## 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

	5				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
AKH]	IL KUMAR KASALA	805-49	-276	9	
Spouse'	s name	Spouse's soo	ial secu	urity number	
Dort	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r voor vou c	ro ou	thorizina	<u> </u>
Part	whole dollars only on lines 1 through 5.	r year you a	ire au	unonzing.	)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	ا مع	,066.
2	Total tax		2		,717.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,792.
4	Amount you want refunded to you		4		, 192. , 075.
5	Amount you owe		5		,075.
Part		keep a cop		our retu	rn)
my know return ( to send for any Agent t paymer authoriz paymer busines taxes to persona Electron	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by bledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incomplete taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received some confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	ve are the amnitter, or electrication of the tal. S. Treasury a dicated in the talion to debit the ethe authorizates must be processing opayment. I fur	ounts for the counts of the co	from the inc turn original ssion, <b>(b)</b> th designated paration sof to this acco To revoke (in ved no late ectronic pa	come tax tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the
Тахра	yer's PIN: check one box only	9	2	7 6 9	
X	l authorize GLOBAL TAXES LLC to enter or generate	mv PIN └─			as my
	Signature on the income tax return (original or amended) I am now authorizing.			digits, but er all zeros	
	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.				
Your s	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
Сроцо	I authorize to enter or generate	my PIN			as my
	ERO firm name		ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	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 metion below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	/			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0	8 2 7	1
		Don't ent	er all ze	eros	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	nitting this reti	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<u>: 1 U4(</u>	J U.	S. Individual Income Tax	<b>Retur</b>	n   40 <b>2</b>	. <b>5</b>	OMB No. 1545	-0074	IRS Use Or	nly—Do not	write or sta	aple in this space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, <i>1</i>	20	See se	parate	instructions.
Your first name	e and m	iddle initial	Last name						Your se	ocial sec	curity number
AKHIL K	UMAR		KASALA	P					805	49	2769
If joint return, s	spouse's	s first name and middle initial	Last name						Spouse	's social	l security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions	S.			Apt	. no.	Preside	ential Ele	ection Campaign
2700 SW	WAL	LACE WAY					10	8			ou, or your
City, town, or	post offi	ce. If you have a foreign address, also co	mplete spac	ces below.	Sta	te	ZIP cod	е		U	jointly, want \$3
BENTONV	ILLE				AF	₹	7271	2	"		nd. Checking a not change
Foreign countr	y name		Fore	eign province/state/	count/	ty	Foreign	postal cod	1	x or refu	und.
Filing Status	s 🗵	Single				☐ Head of h	ousehol	d (HOH)			<u></u>
Check only		Married filing jointly (even if only o	ne had inco	ome)				, ,			
one box.		Married filing separately (MFS)				☐ Qualifying	survivin	g spous	e (QSS)		
	If y	ou checked the MFS box, enter the	name of y	our spouse. If yo	u che	ecked the HOF	or QSS	box, en	iter the ch	ild's na	me if the
		alifying person is a child but not you									
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as a r	eward, award, or	payr	nent for prope	rty or se	rvices); o	or (b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asset (c	or a financial inter	est ir	n a digital asse	et)? (See	instructi	ons.)	□ Ye	es 🗵 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	☐ Your spous	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you w	ere a dual-status	alien	1					
Age/Blindnes	s You	: Were born before January 2, 1	959 🔲 /	Are blind <b>Sp</b> e	ouse	: Was bor	n before	January	, 2, 1959		s blind
Dependent	s (see	instructions):		(2) Social security	y	(3) Relationsh	nip (4) (	Check the	box if qua	lifies for	(see instructions):
If more		irst name Last name		number		to you		Child tax	credit	Credit fo	or other dependents
than four											
dependents,											
see instruction and check											
here											
Income	1a	Total amount from Form(s) W-2, b	,	,						_	106,886.
Attach Form(s)	b	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			instru	ıctions)			. 10	_	
1099-R if tax	е	Taxable dependent care benefits t							. 10	_	
was withheld.	f	Employer-provided adoption bene	efits from Fo	orm 8839, line 29					. 1	_	
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 19	3	
W-2, see	h	Other earned income (see instruct	•				· ·		. 11	1	0.
instructions.	i	Nontaxable combat pay election (	see instruc	tions)		<u>li</u>					
	<u>z</u>	Add lines 1a through 1h							. 12	_	106,886.
Attach Sch. B	<b>2</b> a	· —	2a	1.0.0		axable interest			. 21	_	1.
if required.	<u>3a</u> _	_	3a	100.		ordinary divide				י	100.
Standard	4a	_	4a			axable amoun				י	
Deduction for—	5a	<del>-</del>	5a			axable amoun				י	
Single or	6a	Social security benefits	6a		b T	axable amoun	t		. 61	ו	
Married filing separately,	С	If you elect to use the lump-sum e		*	•	,					
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if re	quired. If not requ	uired	, check here					234.
jointly or	8	Additional income from Schedule							. 8		-14,155.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-	come	e			. 9		93,066.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, line	26					. 10	)	
household,	11	Subtract line 10 from line 9. This is	-						. 1		93,066.
\$20,800 If you checked	12	Standard deduction or itemized							. 12		13 <b>,</b> 850.
any box under Standard	13	Qualified business income deduct	ion from Fo	orm 8995 or Form	า 899	5-A			. 1	3	
Deduction,	14									_	13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loop	ontor O This is a		tavabla inaam			41	= 1	79 216

Form 1040 (2023	3)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	12,717.
Credits	17	Amount from Schedule 2, lir							17	
	18	Add lines 16 and 17							18	12,717.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	12,717.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	12,717.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	15,	776.		
	b	Form(s) 1099				25b		16.		
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c				<del></del>			25d	15 <b>,</b> 792.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	·		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30			1	
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31				ndable c	redits		32	
	33	Add lines 25d, 26, and 32. T							33	15,792.
Refund	34	If line 33 is more than line 24		34	3,075.					
neiuna	35a	Amount of line 34 you want	35a	3,075.						
Direct deposit?	b	Routing number 0 2 1								
See instructions.	d	Account number 3 8 1	0 4 5 9	8 5 1 5	5   5					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	I. This is the <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, g							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See				
Designee	ins	structions					Yes. Co	nplete b	elow.	<b>⋉</b> No
		signee's me		Phone no.			Persor numbe	nal identif	ication	
Ciarra		der penalties of perjury, I declare t	hat I have evamine		accompanying sche	dules and s			na hast	of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	IRS se	nt vou an Identity
		<del>g</del>								IN, enter it here
Joint return?					SOFTWARE E	INGINE	ΞR	(see i	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupation	on				nt your spouse an ection PIN, enter it here
your records.								(see i	,	ection File, enter it here
	———Ph	one no. (217) 550-141	A A CMA			· ·				
		eparer's name	Preparer's signat	Email address cure	AKHILKASAI	Date		PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	1 '					202082	2703	Self-employed
Preparer										(678) 965-9522
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							84-3171965	
		Irm's address 245 ROUNET CT E BRUNSWICK NO U8816 Firm's								<u> </u>

## 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

AKHIL KUMAR KASALA

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.

Your social security number 805-49-2769

Par	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	-14,155.
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		
- 1	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 <b>additional income</b> . Ente		40	1 / 1 = =
	1040, 1040-SR, or 1040-NR, line 8		10	-14,155.

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

Par	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				
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	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

#### 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** 

Name(s) shown on return

AKHIL KUMAR KASALA

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.

#### Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. 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. line 2, column (g) 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 Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 3,883. 3,787. 100. 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 . . . . . . . . . 100. 7

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustmento gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	Form(s) 8949, F	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	1.	2.			-1.
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	947.	812.			135.
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 <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 88 on the back		15	134.		

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 234. • 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? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X 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), 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.

### 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 Name(s) shown on return

Social security number or taxpayer identification number

805-49-2769

AKHIL KUMAR KASALA

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) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss

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 See the sep	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).	
FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	3,883.	3,787.	W	4.	100.	
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) 3,883. 3,787. 4.								

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 number 805-49-2769

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.

<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				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> 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). 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 SECURITIES LLC	01/01/23	12/31/23	1.	2.			-1.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (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) .

1.

2.

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  $AKHIL \ KUMAR \ KASALA$ 

Social security number or taxpayer identification number 805-49-2769

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.

	(D)	Long	ı-term	transac	tions i	reported	on For	m(s)	1099-E	3 showing	basis	was re	eported t	o the I	RS (	see	Note	above
_	<b>\-</b> /	-0	,					••••			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		– ,			

- (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

(i) Long-term transactions	not reported	to you on i c	1111 1099-D				
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	Adjustment, in 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 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).
FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	947.	812.			135.
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 D above is checked).	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	947.	812.			135.

**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.

#### **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.

Your social security number

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

OMB No. 1545-0074

AKHI	L KUMAR KASALA						805-	-49-276	9		
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Ro	yalties Schedule	<b>C</b> . See	instru	ctions. If you a	ıre an ir	ndividual, re	port farm		
	Did you make any payments in 2023 that would require you										
B	f "Yes," did you or will you file required Form(s) 1099? .							🗌 Y	es 🗌 No		
1a	Physical address of each property (street, city, state, ZIF	od cod	e)								
Α	HOUSE NO: 233, ROAD NO: 14 PATANCHERU	TEL	ANGANA	IN	5023	19				_	
В										_	
С										_	
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	rental	and	Fair Rer Days				onal Use Days	(.).IV		
Α	personal use days. Check the Q			Α		365		0			
В	if you meet the requirements to f qualified joint venture. See instru	ile as	a	В							
С	qualified joint venture. See institu		J.	С							
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desci	ribe)				
						Properti	es:				
Incon	ne:			Α		В			С		
3	Rents received	3		6	42.						
4	Royalties received	4									
Exper											
5	Advertising	5									
6	Auto and travel (see instructions)	6								_	
7	Cleaning and maintenance	7		2,6	91.					_	
8	Commissions	8								_	
9	Insurance	9								_	
10	Legal and other professional fees	10		0 0	7.0					_	
11	Management fees	11		2,0	78.					_	
12	Mortgage interest paid to banks, etc. (see instructions)	12								_	
13	Other interest	13		2 0	1 5					_	
14 15	Repairs	15			15. 92.					_	
16	Supplies	16		Z, 1	92.					_	
17	Utilities	17		2 - 0	74.					_	
18	Depreciation expense or depletion	18			47.					_	
19		19		2,0	<u> </u>					_	
20	Other (list)  Total expenses. Add lines 5 through 19	20		14,7	97.					_	
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										
00	file Form 6198	21	_	-14,1	٠,٠					_	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(	14,15		(	6.4.0	)(		)	
23a	Total of all amounts reported on line 3 for all rental prope				23a		642	•			
b	Total of all amounts reported on line 4 for all royalty prop				23b						
C	Total of all amounts reported on line 12 for all properties				23c	^	017				
d					23d		797				
e 24	Total of all amounts reported on line 20 for all properties				23e	14	,797				
24 25	Income. Add positive amounts shown on line 21. <b>Do not</b> Losses. Add royalty losses from line 21 and rental real estate		•		 ntorto	tal losses her	. <b>2</b> 4	_	14,155.	_	
								<b>5</b> (	14,100.		
26	Total rental real estate and royalty income or (loss). Ohere. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this are	t app	ly to you,	also e	nter tl	his amount c		6	-14,155		
	- Concodute i ti onin retoj, ilite o. Otrici wise, liiciuud tilis di	. IOUIT	נווו נווט נטנ	.aı UII II	1 + U	JII Paye 2	.   2	U	$\perp \rightarrow I$		

### **Health Savings Accounts (HSAs)**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52** 

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

AKHIL KUMAR KASALA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

805-49-2769

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	⊠ Se	lf-only ☐ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, 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 <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3 <b>,</b> 850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	3,716.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	134.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
Dout	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4
Part	a separate Part II for each spouse.		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 any excess contributions (and the earnings on those excess contributions) included on line 14a that were 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	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a			
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have septomplete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	