Form 8879
(Rev. January 2021)
Department of the Treesury

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.

Submission Identification Number (SID)

Taxpay	er's name	Social secur	ity numb	ber			
AAR	THI VAKKAVANTHULA	856-30	-475	5			
Spouse	's name	Spouse's so	cial secu	urity number			
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er vear vou :	are au	thorizina)			
	Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are 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		1	60,389.			
2	Total tax		2	5,538.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,349.			
4	Amount you want refunded to you		4	3,811.			
5	Amount you owe		5				

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.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TA		irm name	to enter or generate my PIN	E
$\mathbf{\nabla}$	Louthorizo		VEC TTC		to optor or concrete my DIN	

0	4	7	5	5	
Ent dor	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-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 Must Retain This Form — See Instru it This Form to the IRS Unless Reque			
For Denergy ork Deduction Act Nation and you			Earm 8879 (Bay 01.2	001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last	name						Your so	cial sec	curity number
AARTHI VAK				KAVANT	THULA					856	30	4755
	oouse's	s first name and middle initial	Last									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
12440 AL	AME	DA TRACE CIR						E	1926	Check	here if y	ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ate	ZIP co	ode			jointly, want \$3
AUSTIN						ТΣ	ĸ	787	27	· · ·		nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code			•
											Y	ou 🗌 Spouse
Filing Status	X	Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only or	ne hao	d income)								
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	e (QSS)		
	lf y	you checked the MFS box, enter the	name	e of your s	pouse. If you	u che	ecked the HOH	l or QS	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır dep	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a rewar	d. award. or	pavr	ment for prope	rtv or :	services): c	r (b) sell.		
Assets		hange, or otherwise dispose of a digi						-	,		ΧY	es 🗌 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or ye	ou were a	dual-status	alien	1					
Aae/Blindness	You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befc	ore January	2. 1959		s blind
Dependents	-			(2)	Social security		(3) Relationsh	14			ifies for	(see instructions):
If more		(1) First name Last name			number to you				Child tax	credit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	; —											
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	1	74,256.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1t)	
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	1		
1099-R if tax	е	Taxable dependent care benefits f			-					. 16	,	
was withheld.	f	Employer-provided adoption bene								. 11	-	
If you did not get a Form	g	Wages from Form 8919, line 6 .								. <u>1ç</u>	ı 📃	
W-2, see	h	Other earned income (see instruction	,				· · · ·	·		. <u>1</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i					74 256
		Add lines 1a through 1h			· · · ·	 	· · · · ·	• •		. <u>1</u> z	_	74,256.
Attach Sch. B if required.	2a	· · -	2a		13.		axable interest			. 2t	_	42.
	<u>3a</u>		3a				Ordinary divider		· · ·	. 3t	-	42.
Standard	4a		4a				axable amount		· · ·	. 4t	_	
Deduction for-	5a 6a		5a				axable amount			. 5t	-	
 Single or Married filing 	6a	Social security benefits	6a	method	check boro		axable amount			. 6k	,	
separately, \$13,850	с 7	Capital gain or (loss). Attach Sche		-		•	,	• •				273.
 Married filing 	8	Additional income from Schedule		•	•			• •		. 8		-14,332.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,				e			. 9		60,389.
surviving spouse, \$27,700	10	Adjustments to income from Sche					•••••			. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	ne .				. 11		60,389.
\$20,800	12	Standard deduction or itemized								. 12	_	13,850.
 If you checked any box under 	13	Qualified business income deducti					5-A			. 13	_	,000.
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	ourt	taxable incom	е.		. 15		46,539.

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	5,538.
Credits	17	Amount from Schedule 2, lin	ie3				[17	
	18	Add lines 16 and 17						18	5,538.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	5,538.
	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	5,538.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 9	,349.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	9,349.
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)			No .	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				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	9,349.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,811.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆 💽	85a	3,811.
Direct deposit?	b	Routing number 1 1 9 0 6 5 9 c Type: X Checking Savings							
See instructions.	d	Account number 6 5 8	6 6 1 0	8 8 0					
	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.irs.go</i> u	//Payments or	see instructions			37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 Yes. Co	omplete bel	ow.	X No
	De na	signee's		Phone no.			onal identifica oer (PIN)	tion	
0:		der penalties of perjury, I declare th	at I have examined				. ,	bost o	f my knowlodgo and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IB	S sen	t you an Identity
									N, enter it here
Joint return?					SOFTWARE DEVELOPER (t.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			t your spouse an
your records.							Identity (see ins		ction PIN, enter it here
			г				,		
		one no. (361)488-927 eparer's name	5 Preparer's signat	Email address	VAARTHISI	7@GMAIL.COM	l PTIN		Check if:
Paid									Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA IALLAM	02/08/2024	P020827		
Use Only		m's name GLOBAL TAX		NOWTON	T 00016				678)965-9522
			Y CT E BRU	NSWICK N			Firm's E	.11N	84-3171965
GO TO WWW.Irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
AARTHI VAKKAVA	NTHULA	856-30	-4755

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-14,332.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а		8a ()	
b	5	8b		
С		8c		
d		8d ()	
е		8e		
f	Income from Form 8889	8f	_	
g		8g		
h		8h	-	
i	Prizes and awards	<u>8i</u>	-	
j	Activity not engaged in for profit income	8j	-	
k		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	81	-	
m	Olympic and Paralympic medals and USOC prize money (see	0		
		8m	-	
n		8n 80	-	
0		8p	-	
p		8g	-	
q r		8r	-	
י S	Nontaxable amount of Medicaid waiver payments included on Form		-	
3		8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or		4	
•		8t		
u		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	<u></u> .	10	-14,332.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

F aperwo lotice, see your tax returi nstructions

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis			
	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			19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2 4	Jury duty pay (see instructions)			
a b	Deductible expenses related to income reported on line 8l from the		-	
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
h			-	
d			-	
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		-	
h	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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 0	2/05/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2023 Attachment Sequence No. 12

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

AARTHI VAKKAVANTHULA

Your social security number 856-30-4755

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

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)		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	664.	419.			245.
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		,		5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	245.

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 lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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	833.	805.			28.
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	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	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	28.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 273.
	• 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? X Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
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 ()
	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.	

BAA REV 02/05/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Internal Revenue Service

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.

Name(s) shown on returnSocial security number or taxpayer identification numberAARTHI VAKKAVANTHULA856-30-4755

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)

(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 (Example: 100 sh. XYZ Co.)	Description of property Date acquired Date sold of diagonal of			(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(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 <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Secur	ities LLC	04/18/23	12/31/23	664.	419.			245.	
2 Totals. Add the amo negative amounts). Schedule D, line 1b above is checked), o	Enter each tota (if Box A above	al here and inc is checked), lir	lude on your 1e 2 (if Box B	664.	419.			245.	

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)	Attachment Sequence No. 12A	Page 2
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AARTHI VAKKAVANTHULA

Social security number or taxpayer identification number 856-30-4755

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	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			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).	
Robinhood Securities LLC	10/22/22	12/31/23	833.	805.			28.	
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).			833.	805.			28.	

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

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

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

2023
Attachment Sequence No. 13

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

Name(s) shown on return								Your soci	al security	number	
	HI VAKKAVANTI	HULA	A							0-4755		
Par	I Income or Note: If you as	Los re in t	s From Rental Real Estate an he business of renting personal proper from Form 4835 on page 2, line 40.			C . See	e instru	ctions. If you	1			
Α			ents in 2023 that would require you	to file	Form(s) 10	999? 5	See ins	structions .		. 🗌 Ye	s 🛛 No	
В	f "Yes," did you or	will y	ou file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No	
1a			ach property (street, city, state, Zl									
Α	FLAT:503,KAV	/URI	RIDGE APTS MANIKONDA,	HYDEI	RABAD TI	ELAN	GANA	IN 5000	89			
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 Fair Rental Days Personal Use								QJV	
A	3		personal use days. Check the Q	JV bo	x only 🛛 🗌	Α		365		0		
B			if you meet the requirements to			B		505		0		
С			qualified joint venture. See instru	uctions	s. –	С						
	of Property:	1			I	-	1		1			
	Single Family Resid Multi-Family Reside			ntal	5 Land 6 Royal	ties		Self-Rental Other (desc	ribe)			
								Propert	ies:			
Incon	ne:					Α		В			С	
3				3		5	80.					
4		ł.,		4								
Expe												
5				5								
6			structions)	6			280.					
7			ance	7		1,823.						
8				8								
9				9								
10			sional fees	10								
11				11		1,5	60.					
12			to banks, etc. (see instructions)	12								
13				13			F 1					
14				14			51.					
15				15 16		3,1	80.					
16 17				17		3,9	10					
18			or depletion	18		و, د	10.					
19	Othor (list)		•	19								
20	· · · · · · · · · · · · · · · · · · ·		nes 5 through 19	20		14,9	12.					
21	Subtract line 20 fr result is a (loss), s	om li ee in	ne 3 (rents) and/or 4 (royalties). If astructions to find out if you must	21		<u> </u>						
22			estate loss after limitation, if any, tructions)	22			32.)	()	()	
23a	Total of all amoun	ts rep	ported on line 3 for all rental prope	erties			23a		580.		,	
b			ported on line 4 for all royalty prop				23b					
с	Total of all amoun	ts rep	ported on line 12 for all properties				23c					
d	Total of all amoun	ts rep	ported on line 18 for all properties				23d					
е	Total of all amoun	ts rep	ported on line 20 for all properties				23e	14	1,912.			
24			amounts shown on line 21. Do no		-							
25		-	ses from line 21 and rental real estat							(14,332.)	
26			te and royalty income or (loss). d IV, and line 40 on page 2 do no									

26 -14,332.

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