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

Internal Herende Corried	<u> </u>				
Submission Identification Number (SID)					
Taxpayer's name		Social securit	y number		
CHAMUNDI SAI PUSHYAR MUDIGON	DA	727-43-	-2967		
Spouse's name		Spouse's soc		y number	
Date To Date white water	T. V. F. F. B	<u>/</u> E. J	11.		
		(Enter year you a	re autho	orizing.)	
Enter whole dollars only on lines 1 through 5					
Note: Form 1040-SS filers use line 4 only. L Adjusted gross income			1 1	163	286.
			2		783.
	rm(s) W-2 and Form(s) 1099		3		860.
			4		077.
· · · · · · · · · · · · · · · · · · ·			5		077.
Part II Taxpayer Declaration and	Signature Authorization (Be sure you get	and keep a cop		ur retur	n)
Under penalties of perjury, I declare that I have exmy knowledge and belief, it is true, correct, and return (original or amended) I am now authorizing to send my return to the IRS and to receive from for any delay in processing the return or refund, Agent to initiate an ACH electronic funds withdra payment of my federal taxes owed on this return authorization is to remain in full force and effect payment, I must contact the U.S. Treasury Fin business days prior to the payment (settlement) taxes to receive confidential information necess personal identification number (PIN) below is my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LE	xamined a copy of the income tax return (original or and complete. I further declare that the amounts in Parg. I consent to allow my intermediate service provider, the IRS (a) an acknowledgement of receipt or reason and (c) the date of any refund. If applicable, I authorized auditor a payment of estimated tax, and the financial it until I notify the U.S. Treasury Financial Agent to teancial Agent at 1-888-353-4537. Payment cancellating date. I also authorize the financial institutions involved sary to answer inquiries and resolve issues related the signature for the income tax return (original or amendation).	nended) I am now auth t I above are the amount transmitter, or electron for rejection of the tree the U.S. Treasury arount indicated in the tanstitution to debit the erminate the authorized in the processing of the payment. I furtided) I am now authorities the authorised in the processing of the payment. I furtided) I am now authorities the authorities of the payment. I furtided I am now authorities are the processing of the payment. I furtided I am now authorities are the processing of the payment. I furtided I am now authorities are the processing of the payment. I furtided I am now authorities are the processing of the payment. I furtided I am now authorities are the processing of the payment.	horizing, punts from the second secon	and to the m the income originate on, (b) the signated F ation soft this accourarevoke (can depend on later tronic pay sowledge for a polical of the following for the follo	e best of ome tax or (ERO) e reason Financial ware for unt. This ancel) a rement of that the
	e on the income tax return (original or amended) and your return is filed using the Practitioner PIN				
Your signature ►	Da	te ▶			
Spouse's PIN: check one box only					
☐ I authorize	to enter or ger	nerate mv PIN			as my
E	RO firm name	Ent	er five dig	jits, but	,
signature on the income tax return	(original or amended) I am now authorizing.	dor	n't enter a	II zeros	
	on the income tax return (original or amended) Ind your return is filed using the Practitioner PIN				
Spouse's signature ▶	Da	te ▶			
Practi	tioner PIN Method Returns Only—continue	below			
Part III Certification and Authentic	cation — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN	followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ente	6 0 8 er all zero	, - , ,	_1
authorized to file for tax year indicated above for	which is my signature for the electronic individual incor the taxpayer(s) indicated above. I confirm that I ar Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provid	n submitting this retu	rn in acc	cordance v	
ERO's signature ▶	Da	te ▶			
	Must Retain This Form — See Instruction				
Don't Subm	nit This Form to the IRS Unless Requester	d To Do So			

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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	vrite or staple in t	this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instru	ctions.
Your first name	and m	iddle initial	Last na	ame						Your so	ocial security	number
CHAMUND	I SA	I PUSHYAR	MUDI	GONDA	A					727	43 29	67
		s first name and middle initial	Last na								's social secu	
										382	85 98	18
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Δ	pt. no.		ential Election	
1217 12	1ST	AVE NE						F	202	ł	here if you, or	
		ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te 2	ZIP co			if filing jointly	
BELLEVU	Ε					W.A	A	980	05		this fund. Cl low will not ch	•
Foreign countr	y name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code	I	x or refund.	ango
											You	Spouse
Filing Status	s \square	Single					Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)					, ,			
one box.	X	Married filing separately (MFS)		,			☐ Qualifying s	surviv	ing spouse	(QSS)		
	If y	ou checked the MFS box, enter the	name	of your s	pouse. If you	che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name if	the
	qu	alifying person is a child but not you	ır depe	ndent:]	FNU N AS	HW:	INI					
	^+	ti di 0000 did (-)	-: (:	/l=\\ = = II		
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig						-		. ,	⊠ Yes	No
		neone can claim: You as a de					a dependent	. (00	o mondo	113.)	<u> </u>	
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•					
Deduction	<u> </u>	Spouse iternizes on a separate retur	ii oi yo	u were a	dual-Status a	allell	<u> </u>					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	use	: Was born		re January 2	-	Is bline	
Dependent	s (see	instructions):		(2)	Social security		(3) Relationship	(4			ifies for (see in	
If more	(1) F	irst name Last name		number to		to you	to you		redit	Credit for other	dependents	
than four												1
dependents, see instruction	s										L	
and check	· —											
here L												
Income	1a	Total amount from Form(s) W-2, b	,		,							5 , 639.
Attach Form(s)	b	Household employee wages not re	•		. ,					. 1k		
W-2 here. Also	С	Tip income not reported on line 1a	•		,					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep			,	nstru	ictions)			. 10		
1099-R if tax	е	Taxable dependent care benefits f				•				. 16		
was withheld.	f	Employer-provided adoption bene	efits fror	n Form 8	8839, line 29					. 11		
If you did not get a Form	g									. 10		
W-2, see	h	Other earned income (see instruct	,							. <u>1</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	<u>li</u>				17/	- 620
		Add lines 1a through 1h	· ;		· · · ·					. 1z		6,639.
Attach Sch. B if required.	2a	'	2a				axable interest			. 2t		284.
ii required.	3a_		3a				ordinary dividend					
Standard	4a	-	4a				axable amount			. 4k		
Deduction for—	5a	-	5a				axable amount			. 5k		
 Single or Married filing 	6a	,	6a				axable amount			. 6k)	
separately, \$13,850	C	If you elect to use the lump-sum e			,		,		L	╡┞ <u>╸</u>		^
 Married filing 	7	Capital gain or (loss). Attach Sche							L	- 7 - 0	_	0.
jointly or Qualifying	8	Add lines 17, 2b, 3b, 4b, 5b, 6b, 7								. 8		3,637.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						. 9		3,286.
 Head of 	10	Adjustments to income from Sche								. 10		200
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11		3 <u>,</u> 286.
 If you checked 	12	Standard deduction or itemized		`		,				. 12		8 , 850.
any box under Standard	13	Qualified business income deduct			995 or Form	899	ъ-А			. 13		O F O
Deduction, see instructions.	14	Add lines 12 and 13								. 14		8 <u>,850.</u> 8 436

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	29,265.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	29,265.
	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	29,265.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	518.
	24	Add lines 22 and 23. This is	your total tax					24	29,783.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 3	4,860.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c	0.		
	d	Add lines 25a through 25c						25d	34,860.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	.,		26	
qualifying child, attach Sch. EIC. 1	27	Earned income credit (EIC)				27			
attacii Scii. Elc.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	34,860.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you overpaid		34	5,077.
	35a	Amount of line 34 you want			is attached, che	eck here	🗆	35a	5 , 077.
Direct deposit?	b	Routing number 0 4 4			c Type:	Checking	Savings		
See instructions.	d	Account number 3 1 3	1 6 2 6	1 9					
	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	n with the IRS	? See			_
Designee	ins	structions				LYes. 0	Complete	below.	⋉ No
		esignee's me		Phone no.		sonal identi nber (PIN)	ification		
Cian		ider penalties of perjury, I declare t	hat I have examined		accompanying sch		(/	the hest	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Identity
		ŭ			·			IN, enter it here	
Joint return?					DATA ENGI			inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa	tion	Iden		nt your spouse an ection PIN, enter it here
	Ph	one no. (513) 693-095	3	Email address	PUSHYARAG	500@GMAIL.C	OM		
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 TALLAN	02/20/2024	P0208	2703	Self-employed
Preparer Use Only	Firm's name GLOBAL TAXES LLC						Pho	ne no. ((678) 965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							i's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2023
Attachment
Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

CHAMUNDI SAI PUSHYAR MUDIGONDA

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

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

Attachment Sequence No. 01 Your social security number

727-43-2967

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		5	-13,637.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
		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)	8g		
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			
-	1040. 1040-SR. or 1040-NR. line 8		10	-13,637.

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		
15	Deductible part of self-employment tax. Attach Schedule SE		
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction	. 17	
18	Penalty on early withdrawal of savings		
19a	Alimony paid		a
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction		
21	Student loan interest deduction		
22	Reserved for future use		
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		
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 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 CHAMUNDI SAI PUSHYAR MUDIGONDA

Your social security number 727-43-2967

Pa	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 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	518.
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	ontinue	ed on page 2)

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

Part II Other Taxes (continued)

7	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	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
a	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	47		
L	fractional interest in tangible personal property	17g	-	
n	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	171		
m	Excise tax on insider stock compensation from an expatriated	47		
_	corporation	17m	-	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions	47-		
	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:	47_		
0	Total additional tayon Add lines 175 through 175	17z	10	
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20 21	Section 965 net tax liability installment from Form 965-A Add lines 4, 7 through 16, and 18. These are your total other taxe	20		
- 1	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	518.

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

Department of the Treasury Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 727-43-2967 CHAMUNDI SAI PUSHYAR MUDIGONDA 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 **Box A** checked Totals for all transactions reported on Form(s) 8949 with Box B checked 1,846. 1,846. 0. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 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. Proceeds to gain or loss from from column (d) and 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 (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 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

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

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.

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. Department of the Treasury Go to www.irs.gov/Form8949 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

727-43-2967

CHAMUNDI SAI PUSHYAR MUDIGONDA

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

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

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

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

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

	C) Short-term transactions	•		•	sis wasii t report	ed to the ir	10		
1	(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds S	(e) Cost or other basis See the Note below			(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	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
FIDELIT	Y BROKERAGE SERVICES LLC	01/01/23	12/31/23	1,846.	1,846.			0.	
nega Sche	IIs. Add the amounts in columns tive amounts). Enter each tota edule D, line 1b (if Box A above is checked), or line 3 (if Box 6)	al here and inc e is checked), lir	lude on your ne 2 (if Box B	1,846.	1,846.			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.

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

OMB No. 1545-0074 Attachment Sequence No. 13

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

Your social security number

CHA	MUNDI SAI PUSHYAR MUDIGONDA						727	-43-296	7	
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedul	e C. See	instru	ctions. If you a	re an ir	ndividual, re	eport farm	1
			F (-)	10000 0) ! :				/ V	NI -
	Did you make any payments in 2023 that would require you									
В	If "Yes," did you or will you file required Form(s) 1099? .							· · 🗆 ՝	res	No
1a	Physical address of each property (street, city, state, ZII	P code)							
Α	FLAT NO 201, PADMINI ARCADE VSN COLONY,	, WE	EST VE	NKATA:	PURA	M,SEC-BAD) IN	500015		
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and Days						sonal Use Davs	QJ	QJV	
Α	personal use days. Check the Q			Α		314		0		
В	if you meet the requirements to f			В		011				i
С	qualified joint venture. See instru	uctions	S.	C						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land	4	7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya	-		Other (descr	ibe)			
	- Trialit i armiy ricolacilos i commercial									
						Propertie	es:			
Inco				Α		В			С	
3	Rents received	3		7	83.					
4	Royalties received	4								
	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	19.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,7	54.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			52.					
15	Supplies	15		3,1	52.					
16	Taxes	16								
17	Utilities	17		1,9						
18	Depreciation expense or depletion	18		3,2	58.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		14,4	20.					
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		- 13 , 6	37.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(13,63	37 .)	()()
23a	Total of all amounts reported on line 3 for all rental prope				23a		783			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	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	,258			
е	Total of all amounts reported on line 20 for all properties				23e		,420			
24	Income. Add positive amounts shown on line 21. Do not							4		
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	tal losses here		25 (13,63	37.)
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 at							:6	-13,6	537.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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 CHAMUNDI SAI PUSHYAR MUDIGONDA 727-43-2967 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 1 182,521. 2 2 3 3 4 182,521. 5 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 125,000. 6 57,521. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 518. Part II Additional Medicare Tax on Self-Employment Income Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 8 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 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:

For Pa	aperwork Reduction Act Notice, see your tax return instructions.		REV 02/11/24 PRO		Form 8959 (2023)
	see instructions)	•		24	0.
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also included federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c				
	14 (see instructions)			23	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				
	withholding on Medicare wages			22	0.
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add				
	withholding on Medicare wages	21	2,647.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
20	Enter the amount from line 1	20	182,521.		
	W-2, enter the total of the amounts from box 6	19	2,647.		
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
Part	Withholding Reconciliation				
	filers, see instructions), and go to Part V			18	518.
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li		•		
Part	V Total Additional Medicare Tax				
	Enter here and go to Part IV			17	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin				
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
	Married filing separately \$125,000				
	Married filing jointly				
15	Enter the following amount for your filing status:				

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023 Attachment Sequence No. 72

Your social security number or EIN

OMB No. 1545-2227

CHAMUNDI SAI PUSHYAR MUDIGONDA 727-43-2967 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) 1 284. 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -13,637. Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c -13,637. 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 investment income tax (see instructions) 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 **-13,**353. Part II Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see instructions) 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) 13 163,286. 125,000. 14 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 38,286. 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:** 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 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

BAA