# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social security	/ number	
FNU N ASHWINI	382-85-	9818	
Spouse's name	Spouse's soci	al security number	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you ar	e authorizing.)	
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			838.
<b>2</b> Total tax			,396.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	+		960.
4 Amount you want refunded to you			564.
5 Amount you owe		5	\
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	ejection of the tra U.S. Treasury an idicated in the ta ition to debit the atte the authoriza equests must be ne processing of payment. I furth	ansmission, (b) the dist designated for the properties of the properties of the distance of th	e reason Financial tware for unt. This cancel) a r than 2 yment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate	e my PIN	9 8 1 8	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente	er five digits, but 't enter all zeros	asiny
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 and your return is filed using the Practitioner PIN me below.			
Your signature ▶ Date ▶			
Chausala DINI, ahaali ahaahan ahir			
Spouse's PIN: check one box only	a man a DINI		
I authorize to enter or generate to enter or generate		er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter 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 me below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue belo	w		
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 6  Don't ente	5 0 8 2 7 r all zeros	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrequirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retur	n in 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



<b>1040</b>		artment of the Treasury—Internal Revenue Serv		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See ser	oarate i	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
FNU			N AS	HWINI									9818
	pouse's	s first name and middle initial	Last na		•								security number
•	•										- 727	4.3	2967
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.			•	ection Campaigr
1217 121st Ave NE  City, town, or post office. If you have a foreign address, also complete spaces below.  E202  State  ZIP code						Check here if you, or your							
							spouse if filing jointly, want \$3 to go to this fund. Checking a						
BELLEVU	Ε					WA	Δ	980	05		U		nd. Checking a not change
Foreign countr	y name	:	F	Foreign pr	rovince/state/	count	У	Foreig	gn postal c		your tax		•
												Yo	ou 🗌 Spouse
Filing Status	s $\square$	Single					Head of h	ouseh	old (HO	<del>-</del> 1)			
Check only		Married filing jointly (even if only o	ne had i	ncome)									
one box.	×	Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)		
	lf y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	cked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır deper	ndent: _0	HAMUNDI SAI F	USHYA	R MUDIGONDA						
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	navn	nent for prope	rtv or	services	): or (	b) sell.		
Assets		nange, or otherwise dispose of a dig						-				X Ye	es 🗌 No
Standard		neone can claim: You as a de					a dependent				·		
Deduction		Spouse itemizes on a separate retur	•		•		•						
A /Dlimalman										0	1050		- Indianal
	-	: Were born before January 2, 1	959 _	_ Are bl ⊺	·	ouse		- 1					s blind (see instructions):
Dependent		instructions): First name Last name		(2) S	Social security number	'	(3) Relationsh to you	iip (4	Child tax cre				r other dependents
If more than four	(1)1	Last Harrie			Tidifiboi		to you		1		Juli	Orodit 10	
dependents,									l				
see instruction	s								l				
and check here [	1									_			$\overline{}$
-	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	rtions)				·		1a		185,808.
Income	b	Household employee wages not re	•		,						1b	_	
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a			. ,						1c	_	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	_			
W-2G and	e	Taxable dependent care benefits t									1e	_	
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f	_	
If you did not	g	Wages from Form 8919, line 6.									1g		
get a Form	h	Other earned income (see instruct	ions)								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (		ructions)			1i						
	z	Add lines 1a through 1h						<del>.</del> .			1z		185,808.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a			<b>b</b> 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a				axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method,	check here	(see	instructions)						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D it	f required	d. If not requ	uired,	, check here				7	$\perp$	0.
jointly or	8	Additional income from Schedule	1, line 1	0							8		-11 <b>,</b> 970.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our <b>total in</b>	come	e				9		173,838.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, l	line 26							10		
household,	11	Subtract line 10 from line 9. This is	s your <b>a</b> c	djusted	gross incor	ne					11		173,838.
\$20,800 If you checked	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13	1	
Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	or loc	c ontor	O This is y	Our t	avabla incom				15	1	150 088

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	31 <b>,</b> 797.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	31,797.
	19	Child tax credit or credit for oth	er dependent	s from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	31,797.
	23	Other taxes, including self-emp	loyment tax, t	from Schedule	e 2, line 21			23	599.
	24	Add lines 22 and 23. This is you	ır <b>total tax</b>					24	32,396.
Payments	25	Federal income tax withheld fro	m:						
•	а	Form(s) W-2				<b>25a</b> 36	5,960.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c	0.		
	d	Add lines 25a through 25c .						25d	36 <b>,</b> 960.
If you have a	26	2023 estimated tax payments a	ind amount ap	oplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from S	chedule 8812			28			
	29	American opportunity credit fro	m Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1	5			31			
	32	Add lines 27, 28, 29, and 31. Th	nese are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. Thes	se are your <b>to</b>	tal payments				33	36,960.
Refund	34	If line 33 is more than line 24, so	ubtract line 24	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	4,564.
	35a	Amount of line 34 you want refu	unded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	4,564.
Direct deposit?	b	Routing number 0 4 4 0	0 0 0	3 7	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 8 9 2 3	0 7 7	8 3					
	36	Amount of line 34 you want app	lied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. Th							
You Owe		For details on how to pay, go to	www.irs.gov	/Payments or	see instructions.			37	
	38	Estimated tax penalty (see instr	ructions) .			38			
<b>Third Party</b>		you want to allow another pe							
Designee		structions					omplete l		⊠ No
		esignee's me		Phone no.			onal identi ber (PIN)	tication	
Sign	Un	der penalties of perjury, I declare that I	I have examined	this return and	accompanying sche	dules and statemer	ts, and to t	he best	of my knowledge and
Here	be	lief, they are true, correct, and complet	e. Declaration of	of preparer (other	r than taxpayer) is ba	sed on all informati	on of whicl	n prepar	er has any knowledge.
Here	Yo	our signature		Date	Your occupation				nt you an Identity
							1	ection P inst.)	IN, enter it here
Joint return? See instructions.		avas's signature. If a jaint vature hath	- mount alon	Data	DATA ENGIN				***************************************
Keep a copy for your records.		ouse's signature. If a joint return, <b>both</b>	n must sign.	Date	Spouse's occupati	on	Iden		nt your spouse an ection PIN, enter it here
		one no. (513) 693-0953		Email address	<u> </u> Масшытыт∩о	010CM7TT C	,	- 7	
		(010) 030 0300	eparer's signati		NASHWINI08	Date	PTIN		Check if:
Paid		4 PRIYA RAM SAGAR GUPTA TALLAM SY			מווסקה האדדאש	02/20/2024	P0208	2703	Self-employed
Preparer				TATA DAGAK	OULIA TALLAM	02/20/2024			
Use Only		m's name GLOBAL TAXE m's address 245 ROONEY		NSMICK N	т 08816			's EIN	84-3171965
	<u>'</u> -	1040 ( )	·	TADAAT CIV IN	2 00010		1 11111	3 LIIV	- 1040

# SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

FNU N ASHWINI

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.

auon.		Sequence No. <b>01</b>
	Your soc	ial security number
	382-85	_0818

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-11,970.
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		
	1040, 1040-SR, or 1040-NR, line 8		10	-11,970.

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 government	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 8l 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	1	26	_

# SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

# **Additional Taxes**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

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

Your social security number 382-85-9818

Par	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	599.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

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

# Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	17I		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		 . 18	
19	Reserved for future use		 . 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.			599.

#### SCHEDULE D (Form 1040)

Department of the Treasury

# **Capital Gains and Losses**

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Internal Revenue Service Name(s) shown on return Your social security number 382-85-9818 FNU N ASHWINI 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) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with 1,974. 0. 1,974. 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 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 0. 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. to gain or loss from from column (d) and Proceeds Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) 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 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)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

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

11

12

13

14

15

Schedule D (Form 1040) 2023 Page 2

# Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 0. • 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 0.) • (\$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.

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service

Name(s) shown on return

FNU N ASHWINI

Department of the Treasury

Social security number or taxpayer identification number 382-85-9818

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

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

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

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

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

<ul><li>☐ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>				sis <b>wasn't</b> report	ed to the IF	RS		
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	See the separate 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).	
Morgan Stanley Capital Management, LLC.	01/01/23	12/31/23	1,974.	1,974.			0.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1,974.	1,974.			0.	

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

### **Supplemental Income and Loss**

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

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

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

FNU	N ASHWINI						382-8	5-9818	
Par	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.	nd Roy rty, use	/alties Schedule	<b>C</b> . See	instru	ctions. If you	are an indi	vidual, rep	oort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	See ins	structions .		. 🗌 Ye	es 🗵 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZII								
Α	FLAT NO 103, VAIBHAV LANDMARK, YEN	NDA DA	VISA	KHAP	ΑΤΑΝ	AM. ANDHR	A PRADI	SH TN	530045
В	TENT NO. 1007 VIIIBINIV EMBERNIC / TEN	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V 101.			111711112111	ii iiuibi	1011 111	000010
c									
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	rental	and		Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to qualified joint venture. See instru			В					
С	quainea joint venture. See institu	actions	•	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
		1				Propert			
Incor	mer	+		Α		В	103.		С
3	Rents received	3			80.				
4	Royalties received	4			•••				
	nses:	+ •							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	58.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	45.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,5	22.				
15	Supplies	15		4,5	81.				
16	Taxes	16							
17	Utilities	17		1,7	44.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,6	50.				
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 <b>Form 6198</b>	21	_	-11,9	70				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22		11 <b>,</b> 97		(	)	(	
23a	Total of all amounts reported on line 3 for all rental prope				23a	·	680.		
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				
e	Total of all amounts reported on line 20 for all properties				23e	12	2,650.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>						. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	tal losses he		(	11,970.
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 1040), line 5. Otherwise, include this a						. 26		-11,970.

# Form **8958**(Rev. November 2023) Department of the Treasury Internal Revenue Service

# Allocation of Tax Amounts Between Certain Individuals in Community Property States

OMB No. 1545-0074

Attachment Sequence No. **63** 

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8958 for the latest information.

Your first name and initial	Your last name		Your social security number (SSN)
FNU	N ASHWINI		382   85   9818
Spouse's or partner's first name and initial	Spouse's or partner's last name		Spouse's or partner's SSN
CHAMUNDI SAI PUSHYAR	MUDIGONDA		727   43   2967
	<b>A</b> Total Amount	<b>B</b> Allocated to Spouse or RDP	C Allocated to Spouse or RDP
		SSN <u>382</u> - <u>85</u> - <u>9818</u>	SSN <u>727</u> - <u>43</u> - <u>2967</u>
1 Wages (each employer) AMAZON COM SERVICES LLC	185,808.	185,808.	
2 Interest income (each payer)			
3 Dividends (each payer)			
4 State income tax refund from Form 1040, Schedule 1, line 1 5 Self-employment income (see instructions)	0.	0.	
6 Capital gains and losses from Form 1040, line 6	0.	0.	
7 Pension income			
8 Rents, royalties, partnerships, estates, trusts from Form 1040, Schedule 1, line 5	-11,970.	-11,970.	
For Panerwork Reduction Act Notice, see your tay return	instructions DAA DEV.004		Form <b>8058</b> (Poy. 11 2022)

Form 8958 (Rev. 11-2023)

	A Total Amount	B Allocated to Spouse or RDP SSN 382 - 85 - 9818	C Allocated to Spouse or RDP SSN 727 - 43 - 2967
Deductible part of self-employment tax (see instructions)		307 <u>302</u> <u>03 3010</u>	331 <u>727</u> <u>43</u> <u>2307</u>
10 Self-employment tax (see instructions)			
11 Taxes withheld from Form 1040, line 25	36,960.	36,960.	
12 Other items such as social security benefits, unemployment compensation, deductions, credits, etc.			

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

FNU N ASHWINI

#### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS,

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **71** 

Your social security number 382-85-9818

Part I Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . . . . . . 1 191,528. 2 2 3 3 4 4 191,528. 5 Enter the following amount for your filing status: \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 125,000. 6 6 66,528. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 599. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 15 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS 18 599 Withholding Reconciliation Part V Medicare tax withheld from Form W-2, box 6. If you have more than one Form 2<u>,</u>777. W-2, enter the total of the amounts from box 6 . . . . . . . . . . . . . . . . . 19 20 20 191,528. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 0. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers. 24

BAA

# Net Investment Income Tax— **Individuals, Estates, and Trusts**

Attach to your tax return. Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment Sequence No. 72

OMB No. 1545-2227

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return Your social security number or EIN FNU N ASHWINI 382-85-9818 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -11,970.Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) . . . . . . . . . . . . . . . 4b 4c -11,970.Net gain or loss from disposition of property (see instructions) . . . . . 5a 5a 0. Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 0. 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) . . . . . . . . Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. . . . . 8 **-11,970**. Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) . . . . . . 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 . . . . . . . . . . . . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) . . . . . . . . . . 13 173,838. 125,000. 14 15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . . . . . 15 48,838. 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** 18a Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b Subtract line 19b from line 19a. If zero or less, enter -0- . . . . . . . 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 

21

REV 02/11/24 PRO