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)

Taxpaye	r's name	Social security n	umber
SHA	SHANK SINGH	853-58-4	715
Spouse	s name	Spouse's social s	security number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er 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 94,082.
2	Total tax	[2 12,685.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3 13,951.
4	Amount you want refunded to you	[4	4 1,266.
5	Amount you owe	!	5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL T	AXES		to enter or generate my PIN	E
				ERO firm name		-

8	4	7	1	5	
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as 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 ►	Date 🕨
Practitioner PIN Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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

ERO's signature >	signature Date Date								
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So									
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)						

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	rite or st	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
SHASHANK			SIN									4715
		s first name and middle initial	Last									i security number
											1	-
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
13401 LE	GEN	DARY DR						3	108			ou, or your
	-	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c				jointly, want \$3
AUSTIN						ТΣ	ζ	787	27	, v		nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code			0
											Y	ou 🗌 Spouse
Filing Status	; 🛛	Single					Head of ho	ouseh	old (HOH)			
Check only] Married filing jointly (even if only o	ne hac	l income)			_					
one box.] Married filing separately (MFS)							ring spouse			
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	nent for prope	rty or	services); or	(b) sell,		
Assets		hange, or otherwise dispose of a digi									Y	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status a	alien	I					
Age/Blindness	S You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2)	Social security		(3) Relationsh	ip (4) Check the b	ox if quali	ifies for	(see instructions):
If more	(1) First name Last name				number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions												
and check	> 											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a	1	98,443.
Attach Form(s)	b	Household employee wages not re	•							. 1b	_	
W-2 here. Also	C						• •		. 10	-		
attach Forms W-2G and	d							. <u>1</u> d	_			
1099-R if tax	e	Taxable dependent care benefits f						• •		. 1e	-	
was withheld. If you did not	f	Employer-provided adoption bene		-				• • •	. 1f	-		
get a Form	g L	Wages from Form 8919, line 6 .								. <u>1</u> g		0.
W-2, see	h i	Other earned income (see instructions) .						. 1h	1	0.		
instructions.	z	Add lines 1a through 1h		siructions)		• •				. 1z	,	98,443.
Attach Sch. B	2	-	2a		· · · · ·	• т	axable interest	• •		. 12	-	1.
if required.	3a		2a 3a	1	,050.		ordinary divider			. 3b	-	3,455.
	4a		4a				axable amount			. 4b	-	
Standard	5a		5a				axable amount			. 5b	-	
 Deduction for – Single or 	6a		6a				axable amount			. 6b	-	
Married filing separately,	c	If you elect to use the lump-sum e		n method.					[
\$13,850	7	Capital gain or (loss). Attach Schee				•	,		[7		2,194.
 Married filing jointly or 	8	Additional income from Schedule		•	•					. 8		-10,011.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					ə			. 9		94,082.
\$27,700	10	Adjustments to income from Sche								. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne				. 11		94,082.
\$20,800 • If you checked г	12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)				. 12	2	13,850.
any box under	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	5-A			. 13		198.
Standard Deduction,	14	Add lines 12 and 13								. 14	·	14,048.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	ourt	taxable incom	e.		. 15	5	80,034.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	12,685.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	12,685.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,685.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is			-			24	12,685.
Payments	25	Federal income tax withheld							i
	а	Form(s) W-2				25a 13	,951.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c					2	25d	13,951.
If you have a	26	2023 estimated tax payment					-	26	·
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T			-			33	13,951.
Refund	34	If line 33 is more than line 24						34	1,266.
neiuna	35a	Amount of line 34 you want	-			, .	_ +	85a	1,266.
Direct deposit?	b	Routing number 1 1 1					Savings	-	i
See instructions.	ď	Account number 7 4 8					Savingo		
	36	Amount of line 34 you want a			ad tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	37	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another							
Designee		structions	•				omplete belo	ow.	× No
Deelightee	De	signee's		Phone			onal identifica		
	nai			no.		numb	oer (PIN)		
Sign		der penalties of perjury, I declare th							, ,
Here	bei	ief, they are true, correct, and com	piete. Declaration of	i preparer (otne	,	ased on all mormalic			, ,
	s								: you an Identity I, enter it here
Joint return?					PROJECT MAN	NAGER AT AECO	(and ind		i, enter it here
See instructions.	ns. Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat			S sent	your spouse an
Keep a copy for		,	5				Identity	Protec	ction PIN, enter it here
your records.							(see inst)	
	Ph	one no. (979)985-701		Email address	SINGHS@AGG	IENETWORK.CO	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	1	Check if:
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/25/2024	P020827	03	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone r	10. (E	578)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23 7

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.	Attachment Sequence No. 01			
Name(s) shown on Form 1040, 1040-SR, or 1040-NR			Your social security number		
SHASHANK SING	H	853-58	-4715		
Part I Additio	onal Income				

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		5	-10,011.
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		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	,		
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter			10 011
	1040, 1040-SR, or 1040-NR, line 8		10	-10,011.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s 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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE	В
(Form 1040)	

Department of the Treasury Internal Revenue Service

Interest and Ordinary Dividends

OMB No. 1545-0074 2

Attach to Form 1040 or 1040-SR.

Department of the Tr Internal Revenue Ser		Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleB for instructions and the latest information.		Attachme Sequence	nt No. 08	3
	ame(s) shown on return					ber
SHASHANK	SINGH	Ι	853	-58-471		
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:				
(See instructions and the		Robinhood Securities LLC				1.
Instructions for Form 1040.						
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			1.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
	4	Attach Form 8815	3 4			1.
		If line 4 is over \$1,500, you must complete Part III.		Amo	ount	<u> </u>
Part II	5	List name of payer: CHARLES SCHWAB & CO., INC			2	12.
Ordinary		MERRILL				64.
Dividends		Robinhood Securities LLC			3,1	79.
(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 on that form.	6 Noto:	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b If line 6 is over \$1,500, you must complete Part III.	6		3,4	55.
Part III						
		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			l a to	reign
Foreign Accounts				·		
and Trusts	_			<i>.</i>	Yes	No
Caution: If	7a	At any time during 2023, did you have a financial interest in or signature authority of 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 .	;EN F	orm 114		
Additionally, you may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-	ies) w	, , , here the		
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 transferor to, a See instructions. foreign trust? If "Yes," you may have to file Form 3520. See instructions

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

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SCHEDULE	D
(Form 1040)	

Capital Gains and Losses

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SHASHANK SINGH

Your social security number

853-58-4715

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

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

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss f		(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.	(sales price)	(or other basis)	Form(s) 8949, P line 2, column	art I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	18,330.	18,880.			-550.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-550.

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	11,509.	8,772.			2,737.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13	I3 Capital gain distributions. See the instructions					7.
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	2,744.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 2,194.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X 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.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury

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.



Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

853-58-4715

SHASHANK	SINGH

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 (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date solution (Mo., day, yr.) Date solution (Mo., day, yr.) Date solution (sales price) See instructions) and see Column (e)		Proceeds	Cost or other basis	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)			(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	18,330.	18,880.			-550.	
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	18,330.	18,880.			-550.	

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

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

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SHASHANK SINGH

853-58-4715

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) (c) Date sold or			(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	e: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo. day, yr.) (See instructions) (Mo. day, yr.) (See instructions) (Mo. day, yr.)	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).			
MERRILL	01/01/22	12/31/23	5,633.	3,395.			2,238.
Robinhood Securities LLC	01/01/22	12/31/23	5,876.	5,377.			499.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your ne 9 (if Box E	11,509.	8,772.			2,737.

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

REV 03/07/24 PRO

SCHEDULE	Е
(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 Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

20 23
Attachment Sequence No. 13

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Your social security number

Internal nevenue Service	
Name(s) shown on return	

SHA	SHANK SINGH					8	353-5	8-4715	
Pa	t I Income or Loss From Rental Real Estate and	nd Ro	yalties						
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	erty, use	Schedule						
Α	Did you make any payments in 2023 that would require you	u to file	Form(s) 1	1099? 5	See ins	structions		. 🗌 Ye	es 🛛 No
В									
1a									
Α	RD CASTLE, 47/2 BENGALURU KARNATAKA	IN S	560043						
B									
 1b	Type of Property 2 For each rental real estate prop	orty lie	tod		Ea	ir Rental	Dorson	al Use	
15	(from list below) above, report the number of fair				10	Days	Da		QJV
Α	3 personal use days. Check the G			Α		365		0	
B	if you meet the requirements to			B					
	qualified joint venture. See instr	ructions	S.	c					
	of Property:			•					
1		ntal	5 Land	1	7	Self-Rental			
-	Multi-Family Residence 4 Commercial	- Tean	6 Roya			Other (describ	e)		
			- o noye		0				
						Properties	S:		
Inco				Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
-	enses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,4	52.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,4					
15	Supplies	15		2,1	78.				
16	Taxes	16							
17	Utilities	17		3,3	24.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,6	11.				
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		-10,0	11.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(10,01)	()
23a				•	23a		600.		
b		-			23b				
С					23c				
d					23d				
е	· · · · ·				23e	10,	611.		
24	Income. Add positive amounts shown on line 21. Do no		-		•••		24	1	
25	Losses. Add royalty losses from line 21 and rental real esta						25	(10,011.)
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								10 011
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	amouni	L III LIIE TO	iai on II	ne 4 l	on page∠.	26		-10,011.

8 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment Sequence No. 52
ber of HSA beneficiary. HSAs, see instructions
171E

2

Name(s			of HSA beneficiary.
SHAS		es have H: 58-47	SAs, see instructions. 15
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts	, if requ	uired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. and both you and your spouse each have separate HSAs, complete a separate Part I		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023 See instructions		elf-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions contributions through a cafeteria plan, or rollovers. See instructions	s,	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	or	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, als include any amount contributed to your spouse's Archer MSAs	0	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had fami coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.		0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023 9 500).	
10	Qualified HSA funding distributions 10	_	
11	Add lines 9 and 10		500.
12	Subtract line 11 from line 8. If zero or less, enter -0		3,350.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 1 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	3 13	0.
Part			L LSAs complete
i ai t	a separate Part II for each spouse.	parate	nora, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	131.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any exces		
	contributions (and the earnings on those excess contributions) included on line 14a that were	е	
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	131.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	131.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include th amount in the total on Schedule 1 (Form 1040), Part I, line 8f		0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	n	
Part		ictions I	
18	Last-month rule	18	
19	Qualified HSA funding distribution		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d		

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

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995	for instructions and	the latest information.
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OMB No. 1545-2294

Name(s) shown on	return	
ATT2 ATT2 2	<i>AT110</i>	

Your taxpayer identification number

SHASHANK SINGH

853-58-4715

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v		1		
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
		2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	_	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)	•		
_		6 992.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	7 ()		
0	year			
8		8 992.		
9			9	198.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	198.
11	Taxable income before qualified business income deduction (see instructions)	80,232.		
12	Enter your net capital gain, if any, increased by any qualified dividends			
	(see instructions)	12 3,244.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 76,988.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	15,398.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also e			
	the applicable line of your return (see instructions)		15	198.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 an			(
	zero, enter -0		17	(0.) Form 8995 (2023)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/07	7/24 PRO		Form 0990 (2023)

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number
952_59_171

SHAS	SHANK SINGH				853	-58-	-4715
Par	rt 2023 Passive Activity Los				·		
	Caution: Complete Parts IV ar	nd V before comple	ting Part I.				
	al Real Estate Activities With Active Pa vance for Rental Real Estate Activities			ve participation, se	ee Special		
1a	Activities with net income (enter the a	mount from Part IV	, column (a))	1a	0.		
b	Activities with net loss (enter the amo				10,011.)		
с	Prior years' unallowed losses (enter th)		
d	Combine lines 1a, 1b, and 1c					1d	-10,011.
All Ot	ther Passive Activities						
2a	Activities with net income (enter the a	mount from Part V,	column (a)) .	2 a			
b	Activities with net loss (enter the amo	unt from Part V, co	lumn (b)))		
С	Prior years' unallowed losses (enter th	ne amount from Pa	rt V, column (c))	2c ()		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered normally used If line 3 is a loss and: • Line 1d is a	this form with you on line 1c or 2c. R 	r return; all losse eport the losses	s are allowed, incl on the forms and	luding any schedules	3	-10,011.
	• Line 2d is a l	loss (and line 1d is	zero or more), ski	p Part II and go to	line 10.		
	ion: If your filing status is married filing I. Instead, go to line 10.	separately and yo	u lived with your	spouse at any time	e during the	year,	do not complete
	rt II Special Allowance for Rei	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par	t II as positive amo	unts. See instruct	ions for an examp	le.		
4	Enter the smaller of the loss on line 1					4	10,011.
5	Enter \$150,000. If married filing separ	rately, see instruction	ons	5 1	50,000.		
6	Enter modified adjusted gross income	-			04,093.		
	Note: If line 6 is greater than or equal						
	on line 9. Otherwise, go to line 7.	, - 		-			
7	Subtract line 6 from line 5			7	45,907.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25.	000. If married filir			8	22,954.
9	Enter the smaller of line 4 or line 8. If					9	10,011.
Par			,			-	
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv						
••	out how to report the losses on your t					11	10,011.
Par	t IV Complete This Part Befor						
		Curren		Prior years	Ove	rall ga	in or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	ı	(e) Loss
חק	CASTLE, 47/2	0.	10,011.				10,011.
	CADILE, 1//2	0.	, 0				10,011.
Total	. Enter on Part I, lines 1a, 1b, and 1c	0.	10,011.				
							E 0500 (0000)

For Paperwork Reduction Act Notice, see instructions.

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Form **8582** (2023)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Nome of activity	Current year			Prior years		Overall gain or loss		
Name of activity	(a) Net income			Net loss (c) Unallo ne 2b) loss (line				(e) Loss
		(11	10 2.0)		0 20)			
Total. Enter on Part I, lines 2a, 2b, and 2c								
Part VI Use This Part if an Amou	int Is Shown on I	Part II,	Line 9. S	ee instruc	ctions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance	с	(d) Subtract olumn (c) from column (a).
RD CASTLE, 47/2	E Ln 22		10,011.	1.0000	0000	10,01	1.	0.
	<u></u>		10,011.	1.0	0	10,01	1.	0.
Part VII Allocation of Unallowed			S.					
Name of activity	Form or sch and line nur to be reporte (see instruct	nber ed on	(a) I	LOSS	(b) Ratio	(c) L	Inallowed loss
						1.00		
Part VIII Allowed Losses. See inst	ructions.				1			
Name of activity	Form or sch and line nur to be reporte (see instruct	nber ed on	(a) I	LOSS	(b) Ur	allowed loss	(c)	Allowed loss
Total								

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Form **8582** (2023)