Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer	's name		Social securi	ty number	
MANI	SH JAGDISH PUNJABI		863-50	-3454	
Spouse's	name		Spouse's so	cial securi	ty number
PATH	ELA VRINDA		721-97	-2383	
Part	Tax Return Information — Tax Year Ending December 31, 2023	(Ente	r year you a	are auth	orizing.)
Enter v	hole dollars only on lines 1 through 5.				
Note: F	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income			1	169,047.
2	Total tax			2	21,700.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	23,643.
4	Amount you want refunded to you			4	1,943.
5	Amount you owe			5	•

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

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 TAXES	LLC	to enter or generate my PIN
			ERO firm name	

0	3	4	5	4	as my
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

Enter five digits, but don't enter all zeros

as mv

7 2 3 8 3

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 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 Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method O	nly									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	J. 2	2	2				0 {	_	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 🕨	Date 🕨					
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
For Demonstral Deduction Act Nation and second		Earma 8870 (Day, 01 0001)				

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not v	/rite or sta	aple in this space.
For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
MANISH J	AGD	ISH	PUN	JABI						863	50	3454
		s first name and middle initial	Last	-								security number
PATHELA			VRT	NDA						721	97	2383
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign
919 SOUT	יא פו	EACON STREET										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode	1 1	0	jointly, want \$3
DALLAS						TΣ	ζ	752	23			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code			•
											Y	ou 🗌 Spouse
Filing Status] Single					Head of he	ouseh	old (HOH)			
-		Married filing jointly (even if only o	ne hac	d income)					()			
Check only one box.] Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	ume if the
		alifying person is a child but not you										
D :	A+ or	ny time during 2023, did you: (a) rec										
Digital Assets		ange, or otherwise dispose of a dig	``		, ,			,	,,	()		es 🛛 No
Standard		eone can claim: You as a de		_			a dependent			,110.)		
Deduction	_	Spouse itemizes on a separate retur	•		-							
		Were born before January 2, 1		Are b		ouse		n hofe	ore January	2 1050		s blind
Dependents		•	000		Social security		(3) Relationsh	14	,	,		(see instructions):
•		irst name Last name		(2)	number		to you	ip (Child tax of			or other dependents
lf more than four	(1)						,	<u> </u>				
dependents,												
see instructions	s ——											
and check here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1a		198,690.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see i	nstructior	is)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	uctions)			. 10	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26					. 16	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	3839, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 19	I	
get a Form W-2, see	h	Other earned income (see instruct	ions)							. 1 h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1i					
	z	Add lines 1a through 1h .								. 1z	:	198,690.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b		657.
if required.	3a	Qualified dividends	3a		144.	b C	Ordinary divider	nds .		. 3b		351.
	4a	IRA distributions	4a			bΤ	axable amount	t		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amount	t		. 5b		
 Single or 	6a	Social security benefits	6a			bΤ	axable amount	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lectior	n method,	check here	(see	instructions)					
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	uired	, check here			7		-3,000.
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8		-27,651.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	3. This is y	our total ind	com	e			. 9		169,047.
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incor	ne				. 11		169,047.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)				. 12	2	27,700.
any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13		8.
Standard Deduction,	14	Add lines 12 and 13								. 14		27,708.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our	taxable incom	ie .		. 15	5	141,339.

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	21,700.
Credits	17	Amount from Schedule 2, lir	ne3				[17	
	18	Add lines 16 and 17						18	21,700.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	21,700.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	21,700.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 23	,605.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	38.		
	d	Add lines 25a through 25c						25d	23,643.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No	27			
attach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	23,643.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,943.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆 🛛	35a	1,943.
Direct deposit?	b	Routing number 0 6 3				Checking	Savings		
See instructions.	d	Account number 8 9 8	0995	8 6 8 3	3 1				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24						l	
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						
Designee		structions					omplete be		× No
	De nai	signee's me		Phone no.			onal identific oer (PIN)	ation	
Sign		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	e best	of my knowledge and
-		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS se	nt you an Identity
					-				IN, enter it here
Joint return?					SOFTWARE		(see in	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.					HOUSEWIFE		(see in		
	Ph	one no. (352)871-286	8	Email address	•	BI21@GMAIL.CO)M		
		eparer's name	Preparer's signat			Date Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA	SYAM PRTY	A RAM SAG	GAR GUPTA	04/06/2024	P02082	703	Self-employed
Preparer		m's name GLOBAL TAX		510					678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.ad		n1040 for instructions and the late			BAA	REV 03/07/24 PRO			Form 1040 (2023)
					DAA				()

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 20

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number MANISH JAGDISH PUNJABI & PATHELA VRINDA 863-50-3454 Part 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	-27,699.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
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		
ĥ	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:			
	See Stmt 48.	8z 48.		
9	Total other income. Add lines 8a through 8z		9	48.
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8	<u>.</u> .	10	-27,651.

For Paperwork 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	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074	ł
2023	

Internal	Revenue Service G				041; partnerships must generally file actions and the latest information		Attachment Sequence No. 09		
Name	e of proprietor				Social	security number (SSN)			
MANI	NISH JAGDISH PUNJABI					863-50-3454			
Α	Principal business or profession	on, inclu	ding product or service (se	e instru	uctions)		er code from instructions		
	SOFTWARE SERVICES	<u> </u>				-	5 1 9 2 0 0		
С	Business name. If no separate					D Emp	bloyer ID number (EIN) (see instr.)		
	PUNJABI SOFTWARE S								
E	Business address (including su		·						
F	City, town or post office, state				ou (16)				
г G		✓ Cash			2023? If "No," see instructions for	imit on k	osses . 🗙 Yes 🗌 No		
H									
n I					n(s) 1099? See instructions				
J									
Part							<u> </u>		
1					this income was reported to you of	ר 1			
2	-								
3						-			
4	Cost of goods sold (from line	42) .				. 4			
5	Gross profit. Subtract line 4 f	rom line	3			. 5			
6	Other income, including federa	al and s	tate gasoline or fuel tax cre	dit or r	refund (see instructions)	. 6			
7	Gross income. Add lines 5 ar	nd 6 .				. 7			
Part	II Expenses. Enter expenses.	penses	s for business use of yo	pur ho	ome only on line 30.				
8	Advertising	8		18	Office expense (see instructions)		0.		
9	Car and truck expenses		0 501	19	Pension and profit-sharing plans	. 19			
10	(see instructions) Commissions and fees .	9 10	2,701.	20	Rent or lease (see instructions):	+ 000			
10 11	Contract labor (see instructions)	11		a b	Vehicles, machinery, and equipmen		11,400.		
12	Depletion	12		21	Other business property Repairs and maintenance		11,400.		
13	Depreciation and section 179	12		22	Supplies (not included in Part III)				
	expense deduction (not			23	Taxes and licenses				
	included in Part III) (see instructions)	13		24	Travel and meals:				
14	Employee benefit programs			а	Travel	. 24a	5,000.		
	(other than on line 19) .	14		b	Deductible meals (see instructions) 24b	3,840.		
15	Insurance (other than health)	15		25	Utilities	. 25	4,758.		
16	Interest (see instructions):			26	Wages (less employment credits)	26			
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48) .	. 27 a			
b	Other	16b		b	Energy efficient commercial bldg				
17	Legal and professional services	17			deduction (attach Form 7205) .				
28	• •				8 through 27b		27,699. -27,699.		
29							-27,099.		
30	unless using the simplified me Simplified method filers only	ethod. S	ee instructions.	-	nses elsewhere. Attach Form 882	_			
	and (b) the part of your home				. Use the Simplified				
	Method Worksheet in the instr	ructions	to figure the amount to ent	ter on l	line 30	. 30			
31	Net profit or (loss). Subtract	line 30 f	rom line 29.		١				
	• If a profit, enter on both Sch checked the box on line 1, see	e instruc				31	-27,699.		
	• If a loss, you must go to line)				
32	If you have a loss, check the b	ox that	describes your investment	in this	activity. See instructions.				
	• If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3.	box on l	line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on	32a 32b	 All investment is at risk. Some investment is not at risk. 		
	• If you checked 32b, you must attach Form 6198. Your loss may be limited.						at Hor.		

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

23 Methodý used to vale objekt (see instructions) 33 Methodý used to vale objekt (see instructions) 34 Was there any change in determining quantifies, costs, or valuations between opening and closing inventory? Yes No 36 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 15		e C (Form 1040) 2023			Page 2
value closing inventory: a Cost b Lower of cost of cost or market c Cher (statch explanation) 34 Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes Ne 35 Inventory at beginning of year. If different from test 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 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle is envice for business purposes? (month/day/year) 0B/12/2023 44 Ot the total number of miles you drove your vehicle during 2023, enter the number of miles you wellote for: a a Business 4.,223 b Commuting (see instructions) c Other 2,539 45 Was your vehicle available for personal use ? Im Ves Ne	Part	Cost of Goods Sold (see instructions)			
94 Was there any change in determining quantifies, costs, or valuations between opening and closing inventory? IVes No 95 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35 96 Purchases less cost of items withdrawn for personal use 36 97 Cost of labor. Do not include any amounts paid to yourself. 37 98 Materials and supplies 38 99 Other costs. 38 90 Other costs. 38 91 Inventory at end of year 41 11 Inventory at end of year 41 12 Cost of goods sold. Subtract line 11 from line 40. Enter the result have and on line 4 42 12 Cost of goods sold. Subtract line 11 from line 40. Enter the result there and on line 4 42 12 Inventory at end of year 41 14 Cost of goods sold. Subtract line 11 from line 40. Enter the result there and on line 4 42 13 When did you place your vehicle for business purposes? (month/day/year) 08/12/2023 14 When did you place your vehicle during 202 and the for parsonal use during 01 fully hours? No 14 When did you place your vehicle during 01 ful	33		ach e	(planation)	
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 22 cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 22 cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 23 more required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) 08/12/2023	34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor	ory?	_	🗌 No
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 41 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) 08/12/2023 44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for: a Business 4,123 b Corpus spouse) have another vehicle available for personal use? © R No 46 Do you (or your spouse) have another vehicle available for personal use? © Ves No 47 Do you have evidence to support your deduction? © Ves No 47 Do you (or your spouse) have another vehicle available for personal use? © Ves No b If "Yes," is the evidence written?	35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
38 Materials and supplies 38 39 Other costs. 39 40 Add lines 36 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 41 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/wait) 08/12/2023	36	Purchases less cost of items withdrawn for personal use	36		
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 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 43 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) 09/12/2023	37	Cost of labor. Do not include any amounts paid to yourself	37		
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 43 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) 08/12/2023 44 Of the total number of miles you drove your vehicle during 2023. enter the number of miles you used your vehicle for: a Business 4,123 b Commuting (see instructions) c Other 2,539 45 Was your vehicle available for personal use during off-duty hours? Xi Yes No 46 Do you (or your spouse) have another vehicle available for personal use? Yes No 46 Do you (or your spouse) have another vehicle available for personal use? Yes No 47a Do you have evidence to support your deduction? Yes No 47a Do you have evidence written? Yes No 47a Do you have evidence written? Yes No 47a <td< td=""><td>38</td><td>Materials and supplies</td><td>38</td><td></td><td></td></td<>	38	Materials and supplies	38		
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 28.11.W Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) 08/12/2023	39	Other costs	39		
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 Part V Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) 08/12/2023 44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for: a Business 4,123 b Commuting (see instructions) c Other 2,539 45 Was your vehicle available for personal use during off-duty hours? C Other 2,539 No 46 Do you (or your spouse) have another vehicle available for personal use? C Other 2,8 No 47a Do you have evidence to support your deduction? Yes No b If "Yes," is the evidence written? Yes No Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.	40	Add lines 35 through 39	40		
Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) 08/12/2023 44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for: a Business 4,123 b Commuting (see instructions) c Other 2,539 45 Was your vehicle available for personal use during off-duty hours?	41	Inventory at end of year	41		
are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. When did you place your vehicle in service for business purposes? (month/day/year) <u>08/12/2023</u>					
44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for: a Business 4,123 b Commuting (see instructions) c Other 2,539 45 Was your vehicle available for personal use during off-duty hours? X X Yes No 46 Do you (or your spouse) have another vehicle available for personal use? X Yes X No 47a Do you have evidence to support your deduction? Yes X No b If "Yes," is the evidence written? Yes No Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30. 44 Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.	Part	are not required to file Form 4562 for this business. See the instructions for line			
45 Was your vehicle available for personal use during off-duty hours?			vehicl	e for:	
46 Do you (or your spouse) have another vehicle available for personal use?. . . Yes X No 47a Do you have evidence to support your deduction? . . Yes X No b If "Yes," is the evidence written? . . Yes No Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30. 	а	Business 4,123 b Commuting (see instructions) c	Other		2,539
47a Do you have evidence to support your deduction? Image: Constraint of the support of the sup	45	Was your vehicle available for personal use during off-duty hours?		🗙 Yes	🗌 No
b If "Yes," is the evidence written? Yes No Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.	46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗙 No
	47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
	b	If "Yes," is the evidence written?		🗌 Yes	No
	Part	V Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
48. Total other expanses. Enter here and on line 27a					
48 Total other expenses Enter here and on line 272					
48 Total other expenses Enter here and on line 27a					
48 Total other expenses. Enter here and on line 27a					
48 Total other expenses. Enter here and on line 27a					
48 Total other expenses. Enter here and on line 27a					
48 Total other expenses. Enter here and on line 27a					
48 Total other expenses. Enter here and on line 27a					
	40	Total ather expanses. Enter here and on line 27a	40		

REV 03/07/24 PRO

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.

20**23** Attachment Sequence No. 12

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

MANISH JAGDISH PUNJABI & PATHELA VRINDA

Your social security number 863-50-3454

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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fi Form(s) 8949, Pa line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and 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	16,716.	12,084.			4,632.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	172.	517.			-345.
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		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	4,287.

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

lines	ee instructions for how to figure the amounts to enter on the es below. his form may be easier to complete if you round off cents to (alles price) (or other basis) (or other basis) (alles price) (or other basis) (browned) (br				from	(h) Gain or (loss) Subtract column (e) from column (d) and
	e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum		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	39,059.	123,818.			-84,759.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	174.	636.			-462.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.	0.	1,553.			-1,553.
11	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	. ,	12 13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	Carryover	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	-			15	-86,774.

Part	III Summary	· · · · ·	
16	Combine lines 7 and 15 and enter the result	16 -82,4	<u>187.</u>
	• 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? 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 (3,00	<u>))</u>
	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.		

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Schedule D (Form 1040) 2023

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.

Name(s) shown on return	Social security number or taxpayer identification number
MANISH JAGDISH PUNJABI & PATHELA VRINDA	863-50-3454

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.

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

1 (a) Description of property	(b) (c) Date acquired			(e) Cost or other basis See the Note below	Adjustment, if 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 <i>Column (e)</i> 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	16,716.	12,084.			4,632.
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 above is checked), or line 3 (if Box C above is checked).			16,716.	12,084.			4,632.

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

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2
	Social security number or taxpayer identification num	her

MANISH JAGDISH PUNJABI & PATHELA VRINDA

Social security number or taxpayer identification number 863-50-3454

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) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
Apex Clearing	01/01/22	12/31/23	885.	760.			125.
Robinhood Securities LLC	01/01/22	12/31/23	38,174.	123,058.			-84,884.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			39,059.	123,818.			-84,759.

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.

	0100	
Form	0343	

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.

ivame(s) snown on return	Social security number or taxpayer identification number
MANISH JAGDISH PUNJABI & PATHELA VRINDA	863-50-3454

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.

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.

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

X (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) (c) Date acquired		Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).			
Robinhood Securities LLC	01/01/23	12/31/23	0.	317.			-317.			
Robinhood Crypto LLC	01/01/23	12/31/23	172.	200.			-28.			
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	172.	517.			-345.			

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
	Social security number or taxpayer identification num	her

MANISH JAGDISH PUNJABI & PATHELA VRINDA

Social security number or taxpayer identification number 863-50-3454

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)

- X (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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.			(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
Robinhood Crypto LLC	01/01/22	12/31/23	174.	636.			-462.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		174.	636.			-462.		

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.

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Form 8949 (2023)	Attachment Sequence No. 12A	Page 2
	Social security number or taxpayer identification num	her

MANISH JAGDISH PUNJABI & PATHELA VRINDA

Social security number or taxpayer identification number 863-50-3454

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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/23	0.	1,553.			-1,553.
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 1e 9 (if Box E	0.	1,553.			-1,553.

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.

Form **88899** 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.

2023
Attachment Seguence No. 52

Name(s				f HSA beneficiary.
MAN	SH JAGDISH PUNJABI	both spouses h 863-50		As, see instructions. 54
Befor	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du See instructions	uring 2023.		lf-only 🗵 Family
0	See instructions . HSA contributions you made for 2023 (or those made on your behalf), including those m			
2	unextended due date of your tax return that were for 2023. Do not include employer con			
	contributions through a cafeteria plan, or rollovers. See instructions		2	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			
	family coverage). All others, see the instructions for the amount to enter		3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0
5	Subtract line 4 from line 3. If zero or less, enter -0		5	<u> </u>
	Enter the amount from line 5. But if you and your spouse each have separate HSAs and		5	7,750.
6	coverage under an HDHP at any time during 2023, see the instructions for the amount to en	iter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023 9	1,024.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	1,024.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	6,726.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa	rt II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction	ns.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	n have sepa	rate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a	iny excess		
	contributions (and the earnings on those excess contributions) included on line 14a			
	withdrawn by the due date of your return. See instructions		14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, i amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
h	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on I			
b	are subject to the additional 20% tax. Also, include this amount in the total on Schedu	le 2 (Form		
	1040), Part II, line 17c		17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.			
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu	le 2 (Form		
	1040), Part II, line 17d		21	

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

BAA REV 03/07/24 PRO

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294 20

Attachment

Attach to your tax return.

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

Go to www.irs.gov/Form8995 for instructions and the latest information.

Sequence No. 55 Your taxpayer identification number

863-50-3454

MANISH JAGDISH PUNJABI & PATHELA VRINDA

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				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
3 4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<u> </u>		
+ 5	Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)		5	
0		6 41.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior			
	year	7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero			
	or less, enter -0	8 41.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	8.
10	Qualified business income deduction before the income limitation. Add lines 5 an	1	10	8.
11	Taxable income before qualified business income deduction (see instructions)	11 141,347.		
12	Enter your net capital gain, if any, increased by any qualified dividends	10 1.4.4		
10		12 144. 13 141,203.		
13 14	Subtract line 12 from line 11. If zero or less, enter -0- .	1	14	28,241.
			14	20,241.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	8.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total gualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			<u>)</u>
••	zero, enter -0		17	(0.)
For Pri		/07/24 PRO		Form 8995 (2023)

Form 8959
Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.



863-50-3454

Your social security number

MANI	SH JAGDISH PUNJABI & PATHELA VRINDA		863-	50-34	454
Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	204,212.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	204,212.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5		_	
6	Subtract line 5 from line 4. If zero or less, enter -0			6	0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Part II			7	0.
Part	II Additional Medicare Tax on Self-Employment Income				1
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0	8			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (
_	go to Part III			13	
Part	•) Cor	npensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
	(see instructions)	14		_	
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately	45			
40	Single, Head of household, or Qualifying surviving spouse \$200,000	15		10	
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin			47	
Dart	Enter here and go to Part IV	•		17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), I	ino 11	(Earm 10/0 SS		
10	files, see instructions), and go to Part V			18	0.
Part				10	0.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	2,999.		
20	Enter the amount from line 1	20	204,212.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	2,961.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add				
	withholding on Medicare wages			22	38.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensatio	n fron	n Form W-2, box		
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also incl	ude t	his amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c				
	see instructions)		<u>.</u>	24	38.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		REV 03/07/24 PRO		Form 8959 (2023)

Itemization Statement

Itemization Statement

Additional Information From 2023 Federal Tax Return

Schedule 1: Additional Income and Adjustments to Income

Other Income Continua	tion Statement	
Description	Amount	
Substitute Payment from 1099-Misc	45.	
Other Income from box 3 of 1099-Misc	3.	
Total	48.	

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 20b

Description	Amount
RENTAL EXPENSES	11,400.
Total	11,400.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25

Description	Amount
INTERNET BILL	941.
PHONE BILL	1,126.
ELECTRICITY BILL	781.
WATER BILL	674.
GAS BILL	1,236.
Total	4,758.

1