## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	· · · · · · · · · · · · · · · · · · ·			
Subm	nission Identification Number (SID)			
Taxpay	yer's name	Social securit	y number	
SUN	JAYAN DOLI	061-41-	-2769	
Spouse	e's name	Spouse's soci	al security num	nber
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_  er year you aı	re authorizii	ng.)
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			94,419.
2	Total tax		2	13,034.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	16,145.
4	Amount you want refunded to you		4	3 <b>,</b> 111.
5	Amount you owe		5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy	y of your re	eturn)
return to sen for an Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rey delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the nal identification number (PIN) below is my signature for the income tax return (original or amended) I a onic Funds Withdrawal Consent.	nitter, or electro- jection of the tradicated in the ta- dicated in the ta- ion to debit the te the authoriza- quests must be perocessing of payment. I furti-	nic return origansmission, (bad its designation entry to this a titon. To revolute received no the electronicher acknowled	pinator (ERO)  the reason  ted Financial  software for  ccount. This  ke (cancel) a  later than 2  payment of  dge that the
	ayer's PIN: check one box only			
	▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN	2 7 6	$\frac{9}{\text{as my}}$
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, b n't enter all zero	ut ´
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.			
Your	signature ▶ Date ▶			
Snou	se's PIN: check one box only			
Spou		my DIN		00 1001
L	I authorize to enter or generate to enter or generate		er five digits. b	as my
	signature on the income tax return (original or amended) I am now authorizing.		i't enter all zero	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metibelow.			
Spou	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue belov	v		
Part	Certification and Authentication — Practitioner PIN Method Only			
ERO'	's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 0 8 2 er all zeros	7 1
autho	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in accorda	nce with the
EDQ'	o dignatura N			
EKO,	s signature ► Date ►  ERO Must Retain This Form — See Instructions			
	EKU IVIUST KETAIN THIS FORM — See INSTRUCTIONS			

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

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

£1040		artment of the Treasury—Internal Revenue Serv  S. Individual Income Tax		urn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	vrite or staple in this	space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		parate instruction	
Your first name	e and m	iddle initial	Last na	ame						Your so	ocial security nur	nber
SUNAYAN			DOL	I						061	41 2769	
If joint return, s	spouse's	s first name and middle initial	Last na	ame						Spouse	's social security	numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.	Preside	ential Election Ca	ımpaigr
4966 WA	RRIO	R DR NW									here if you, or yo	
City, town, or p	post offi	ice. If you have a foreign address, also co	mplete :	spaces be	elow.	Sta	ite	ZIP c	ode		if filing jointly, wo this fund. Chec	
SALEM						V	A .	241	53		low will not chan	
Foreign countr	ry name			Foreign p	orovince/state/o	coun	ty	Foreig	n postal code	your ta	x or refund.	Spouse
Filing Status	s 🗵	Single					☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)					☐ Qualifying s	surviv	ing spouse	(QSS)		
	If y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name if the	Э
	qu	ualifying person is a child but not you	ur depe	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	ment for propert	y or	services); or	(b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial intere	est ir	n a digital asset)	? (Se	ee instructio	ns.)	☐ Yes 🗵	No
Standard	Som	neone can claim:   You as a de	pender	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	1					
Age/Blindnes	s You	: Were born before January 2, 1	959 [	Are b	lind <b>Spo</b>	ouse	: Was born	befo	ore January 2	2, 1959	☐ Is blind	
Dependent	s (see	instructions):		(2)	Social security	,	(3) Relationship	(4	) Check the b	ox if qual	ifies for (see instru	uctions)
If more	<b>(1)</b> F	First name Last name			number		to you		Child tax c	redit	Credit for other de	pendents
than four												
dependents, see instruction	ıs ——											
and check	—											
here L												
Income	1a	Total amount from Form(s) W-2, b	,		,							324.
Attach Form(s)		Household employee wages not re	•		. ,							
W-2 here. Also	_	Tip income not reported on line 1a	•		,					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	,	nstru	uctions)			. 10		
1099-R if tax	e	Taxable dependent care benefits t			-					. 16		
was withheld.	t	Employer-provided adoption bene	etits tror	m Form 8	3839, line 29					. 11		
If you did not get a Form	g									. 10		
W-2, see	h :	Other earned income (see instruct	,					 I		.   11	1	0.
instructions.	i -	Nontaxable combat pay election (	see inst	uctions)	)		<u>li</u>				108,3	321
AH! 0 ! 5	<u>Z</u>	Add lines 1a through 1h	 22		· · · ·	 h T	avable interest			. 12		0.
Attach Sch. B if required.	2a	' -	2a 3a				axable interest Ordinary dividen	de		. 2b		
	<u>3a_</u> 4a	· · ·	4a				axable amount					
Standard	5a	_	<del>ч</del> а 5а				axable amount			. 5k		
Deduction for—	6a	_	6a				axable amount			. 6k		
<ul> <li>Single or Married filing</li> </ul>	C	If you elect to use the lump-sum e		method						.   Ji		
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,				-3 (	000.
<ul> <li>Married filing</li> </ul>	8	Additional income from Schedule								. 8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		419.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10		
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		419.
household, \$20,800	12	Standard deduction or itemized	-							. 12		850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct		•		,	 95-A			. 13		<u> </u>
Standard	14									. 14		850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer					tavahla inaama			15		

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	13,034.		
Credits	17	Amount from Schedule 2, lin	ne 3					17			
	18	Add lines 16 and 17						18	13,034.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,034.		
	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 <b>total tax</b>					24	13,034.		
<b>Payments</b>	25	Federal income tax withheld	l from:								
_	а	Form(s) W-2				<b>25a</b> 16	,145.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	16,145.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit									
	30	Reserved for future use .									
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	16,145.		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	3,111.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here		35a	3,111.		
Direct deposit?	b	Routing number 0 3 1				Checking	Savings				
See instructions.	d	Account number 3 8 3	0 1 2 8	8 3 7 !	5 4						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		,	•			_	omplete l	below.	<b>⋈</b> No		
_		esignee's		Phone			onal identi	fication			
		me		no.	. ,		ber (PIN)				
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com									
Here		ur signature		Date	Your occupation				nt you an Identity		
	10	ur signature		Date	Tour occupation		I .		IN, enter it here		
Joint return?					NETWORK EN	GINEER	(see	inst.)			
See instructions.		ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an		
Keep a copy for your records.								tity Proto inst.)	ection PIN, enter it here		
	Ph	one no. (267) 721-602	8	Email address	SUNAYAN22.D	OLI@GMAIL.CO	MC				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/24/2024	P0208	2703	Self-employed		
Preparer	Fir	m's name GLOBAL TA	XES LLC				Phone no. (678) 965-9522				
Use Only	Fir	m's address 245 ROONE	's EIN	84-3171965							

## SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SUNAYAN DOLI

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

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

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

Sequence No. 01

Your social security number
061-41-2769

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-10,905.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
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. Ente			
	1040, 1040-SR, or 1040-NR, line 8		10	-10,905.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	_			
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<b>-</b>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
<b>0</b> -					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

#### **SCHEDULE D** (Form 1040)

## **Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

	tment of the Treasury al Revenue Service Use Form 8949 to list your train al Revenue Service Go to www.irs.gov/ScheduleD for the service Go to which t					Attachment Sequence No. <b>12</b>
	(s) shown on return NAYAN DOLI					ecurity number
	vou dispose of any investment(s) in a qualified opportunity	fund during the ta	ıx year?   Yes		-41-	2709
If "Y	es," attach Form 8949 and see its instructions for additiona	al requirements fo	r reporting your ga	ain or loss.		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets	Held One Year	or Less (se	e ins	structions)
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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949, line 2, colum	from Part 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 <b>Box A</b> checked	689,800.	731,137.	25,6	91.	-15,646.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	30.	22.			8.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	1684, 6781, and 88	B24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an	y, from line 8 of y		Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	through 6 in colu	ımn (h). If you hav	e any long-	7	-15,638.
Pa	t II Long-Term Capital Gains and Losses—Ger	-				I
See	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen	its	(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	from Part II,	from column (d) and
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	22.	62.			-40.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	

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

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -15**,**678. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Form **8949**

## **Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment Sequence No. 12A

Name(s) shown on return
SUNAYAN DOLI

Department of the Treasury

Social security number or taxpayer identification number 0.61 - 41 - 2769

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.

<ul><li>⋈ (A) Short-term transactions</li><li>⋈ (B) Short-term transactions</li><li>⋈ (C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	<del>?</del> )
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	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)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
APEX CLEARING	01/01/23	12/31/23	212.	235.			-23.
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	689,588.	730,902.	W	25,691.	-15,623.
2 Totals. Add the amounts in column negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box.)	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	689.800.	731.137.		25.691.	-15,646.

**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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SIINAYAN DOT.T

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) .

Social security number or taxpayer identification number 061-41-2769

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.

X (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 Fo	rm 1099-B				
1	(a) Description of property	(b) Date acquired	(c) Date sold or		(e) Cost or other basis See the <b>Note</b> below	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)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
APEX	CLEARING	01/01/23	12/31/23	22.	62.			-40.

**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.

-40.

22.

62

## Form **8949**

### **Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

SUNAYAN DOLI

Department of the Treasury

Social security number or taxpayer identification number

061-41-2769

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

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

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

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

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

(C) Short-term transactions	•	` '	•	sis <b>wasii t</b> report	eu to the ir	10	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	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.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	30.	22.			8.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above is checked), or line 3 (if Box	al here and ince e is checked), <b>lir</b>	lude on your ne 2 (if Box B	30	22			8

**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.

#### **SCHEDULE E** (Form 1040)

## **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

SUNA	AYAN DOLI						061-4	1-2769	)	
Par	Income or Loss From Rental Real Estate an	id Roy	alties							
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	C. See	instru	ctions. If you a	re an indi	vidual, rep	oort farm	
Α										_
	Did you make any payments in 2023 that would require you									
	f "Yes," did you or will you file required Form(s) 1099? .							. 🗀 1	es 🗆 NO	_
1a	Physical address of each property (street, city, state, ZIF	P code	)							
Α	NEAR SNEHA SOCIETY, NIZAMABAD TELANGAN	NA IN	50300	2						
В										
С										
1b	Type of Property 2 For each rental real estate property	erty liste	ed .		Fa	ir Rental		nal Use	QJV	
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Da	ays		
Α_	ja personal use days. Check the Quite if you meet the requirements to f			Α		365		0		
В	qualified joint venture. See instru			В						
С				С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descr	ibe)			
						Propertie	es:			_
Incon	ne:	ŀ		Α		В			С	_
3	Rents received	3			50.					_
4	Royalties received	4								_
Expe	nses:	<del>                                     </del>								_
5	Advertising	5								
6	Auto and travel (see instructions)	6								_
7	Cleaning and maintenance	7		1,4	00.					_
8	Commissions	8								_
9	Insurance	9								_
10	Legal and other professional fees	10								_
11	Management fees	11		1.8	50.					_
12	Mortgage interest paid to banks, etc. (see instructions)	12								_
13	Other interest	13								_
14	Repairs	14		2,2	45.					_
15	Supplies	15			95.					_
16	Taxes	16								_
17	Utilities	17		3,3	65.					_
18	Depreciation expense or depletion	18								_
19	Other (list)	19								_
20	Total expenses. Add lines 5 through 19	20		11,5	55.					
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		-10,9	05.			<u></u>		
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22 (	(	10,90	)5 <u>.</u> )	(	)	(		_)
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		650.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	11	,555.			
24	Income. Add positive amounts shown on line 21. Do not	<b>t</b> includ	le any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from lin	e 22. E	nter to	tal losses here	<b>25</b>	(	10,905.	)
26	Total rental real estate and royalty income or (loss).	Combii	ne lines :	24 and	25. E	inter the resu	lt			
	here. If Parts II, III, and IV, and line 40 on page 2 do no						n			
	Schedule 1 (Form 10/10) line 5. Otherwise, include this as	mount	in the tot	al on li	ina /11	on page 2	00		_10 905	

**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 Attachment Sequence No. **858** 

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

Identifying number 061-41-2769

SUNA	AYAN DOLI				061	-41	-2769
Par	t I 2023 Passive Activity Loss	S			•		
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	Il Real Estate Activities With Active Pance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c	olumn (b)) art IV, column (c))	1b ( 1c (	0. 10,905.) 	1d	-10,905.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b ( 2c (	) 	2d	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered on normally used	ct any prior year of this form with you on line 1c or 2c. F	unallowed CRD. S ur return; all losse Report the losses	see instructions. If a sare allowed, income on the forms and	this line is cluding any	3	-10,905.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.					
Part II	on: If your filing status is married filing . Instead, go to line 10.  The special Allowance for Rei Note: Enter all numbers in Par	ntal Real Estate	Activities With	Active Participa	ation	year,	
4	Enter the <b>smaller</b> of the loss on line 1					4	10,905.
5	Enter \$150,000. If married filing separ	-			50,000.		
6 7	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5				44,676.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> e	· · · · · · · · · nter more than \$25				8	22,338.
9	Enter the <b>smaller</b> of line 4 or line 8. If					9	10,905.
Part			, - ,				10,300.
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	ax return				11	10,905.
Part	Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss
NEAI	R SNEHA SOCIETY,	0.	10,905.				10,905.

10,905.

0.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2** 

	-,									. 490 =
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.			
			Currer	nt year		Prior y	ears	Overa	ll ga	ain or loss
	Name of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unal loss (lin		(d) Gain		(e) Loss
	on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	, <b>Line 9.</b> S	ee instrud	ctions.			
	Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(а	) Loss	( <b>b)</b> Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
NEAR SNE	EHA SOCIETY,		E Ln 22		10,905.	1.0000	0000	10,90	5.	0.
Total					10,905.	1.0	0	10,90	5.	0.
Part VII	Allocation of Unallowed L	.oss	ses. See instr					,		ı
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_OSS	(	<b>b)</b> Ratio	(с	) Unallowed loss
Total								1.00		
Part VIII	Allowed Losses. See instr	ucti	ons.							
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	<b>(b)</b> Ur	allowed loss	(	c) Allowed loss
Total										

# 2023 VA760CG Page 1





SUNAYAN

DOLI

4966 WARRIOR DR NW

SALEM	VA 24153

SSN-You DOLI		061412769	Vendor ID	1555	XXX	xxx <b>¬</b>
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	94419.	Withholding (VA) - Yo	ou	19A.	5511.
Additions	2.		Withholding (VA) - Sp	oouse	19B.	
Subtotal	3.	94419.	Estimated Payments		20.	
Age Deduction - You	4A.		2022 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments		22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	C	24.	
Subtractions	7.		Credits - Schedule CF	₹	25.	
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	5511.
Total VA Adj Gross Income (VAGI)	9.	94419.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	853.
Standard Deduction	11.	8000.	Overpayment Credite	d to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.	
Deductions	13.		VAC - Other Contribu	tions	31.	
Subtotal (Deductions & Exemptions	) 14.	8930.	Addition to Tax, Pena	Ity & Interest	32.	
VA Taxable Income	15.	85489.	Sales and Use Tax		33.	
Amount of Tax	16.	4658.	Amount You Owe			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	Card N	1	853.
VAGI - Spouse	17A.				<b>_</b>	02100004
Net Amount of Tax	18.	4658.	Bank Routing #	(	2020120	031202084
L			Bank Account #		3830128	۵ <i>3  </i> ۵4
		LARD	LARDTD _	LTD \$		Page 1 of 2





Filing Status, Age &	License Info	rmation	Additional Filing Information						
Filing Status		1		Locality	161				
Federal Head of Ho	usehold			Uninsured & Authorize DMAS					
DOB - You		04221991		Name or Filing Status Change					
VA Driver's License	ID - You	в69761539		Address Change					
VA Driver's License	- Iss. Date - Yo	ou 07222022		VA Retum Not Filed Last Year					
Spouse Name (Filin	g Status 3 Onl	<b>(</b> )		Dependent on Another's Return					
505.0				Farmer / Fisherman / Merchant Seaman					
DOB - Spouse	ID 0			Amended					
VA Driver's License	·			Reason Code					
VA Driver's License				Overseas on Due Date					
Exemptions (A) You	1	xemptions (B) 65 & Over - You		Federal EIC & Amount					
Spouse		65 & Over - Spouse		Deceased Indicator					
Dependents		Blind - You		Form 760C or 760F					
Total (A)	1	Blind - Spouse		No Sales & Use Tax Due Indicator	Χ				
		Total (B)		Obtain Electronic 1099G					

#### **Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

ID Theft PIN

Signature - You \_\_\_ Date 2677216028 Phone - You Signature - Spouse \_\_\_\_ Date Phone - Spouse Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 022424 6789659522 Phone - Preparer The Tax Department may discuss my/our return with my/our preparer. 7 P02082703 Preparer Information GLOBAL TAXES LLC

File by May 1, 2024

Include Page 1, Page 2 and all supporting 760CG documents. 245 ROONEY CT E BRUNSWICK

NJ 08816

Page 2 of 2

## 2023 Schedule INC/CG

061412769

Report all W-2s, 1099s & VK-1s with VA Withholding

SUNAYAN

DOLI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.		
Г					コ		
061412769	M	5511.	813222921	30813222921F001	108324.		

 Total VA Withholding
 SSN
 VA Withholding

 You
 061412769
 5511.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

# DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

														_					
Your Name B Your Social Secu											l Secui	rity Number							
SUN	AΥ	AN I	OOLI														061-41-2769		
Spo	use	's Nar	ne														A Spouse's S	Social S	Security Number
																	_		_
Par				urn Inf													A Spouse	<u>e                                      </u>	B Yourself
1.			•			,									orm 763, Line	,		$\perp$	94419.
2.	344												94419.						
3.	0340												85489.						
4.	٧	'irginia	Incom	e Tax (F	orm 76	0CG,	Line 18;	760P	Y, Line 1	7, col	lumns A	& B; F	orm 763	3 Lir	ine 18)				4658.
5.	V	Vithhol	ding (F	orm 760	CG, Lii	ne 19a	a & 19b;	760P	Y, Lines	19a &	19b; Fo	orm 76	3, Lines	198	a & 19b)			$\perp$	5511.
6.	Α	mount	you O	we (Forr	n 760C	G, Lir	ne 35; Fo	orm 76	60PY, Lir	ne 35;	Form 7	63, Lin	e 35)						
7.	F	Refund	(Form	760CG,	Line 36	3; 760	PY, Line	36; F	orm 763	, Line	36)								853.
Par	-			tion of															
Retunum filing liable Virgi refur of the sign.	Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																		
Tax	aye	er's e-l	File PI	N: check	one b	ox o	nly		-				,						
X	I	author	ize the	ERO na	med be	elow t	o enter r	ny e-F	ile PIN	1 2	2 7 D		as my enter all	-	-	/ 2023 e-fil	ed Virginia individu	al incon	me tax return.
	_	GLOI	BAL	TAXES	LL	C													
				E:1 D					,000 cı	110			m Namo		. 01	1.011.1	1.76		F1
															Part III below.		only if you are ent		
ļ	_														Date				
Spo	use	's e-Fi	le PIN	: check	one bo	x onl	У		-										
	I	author	ize the	ERO na	med be	elow t	o enter r	ny e-F	File PIN		Do n	not ent	as my er all ze	-		/ 2023 e-fil	ed Virginia individu	al incon	me tax return.
	_										EF	RO Fire	n Name	)					
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.																		
Spouse's Signature Date																			
Part III Certification and Authentication – Practitioner PIN Method Only																			
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.																			
Do not enter all zeros  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.  ERO's Signature Date																			
ERC	, s c	ngnatu	.e												Date		7 47		