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

| Submi | ssion Identification Number (SID) | | | |
|---|--|--|--|--|
| Taxpaye | er's name | Social securit | y number | |
| VIN | YAS A MAIYA | 054-31- | -7122 | |
| Spouse' | s name | Spouse's soc | al security nu | mber |
| POOG | JA RAMESH | 978-92 | -3327 | |
| Part | Tax Return Information — Tax Year Ending December 31, 2023 (| Enter year you a | re authoriz | ing.) |
| Enter v | 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 | 86,039. |
| 2 | Total tax | | 2 | 6,559. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 13,563. |
| 4 | Amount you want refunded to you | | 4 | 7,004. |
| 5 | Amount you owe | | 5 | |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get | and keep a cop | of your r | eturn) |
| return (to send for any Agent t paymen authoriz paymen busines taxes t persona | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part original or amended) I am now authorizing. I consent to allow my intermediate service provider, the my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial inzation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tend, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations adays prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amendance Funds Withdrawal Consent. | transmitter, or electrofor rejection of the transmitter, and the U.S. Treasury are untindicated in the talestitution to debit the reminate the authorization requests must be in the processing of the payment. I furt | nic return or ansmission, and its designate ex preparation entry to this tion. To revolution. To received no the electron her acknowle | iginator (ERO) (b) the reason ated Financial n software for account. This oble (cancel) a b later than 2 ic payment of edge that the |
| | yer's PIN: check one box only | | | |
| X | | erate my PIN | 7 1 2 | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ⊑nu | er five digits, n't enter all ze | but |
| | I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | | |
| Your s | ignature ▶ Dat | e► | | |
| 0 | ada BINI ahaabaaa haaraha | | | |
| · – | se's PIN: check one box only | . 511 | | 7 |
| X | I authorize GLOBAL TAXES LLC to enter or gen ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ent | 3 3 2 er five digits, i't enter all ze | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | | |
| Spous | e's signature ► Dat | e ▶ | | |
| | Practitioner PIN Method Returns Only—continue b | elow | | |
| Part | Certification and Authentication — Practitioner PIN Method Only | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | 6 0 8 2 er all zeros | 2 7 1 |
| authori | withat the above numeric entry is my PIN, which is my signature for the electronic individual inc zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provide | submitting this retu | rn in accord | ance with the |
| ERO's | signature ▶ Dat | e ▶ | | |
| | ERO Must Retain This Form — See Instructio | ns | | |

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 Servi | | urn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use | Only- | -Do not w | rite or sta | ıple in thi | is space. |
|---|----------------------|--|--|-------------|-----------------|--------|-----------------------------------|----------|--------------|-------------|------------|-------------|-------------|------------------|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | | See ser | oarate i | nstruc | tions. |
| Your first name | and m | iddle initial | Last nar | me | | | | | | | Your so | cial sec | urity n | umber |
| VINYAS A | Α | | MAIY | A | | | | | | | 054 | 31 | 712 | 2 |
| | | s first name and middle initial | Last nar | | | | | | | | | | | ty number |
| POOJA | | | RAME | SH | | | | | | | 978 | 92 | 332 | 7 |
| | (numbe | er and street). If you have a P.O. box, see | | | | | | A | Apt. no. | | | | | Campaign |
| 2001 FA | LLS : | BLVD | | | | | | 2 | 215 | | Check h | nere if y | ou, or y | your |
| | | ice. If you have a foreign address, also co | mplete sp | paces bel | low. | Sta | te | ZIP c | ode | | • | ٠. | | want \$3 |
| QUINCY | | | | | | MA | A | 021 | 69 | | box belo | | | ecking a ange |
| Foreign countr | y name | | F | oreign pr | rovince/state/ | count | ty | Foreig | ın postal c | | your tax | | nd | Spouse |
| Filing Status | . [| Single | | | | | ☐ Head of h | ouseh | old (HOF | - 1) | | | | |
| _ | , <u> </u> | | ne had iı | ncome) | | | | oucon | 0.0 (1.01 | ., | | | | |
| Check only one box. | | Married filing separately (MFS) | | , | | | ☐ Qualifying | surviv | ina spoi | use (C | QSS) | | | |
| If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter | | | | | | | | | ` | , | ld's naı | me if th | he | |
| | | ialifying person is a child but not you | | | | | | | | | | | | |
| 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 | exch | nange, or otherwise dispose of a dig | ital asse | t (or a fir | nancial inter | est ir | n a digital asse | et)? (Se | ee instru | ction | s.) | | s 🗵 | ⊴ No |
| Standard | Som | neone can claim: 🔲 You as a de | pendent | t 🗌 | Your spouse | e as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a | dual-status | alien | l | | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 | Are bl | ind Sp o | ouse | : Was bor | rn befo | ore Janua | ary 2, | 1959 | ☐ Is | s blind | |
| Dependent | s (see | instructions): | | (2) 5 | Social security | , | (3) Relationsh | nip (4 |) Check t | he bo | x if quali | fies for (| see inst | tructions): |
| If more | | (1) First name Last name | | number | | | to you | | Child tax cr | | edit | Credit fo | r other d | dependents |
| than four | | | | | | | | | | | | | | |
| dependents, see instruction | | | | | | | | | | | | | | |
| and check | - — | | | | | | | | | | | | | |
| here L | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | • | | , | | | | | | 1a | | 101, | ,341. |
| Attach Form(s) | b | Household employee wages not re | • | | ` ' | | | | | | 1b | | | |
| W-2 here. Also | C | 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 | e | Taxable dependent care benefits f | | | | | | | | | 1e | | | |
| was withheld. | f | | ided adoption benefits from Form 8839, line 29 | | | | | | | 1f | _ | | | |
| If you did not get a Form | g | Wages from Form 8919, line 6 . | | | | | | 1g | | | | | | |
| W-2, see | h : | Other earned income (see instruct | , | | | | | i. | | | 1h | | | 0. |
| instructions. | i _ | Nontaxable combat pay election (s | see instr | uctions) | | | <u>1i</u> | | | | | | 101 | ,341. |
| Attack Oct D | | Add lines 1a through 1h | 22 | | · · i | ЬТ | axable interes | | | | 1z 2b | | <u> </u> | 24. |
| Attach Sch. B if required. | 2a 3a | · — | 2a 3a | | | | axable interes Irdinary divide | | | | 3b | | | |
| · | <u></u> | | sa 4a | | | | axable amoun | | | | 4b | | | |
| Standard | 4 а 5а | | 4 а 5а | | | | axable amoun | | | | 5b | | | |
| Deduction for— Single or | 6a | | 6a | | | | axable amoun | | | | 6b | | | |
| Married filing | C | If you elect to use the lump-sum e | | nethod | check here | | | | | . r | 1 | | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Sche | | - | | • | , | | | | 7 | | -3 | ,000. |
| Married filing jointly or | 8 | Additional income from Schedule | | • | • | | | | | . – | 8 | | | ,326. |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | - | | | | | | | | 9 | | | ,039. |
| surviving spouse, \$27,700 | 10 | Adjustments to income from Sche | • | | | | | | 10 | | | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | | | | 11 | | 86 | ,039. |
| \$20,800 | 12 | Standard deduction or itemized | - | - | _ | | | | | | 12 | | | ,700. |
| If you checked any box under | 13 | Qualified business income deduct | | | | - | | | | | 13 | | | |
| Standard Deduction, | 14 | | | | | | | | | | 14 | | 27. | ,700. |
| see instructions. | 15 | Subtract line 1/1 from line 11. If zer | | | | | | | | | 15 | | | 330 |

| Form 1040 (202) | 3) | | | | | | | | Page 2 | |
|---------------------------------------|--|---|-------------------------|--------------------|---------------------|--------------------------|---------------------------|---|-------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | ı(s): 1 881 | 4 2 🗌 4972 | з 🗌 | | 16 | 6,559. | |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 6,559. | |
| | 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 | 22 | 6,559. | | | | | | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 6,559. | |
| Payments | 25 | Federal income tax withheld | from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 13 | 3,563 | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 13,563. | |
| 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) | | | | 27 | | | | |
| allach Sch. ElC. | 28 | Additional child tax credit from Schedule 8812 | | | | | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 . . | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lir | | | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | ndable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 13,563. | |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amoun | t you overpaid | | 34 | 7,004. | |
| | 35a | Amount of line 34 you want | refunded to you | ı. If Form 8888 | is attached, chec | k here | . 🗆 | 35a | 7,004. | |
| Direct deposit? | b | Routing number 0 1 1 | 3 | | | | | | | |
| See instructions. | d | Account number 0 0 4 | | | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | _ | - | | 38 | | | | |
| Third Party | | you want to allow another | | | | | | | | |
| Designee | | • | • | | | _ | omplete | e below. | ⋈ No | |
| J | | signee's | | Phone | | | identification | | | |
| | | name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to | | | | | | | | |
| Sign | | ider penalties of perjury, I declare the files, they are true, correct, and com | | | | | | | , , | |
| Here | | • | protor Bookaration | | Your occupation | | 1 | | , , | |
| | YC | Your signature | | Date | | | | nt you an Identity IN, enter it here | | |
| Joint return? | | | | SOFTWARE ENGINEER | | | | (see inst.) | | |
| See instructions. | Sp | ouse's signature. If a joint return, I | both must sign. | Date | Spouse's occupation | on | | | nt your spouse an | |
| Keep a copy for your records. | | | | | HOME MAKER | entity Prote e inst.) | ection PIN, enter it here | | | |
| | Phone no. (857)498-9700 Email address VINYAS18@GMAIL.COM | | | | | | | | | |
| Doid | Pre | eparer's name | Preparer's signat | ture | | Date | PTIN | | Check if: | |
| Paid | SYAI | M PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/01/2024 | P020 | 82703 | Self-employed | |
| Preparer Use Only | Fir | Firm's name GLOBAL TAXES LLC | | | | | | one no. (| 678)965-9522 | |
| Use Only | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | Fin | m's EIN | 84-3171965 | |
| | | | | | | | | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service 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

VINYAS A MAIYA & POOJA RAMESH

Part I Additional Income

| ı aı | 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. Attach | Schedule E . | 5 | -12,326. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | a () | | |
| b | Gambling | | | |
| С | Cancellation of debt | | | |
| d | Foreign earned income exclusion from Form 2555 | | | |
| е | Income from Form 8853 | | | |
| f | Income from Form 8889 | | | |
| g | Alaska Permanent Fund dividends | | | |
| h | Jury duty pay | | | |
| i | Prizes and awards | | | |
| j | Activity not engaged in for profit income | | | |
| k | Stock options | k | | |
| 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 | l | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | | | |
| n | Section 951(a) inclusion (see instructions) | | | |
| 0 | Section 951A(a) inclusion (see instructions) | | | |
| р | Section 461(I) excess business loss adjustment | | | |
| q | Taxable distributions from an ABLE account (see instructions) 8 | • | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | s () | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | | | |
| | Wages earned while incarcerated | u | | |
| Z | Other income. List type and amount: | _ | | |
| 0 | Total other income. Add lines 9s through 97 | | 9 | |
| 9 10 | Total other income. Add lines 8a through 8z | | 9 | _ |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter he 1040, 1040-SR, or 1040-NR, line 8 | ere and on Form | 40 | -12,326. |
| | 1040, 1040-30, 01 1040-110, 1111e 0 | | 10 | -12,320. |

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: | | | | |
| 0 - | | 24z | | 0- | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income | | | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 26 | |
| | BAA | REV 02/ | 23/24 PRO | Schedu | le 1 (Form 1040) 2023 |

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Your social security number

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

054-31-7122 VINYAS A MAIYA & POOJA RAMESH

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) 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) Form(s) 8949, Part I, combine the result (or other basis) 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 Box A checked 4,939. 3,220. 1,719. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 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 12,748.) 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 -11,029. 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) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 486. 6. -480.Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 2,717.)

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

-3,197.

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -14,226. 16 Combine lines 7 and 15 and enter the result 16 • 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

054-31-7122

VINYAS A MAIYA & POOJA RAMESH

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B 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 disposed of (sales price) from column (d) and 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 (a). instructions CHARLES SCHWAB & CO.INC 01/01/23 12/31/23 4,939. 3,220. 1,719. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

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.

4,939.

1,719.

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) .

3,220.

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 $VINYAS\ A\ MAIYA\ \&\ POOJA\ RAMESH$

Social security number or taxpayer identification number 054 - 31 - 7122

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| ✗ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions | reported on | Form(s) 1099 | 9-B showing bas | | | | e) |
|---|---|--------------------------------|-------------------------------------|--|---------------------------|---|--|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | If you enter an enter a c | f any, to gain or loss amount in column (g), ode in column (f). parate instructions. | (h) Gain or (loss) Subtract column (e) |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) (g) combine t | from column (d) and combine the result with column (g). | |
| Ameritrade Clearing, Inc. | 01/01/22 | 12/31/23 | 6. | 486. | | | -480. |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total 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), lir | lude on your ne 9 (if Box E | 6. | 486. | | | -480. |

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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

| | AS A MAIYA & POOJA RAMESH | | | | | | 054-3 | 1-7122 | 2 |
|--------|---|---|----------------|----------------|------------|------------------|--------------|--------------|--|
| Par | | | | | | | | | |
| | Note: If you are in the business of renting personal proper | rty, use | Schedule | C . See | instru | ctions. If you a | ire an indi | vidual, rep | ort farm |
| _ | rental income or loss from Form 4835 on page 2, line 40. | 4 - CI - | | 0000 | . ! | . 4 41 | | | - V |
| | Did you make any payments in 2023 that would require you | | | | | | | | |
| В | f "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . <u> </u> Y | es 🗌 No |
| 1a | Physical address of each property (street, city, state, ZII | P code | :) | | | | | | |
| Α | MANOOR UDUPI KARNATAKA IN 576221 | | | | | | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate prope | perty 2 For each rental real estate property listed Fair Rental | | | | | | | |
| | (from list below) above, report the number of fair | | | Days | | | Person Da | | QJV |
| Α | g personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to f | | | В | | | | | |
| С | qualified joint venture. See instru | ictions | | С | | | | | |
| Type | of Property: | | | | | " | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren | ıtal | 5 Land | | 7 | Self-Rental | | | |
| | Multi-Family Residence 4 Commercial | | 6 Roya | ılties | 8 | Other (descr | ribe) | | |
| | · | | | | | | | | |
| | | - | | | | Properti | es: | | |
| Incon | | | | <u>A</u> _ | 0.0 | В | | | С |
| 3 | Rents received | 3 | | 5 | 98. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | | _ | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 7 | | 1 7 | <i>c</i> 1 | | | | |
| 7 | Cleaning and maintenance | + | | 1,7 | υ1. | | | | |
| 8 9 | | 8 | | | | | | | |
| 10 | Insurance | 10 | | 1,2 | 1 E | | | | |
| 11 | Management fees | 11 | | 1,2 | 45. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 1,6 | 46 | | | | |
| 15 | Supplies | 15 | | 2,3 | | | | | |
| 16 | Taxes | 16 | | 2,5 | 00. | | | | |
| 17 | Utilities | 17 | | 2,4 | 32 | | | | |
| 18 | Depreciation expense or depletion | 18 | | 3,4 | | | | | |
| 19 | Other (list) | 19 | | 3,1 | , , , | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 12,9 | 24 | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | , | | | | | |
| 21 | result is a (loss), see instructions to find out if you must | | | | | | | | |
| | file Form 6198 | 21 | - | -12,3 | 26. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| 12,32 | 26.) | (|) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 598. | | |
| 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 | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | 3 | ,472. | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | | ,924. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | | | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | | - | | nter to | tal losses her | - | (| 12,326.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| - | here. If Parts II, III, and IV, and line 40 on page 2 do no | | | | | | | | |
| | Schedule 1 (Form 10/0) line 5 Otherwise include this ar | | | | | | 0.0 | | _12 226 |