of assets		-		he partial dispositio		1c	
Part								From Other
	Than Casualty of						310110	
	Than Gadany c		Troporty mon		(e) Depreciation	(f) Cost or o	ther	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or allowable since acquisition	basis, plu improvement expense of	ıs s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
Fron	n K-1							4,068.
								·
3	Gain, if any, from Form 46	884, line 39					3	
4	Section 1231 gain from in						4	
5	Section 1231 gain or (loss		· ·				5	
6	Gain, if any, from line 32,	,	ŭ				6	
7	Combine lines 2 through 6		•				7	4,068.
	Partnerships and S corp	· ·	` ,					·
	line 10, or Form 1120-S, S		• ,	•		, conocaro i ,		
	Individuals, partners, S from line 7 on line 11 bel 1231 losses, or they were Schedule D filed with your	ow and skip lines recaptured in an e	8 and 9. If line 7 i arlier year, enter tl	is a gain and you o	didn't have any prio	r year section		
8	Nonrecaptured net section	•					8	
	·						_	
9	Subtract line 8 from line 7 line 9 is more than zero, e capital gain on the Sched	enter the amount fro	om line 8 on line 12	2 below and enter t	he gain from line 9 a	as a long-term	9	
Part							9	
10	Ordinary gains and losses	<u> </u>		<u>, </u>	eld 1 vear or less).			
	Oramary game and recess	The moladed on m	ioo ii anoagii io					
					+			
11	Loss, if any, from line 7			<u> </u>			11	(
12	Gain, if any, from line 7 or						12	,
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from For						14	
15	Ordinary gain from installr						15	
							16	
16	Ordinary gain or (loss) from Combine lines 10 through		•				17	
17	· ·						17	
18	For all except individual re a and b below. For individ				e line of your return	and skip lines		
а	If the loss on line 11 include	es a loss from Form	4684, line 35, colu	mn (b)(ii), enter that	part of the loss here	Enter the loss		
	from income-producing pro	operty on Schedule	A (Form 1040), line	e 16. (Do not includ	le any loss on prope	rty used as an		
	employee.) Identify as from	"Form 4797, line 18	Ba." See instruction	s			18a	
b	Redetermine the gain or (Form 1040), Part I, line 4						18b	
	, , , , , , , , , , , , , , , , , , , ,		` -		<u>-</u>			