#### 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.

Submission Identification Number (SID)

Taxpay	er s name	Social sect	irity numi	ber			
SAI	AKHIL GORIJALA	878-1	2-421	0			
Spouse	s's name	Spouse's s	ocial secu	urity number			
Par	Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)						
Enter	whole dollars only on lines 1 through 5.						
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	81,039.			
2	Total tax		2	10,086.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,315.			
4	Amount you want refunded to you		4	4,229.			
5	Amount you owe		5				
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a co	y fo va	our return)			

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	Fr
				ERO firm name		a la

2	4	2	1	0				
Enter five digits, but don't enter all zeros								

my

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

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

Your signature 🕨

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to enter	or generate	my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature E	ate 🕨							
Practitioner PIN Method Returns Only—continue	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			0 all zei	 2	7 1	-

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature	ature Date Date							
	Retain This Form — See Form to the IRS Unless F							
For Denominary Reduction Act Nation and your tox return	m instructions		Earm 8870 (Day 01 0001)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	vrite or sta	ple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	urity number
SAI AKHI	L		GOR	IJALA						878	12	4210
lf joint return, s	pouse's	s first name and middle initial	Last r	ame						Spouse	's social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	vpt. no.	Preside	ntial Ele	ction Campaign
6713 BEF	RMUDZ	A AVE										ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
MCKINNEY						TΣ	K	750	701368			not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax or refund.		
											Yo	ou Spouse
Filing Status	; 🛛	] Single					Head of he	ouseh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne had	l income)			_					
one box.		] Married filing separately (MFS)					Qualifying					
		ou checked the MFS box, enter the			pouse. If yo	u che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's nar	ne if the
	qu	alifying person is a child but not you	ir depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); or	(b) sell,		
Assets	exch	nange, or otherwise dispose of a digi	tal ass	set (or a fir	nancial inter	est ir	n a digital asse	t)? (Se	e instructio	ns.)	🗌 Ye	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	s You:	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 Is	s blind
Dependents	s (see	instructions):		(2) 5	Social security	/	(3) Relationsh	ip (4	-			see instructions):
If more	<b>(1)</b> F	irst name Last name		_	number		to you		Child tax c	redit	Credit fo	r other dependents
than four												
dependents, see instructions	s ——			_								<u> </u>
and check	- 			_								<u> </u>
here				<u> </u>	、							
Income	1a ⊾	Total amount from Form(s) W-2, be				• •		• •		. 1a		100,224.
Attach Form(s)	b	Household employee wages not re	-			• •		• •		. 1b		
W-2 here. Also attach Forms	с с	Tip income not reported on line 1a						• •		. <u>1c</u> . 1d	-	
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f				nsut		• •		. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene				• •		• •		. 1f		
If you did not	g							• •		. 1g		
get a Form	9 h	Other earned income (see instructi						• •		. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s					 	· ·				
	z	Add lines 1a through 1h								. 1z		100,224.
Attach Sch. B	2a		2a			bТ	axable interest			-	-	
if required.	3a		3a			b C	Ordinary divider	nds .		. 3b	,	
	4a		4a				axable amount			. 4b	-	
Standard Deduction for –	5a	Pensions and annuities	5a			bТ	axable amount	t		. 5b	,	
Single or	6a	Social security benefits	6a			bТ	axable amount	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum el	lection	method,	check here	(see	instructions)		[			
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if required	d. If not requ	uired	, check here		[	7		468.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line	10						. 8		-19,653.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is y	our total in	com	e			. 9		81,039.
\$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	adjusted	gross inco	me				. 11		81,039.
\$20,800 • If you checked г	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	:	13,850.
any box under Standard	13	Qualified business income deducti	on fro	m Form 8	995 or Form	ı 899	95-A			. 13	;	
Deduction,	14	Add lines 12 and 13								. 14	-	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter ·	-0 This is y	our	taxable incom	е.		. 15	i	67,189.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3	16	10,086.
Credits	17	Amount from Schedule 2, line 3	3				17	
	18	Add lines 16 and 17					18	10,086.
	19	Child tax credit or credit for oth	ner dependent	ts from Sched	ule 8812		19	
	20	Amount from Schedule 3, line 8	3				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If	zero or less,	enter -0			22	10,086.
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is you	ur total tax				24	10,086.
Payments	25	Federal income tax withheld fro						
•	а	Form(s) W-2				<b>25a</b> 14	,315.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions)				25c		
	d	Add lines 25a through 25c					25d	14,315.
If you have a	26	2023 estimated tax payments a	and amount a	pplied from 20	22 return .		26	
qualifying child,	27	Earned income credit (EIC) .				27		
attach Sch. EIC.	28	Additional child tax credit from S				28		
	29	American opportunity credit fro				29		
	30	Reserved for future use				30		
	31	Amount from Schedule 3, line 1	15			31		
	32	Add lines 27, 28, 29, and 31. TI				-	32	
	33	Add lines 25d, 26, and 32. The	-					14,315.
Refund	34	If line 33 is more than line 24, s					34	4,229.
neiuna	35a	Amount of line 34 you want ref						
Direct deposit?	b	Routing number 1 0 1 1					Savings	, ,
See instructions.	d			5 5 9 (			earnige	
	36	Amount of line 34 you want app				36		
Amount	37	Subtract line 33 from line 24. T						
You Owe	37	For details on how to pay, go to					37	
	38	Estimated tax penalty (see inst	-	-		38		
Third Party		you want to allow another pe						
Designee		tructions					omplete below	. 🗙 No
Deelgiide	De	signee's		Phone			onal identification	
	nai	ne		no.		numb	ber (PIN)	
Sign		der penalties of perjury, I declare that						
Here	bei	ef, they are true, correct, and comple	te. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informatio	1	
	Yo	ur signature		Date	Your occupation			ent you an Identity PIN, enter it here
Joint return?					SOFTWARE I	FNGINFFR	(see inst.)	Fin, enter it here
See instructions.	Sp	ouse's signature. If a joint return, bot	<b>h</b> must sign.	Date	Spouse's occupat		If the IRS s	ent your spouse an
Keep a copy for	op		in muot orgin.	Duto				ptection PIN, enter it here
your records.							(see inst.)	
	Ph	one no. (469) 649-5042		Email address	AKHIL.WOR	K8@GMAIL.CO	М	
Paid	Pre	parer's name Pi	reparer's signat	ure		Date	PTIN	Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SY	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/13/2024	P02082703	Self-employed
Preparer	Fir	n's name GLOBAL TAXE	S LLC				Phone no.	(678)965-9522
Use Only	Fir	m's address 245 ROONEY		NSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Form	1040 for instructions and the latest in	nformation.		BAA	REV 02/05/24 PRO		Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## **Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAI AKHIL GORIJALA 878-12-4210

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	ach Schedule E .	5	-19,653.
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)	<u>8m</u>	_	
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 (	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
	Wages earned while incarcerated	<u>8u</u>	-	
z	Other income. List type and amount:	0-		
0	Total other income. Add lines 9a through 97	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-19,653.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			le 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	nment		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h				
_	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
			-	
J	Housing deduction from Form 2555		-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)			
-			-	
2	Other adjustments. List type and amount:			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here a	nd on	20	
20	Form 1040, 1040-SR, or 1040-NR, line 10		26	
				1 (Form 1040) 2023
	BAA REV 02/05/24 PRO		Soncuuie	

### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 12

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

SAI AKHIL GORIJALA

Your social security number

878-12-4210

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

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

See instructions for how to figure the amounts to enter on the lines below. (d) (e) Proceeds Cost		(e) Cost	<b>(g)</b> Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and	
	form may be easier to complete if you round off cents to e dollars.	easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Pa line 2, column				
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 <b>Box A</b> checked	2,908.	2,440.			468.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> Worksheet in the instructions						( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	-			7	468.

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

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 468.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	<ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 02/05/24 PRO

Schedule D (Form 1040) 2023

Form **8949** 

Department of the Treasury

Internal Revenue Service

# 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.



Sequence No. 12A

Name(s) shown on return

SAI AKHIL GORIJALA

Social security number or taxpayer identification number

878-12-4210

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

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

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f <b>any, to gain or loss</b> amount in column (g), ode in column (f). <b>arate instructions.</b>	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	411.	398.			13.
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	2,497.	2,042.			455.
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), <b>lir</b>	lude on your ne 2 (if Box B	2,908.	2,440.			468.

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

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

SCHEDULE	Ε
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

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

Department of the Treasury

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

2023
Attachment

Internal I	Revenue Service		Go to www.irs.gov/ScheduleE fo	or instru	uctions a	nd the la	itest ir	formation.		Sequenc	e No. <b>13</b>		
Name(s)	shown on return									Your social security number			
SAI	AKHIL GORI	JALA							878-12-4210				
Part			ss From Rental Real Estate ar										
	Note: If yo	ou are ir	n the business of renting personal prope oss from <b>Form 4835</b> on page 2, line 40.	erty, use	Schedu	le C. See	e instru	ctions. If you a	are an indi	vidual, repo	ort farm		
A D					Form(s)	10002 9	Soo ing	tructions			s X No		
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions												
										16			
<b>1</b> a	-		each property (street, city, state, Zl		e)								
Α	THULLUR G	UNTUF	R ANDHRA PRADESH IN 5000	94									
В													
С													
1b	Type of Prope		2 For each rental real estate prope				Fa	ir Rental		nal Use	QJV		
	(from list below	N)	above, report the number of fair					Days	Da	ays			
Α	3		personal use days. Check the Q if you meet the requirements to					300	0				
В			qualified joint venture. See instru			В							
С						С							
	of Property:												
	Single Family R			ntal	5 Lan			Self-Rental					
2	Multi-Family Re	sidenc	e 4 Commercial		6 Roy	/alties	8	Other (desc	ribe)				
								Propert	ies:				
ncom	ie:					Α					С		
3	Rents received	1		3		8	70.				-		
4				4									
Expen				1									
5				5									
6	-		instructions)	6						-			
7			nance	7		1,3	65.						
8				8									
9				9									
10			essional fees	10						-			
11	-	•		11		1,2	54.			-			
12	0		id to banks, etc. (see instructions)	12		,				-			
13		•		13									
14				14		3,9	56.						
15	•			15			59.						
16				16									
17				17		2,9	57.						
18			e or depletion	18			32.						
19			·	40		-							
20	· /	s. Add	lines 5 through 19	20		20,5	23.						
21	•		line 3 (rents) and/or 4 (royalties). If										
			instructions to find out if you must										
	file Form 6198	Ś		21		-19,6	53.						
22	Deductible ren	ital rea	l estate loss after limitation, if any,										
	on Form 8582	(see ir	structions)	22	(	19,65	53.)	(	)	(			
23a	Total of all amo	ounts i	reported on line 3 for all rental prope	erties			23a		870.				
b			reported on line 4 for all royalty prop				23b						
с	Total of all amo	ounts i	reported on line 12 for all properties				23c						
d			reported on line 18 for all properties				23d	-	,232.				
е			reported on line 20 for all properties				23e	20	,523.				
24			e amounts shown on line 21. <b>Do no</b>						. 24				
25			osses from line 21 and rental real estat		•		nter to	tal losses hei	re <b>25</b>	( 1	9,653.		
26	Total rental re	eal est	ate and royalty income or (loss).	Comb	ine lines	s 24 and	25. E	nter the resu	ult				
			nd IV, and line 40 on page 2 do no										

26

.

-19,653.