Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Social coourity number

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayor'a pama

"s name	Social security number
AN VALI SHAIK	598-94-3152
name	Spouse's social security number
MA MEERJA	981-94-1850
Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you are authorizing.)
hole dollars only on lines 1 through 5.	
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
Adjusted gross income	1 105,635.
Total tax	2 8,905.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 18,168.
Amount you want refunded to you	4 9,263.
Amount you owe	
	CAN VALI SHAIK Image IMA MEERJA Image I

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpaver's PIN: check one box only

				4 3 1 5 2	
X I authorize	GLOBAL TAXES LLC	to enter or generate	my PIN		as my
signature	ERO firm name on the income tax return (original or amended) I am now		2	Enter five digits, but don't enter all zeros	,
	my PIN as my signature on the income tax return (orig entering your own PIN and your return is filed using th				
Your signature	S. Mulj.	Date ►	02/16	/2024	

Spouse's PIN: check one box only

Tauthonze	GTOBAT	IAVEO	EBO firm name
I authorize	GLOBAL	TAXES	T.T.C

to enter or generate my PIN

4 Ent	1 er fiv	8 Ie di	0 but	as my
	't er			

Ente

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date 🕨
Practitioner PIN Meth	od Returns Only—continue below
Part III Certification and Authentication – Practi	tioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your f	ive-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date 🕨							
D	ERO Must Retain This F on't Submit This Form to the I							
For Denemicarly Deduction Act Nati				Earm 8879 (Bay, 01 2021)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or sta	aple in this space.
For the year Jan	. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last na	me						Your so	cial sec	urity number
MASTAN V			SHAI	к						598		3152
		s first name and middle initial	Last na									security number
RESHMA			MEEF							981		1850
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign
		LANDING DR										ou, or your
		ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP c	ode			jointly, want \$3
CHARLOTT	я					NC	r .	282	15			nd. Checking a not change
Foreign country				Foreign pi	rovince/state/o	-		-	n postal code	your tax		•
										-	🗌 Yo	ou 🗌 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
		Married filing jointly (even if only or	ne had i	income)					()			
Check only one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	e name o	of your s	pouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	r the ch	ild's na	me if the
	qu	alifying person is a child but not you	ur deper	ndent:								
Divital	At or	ny time during 2023, did you: (a) rece	oivo (ac	a roward	d award or	n	mont for propo	rtu or	convicos): or			
Digital Assets		ange, or otherwise dispose of a digi									ΠYe	es 🛛 No
Standard	-	eone can claim: You as a de					a dependent	.). (0		,		
Deduction		Spouse itemizes on a separate return	•		•		•					
	-	Were born before January 2, 1		Are bl		ouse		n hefr	ore January 2	2 1959		s blind
Dependents		• · · · ·			Social security		(3) Relationsh	14				(see instructions):
-		irst name Last name		(2)	number		to you		Child tax c			or other dependents
lf more than four												
dependents,												
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	tions) .					. 1a	1	117,632.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2 .					. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see in	struction	is)					. 1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see ir	nstru	ictions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441,	line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instructi	ions)			• •	· · · · ·	· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		• •	1 i			_		
	Z	Add lines 1a through 1h	· .		· · · ·	• •		• •		. 1z		117,632.
Attach Sch. B if required.	2a	· · -	2a		4.0		axable interest			. 2b		
	<u>3a</u>		3a		43.		ordinary divider					47.
Standard	4a -		4a				axable amoun					
Deduction for –	5a		5a				axable amoun				-	
 Single or Married filing 	6a	, _	6a				axable amount	t	· · ·	. 6b)	
separately, \$13,850	c -	If you elect to use the lump-sum el				•	,	• •	· · · L			F 7
 Married filing 	7	Capital gain or (loss). Attach Sched						• •	· · · L			-57.
jointly or Qualifying	8	Additional income from Schedule								. 8	+	-11,987.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-				• •	• • •	. 9		105,635.
 Head of 	10	Adjustments to income from Sche						• •	· · ·	. 10		105 625
household, [\$20,800	<u>11</u> 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-	-			• •		. <u>11</u> . 12		105,635.
If you checked any box under	12	Standard deduction or itemized Qualified business income deducti						• •		. <u>12</u> . 13		<u>27,700.</u> 1.
Standard	13 14					099		• •		. 13 . 14		27,701.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 -0- Thie ie v	 Our i	axable incom					77,934.
	10			o, criter .	5. 1113 15 Y	Jur				. 10	<u> </u>	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

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	8,905.
Credits	17	Amount from Schedule 2, lin	ne3				[17	
	18	Add lines 16 and 17					[18	8,905.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	8,905.
	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	8,905.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 18	3,168.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	18,168.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				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	18,168.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	9,263.
	35a	Amount of line 34 you want	refunded to you	. If Form 8888	3 is attached, che	ck here	. 🗆 [35a	9,263.
Direct deposit?	b	Routing number 0 5 3	0 0 0 2	1 9	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 7 5 5	0 7 0 1	1 1 9					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	structions				🗌 Yes. C	omplete be	low.	× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	ation	
Ciana		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	a hest	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
							Protec	tion Pl	IN, enter it here
Joint return?					SOFTWARE 1		(see in	st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEI	D	(see in		scuon Fin, enter it here
	Ph	one no. (980)267-473	5	Email address	MASTAN38@				
		eparer's name	D Preparer's signat		MAGIAN 30@	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		TAUAN DAUAN	GOLIY INTINU	02/1//2024			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN			111115		Form 1040 (2023)
		in the instructions and the late	scinomation.		BAA	REV 02/11/24 PRO			10m 10m (2023)

REV 02/11/24 PRO

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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 20 23

Attachment Sequence No. **01** Your social security number 598-94-3152

Department of the Treasury Internal Revenue Service

						_
Name(s) sh	iown on	Form 10)40	, 1040-SR	or 1040-NR	Υ
MASTAN	VALI :	SHAIK	&	RESHMA	MEERJA	ļ
Part I	Addi	tional	In	come		

2a Alimony received 2a b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss), Attach Schedule C 3 4	1	Taxable refunds, credits, or offsets of state and local income taxes	1	
b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 5 7 Unemployment compensation 7 8 Other income: 8a (9 Total of debt 8a (9 Total other income. 8a (9 Total other income. List type and amount: 8a 9 Total other income. Add lines 8a through 8z. 9 9 Total other income. Add lines 8a through 8z. 9 10. Charlen Income. Add lines 8a through 8z. 9 10. -11, 987.	2a	Alimony received	2a	
3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule F 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -11,987. 6 Farm income or (loss). Attach Schedule F 5 -11,987. 7 Unemployment compensation 8a () 8 Other income 8a () 9 Gambling 8b 6 7 Concellation of debt 8a () 9 Torolegn earned income exclusion from Form 2555 8d () 9 Income from Form 8853 8e 8h 9 Income from Form 8853 8e 8h 1 Prizes and awards 8i 8k 1 Income from the rental of personal property if you engaged in the rental all for profit but were not in the business of renting such property 8k 1 Income from the rental of personal property if you engaged in the rental all for profit but were not in the business of renting such property 8m 1 Notaxable amount of Medicaid waiver payments included on Form 4s 8g 9 1 Section	b	Date of original divorce or separation agreement (see instructions):		
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -11,987. 6 Farm income or (loss). Attach Schedule F 7 6 7 Other income: 8a (7 8 Other income: 8a (7 9 Gambling 8a (7 6 Gambling 8a (7 7 8b 6 7 7 8b 6 8c 8c 6 Farmincome or (loss). Attach Schedule F 7 7 8 Other income: 8a (7 9 Gambling 8a (7 7 8b 6 8c 6 Farmineome room State 8d 8d 9 Activity not engaged in for profit income 8d 8d 8d 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 8d 8d 8d 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 8d 8d	3			
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h Jury duty pay	f	Income from Form 8889		
i Prizes and awards 8i j Activity not engaged in for profit income 8j j Activity not engaged in for profit income 8j k Stock options 8k l 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8n g Taxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (r Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u 8z g Total other income. Add lines 8a through 8z 9 -11, 987. 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 -11, 987.	g	Alaska Permanent Fund dividends		
j Activity not engaged in for profit income 8j k Stock options 8k I 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n p Section 461(l) excess business loss adjustment 8g r Scholarship and fellowship grants not reported on Form W-2 8r 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 8t u Wages earned while incarcerated 8z y 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 9	h	Jury duty pay		
k Stock options 8k I 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 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n p Section 461(l) excess business loss adjustment 8g q Taxable distributions from an ABLE account (see instructions) 8r 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 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z m You and amount: 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 -11, 987.	i	Prizes and awards		
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) 81 n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n p Section 461(l) 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 (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 -11,987.	j			
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z Other income. List type and amount: 8z 9 9 Total other income. Add lines 8a through 8z			_	
9 Total other income. Add lines 8a through 8z. 9 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 9	u	Wages earned while incarcerated 8u	_	
9 Total other income. Add lines 8a through 8z	Z			
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 -11,987.	•			
1040, 1040-SR, or 1040-NR, line 8				
	10	Combine lines 1 through / and 9. This is your additional income. Enter here and on Forr	n	11 007
		1040, 1040-SR, OF 1040-NR, INE 8		-11,987.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	aovernmer	nt 🗌	
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889				
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				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				1
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:				
a		24a			
	Deductible expenses related to income reported on line 8l from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
-		24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•		24e			
f		24f			
g		24g		_	
U	Attorney fees and court costs for actions involving certain unlawful	- 3		_	
		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				
		24i			
i		24i			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
7	Other adjustments. List type and amount:				
-		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	1
26	Add lines 11 through 23 and 25. These are your adjustments to income .				+
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA		11/24 PRO		ule 1 (Form 1040) 202

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

23

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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

MASTAN VALI SHAIK & RESHMA MEERJA

598-94-3152

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	🗙 No	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting	g your gain	or loss.	

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	33.	24.			9.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	9.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.							
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	46.	112.			-66.		
9	Totals for all transactions reported on Form(s) 8949 with Box E checked							
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.							
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11			
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12			
13	Capital gain distributions. See the instructions	13						
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()					
15	 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back . 							

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -57.
	• 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 line 22.	
	• 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?	
	\square 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.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (57.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	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.	

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Schedule D (Form 1040) 2023

Department of the Treasury

Internal Revenue Service

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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.

varie(s) shown on return	Social Security number of taxpayer identification number						
MASTAN VALI SHAIK & RESHMA MEERJA	598-94-3152						

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

1 (a) Description of property	(b)	(c) Date sold or	(d) Proceeds	(e) If you enter an amount in column (g), enter a code in column (f). ds See the Note below		enter a code in column (f). See the separate instructions.	
(Example: 100 sh. XYZ Co.)	Date acquired dispassed of (apples price) and easy Column (a)		Amount of	from column (d) and combine the result with column (g).			
Robinhood Securities LLC	01/01/23	12/31/23	26.	17.			9.
Robinhood Crypto LLC	01/01/23	12/31/20	7.	7.			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 C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	33.	24.			9.

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form 8949 (2023)		 			hment S	equence	12A	Pa	age 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MASTAN VALI SHAIK & RESHMA MEERJA Social security number or taxpayer identification number 598-94-3152

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

- [] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)			(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/23	3.	52.			-49.
Robinhood Securities LLC	01/01/22	12/31/23	43.	60.			-17.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		46.	112.			-66.	

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.

	DULE E			Supplementa							OMB No	o. 1545-0074	
(Form	m 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									s, etc.)	20 2 3		
Departm	ent of the Treasury			Attach to Form 1040	, 1040-	SR, 1040-	NR, or ⁻	1041.					
	Revenue Service		Go t	o www.irs.gov/ScheduleE fo	or instru	uctions an	d the la	test ir	nformation.		Attachn Sequen	ce No. 13	
Name(s)	shown on return			-						Your soci	al security		
. ,	AN VALI SH	ΔΤΚ &	RESH	MA MEERTA						598-9	- 4-3152		
Part				n Rental Real Estate ar	nd Ro	valtios				0000			
i ait				ness of renting personal prope			C. See	instru	ctions. If you a	re an indi	vidual, rep	ort farm	
	rental inco	me or lo	oss from	Form 4835 on page 2, line 40.	, uoo	Conodan	0.000	motra	otiono: n you u		radal, rop	ortraini	
A D)id you make ar	iy paym	nents in 2	2023 that would require you	ı to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	es 🔀 No	
B II	f "Yes," did you	or will	you file	required Form(s) 1099?							. 🗌 Ye	es 🗌 No	
1a				operty (street, city, state, ZI									
	-					,							
A	SWATHI NA	GAR C	COLONY	TANUKU ANDHRA PRA	DESH	IN 534	1211						
В													
С		<u> </u>											
1b	Type of Prope			ach rental real estate prope				Fa	ir Rental	Persor	al Use	QJV	
	(from list below	N)		e, report the number of fair					Days	Da	ys	gov	
Α	3			onal use days. Check the Q			Α		365		0		
В				I meet the requirements to fied joint venture. See instruction			В						
С			quain		uctions	.	С						
Туре о	of Property:	•							•				
1 :	Single Family R	esiden	ce 3	3 Vacation/Short-Term Rer	ntal	5 Lanc	1	7	Self-Rental				
2	Multi-Family Re	sidenc	e 4	Commercial		6 Roya	alties	8	Other (descr	ibe)			
						-							
							-		Properti	es:			
Incom							A		В			С	
3					3		6	14.					
4		ived.			4								
Expen													
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7					7		1,7	41.					
8	Commissions				8								
9	Insurance .				9								
10	Legal and othe	er profe	essional	fees	10								
11	Management f	ees .			11		1,3	56.					
12	Mortgage inter	est pai	id to bar	iks, etc. (see instructions)	12								
13					13								
14					14		1,6	45.					
15					15		1,9						
16					16		_,-						
17					17		2,3	58					
18				etion	18		3,5						
19	Other (list)						5,5	01.					
20		bhΔ a	lines 5 tl	nrough 19	20		12,6	01					
	-			ents) and/or 4 (royalties). If			12,0	01.					
21				ons to find out if you must									
					21		-11,9	87					
00					21		11,7	07.					
22				loss after limitation, if any,	00	(11 00		(`	(
00-		-		-	22		11,98	-	() 614.	(
23a				on line 3 for all rental prope				23a		014.			
b				on line 4 for all royalty prop				23b					
c				on line 12 for all properties				23c		F 0 1			
d			•	on line 18 for all properties				23d		,581.			
е			-	on line 20 for all properties				23e	12	,601.			
24				ts shown on line 21. Do no		-		• •		. 24	,		
25				n line 21 and rental real esta							(11,987.	
26	Total rental re	eal est	ate and	royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resu	lt			

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

-11,987.

26

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8 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	Sequence No. 52
	ber of HSA beneficiary.
spouses hav	e HSAs, see instructions
00 01	21 5 2

2

Internal	Revenue Service	Go to www.irs.gov/Form8889 for instructions and the latest informat	ion.	Se	quence No. 52
			Social security num	ve HSA	s, see instructions.
	TAN VALI SH		598-94-		
Befor	re you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance (Contracts, if r	equir	ed.
Part		partributions and Deduction. See the instructions before completing the you and your spouse each have separate HSAs, complete a separate			
1		x to indicate your coverage under a high-deductible health plan (HDHP) d		Self	-only 🗵 Family
2		ions you made for 2023 (or those made on your behalf), including those m			
_	unextended d	ue date of your tax return that were for 2023. Do not include employer co through a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	were, or were	nder age 55 at the end of 2023 and, on the first day of every month during e considered, an eligible individual with the same coverage, enter \$3,850 ge). All others , see the instructions for the amount to enter	(\$7,750 for	3	7,750.
4	lines 1 and 2.	unt you and your employer contributed to your Archer MSAs for 2023 from If you or your spouse had family coverage under an HDHP at any time during nount contributed to your spouse's Archer MSAs	g 2023, also	4	0.
5	-	from line 3. If zero or less, enter -0		5	7,750.
6		ount from line 5. But if you and your spouse each have separate HSAs and er an HDHP at any time during 2023, see the instructions for the amount to er		6	7,750.
7		e 55 or older at the end of 2023, married, and you or your spouse had famil P at any time during 2023, enter your additional contribution amount. See ins		7	
8	Add lines 6 an	d7	[8	7,750.
9	Employer con	tributions made to your HSAs for 2023	3,250.		
10		funding distributions			
11		d 10		11	3,250.
12		1 from line 8. If zero or less, enter -0		12	4,500.
13		n. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
Part		e 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	_	stributions. If you are filing jointly and both you and your spouse eac ate Part II for each spouse.	n nave separa	ате н	SAS, complete
14a		ons you received in 2023 from all HSAs (see instructions)	-	I4a	2,621.
b	Distributions i contributions	ncluded on line 14a that you rolled over to another HSA. Also include a (and the earnings on those excess contributions) included on line 14a the due date of your return. See instructions	any excess that were	I4b	2,021.
с		4b from line 14a		14c	2,621.
15		ical expenses paid using HSA distributions (see instructions)		15	2,621.
16	Taxable HSA	distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, total on Schedule 1 (Form 1040), Part I, line 8f	include this	16	0.
17a	•	istributions included on line 16 meet any of the Exceptions to the Addition uctions), check here			
b	are subject to	% tax (see instructions). Enter 20% (0.20) of the distributions included on the additional 20% tax. Also, include this amount in the total on Scheduline 17c	ule 2 (Form	17b	
Part	III Income complet complet	and Additional Tax for Failure To Maintain HDHP Coverage. See ting this part. If you are filing jointly and both you and your spouse each a separate Part III for each spouse.	the instructio ch have sepa		
18		le		18	
19		funding distribution		19	
20		Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,		20	
21		k. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched line 17d		21	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA REV 02/11/24 PRO

Form 8889 (2023)

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995	for instructions and	I the latest information
GO LO WWW.IIS. GOV/FOITIO995	for instructions and	i the latest information

2023 Attachment Sequence No. 55

OMB No. 1545-2294

Name(s) shown	on r	eturn
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MASTAN VALI SHAIK & RESHMA MEERJA

Your taxpayer identification number 598-94-3152

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)	
i				
ii				
iii				
iv				
V				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	-	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 3.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	_ (
_		7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 3.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 and	19	10	1.
11		11 77,935.		
12	Enter your net capital gain, if any, increased by any qualified dividends			
	(see instructions)	12 43.		
13	· · · · · · · · · · · · · · · · · · ·	13 77,892.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	15,578.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 ar			·
	zero, enter -0		17	(0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/1	1/24 PRO		Form 8995 (2023)

orm 🛈	697 I	Pi	assive Activity Loss Limitations					OMB No. 1545-1008		
epartme	m See separate instructions. See separate instructions. Attach to Form 1040, 1040-SR, or 1041. In a Revenue Service Go to www.irs.gov/Form8582 for instructions and the latest information.						Se	20 23 Attachment Sequence No. 858		
. ,	shown on return						Identifying number			
		AIK & RESHMA MEI					598-94-3152			
Part		Passive Activity Los		ation of David I						
		n: Complete Parts IV ar								
		ctivities With Active P I Real Estate Activities			ive participation, se	ee Special				
1a .	Activities with	net income (enter the a	mount from Part IV	/, column (a)) .		0.				
b.	Activities with	net loss (enter the amo	unt from Part IV, co	olumn (b))	1b (11,987.)				
	-	allowed losses (enter th)				
d	Combine lines	1a, 1b, and 1c					1d	-11,987		
l Oth	er Passive Ac	tivities								
2a	Activities with	net income (enter the a	mount from Part V	, column (a)) .	2 a					
b.	Activities with	net loss (enter the amo	unt from Part V, co	olumn (b))	2b ()				
		allowed losses (enter th)				
d	Combine lines	2a, 2b, and 2c					2d			
	zero or more,	1d and 2d and subtra stop here and include llowed losses entered	this form with you	ur return; all losse	es are allowed, inc	luding any				
	normally used						3	-11,987		
	If line 3 is a los	s and: • Line 1d is a	loss, go to Part II.							
Part	Note: E	al Allowance for Rei Enter all numbers in Par	t II as positive amo	ounts. See instruct	-					
		ller of the loss on line 1					4	11,987		
		0. If married filing separ	-			50,000.	-			
		adjusted gross income				17,622.	-			
	on line 5. Ouro	is greater than or equal	i to line 5, skip line	s 7 and 8 and ent	er -0-					
	Subtract line 6	erwise, go to line 7.	i to inte 5, skip inte	s 7 and 8 and ent		32 378				
7	Subtract line 6 Multiply line 7 b	rwise, go to line 7.			7	32,378.	8	16.189		
7 8	Multiply line 7 b	rwise, go to line 7. from line 5 cy 50% (0.50). Do not e	nter more than \$25	 ,000. If married filir	7 ng separately, see i	nstructions	89			
7 8 9	Multiply line 7 k Enter the smal	rwise, go to line 7.	nter more than \$25	 ,000. If married filir	7 ng separately, see i	nstructions	-			
7 8 9 Part	Multiply line 7 k Enter the smal	rwise, go to line 7. from line 5 by 50% (0.50). Do not e ller of line 4 or line 8. If	nter more than \$25 line 3 includes any		7 ng separately, see i ctions	nstructions	-	11,987		
7 8 9 Part 0	Multiply line 7 t Enter the smal III Total I Add the incom Total losses a	rwise, go to line 7. from line 5 by 50% (0.50). Do not e ller of line 4 or line 8. If Losses Allowed le, if any, on lines 1a an	nter more than \$25 line 3 includes any id 2a and enter the re activities for 20	,000. If married filir ,000. If married filir / CRD, see instruc		nstructions	9	11,987		
7 8 9 Part 0 1	Multiply line 7 t Enter the smal III Total I Add the incom Total losses a out how to rep	rwise, go to line 7. from line 5 by 50% (0.50). Do not e ller of line 4 or line 8. If Losses Allowed le, if any, on lines 1a an illowed from all passiv ort the losses on your t	nter more than \$25 line 3 includes any d 2a and enter the re activities for 20 ax return		7 ng separately, see i ctions	nstructions	9	11,987		
7 8 9 Part 0 1	Multiply line 7 t Enter the smal III Total I Add the incom Total losses a out how to rep	rwise, go to line 7. from line 5 by 50% (0.50). Do not e ller of line 4 or line 8. If Losses Allowed le, if any, on lines 1a an	nter more than \$25 line 3 includes any d 2a and enter the re activities for 20 ax return		7 ng separately, see i ctions	nstructions	9	11,987		
7 8 9 Part 0 1	Multiply line 7 k Enter the smal III Total L Add the incom Total losses a out how to rep V Compl	rwise, go to line 7. from line 5 by 50% (0.50). Do not e ller of line 4 or line 8. If Losses Allowed le, if any, on lines 1a an illowed from all passiv ort the losses on your t lete This Part Befor	nter more than \$25 line 3 includes any d 2a and enter the re activities for 20 ax return		7 ng separately, see i ctions	nstructions	9 10 11	11,987		
7 8 9 2art 0 1	Multiply line 7 k Enter the smal III Total L Add the incom Total losses a out how to rep V Compl	rwise, go to line 7. from line 5 by 50% (0.50). Do not e ller of line 4 or line 8. If Losses Allowed le, if any, on lines 1a an illowed from all passiv ort the losses on your t	nter more than \$25 line 3 includes any od 2a and enter the re activities for 20 ax return e Part I, Lines 1		7 ng separately, see i ctions nd 10. See instructions.	nstructions	9 10 11 erall gain	11,987 0 11,987		
7 8 9 Part 1 Part	Multiply line 7 k Enter the smal III Total L Add the incom Total losses a out how to rep V Compl	rwise, go to line 7. from line 5 by 50% (0.50). Do not e ller of line 4 or line 8. If Losses Allowed ie, if any, on lines 1a an illowed from all passiv ort the losses on your t lete This Part Befor of activity	nter more than \$25 line 3 includes any ad 2a and enter the re activities for 20 ax return e Part I, Lines 1a Curren (a) Net income	,000. If married filir <u>(CRD, see instruc</u>) total 23. Add lines 9 an 3. 1b, and 1c. S ht year (b) Net loss	7 ng separately, see i ctions	nstructions	9 10 11 erall gain	11,987 0 11,987 n or loss (e) Loss		
7 8 9 Part 1 Part	Multiply line 7 t Enter the smal III Total I Add the incom Total losses a out how to rep V Compl Name c	rwise, go to line 7. from line 5 by 50% (0.50). Do not e ller of line 4 or line 8. If Losses Allowed ie, if any, on lines 1a an illowed from all passiv ort the losses on your t lete This Part Befor of activity	nter more than \$25 line 3 includes any od 2a and enter the re activities for 20 ax return e Part I, Lines 1 Curren (a) Net income (line 1a)	,000. If married filir (CRD, see instructure) total	7 ng separately, see i ctions	nstructions	9 10 11 erall gain	11,987 0 11,987 n or loss (e) Loss		
7 8 9 Part 10 11 Part	Multiply line 7 t Enter the smal III Total I Add the incom Total losses a out how to rep V Compl Name c	rwise, go to line 7. from line 5 by 50% (0.50). Do not e ller of line 4 or line 8. If Losses Allowed ie, if any, on lines 1a an illowed from all passiv ort the losses on your t lete This Part Befor of activity	nter more than \$25 line 3 includes any od 2a and enter the re activities for 20 ax return e Part I, Lines 1 Curren (a) Net income (line 1a)	,000. If married filir (CRD, see instructure) total	7 ng separately, see i ctions	nstructions	9 10 11 erall gain			

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Nome of activity	Curre	Current year			Prior years		Overall gain or loss		
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain	(e)	(e) Loss	
				1000 (111	10 20)				
Total. Enter on Part I, lines 2a, 2b, and 20									
Part VI Use This Part if an Am		Part II,	Line 9. S	ee instruc	ctions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a	ı) Loss (b) Ra		atio	(c) Special allowance	columr	(d) Subtract column (c) from column (a).	
SWATHI NAGAR COLONY	E Ln 22		11,987.	1.00000000		11,98	7.	0.	
Total			11,987.	1.0	0	11,98	7.	0.	
Part VII Allocation of Unallowe	d Losses. See inst	ruction	s.				•		
Name of activity	Form or sch and line nu to be report (see instruct	mber ed on (a) L		Loss ((b) Ratio	(c) Unallov	(c) Unallowed loss	
Total Allowed Losses. See in						1.00			
Allowed Losses. See in									
Name of activity	Form or sch and line nu to be report (see instruc	mber ed on (a) Loss		(b) Unallowed loss		(c) Allow	(c) Allowed loss		
Total									

REV 02/11/24 PRO

Form **8582** (2023)