# 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

Submission Identification Number (SID)		-		
Taxpayer's name	Social securit	y numb	er	
ARUN KUMAR GAJJELA	655-04-	-5095		
Spouse's name	Spouse's soc	ial secu	rity number	r
UMA DEVI MANTHAPURAM	986-90			
	3 (Enter year you a	re aut	horizing.	)
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 . 1		
1 Adjusted gross income		1		,671.
<ul> <li>Total tax</li></ul>		3		,357.
4 Amount you want refunded to you		4		<u>,470.</u>
5 Amount you owe		5	12	,113.
Part II Taxpayer Declaration and Signature Authorization (Be sure you go		- 1	our retu	rn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in P return (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I author Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or general management of 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 if you are entering your own PIN and your return is filed using the Practitioner Filedow.	amended) I am now aut art I above are the amore, transmitter, or electron for rejection of the trize the U.S. Treasury account indicated in the tall institution to debit the terminate the authorization requests must be red in the processing of I to the payment. I furtended) I am now authorize the now authorized the processing of I to the payment. I furtended I am now authorized the now auth	bhorizing punts from the return t	g, and to the om the incurn original sion, (b) the esignated aration sofo this according or this according to the ectronic parknowledged, if applications and the ectronic parknowledged, if applications and the ectronic parknowledged, if applications are all zeros	ne best of come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 byment of a that the bable, my
- I signature P				
Spouse's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or g     ■    ■    ■    ■    ■    ■    ■	enerate my PIN 0	9 2		as my
signature on the income tax return (original or amended) I am now authorizing.			digits, but all zeros	
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner Fibelow.				
	Date ►			
Practitioner PIN Method Returns Only—continue	e below			
Part III Certification and Authentication — Practitioner PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ente	6 0 er all zei	8 2 7 ros	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. <b>1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. <b>1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Pub.	am submitting this retu	ırn in a	ccordance	
	Date ►			
ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Request				

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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, en	ding		, 20		See sep	arate instructions.
Your first name	and m	niddle initial	Last n	ame					Your soc	cial security number
ARUN KUN	ΛAR		GAIT	JELA					655	04   5095
		s first name and middle initial	Last n							social security numbe
UMA DEVI	Г		MAN	THAPURAM					986	90 9219
		er and street). If you have a P.O. box, see					Apt. no.			ntial Election Campaigr
3758 REI	O VA	LLEY CIRCLE							Check h	ere if you, or your
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP code			f filing jointly, want \$3
CASTLE F	ROCK				CC		80104			this fund. Checking a bw will not change
Foreign country	y name	1		Foreign province/state	/count	ty	Foreign postal co			or refund.
										You Spouse
Filing Status	<b>,</b> [	Single				☐ Head of ho	ousehold (HOF	1)		
Check only	×	Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spou	use (C	JSS)	
	lf y	you checked the MFS box, enter the	name	of your spouse. If yo	ou che	ecked the HOH	or QSS box,	enter	the child	d's name if the
	qι	ualifying person is a child but not you	ır depe	ndent:						
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	s a reward, award, or	r pavr	ment for proper	tv or services)	): or (l	b) sell.	
Assets		nange, or otherwise dispose of a digi	•				•	•	,	☐ Yes 区 No
Standard	Son	neone can claim:	pender	nt Your spous	se as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien	1				
Age/Rlindness	s You	: Were born before January 2, 1	959	Are blind Sp	ouse	· 🗌 Was borr	n before Janua	arv 2	1959	☐ Is blind
Dependents	_	•	000	<u> </u>			(4) Ob 1 - 41			ies for (see instructions):
•		First name Last name		(2) Social securit number	.y	(3) Relationshi to you	Child to			Credit for other dependents
If more than four	<del>``</del>					-				
dependents,								_	$\overline{}$	
see instructions and check	s —							_		
here	]									
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions) .					1a	230,120.
	b	Household employee wages not re	eported	l on Form(s) W-2 .					1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c	
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see	instru	ictions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	Taxable dependent care benefits from Form 2441, line 26						1e	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29	9.				1f	
If you did not	g	Wages from Form 8919, line 6 .							1g	
get a Form W-2, see	h	Other earned income (see instruction	ions)						1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)		<u>li</u>				000 100
	<u>z</u>	Add lines 1a through 1h	. ;						1z	230,120.
Attach Sch. B if required.	2a	'	2a	1.0		axable interest			2b	508.
	3a	· '	3a	18.		ordinary divider			3b	18.
Standard	4a		4a			axable amount			4b	+
Deduction for—	5a		5a			axable amount			5b	
Single or Married filing	6a	,	6a			axable amount		·	6b	
separately, \$13,850	C 7	If you elect to use the lump-sum e		•	`	,			-	-255.
Married filing	7	Capital gain or (loss). Attach Scheol Additional income from Schedule						. ∟	7	-11,720.
jointly or Qualifying	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							8	218,671.
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		•					10	210,0/1.
Head of	11	Subtract line 10 from line 9. This is			 me				11	218,671.
household, [ \$20,800	12	Standard deduction or itemized	-	-					12	28,932.
If you checked any box under	13	Qualified business income deducti		•	,	 5-А			13	20,932.
Standard Deduction,	14								14	28,932.
see instructions.	15	Subtract line 14 from line 11. If zer				tavable incom		•	15	189 739

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		. 16	32,357.
Credits	17	Amount from Schedule 2, lin	ne 3					. 17	
	18	Add lines 16 and 17						. 18	32,357.
	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	32,357.
	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	32,357.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a	44,47	70.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	44,470.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return			. 26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	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, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and re	fundable cre	edits .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	44,470.
Refund	34	If line 33 is more than line 24						. 34	12,113.
	35a	Amount of line 34 you want				•		□ 35a	12,113.
Direct deposit?	b	Routing number 1 0 1				X Checking			
See instructions.	d	Account number 5 1 8							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the <b>amo</b>	ount vou owe					
You Owe	٠.	For details on how to pay, g				8		. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another							
Designee		structions	•			_	<b>es.</b> Compl	ete below.	<b>⋈</b> No
J		signee's		Phone				dentification	
	naı			no.			number (F		
Sign		der penalties of perjury, I declare to ief, they are true, correct, and com							, ,
Here			picto. Decidiation	· · · · ·			1		
	YO	ur signature		Date	Your occupation				ent you an Identity PIN, enter it here
Joint return?					SOFTWARE	DEVELOPI		(see inst.)	,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occup			If the IRS se	nt your spouse an
Keep a copy for	-		_					•	ection PIN, enter it here
your records.					HOME MAKE	ER		(see inst.)	
		one no. (913)548-812		Email address	ARUNGAJJI				
Paid		eparer's name	Preparer's signat			Date	PTI		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	M 02/26/2	024 P02	2082703	Self-employed
Use Only	Fire	m's name GLOBAL TA						Phone no.	(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/24	PRO		Form <b>1040</b> (2023)

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

ARUN KUMAR GAJJELA & UMA DEVI MANTHAPURAM

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

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

rmation.		Sequence No. <b>01</b>
	Your soci	ial security number
	655-04	-5095

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. Atta	ch Schedule E .	5	-11,720.
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			
	,	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 <b>additional income</b> . Enter	here and on Form	_	11 500
	1040, 1040-SR, or 1040-NR, line 8		10	-11,720.

Page **2** 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	e-basis	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	· <u> </u>			
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		_	
Z	Other adjustments. List type and amount:				
<b>0</b> -		24z		0-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/	16/24 PRO	Schedu	ile 1 (Form 1040) 2023

# SCHEDULE A (Form 1040)

**Itemized Deductions** 

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 07

Department of the Treasury Internal Revenue Service

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on	Form	1 1040 or 1040-SR			Yo	ur sc	cial security number
ARUN KUMAI	5-	04-5095					
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see instructions)	1				
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2					
Expenses	3	Multiply line 2 by 7.5% (0.075)	3				
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0				4	
Taxes You	5	State and local taxes.					
Paid	á	State and local income taxes or general sales taxes. You may include					
		either income taxes or general sales taxes on line 5a, but not both. If					
		you elect to include general sales taxes instead of income taxes,					
		check this box	5a	9,83	4.		
	ŀ	State and local real estate taxes (see instructions)	5b	1,13	7.		
		State and local personal property taxes	5с				
	(	d Add lines 5a through 5c	5d	10,97	1.		
	•	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing					
		separately)	5е	10,00	0.		
	6	Other taxes. List type and amount:					
			6				
	7	Add lines 5e and 6				7	10,000.
Interest	8	Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your		instructions and check this box					
mortgage interest deduction may be	á	Home mortgage interest and points reported to you on Form 1098.					
limited. See instructions.		See instructions if limited	8a	18,93	2.		
motraotiono.	ŀ	Home mortgage interest not reported to you on Form 1098. See					
		instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address	8b				
	(	Points not reported to you on Form 1098. See instructions for special					
		rules	8c				
		Reserved for future use	8d				
		Add lines 8a through 8c	8e	18,93	2.		
		Investment interest. Attach Form 4952 if required. See instructions	9				
	10	Add lines 8e and 9				10	18,932.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see					
Charity		instructions	11				
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,					
got a benefit for it,		see instructions. You <b>must</b> attach Form 8283 if over \$500	12				
see instructions.		Carryover from prior year	13				
		Add lines 11 through 13				14	
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other					
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1			ee		
	40	instructions	•			15	
Other	16	Other—from list in instructions. List type and amount:					
Itemized Doductions						40	
Deductions						16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e			on	4-	00.000
Itemized	40	Form 1040 or 1040-SR, line 12				17	28,932.
Deductions	18	If you elect to itemize deductions even though they are less than your					

#### SCHEDULE D (Form 1040)

Department of the Treasury

### **Capital Gains and Losses**

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Internal Revenue Service Name(s) shown on return Your social security number 655-04-5095 ARUN KUMAR GAJJELA & UMA DEVI MANTHAPURAM Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 185. 202. -17. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 -17. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss)

lines below.  This form may be easier to complete if you round off cents to		(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, F	from	Subtract column (e) from column (d) and combine the result
whole dollars.		, , ,	,	line 2, colum	n (g)	with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	846.	1,084.			-238.
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					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	tions, estates, and	trusts from Scheo	dule(s) K-1	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 on the back	_	. ,		15	-238.

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -255.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 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 255.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## 8949

### Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

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.

Name(s) shown on return 655-04-5095 ARUN KUMAR GAJJELA & UMA DEVI MANTHAPURAM 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 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (g). instructions 185. 202. -17.

Robinhood Securities LLC | 01/01/23 | 12/31/23 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 185. 202. above is checked), or line 3 (if Box C above is checked) . -17.

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  $ARUN \quad KUMAR \quad GAJJELA \quad \& \quad UMA \quad DEVI \quad MANTHAPURAM$ 

Social security number or taxpayer identification number 655-04-5095

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.

<ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas				9)	
1 (a) Description of property	(b)	(c) (d) 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. Substitution Substi						
(Example: 100 sh. XYZ Co.)	Date acquired (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 Securities LLC	01/01/22	12/31/23	846.	1,084.			-238.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. above	al here and inc	lude on your						

**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.

above is checked), or line 10 (if Box F above is checked) .

846.

1,084.

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

Department of the Treasury

#### **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.

Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return						,	Your socia	I security	number
ARUN	I KUMAR GAJJELA & UMA :	DEVI MANTHAPURAM						655-04	1-5095	
Part		Rental Real Estate and ess of renting personal proper orm 4835 on page 2, line 40.			<b>C</b> . See	instruc	ctions. If you are	e an indivi	idual, rep	ort farm
Α [	Did you make any payments in 20		to file	Form(s) 1	099? S	See ins	tructions		. Ye	s X No
	f "Yes," did you or will you file re									
1a	Physical address of each prop	. , ,								
				•						
Α_	NARSAPUR MDL COLONY I	MEDAK TELANGANA IN	502	2313						
В										
С						<u> </u>				
1b		ch rental real estate prope				Fa	ir Rental	Persona		QJV
		, report the number of fair in all use days. Check the QJ					Days	Day		
A		neet the requirements to fi			<u>A</u>		365		0	
В		ed joint venture. See instru			В					
_ C	<u> </u>				С					
	of Property:	Vacation/Object Taylor Dayl	L I	C   000		7	Calf Dantal			
		Vacation/Short-Term Rent	ıaı	5 Land		-	Self-Rental	\		
2	Multi-Family Residence 4	Commercial		6 Roya	uties	8	Other (descri	oe)		
							Propertie	s:		
Incom	ne:				Α		В			С
3	Rents received		3		6	88.				
4	Royalties received		4							
Exper	ises:									
5	Advertising		5							
6	Auto and travel (see instruction	s)	6							
7	Cleaning and maintenance		7		1,4	16.				
8	Commissions		8							
9	Insurance		9							
10	Legal and other professional fe	es	10							
11	Management fees		11		1,2	28.				
12	Mortgage interest paid to bank	s, etc. (see instructions)	12							
13	Other interest		13							
14	Repairs		14		1,8	74.				
15	Supplies		15		2,2	36.				
16	Taxes		16							
17	Utilities		17		2,7	45.				
18	Depreciation expense or deplet	tion	18		2,9	09.				
19	Other (list)		19							
20	Total expenses. Add lines 5 thr	ough 19	20		12,4	08.				
21	Subtract line 20 from line 3 (rer									
	result is a (loss), see instruction	•			11 -	_				
	file <b>Form 6198</b>		21	-	-11,7	20.				
22	Deductible rental real estate lo		_	,	aa		,			
	on Form 8582 (see instructions		22	(	11,72			)(		
23a	Total of all amounts reported of					23a		688.		
b	Total of all amounts reported of					23b				
C	Total of all amounts reported of	• •				23c		000		
d	Total of all amounts reported of	• •				23d		909.		
e	Total of all amounts reported o	• •			•	23e	12,	408.		
24	Income. Add positive amounts			-				24		11 700
25	Losses. Add royalty losses from									11,720.
26	Total rental real estate and re									
	here. If Parts II, III, and IV, and Schedule 1 (Form 1040), line 5.									11 720
	ourisdate i (i offit futto), illie o.	. Outlet wise, include tills at	nount	נוופ נט	ai Oii II	110 41	on page 2 .	26		-11,720.