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 | ission Identification Number (SID) | | | |
|--|---|--|---|--|
| Taxpay | er's name | Social security | y number | |
| NAG | A SANDEEP KUMAR NUTHI | 062-04- | -6686 | |
| Spouse | al security nu | mber | | |
| Par | Tax Return Information — Tax Year Ending December 31, 2023 (Enter | year you ar | e authoriz | ing.) |
| Enter | whole dollars only on lines 1 through 5. | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | |
| 1 | Adjusted gross income | | 1 | 88,646. |
| 2 | Total tax | | 2 | 11,758. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 16,989. |
| 4 | Amount you want refunded to you | | 4 | 5 , 231. |
| 5 | Amount you owe | | 5 | |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get and k | eep a copy | of your r | eturn) |
| return to send for any Agent payme author payme busine taxes persor | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (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 reject of 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 indice that of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests 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 particular information in the second confidential information is my signature for the income tax return (original or amended) I amonic Funds Withdrawal Consent. | tter, or electro ction of the tra S. Treasury ar cated in the ta n to debit the the authoriza ests must be processing of ayment. I furtl | nic return ori ansmission, (ad its designa x preparation entry to this ition. To revo received no the electroni ner acknowle | ginator (ERO) (b) the reason ated Financial n software for account. This bke (cancel) a later than 2 ic payment of edge that the |
| Тахра | ayer's PIN: check one box only | | | |
| | | Ent | 6 6 8 er five digits, l | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | od. The ERO | must com | plete Part III |
| Your | signature ► Date ► | 02/2 | 0/200 | 14 |
| Spou | se's PIN: check one box only | | | \neg |
| | I authorize to enter or generate r ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ent don | er five digits, I | ros |
| L | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | |
| Spous | se's signature ▶ Date ▶ | | | |
| | Practitioner PIN Method Returns Only—continue below | | | |
| Part | III Certification and Authentication — Practitioner PIN Method Only | | | |
| ERO's | s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 | 2 4 9 6 Don't ente | 6 0 8 2 | 2 7 1 |
| author | y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In | tting this retu | rn in accorda | ance with the |
| FRO' | 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



| 1040 | | artment of the Treasury-Internal Revenue Serv S. Individual Income Tax | | urn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use | Only- | -Do not w | rite or sta | aple in this space. |
|------------------------------|---|---|---|------------|-----------------|--------|-----------------|--------------------------------|---------------------|----------|------------|-------------|----------------------------------|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ding | | | , 20 | | See se | parate | instructions. |
| Your first name | e and m | iddle initial | Last na | me | | | | | | | Your so | cial sec | curity number |
| NAGA SANDEEP KUMAR NUTH | | | | I | | | | | | | 062 | 04 | 6686 |
| If joint return, s | pouse's | s first name and middle initial | Last na | me | | | | | | | Spouse' | s social | l security number |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | | A | Apt. no. | | Preside | ntial Ele | ection Campaign |
| _5520 SO | MERS | ET DRIVE | | | | | | 3 | 306 | | | | ou, or your |
| City, town, or p | oost offi | ce. If you have a foreign address, also co | omplete s | paces bel | ow. | Sta | te | ZIP c | ode | | | U | jointly, want \$3 nd. Checking a |
| THE COL | YNC | | | | | TX | ζ | 750 | 56 | | _ | | not change |
| Foreign countr | y name | | F | oreign pr | rovince/state/ | count | ty | Foreig | n postal c | ode | your tax | or refu | |
| Filing Status | s 🗵 | Single | | | | | Head of h | ouseh | old (HOI | ∃) | | | |
| Check only | | Married filing jointly (even if only o | ne had i | ncome) | | | _ | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying | surviv | ing spo | use (0 | QSS) | | |
| | If y | you checked the MFS box, enter the | name o | of your sp | oouse. If you | u che | ecked the HOF | or Q | SS box, | enter | the chi | ld's na | me if the |
| | qu | alifying person is a child but not you | ır depen | ident: | | | | | | | | | |
| Digital | At a | ny time during 2023, did you: (a) rec | eive (as | a reward | d, award, or | payn | nent for prope | rty or | services |); or (| b) sell, | | |
| Assets | | nange, or otherwise dispose of a dig | | | | | | | | | | □ Ye | es 🗵 No |
| Standard | Som | neone can claim: You as a de | pendent | t 🗌 | Your spous | e as | a dependent | | | | | | |
| Deduction | <u></u> ; | Spouse itemizes on a separate retur | n or you | were a | dual-status | alien | | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 | Are bl | ind Sp o | ouse | : Was bor | n befo | ore Janua | arv 2. | 1959 | | s blind |
| Dependent | s (see | instructions): | | (2) 5 | Social security | , | (3) Relationsh | (3) Relationship (4) Check the | | | x if quali | fies for | (see instructions): |
| If more | (1) First name Last name number to you Child tax cr | | | | | ax cre | edit | Credit fo | or other dependents | | | | |
| than four | | | | | | | | | | | | | |
| dependents, | _ | | | | | | | | | | | | |
| see instruction and check | s — | | | | | | | | | | | | |
| here | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instruc | tions) . | | | | | | 1a | | 105,834. |
| Attach Form(s) | b | Household employee wages not re | eported | on Form | (s) W-2 . | | | | | | 1b | | |
| W-2 here. Also | С | Tip income not reported on line 1a | | | , | | | | | | 1c | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | | nstru | ictions) | | | | 1d | | |
| 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | 1e | | | | | |
| was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | 1f | | | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | | 1g | | |
| get a Form W-2, see | h | Other earned income (see instruct | , | | | | | | | | 1h | | 0. |
| instructions. | i | Nontaxable combat pay election (| see instr | ructions) | | | <u>li</u> | | | | | | |
| | <u>z</u> | Add lines 1a through 1h | | | | | | | | | 1z | | 105,834. |
| Attach Sch. B | 2a | · – | 2a | | | | axable interes | | | | 2b | | |
| if required. | <u>3a</u> _ | _ | 3a | | | | ordinary divide | | | | 3b | | |
| Standard | 4a | - | 4a | | | | axable amoun | | | | 4b | | |
| Deduction for— | 5a | | 5a | | | | axable amoun | | | | 5b | | |
| Single or Married filing | 6a | , | 6a | | | | axable amoun | t | | ٠ ـ | 6b | | |
| separately, | C | If you elect to use the lump-sum e | | | | • | , | | | | | | 2 222 |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | | | | | | | . L | 7 | | -3,000. |
| jointly or Qualifying | 8 | | itional income from Schedule 1, line 10 | | | | | 8 | | -14,188. | | | |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | - | | | | | | | 9 | | 88,646. |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | | | 10 | | 00.646 |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | | | | | | | | | 11 | | 88,646. |
| If you checked | 12 | Standard deduction or itemized | | | | | | | | | 12 | | 13,850. |
| any box under Standard | 13 | Qualified business income deduct | | | | | | | | | 13 | | 12 050 |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 13,850. | |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|---|---|--|-------------------------|----------------------|-------------------|------------------------|---|-----------|---------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 11,758. |
| Credits | 17 | Amount from Schedule 2, lin | ne 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 11,758. |
| | 19 | Child tax credit or credit for | other dependent | 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 | B. If zero or less, | enter -0 | | | | 22 | 11,758. |
| | 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 total tax | | | | | 24 | 11,758. |
| Payments | 25 | Federal income tax withheld | from: | | | | | | |
| | а | Form(s) W-2 | | | | 25a 16 | 5,989. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 16,989. |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 | 022 return | | | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | No . | 27 | | | |
| attaci i den. Eld. | 28 | Additional child tax credit fro | m Schedule 8812 | 2 | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | 32 | | | | | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 16,989. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 5,231. |
| | 35a | Amount of line 34 you want | 35a | 5,231. | | | | | |
| Direct deposit? | b | Routing number 1 0 1 | | | | | | | |
| See instructions. | d | Account number 5 1 8 | 0 0 9 9 | 7 7 7 7 | 3 6 | | | | |
| | 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 i | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | |
| Designee | ins | structions | | | | 🗌 Yes. C | omplete | below. | ⋉ No |
| | | | | | | | onal ident | ification | |
| <u>C:</u> | | der penalties of perjury, I declare t | hat I have evamine | | accompanying sche | | (/ | the heet | of my knowledge and |
| Sign | | lief, they are true, correct, and com | | | | | | | |
| Here | Yo | ur signature | | Date Your occupation | | | | e IRS se | nt you an Identity |
| | | , our orginalare | | | . sar sesapanen | | | | IN, enter it here |
| Joint return? | | | | SOFTWARE ENGINEER | | | inst.) | | |
| See instructions. Keep a copy for your records. | Spouse's signature. If a joint return, both must sign. | | Date | | | | nt your spouse an ection PIN, enter it here | | |
| | Ph | one no. (316) 409-160 | 0 | Email address | NSKUMAR903 | 22@GMAIL.C | 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 | 02/20/2024 | P0208 | 2703 | Self-employed |
| Preparer Use Only | Fir | m's name GLOBAL TA | XES LLC | | | | Pho | ne no. (| (678) 965-9522 |
| ———— | | | | | | | Firm | ı's EIN | 84-3171965 |
| | | | | | | | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. **01**

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NAGA SANDEEP KUMAR NUTHI 062-04-6686 ^ dditid

| 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. Atta | ach Schedule E . | 5 | -14,188. |
| 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 . Enter | here and on Form | | 1 4 1 0 0 |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -14,188. |

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-basis governr | nent | | |
| | 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 | | 9a | |
| 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) | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | | |
| d | Reforestation amortization and expenses | - | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | | |
| _ | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | | | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | | | |
| Z | Other adjustments. List type and amount: | | | |
| | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and | | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | : | 26 | |

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**

| Interna | l Revenue Service | Go to www.irs.gov/ScheduleD fo | or instructions and | the latest informat | ion. | - ' | Sequence No. 12 |
|--|---|--|---------------------|---------------------|--------------------------------|----------|--|
| | s) shown on return GA SANDEEP F | KUMAR NUTHI | | | | | ecurity number |
| - | • | y investment(s) in a qualified opportunity | _ | - | | | |
| If "Ye | es," attach Form | 8949 and see its instructions for additiona | al requirements for | r reporting your ga | in or loss. | | |
| Par | t I Short-T | erm Capital Gains and Losses—Ge | nerally Assets I | Held One Year | or Less (s | e ins | tructions) |
| See instructions for how to figure the amounts to enter on the lines below. (d) (e) Adjustments to gain or loss from more the content of the | | | | | | | (h) Gain or (loss) Subtract column (e) from column (d) and |
| This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8 | | | | | Form(s) 8949 line 2, colun | | combine the result with column (g) |
| | 1099-B for which which you have However, if you | ort-term transactions reported on Form h basis was reported to the IRS and for re no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 1b. | | | | | |
| | Totals for all tran | nsactions reported on Form(s) 8949 with | | | | | |
| | Totals for all trar Box B checked | nsactions reported on Form(s) 8949 with | | | | | |
| | Totals for all tran | nsactions reported on Form(s) 8949 with | | | | | |
| 4 | Short-term gain | from Form 6252 and short-term gain or (le | oss) from Forms 4 | 684, 6781, and 88 | 24 | 4 | |
| | | gain or (loss) from partnerships, s | • | | usts from | 5 | |
| | Worksheet in th | | | | | 6 | (8,111. |
| | | capital gain or (loss). Combine lines 1a ns or losses, go to Part II below. Otherwise | | | | 7 | -8,111. |
| Par | t II Long-Te | erm Capital Gains and Losses—Ger | nerally Assets F | leld More Than | One Year | (see | instructions) |
| lines | See instructions for how to figure the amounts to enter on the lines below. (d) (e) Adjustment to gain or loss | | | | | | (h) Gain or (loss) Subtract column (e) from column (d) and |
| This t | form may be eas e dollars. | ier to complete if you round off cents to | (sales price) | (or other basis) | Form(s) 8949, line 2, colun | Part II, | combine the result with column (g) |
| | 1099-B for which which you have However, if you | ng-term transactions reported on Form h basis was reported to the IRS and for re no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 8b. | | | | | |
| | Totals for all trar | nsactions reported on Form(s) 8949 with | | | | | |
| | Box E checked | nsactions reported on Form(s) 8949 with | | | | | |
| 10 | Totals for all trar Box F checked. | nsactions reported on Form(s) 8949 with | | | | | |
| | from Forms 468 | 4797, Part I; long-term gain from Forms 4, 6781, and 8824 | | | | 11 | |
| | | ain or (loss) from partnerships, S corporat | | | | 12 | |
| | | ributions. See the instructions | | | | 13 | |
| | Worksheet in th | | | | | 14 | (|
| 15 | Net long-term | capital gain or (loss). Combine lines 8a | through 14 in co | Jumn (h) Then a | to Part III | | |

on the back.

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -8,111. • 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.

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, Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 062-04-6686 NAGA SANDEEP KUMAR NUTHI Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 5-47, APPAPURAM KAKUMANU, GUNTUR ANDHRA PRADESH IN 522112 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 654. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,689. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,230. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,796. 14 Repairs 2,134. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,358. 18 2,635. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 14,842. 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 -14,188. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,188.) 654. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 2,635. 23d Total of all amounts reported on line 18 for all properties 23e 14,842. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,188. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

-14,188.