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

	5				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social secur	ity numl	ber	
SATI	SH KUMAR GUNJUTE	713-83	-316	3	
Spouse'	s name	Spouse's so	cial sec	urity number	
Dort	Tay Poturn Information Tay Year Ending December 21 2002 (Enter	voor vou	ro ou	thorizina	<u> </u>
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter whole dollars only on lines 1 through 5.	year you a	are au	trionzing.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1 1	127	,867.
2	Total tax		2		,751.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,457.
4	Amount you want refunded to you		4		,706.
5	Amount you owe		5	,	<i>,</i> 100.
Part		eep a cop	y of y	our retu	rn)
my know return (to send for any Agent t paymer authoriz paymer busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected lay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to fine taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payled confidential information necessary to answer inquiries and resolve issues related to the payled confidential information necessary to answer inquiries and resolve issues related to the payled confidential information necessary to answer inquiries and resolve issues related to the payled confidential information necessary to answer inquiries and resolve issues related to the payled confidential information necessary to answer inquiries and resolve issues related to the payled confidential information necessary to answer inquiries and resolve issues related to the payled confidential information necessary to answer inquiries and resolve issues related to the payled confidential information necessary to answer inquiries and resolve issues related to the payled confidence of the payled confidence of the payled confidence of the income tax return (original or amended) I and the p	e are the ameter, or electrication of the table. Treasury a stated in the table the authorizests must be processing cayment. I full	counts fronic re- ransmin and its cax preper entry ation. The entry ation of the electric than the electric	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (i ved no late lectronic pa cknowledge	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		nv PIN	3 3	1 6 3	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Your s	ignature ▶ Date ▶				
Snous	e's PIN: check one box only				
Opous	I authorize to enter or generate n	av DINI			as my
	ERO firm name	_	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't en	6 0	8 2 7	1
		Don ten	cer an Ze	03	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Income.	tting this ret	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		2	023	OMB No. 154	5-0074	IRS Use	Only—	Do not w	rite or sta	ple in this space	e.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 20	023, ending	1		, 20	- (See se	oarate i	nstructions.	_
Your first name SATISH I	KUMA		Last nar GUNJI Last nar	UTE						713	83	urity number 3163 security num	
	-	er and street). If you have a P.O. box, see	instructio	ns.			A	Apt. no.	- 1			ection Campa	aign
City, town, or post office. If you have a foreign address, also co HOPKINS Foreign country name			· ·	oaces below.	M	tate IN nty	ZIP c 553 Foreig		t t	spouse to go to oox bel	if filing this fur	jointly, want nd. Checking not change nd.	ga
Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) ou checked the MFS box, enter the lalifying person is a child but not you ny time during 2023, did you: (a) receipt	name o	f your spouse dent:			g surviv	ving spou	use (C enter	the chi	ld's na	me if the	
Digital Assets Standard	exch	nange, or otherwise dispose of a diginate can claim: You as a de	ital asset	(or a financi	al interest						☐ Ye	es 🗵 No	
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-	status alie	en .				1050			
		: Were born before January 2, 1	959	Are blind	Spous		- 1	ore Janua				s blind see instructio	
Dependent		instructions): irst name Last name		(2) Social numl		(3) Relations to you	hip (Child ta				r other depend	
If more than four	(.,	2400.14110				,		Ī				$\overline{\Box}$	
dependents,													
see instruction and check here	s —]							[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)					1a		144,937	7.
	b	Household employee wages not re	eported o	on Form(s) W	'-2					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	tructions)						1c	:		
attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s) W-2	2 (see insti	ructions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 2	26 .					1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839,	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 instruct	ions) .							1h		2 , 688	3.
instructions.	i	Nontaxable combat pay election (s	see instri	uctions) .		<u>1</u>	i						
	z	Add lines 1a through 1h								1z		147,625	
Attach Sch. B	2a	Tax-exempt interest	2a			Taxable interes	st .			2b			4.
if required.	3a	Qualified dividends	3a	147	<u>'</u> b	Ordinary divide	ends .			3b		147	7.
Name desired	4a	IRA distributions	4a			Taxable amou				4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b	Taxable amou	nt			5b			
Single or	6a	Social security benefits	6a		b	Taxable amour	nt			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, chec	k here (se	e instructions)			. 🗆				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if	required. If n	ot require	d, check here				7		-3,000	
jointly or	8	Additional income from Schedule	•							8		-14,909	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	Γhis is your t o	otal incon	ne				9		129,867	
\$27,700 • Head of	10	Adjustments to income from Sche								10		2,000	
household,	11	Subtract line 10 from line 9. This is	-							11		127,867	
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (from Sc	hedule A)					12	1	13,850	<u>).</u>
any box under Standard	13	Qualified business income deduct	ion from	Form 8995 c	or Form 89	95-A				13			
Deduction,	14									14		13,850	
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or lace	ontor O T	hia ia varu	tavable incor	ma			15	1	11/ 017	7

Form 1040 (202	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	20,751.
Credits	17	Amount from Schedule 2, lin						17	
	18	Add lines 16 and 17						18	20,751.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	•						21	
	22	Subtract line 21 from line 18						22	20,751.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is			•			24	20,751.
Payments	25	Federal income tax withheld							,
,	а	Form(s) W-2				25a 28	,188.		
	b	Form(s) 1099				25b	269.		
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	28,457.
If you have a	26	2023 estimated tax payment	s 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	n Schedule 8812	·		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31.				ındable credits		32	
	33	Add lines 25d, 26, and 32. T						33	28,457.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	7,706.
	35a	Amount of line 34 you want i	refunded to you	ی. If Form 8888	is attached, ched	ck here	. 🗆	35a	7,706.
Direct deposit?	b	Routing number 0 7 1	9 2 1 8	9 1	c Type:	Checking	Savings		
See instructions.	d	Account number 4 6 7	6 9 9 2	9 6 8			_		
	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 am o	ount you owe.					
You Owe		For details on how to pay, go				,		37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?				
Designee		structions					omplete l		⊠ No
		signee's me		Phone no.			onal identi oer (PIN)	ication	
Sign		der penalties of perjury, I declare th	nat I have examine		accompanying sche			he best	of my knowledge and
Here	bel	lief, they are true, correct, and com	plete. Declaration	of preparer (other	r than taxpayer) is ba	ased on all information	on of which	ı prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Identity
							/		IN, enter it here
Joint return?						N TECHNOLOG	,	inst.)	
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign		Date	Spouse's occupation If the IRS sent your spou Identity Protection PIN, 6 (see inst.)				
	———Ph	one no. (815) 593-671	າ	Email address	L SATISH GIIN.T	UTE@GMAIL.CO	L`)M		
		eparer's name	Preparer's signat		2111 1 211 1 0 0 1 1 0	Date Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			GAR GUPTA	03/30/2024	P0208	2703	Self-employed
Preparer		m's name GLOBAL TAX				1 2 7 2 7 2 0 2 1			(678) 965-9522
Use Only		m's address 245 ROONE		NSWICK N	J 08816			's EIN	12.0,000 0022
Go to www irs a		n1040 for instructions and the later			DAA	DEV 02/07/24 DDO	'		Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SATISH KUMAR GUNJUTE

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

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

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

Your social security number 713-83-3163

Taxable refunds, credits, or offsets of state and local income taxes				
		<u>1</u>		
Alimony received		2 a		
Date of original divorce or separation agreement (see instructions):				
				-14,909
Farm income or (loss). Attach Schedule F		6		
Unemployment compensation		7		
Other income:				
Net operating loss	8a ()		
Gambling	8b			
Cancellation of debt	8c			
Foreign earned income exclusion from Form 2555	8d ()		
Income from Form 8853	8e			
Income from Form 8889	8f			
Alaska Permanent Fund dividends	8g			
Jury duty pay	8h			
	8i			
	8j			
Stock options	8k			
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			
	8m			
,	8n			
	80			
	8p			
	-			
	8r			
	8s ()		
	8t			
Other income. List type and amount:				
	8z			
		9		
	Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C	Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C Other gains or (losses). Attach Form 4797 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule Farm income or (loss). Attach Schedule F. Unemployment compensation Other income: Net operating loss Gambling Sab Cancellation of debt Foreign earned income exclusion from Form 2555 Bac Income from Form 8853 Income from Form 8853 Income from Form 8889 Bac Alaska Permanent Fund dividends Bay Prizes and awards Activity not engaged in for profit income Stock options 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 Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 461(l) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Vages earned while incarcerated Other income. Add lines 8a through 8z Total other income. Add lines 8a through 8z	Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C	Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C

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	:	
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	2,000.
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
_	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
	,		
ı	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		
	Housing deduction from Form 2555		
ј k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
N.	1041)		
z	Other adjustments. List type and amount:		
~	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	2,000.
	, ,		, , , , , ,

REV 03/07/24 PRO

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

	tment of the Treasury al Revenue Service Use Form 8949 to list your tran Go to www.irs.gov/ScheduleD to					,	Attachment Sequence No. 12	
	(s) shown on return TISH KUMAR GUNJUTE						ecurity number 3163	
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additional				No oss.			
Pa	short-Term Capital Gains and Losses—Ger	nerally Assets	Held One Year	or Les	ss (se	e ins	structions)	
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)	to gai Form((g) ljustmen n or loss s) 8949, l 2, columi	from Part I,	(h) Gain or (loss) Subtract column (d) an combine the resul with column (g)	e) nd
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.							
	Totals for all transactions reported on Form(s) 8949 with Box A checked							
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 (lo	oss) from Forms 4	684, 6781, and 8	824		4	-1,858	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts	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 Los s	Carry	over	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			ve any	•	7	-1,858	•
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	Held More Than	n One	Year	(see	instructions)	
	instructions for how to figure the amounts to enter on the below.	(d)	(e)		(g) ljustmen		(h) Gain or (loss) Subtract column (e	e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	Form(s	n or loss s) 8949, F 2, columi	Part II,	from column (d) an combine the resul 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							
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				loss)	11	-2,788	_
12	Net long-term gain or (loss) from partnerships, S corporati	ions, estates, and	trusts from Sche	edule(s)	K-1	12		
	Capital gain distributions. See the instructions					13		
14	Long-term capital loss carryover. Enter the amount, if any	from line 13 of v	our Canital Loss	Carn	over			

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 -4,646.• 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 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

OMB No. 1545-0074

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

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

2023	
Attachment Sequence No. 13	

SAT	ISH KUMAR GUNJUTE						713-83	3-3163	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you ar	re an indiv	ridual, rep	ort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	See ins	tructions .		. 🗌 Ye	s 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
Α	Public Garden Road Hyderabad TELANGANA	A IN	500001						
В				•					
С									
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair	rental	and		Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to find a qualified joint venture. See instru			В					
С	quamiou joint vontaio. 300 inclid	20110110		С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descri	ibe)		
						Propertie			
Incor	ne:			Α		В			С
3	Rents received	3		1,2	80.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,9	95.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,6	40.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,9	65.				
15	Supplies	15		4,3	10.				
16	Taxes	16							
17	Utilities	17		1,7	48.				
18	Depreciation expense or depletion	18		5	31.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		16,1	89.				
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			_1 / 0	00				
00	Deductible rental real estate loss after limitation, if any,	21	_	-14, 9	U9.				
22	on Form 8582 (see instructions)	22	,	14,90	0 1	((1
23a	Total of all amounts reported on line 3 for all rental prope				23a	·	,280.	()
	Total of all amounts reported on line 4 for all royalty prop				23b		, 200.		
b b	Total of all amounts reported on line 12 for all properties				23c				
d					23d		531.		
u e	Total of all amounts reported on line 20 for all properties				23e	16	,189.		
24	Income. Add positive amounts shown on line 21. Do not				200	10	. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		•		oter to	tal losses here		(14,909.)
26	Total rental real estate and royalty income or (loss).							\	<u> </u>
20	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						26		-14,909.

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service Go to www.irs

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

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. 52

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

SATISH KUMAR GUNJUTE

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

713-83-3163

	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts,	if requ	uired.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for an artificial form.			′
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	X Se	elf-only 🗌 Fan	nily
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions contributions through a cafeteria plan, or rollovers. See instructions	2	2,000	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	1	3,850	0.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs			0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family			
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850	0.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	(0.
8	Add lines 6 and 7	8	3,850	0.
9	Employer contributions made to your HSAs for 2023			
10	Qualified HSA funding distributions		ļ	
11	Add lines 9 and 10	11	800	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,050	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	2,000	0.
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have sep	parate	HSAs, comple	 ete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions			
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this			
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c			
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have see complete a separate Part III for each spouse.	tions l	before	
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d			

BAA

Gains and Losses From Section 1256 Contracts and Straddles

Attachment

OMB No. 1545-0644

Attach to your tax return. Department of the Treasury Go to www.irs.gov/Form6781 for the latest information. Sequence No. 82 Internal Revenue Service Name(s) shown on tax return Identifying number 713-83-3163 SATISH KUMAR GUNJUTE Check all applicable boxes. **A** ☐ Mixed straddle election **C** Mixed straddle account election See instructions. **B** Straddle-by-straddle identification election **D** ☐ Net section 1256 contracts loss election **Section 1256 Contracts Marked to Market** Part I (a) Identification of account (b) (Loss) (c) Gain Form 1099-B AMERITRADE -4,646. 2 Add the amounts on line 1 in columns (b) and (c) -4,646. 3 3 4 Form 1099-B adjustments. See instructions and attach statement 4 5 5 -4,646. Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to 6 be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0- 6 7 7 -4,646. Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of 8 -1,858. Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of -2,788. Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Section A-Losses From Straddles (f) Loss. (a) Description of property (c) Date (d) Gross (h) Recognized loss. (e) Cost or (g) If column (e) is entered into closed out sales price other basis Unrecognized If column (f) is more than (d), gain on or acquired or sold plus expense more than (g), enter difference. of sale offsetting enter difference. Otherwise, positions Otherwise, enter -0-. enter -0-. 10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule 11a Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule 11b Section B-Gains From Straddles (f) Gain. (a) Description of property (b) Date (c) Date (d) Gross (e) Cost or If column (d) is entered into closed out sales price other basis more than (e). or acquired or sold plus expense enter difference. of sale Otherwise, enter -0-. 12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D 13a Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions 13h

Part III	Unrecognized Gains From Positions Hel	d on Last Day of T	ax Year. Memo	entry only (see ir	nstructions)
	(a) Description of property	(b) Date acquired	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0
14					

(Rev. November 2021)

Department of the Treasury

Internal Revenue Service

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information. ► Attach to your tax return.

For calendar year 20 23 or tax year beginning 20 . and ending

Attachment Sequence No. 938

OMB No. 1545-2195

If you have attached additional statements, check here 10 Number of additional statements Name(s) shown on return 2 Taxpayer identification number (TIN) SATISH KUMAR GUNJUTE 713-83-3163 Type of filer **a** X Specified individual **c** Corporation **b** Partnership **d** Trust If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) a Name **b** TIN Foreign Deposit and Custodial Accounts Summary Part I 11 6 120,279. 7 8 Were any foreign deposit or custodial accounts closed during the tax year? X No 9 Part II Other Foreign Assets Summary 10 11 12 X No Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported on Where reported (a) Asset category (b) Tax item form or schedule (d) Form and line (e) Schedule and line 13 Foreign deposit and a Interest \$ custodial accounts **b** Dividends \$ \$ c Royalties d Other income \$ \$ Gains (losses) **Deductions** \$ g Credits \$ 14 Other foreign assets \$ a Interest **b** Dividends \$ \$ c Royalties \$ d Other income e Gains (losses) \$ Deductions \$ g Credits \$ Part IV **Excepted Specified Foreign Financial Assets** (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. **15** Number of Forms 3520 **16** Number of Forms 3520-A **17** Number of Forms 5471 18 Number of Forms 8621 19 Number of Forms 8865 Form **8938** (Rev. 11-2021)

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Form 8938 (Rev. 11-2021) 2 Page **2**

Part	V Detailed Information for Each (see instructions)	ch Foreign Deposit and C	ustodia	I Account Included in the	Part I Summary
If you	have more than one account to report	in Part V, attach a separate s	tatement	for each additional account.	See instructions.
20	Type of account a X Deposi			count number or other designa	
	b ☐ Custoo	dial	5	0100228231122	
22	Check all that apply a Accoun	nt opened during tax year	b 🗌 A	ccount closed during tax year	
	c 🗌 Accour	nt jointly owned with spouse	d 🗷 N	o tax item reported in Part III wi	th respect to this asset
23	Maximum value of account during tax	x year			\$ 13,058.
24	Did you use a foreign currency excha	inge rate to convert the value	of the ac	count into U.S. dollars?	X Yes ☐ No
25	If you answered "Yes" to line 24, com	nplete all that apply.			
	(a) Foreign currency in which	(b) Foreign currency exchai	nge rate	(c) Source of exchange rate	used if not from U.S.
	account is maintained	used to convert to U.S.	dollars	Treasury Department's Bur	reau of the Fiscal Service
	INR		.0120		
26a	Name of financial institution in which ${\tt HDFC}$	account is maintained	b Glob	oal Intermediary Identification N	umber (GIIN) (Optional)
27	Mailing address of financial institution AMEERPET	n in which account is maintair	ed. Num	ber, street, and room or suite	no.
28	City or town, state or province, count	try, and ZIP or foreign postal of	code		
	HYDERABAD, TELANGANA IN 5				
Part	VI Detailed Information for Each	ch "Other Foreign Asset"	Include	d in the Part II Summary	(see instructions)
lf you	have more than one asset to report in	Part VI, attach a separate sta	tement fo	or each additional asset. See in	nstructions.
29	Description of asset		30 Ide	ntifying number or other desig	nation
31	Complete all that apply. See instruction	ons for reporting of multiple a	 cquisitio	n or disposition dates.	
а	Date asset acquired during tax year,	if applicable		<u> </u>	
b	Date asset disposed of during tax year				
С	☐ Check if asset jointly owned with		k if no ta	x item reported in Part III with	respect to this asset
32	Maximum value of asset during tax ye				
а	□ \$0–\$50,000 b □ \$50,001-				
е	If more than \$200,000, list value .				
33	Did you use a foreign currency excha	-	of the as	set into U.S. dollars?	☐ Yes ☐ No
34	If you answered "Yes" to line 33, com			I	
	(a) Foreign currency in which asset is denominated	(b) Foreign currency excharacter used to convert to U.S.		(c) Source of exchange rate Treasury Department's Bur	
0.5					
35	If asset reported on line 29 is stock of	a foreign entity or an interest		•	ormation for the asset.
а	Name of foreign entity		b Giin	(Optional)	
•	Type of foreign entity (1) Partn	nership (2) Corporatio	n (3)	☐ Trust (4) ☐ Estate	
c d	Mailing address of foreign entity. Nun	<u> </u>		ITust (+) Estate	
u	Mailing address of loreign entity. Num	niber, street, and room or suit	e no.		
е	City or town, state or province, count	try, and ZIP or foreign postal of	code		
36	If asset reported on line 29 is not stoot the asset.	ck of a foreign entity or an inte	erest in a	foreign entity, enter the follow	ving information for
	Note: If this asset has more than one additional issuer or counterparty. See		h a separ	rate statement with the same i	nformation for each
а	Name of issuer or counterparty				
u	Check if information is for Issue	er Counterparty			
b	Type of issuer or counterparty	· ·			
	(1) Individual (2) Partner	rship (3) Corporatio	n (4	I) 🗌 Trust (5) 🗌 Estate	!
С	Check if issuer or counterparty is a	U.S. person Foreign	person		
d	Mailing address of issuer or counterp	earty. Number, street, and roo	m or suit	e no.	
е	City or town, state or province, count	try, and ZIP or foreign postal of	code		

Form 8938 (Rev. 11-2021) 3 Page **2**

Part	Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)
If you	have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.
20	Type of account a Deposit b Custodial 21 Account number or other designation 50100228231135
22	Check all that apply a ☐ Account opened during tax year c ☐ Account jointly owned with spouse d ☑ Account closed during tax year d ☑ No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? 🗵 Yes 🗌 No
25	If you answered "Yes" to line 24, complete all that apply.
	(a) Foreign currency in which account is maintained INR (b) Foreign currency exchange rate used if not from U.S. dollars Treasury Department's Bureau of the Fiscal Service 10120
26a	Name of financial institution in which account is maintained HDFC b Global Intermediary Identification Number (GIIN) (Optional)
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. AMEERPET
28	City or town, state or province, country, and ZIP or foreign postal code HYDERABAD, TELANGANA IN 500016
Part	VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)
If you	have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.
29	Description of asset 30 Identifying number or other designation
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
а	Date asset acquired during tax year, if applicable
b	Date asset disposed of during tax year, if applicable
С	☐ Check if asset jointly owned with spouse d☐ Check if no tax item reported in Part III with respect to this asset
32	Maximum value of asset during tax year (check box that applies)
a e	□ \$0-\$50,000 b □ \$50,001-\$100,000 c □ \$100,001-\$150,000 d □ \$150,001-\$200,000 If more than \$200,000, list value
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?
34	If you answered "Yes" to line 33, complete all that apply.
	(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
а	Name of foreign entity b GIIN (Optional)
С	Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate
d	Mailing address of foreign entity. Number, street, and room or suite no.
е	City or town, state or province, country, and ZIP or foreign postal code
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
а	Name of issuer or counterparty
b	Type of issuer or counterparty (1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate
С	Check if issuer or counterparty is a U.S. person Foreign person
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.
е	City or town, state or province, country, and ZIP or foreign postal code

Form 8938 (Rev. 11-2021) 4 Page **2**

Part	Detailed Information for Each (see instructions)	ch Foreign Deposit and C	ustodia	I Account Included in the Part I Summary
If you	,	in Part V, attach a separate s	statement	t for each additional account. See instructions.
20	Type of account a X Depos	it		count number or other designation
	b Custod			0373463/BL00939726
22		nt opened during tax year		ccount closed during tax year
		nt jointly owned with spouse		o tax item reported in Part III with respect to this asset
23	Maximum value of account during tax			
24	Did you use a foreign currency excha		of the ac	count into U.S. dollars? X Yes No
25	If you answered "Yes" to line 24, con	nplete all that apply.		
	(a) Foreign currency in which	(b) Foreign currency excha		(c) Source of exchange rate used if not from U.S.
	account is maintained	used to convert to U.S.	dollars	Treasury Department's Bureau of the Fiscal Service
	INR		.0120	
26a	Name of financial institution in which	account is maintained	b Glob	oal Intermediary Identification Number (GIIN) (Optional)
	HDFC DEPOSITS			
27	Mailing address of financial institution	n in which account is maintai	ned. Num	ber, street, and room or suite no.
	MUMBAI			
28	City or town, state or province, count		code	
	MUMBAI, MAHARASHTRA IN 40			
Part				ed in the Part II Summary (see instructions)
If you	have more than one asset to report in	Part VI, attach a separate sta	tement fo	or each additional asset. See instructions.
29	Description of asset		30 Ide	ntifying number or other designation
31	Complete all that apply. See instructi			
а	Date asset acquired during tax year,	if applicable		<u> </u>
b	Date asset disposed of during tax year	ar, if applicable		<u> </u>
С	☐ Check if asset jointly owned with		k if no ta	x item reported in Part III with respect to this asset
32	Maximum value of asset during tax ye	ear (check box that applies)		
а	□ \$0–\$50,000 b □ \$50,001	–\$100,000 c □ \$100	,001–\$15	0,000 d
е	If more than \$200,000, list value .			\$
33	Did you use a foreign currency excha	ange rate to convert the value	of the as	set into U.S. dollars? Yes No
34	If you answered "Yes" to line 33, con	nplete all that apply.		
	(a) Foreign currency in which asset			(c) Source of exchange rate used if not from U.S.
	is denominated	used to convert to U.S.	dollars	Treasury Department's Bureau of the Fiscal Service
35		a foreign entity or an interest		gn entity, enter the following information for the asset.
а	Name of foreign entity		b GIIN	l (Optional)
С	7. 0 7 7 7	nership (2) 🗌 Corporation	. ,	☐ Trust (4) ☐ Estate
d	Mailing address of foreign entity. Nur	mber, street, and room or suit	e no.	
е	City or town, state or province, count	try, and ZIP or foreign postal	code	
36		ck of a foreign entity or an int	erest in a	foreign entity, enter the following information for
	the asset.			
			h a separ	rate statement with the same information for each
	additional issuer or counterparty. See	e instructions.		
а	Name of issuer or counterparty			
	Check if information is for Issue	er Counterparty		
b	Type of issuer or counterparty			0
	(1) Individual (2) Partne			1) Trust (5) Estate
C	Check if issuer or counterparty is a		n person	
d	Mailing address of issuer or counterp	party. Number, street, and roc	m or suit	e no.
	Other and account of the second of the secon	to and ZID ()	!	
е	City or town, state or province, count	rry, and ∠iP or toreign postal.	code	

Form 8938 (Rev. 11-2021) 5 Page **2**

Part	V Detailed Information for Each (see instructions)	h Foreign Deposit and C	ustodia	I Account Included in the	Part I Summary
If you	have more than one account to report	in Part V, attach a separate s	tatement	for each additional account.	See instructions.
20	Type of account a X Deposi			count number or other designa	
	b Custoo	dial	50	0300868825220	
22	Check all that apply a Accoun	nt opened during tax year	b A	ccount closed during tax year	
	c \square Accour	nt jointly owned with spouse	d × N	o tax item reported in Part III wi	th respect to this asset
23	Maximum value of account during tax	cyear			\$ 1,798.
24	Did you use a foreign currency excha	nge rate to convert the value	of the ac	count into U.S. dollars?	🛛 Yes 🗌 No
25	If you answered "Yes" to line 24, com	plete all that apply.			
	(a) Foreign currency in which	(b) Foreign currency exchain		(c) Source of exchange rate	
	account is maintained	used to convert to U.S.		Treasury Department's Bur	reau of the Fiscal Service
	INR		.0120		
26a	Name of financial institution in which HDFC FIXED DEPOSIT	account is maintained	b Glob	al Intermediary Identification N	lumber (GIIN) (Optional)
27	Mailing address of financial institution	n in which account is maintair	ed. Num	ber, street, and room or suite	no.
	AMEERPET				
28	City or town, state or province, count	ry, and ZIP or foreign postal of	code		
	HYDERABAD, TELANAGAN IN 5	500016			
	VI Detailed Information for Each				
If you	have more than one asset to report in	Part VI, attach a separate sta			
29	Description of asset		30 Ide	ntifying number or other desig	gnation
31	Complete all that apply. See instruction	ons for reporting of multiple a	L cquisitio	n or disposition dates.	
а	Date asset acquired during tax year,	f applicable			
b	Date asset disposed of during tax year	ar, if applicable			
С	☐ Check if asset jointly owned with	spouse d \square Chec	k if no ta	x item reported in Part III with	respect to this asset
32	Maximum value of asset during tax ye	ear (check box that applies)			
а	□ \$0–\$50,000 b □ \$50,001-				
е	If more than \$200,000, list value .				
33	Did you use a foreign currency excha	-	of the as	set into U.S. dollars?	☐ Yes ☐ No
34	If you answered "Yes" to line 33, com				
	(a) Foreign currency in which asset			(c) Source of exchange rate	
	is denominated	used to convert to U.S.	dollars	Treasury Department's Bur	reau of the Fiscal Service
25	If agest reported on line 20 is stock of	a foreign antity or an interest	in a farais	no optitu optoviha follovina inf	formation for the coast
35	If asset reported on line 29 is stock of Name of foreign entity	a foreign entity or an interest		gn entity, enter the following in (Optional)	iormation for the asset.
а	Name of foreign entity		b Gilly	(Optional)	
С	Type of foreign entity (1) Partn	ership (2) Corporatio	n (3)	☐ Trust (4) ☐ Estate	
d	Mailing address of foreign entity. Num	<u> </u>			
ŭ	Maining address of foreign criticy. Ivan	insor, street, and reem or sair	0 110.		
е	City or town, state or province, count	rv. and ZIP or foreign postal	code		
	, , , , , , , , , , , , , , , , , , , ,	,,			
36	If asset reported on line 29 is not stoo	ck of a foreign entity or an inte	erest in a	foreign entity, enter the follow	ving information for
	the asset.				
	Note: If this asset has more than one additional issuer or counterparty. See		n a separ	ate statement with the same i	nformation for each
_		HISTRUCTIONS.			
а	Name of issuer or counterparty Check if information is for Issue	er Counterparty			
h	Type of issuer or counterparty				
b	(1) Individual (2) Partner	rship (3) Corporatio	n (4	l) 🗌 Trust (5) 🗌 Estate	1
С	Check if issuer or counterparty is a		person	.,aot (0)	•
d	Mailing address of issuer or counterp			e no.	
-	and a second of country	,	. 5. 5610	- **	
е	City or town, state or province, count	ry, and ZIP or foreign postal of	code		

Form 8938 (Rev. 11-2021) 6 Page **2**

Part	Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)					
If vou	nave more than one account to report in Part V, attach a separate statement for each additional account. See instructions.	_				
20	Type of account a 🗵 Deposit 21 Account number or other designation					
	b ☐ Custodial 50100322779311					
22	Check all that apply a ☐ Account opened during tax year b ☐ Account closed during tax year					
	c ☐ Account jointly owned with spouse d 🗵 No tax item reported in Part III with respect to this ass	et				
23	Maximum value of account during tax year					
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ☒ Yes ☐ No					
25	If you answered "Yes" to line 24, complete all that apply.					
	(a) Foreign currency in which (b) Foreign currency exchange rate (c) Source of exchange rate used if not from U.S					
	account is maintained used to convert to U.S. dollars Treasury Department's Bureau of the Fiscal Serv	ice				
	INR .0120					
26a	Name of financial institution in which account is maintained hddfc PIS b Global Intermediary Identification Number (GIIN) (Option	al)				
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.	_				
	LAKDIKAPUL					
28	City or town, state or province, country, and ZIP or foreign postal code					
	HYDERABAD, TELANGANA IN 500004					
Part	Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)					
If you	nave more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.					
29	29 Description of asset 30 Identifying number or other designation					
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	_				
а	Date asset acquired during tax year, if applicable					
b	Date asset disposed of during tax year, if applicable					
С	☐ Check if asset jointly owned with spouse d☐ Check if no tax item reported in Part III with respect to this asset	t				
32	Maximum value of asset during tax year (check box that applies)					
а	□ \$0–\$50,000 b □ \$50,001–\$100,000 c □ \$100,001–\$150,000 d □ \$150,001–\$200,000					
е	If more than \$200,000, list value					
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?					
34	If you answered "Yes" to line 33, complete all that apply.					
	(a) Foreign currency in which asset (b) Foreign currency exchange rate (c) Source of exchange rate used if not from U.S.					
	is denominated used to convert to U.S. dollars Treasury Department's Bureau of the Fiscal Serv	ice				
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the ass					
а	Name of foreign entity b GIIN (Optional)	<u> </u>				
u	b and (optional)					
С	Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate					
d	Mailing address of foreign entity. Number, street, and room or suite no.					
е	City or town, state or province, country, and ZIP or foreign postal code					
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.					
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each					
	additional issuer or counterparty. See instructions.					
а	Name of issuer or counterparty					
	Check if information is for Suer Counterparty					
b	Type of issuer or counterparty					
	(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate					
С	Check if issuer or counterparty is a ☐ U.S. person ☐ Foreign person					
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.					
е	City or town, state or province, country, and ZIP or foreign postal code	_				

Form 8938 (Rev. 11-2021) 7 Page **2**

Part	(see instructions)	n Foreign Deposit and C	ustodia	I Account Inc	luaea in the	Part I Sui	mmary
lf you	have more than one account to report	in Part V, attach a separate s	tatement	for each addition	nal account.	See instruc	tions.
20	Type of account a 🗷 Deposit	t	21 Account number or other designation				
	b Custod	lial		01003996708			
22		nt opened during tax year		ccount closed d			
		t jointly owned with spouse		o tax item report			o this asset
23	Maximum value of account during tax						6 , 268.
24	Did you use a foreign currency exchar	-	of the ac	count into U.S.	dollars?	× Yes	☐ No
25	If you answered "Yes" to line 24, com			T			
	(a) Foreign currency in which	(b) Foreign currency excha	0	(c) Source of			
	account is maintained	used to convert to U.S.		Treasury De	epartment's Bur	reau of the F	iscal Service
	INR		.0120				
26a	Name of financial institution in which a HDFC ZERODHA			al Intermediary I			N) (Optional)
27	Mailing address of financial institution BENGALURU			ber, street, and	room or suite	no.	
28	City or town, state or province, country		code				
_	BENGALURU, KARNATAKA IN 5						
Part						•	
	have more than one asset to report in F	Part VI, attach a separate sta					•
29	Description of asset		30 Ide	ntifying number	or other desig	ınation	
31	Complete all that apply. See instruction	ons for reporting of multiple a	cquisitio	n or disposition	dates.		
а	Date asset acquired during tax year, it	f applicable					
b	Date asset disposed of during tax year	ar, if applicable					
С	Check if asset jointly owned with s	spouse d \square Chec	k if no ta	x item reported	in Part III with	respect to	this asset
32	Maximum value of asset during tax ye						
а		-\$100,000 c \square \$100			\$150,001-		
е	If more than \$200,000, list value .						
33	Did you use a foreign currency exchar	-	of the as	set into U.S. do	llars?	Yes	☐ No
34	If you answered "Yes" to line 33, com	111					
	(a) Foreign currency in which asset is denominated	used to convert to U.S.		(c) Source of e Treasury De	exchange rate epartment's Bur		
35	If asset reported on line 29 is stock of	a foreign entity or an interest	in a foreig	n entity, enter th	ne following inf	formation fo	or the asset.
а	Name of foreign entity		1	(Optional)			
С	Type of foreign entity (1) Partner			☐ Trust (4)	☐ Estate		
d	Mailing address of foreign entity. Num	nber, street, and room or suit	e no.				
е	City or town, state or province, country	ry, and ZIP or foreign postal	code				
36	If asset reported on line 29 is not stocthe asset.	k of a foreign entity or an int	erest in a	foreign entity, e	nter the follow	ving informa	ation for
	Note: If this asset has more than one additional issuer or counterparty. See		h a separ	ate statement w	ith the same i	nformation	for each
а	Name of issuer or counterparty						
	Check if information is for Issue	r Counterparty					
b	Type of issuer or counterparty						
	(1) Individual (2) Partner	ship (3) Corporation	n (4	l) 🗌 Trust	(5) Estate)	
С	Check if issuer or counterparty is a		n person				
d	Mailing address of issuer or counterpa	arty. Number, street, and roo	m or suit	e no.			
е	City or town, state or province, country	ry, and ZIP or foreign postal	code				

Form 8938 (Rev. 11-2021) 8 Page **2**

Part	Detailed Information for Eac (see instructions)	h Foreign Deposit and C	ustodia	I Account Included in the P	art I Summ	ary
If you	have more than one account to report	in Part V, attach a separate s	tatement	for each additional account. Se	e instructions	 S.
20	Type of account a 🗵 Deposi			count number or other designation		
	b Custoo			0417643583 / 387986224		
22	Check all that apply a Accour	nt opened during tax year	b 🗌 A	ccount closed during tax year		
	c Accour	t jointly owned with spouse	d X N	o tax item reported in Part III with	respect to thi	s asset
23	Maximum value of account during tax	year			\$ 3,	916.
24	Did you use a foreign currency excha	nge rate to convert the value	of the ac	count into U.S. dollars?	X Yes	□ No
25	If you answered "Yes" to line 24, com	plete all that apply.				
	(a) Foreign currency in which	(b) Foreign currency exchai		(c) Source of exchange rate us		
	account is maintained	used to convert to U.S.	dollars	Treasury Department's Burea	u of the Fisca	I Service
	INR		.0120			
26a	Name of financial institution in which SBI	account is maintained	b Glob	al Intermediary Identification Nur	nber (GIIN) (C)ptional)
27	Mailing address of financial institution DWARAKAPURI	in which account is maintair	ed. Num	ber, street, and room or suite no).	
28	City or town, state or province, count	ry, and ZIP or foreign postal of	code			
	HYDERABAD, TELANGANA IN 5					
Part	VI Detailed Information for Eac	h "Other Foreign Asset"	Include	d in the Part II Summary (se	e instructio	ns)
If you	have more than one asset to report in	Part VI, attach a separate sta	tement fo	or each additional asset. See ins	tructions.	
29	Description of asset		30 Ide	ntifying number or other designa	ation	
31	Complete all that apply. See instruction		•	•		
a	Date asset acquired during tax year, i	• •				
b	Date asset disposed of during tax year					
С	Check if asset jointly owned with	•	k it no tax	x item reported in Part III with re	spect to this	asset
32	Maximum value of asset during tax ye		001 015	0.000 4 5 6150.001 64	200 000	
а	\$0-\$50,000 b \$50,001				•	
<u>е</u> 33	If more than \$200,000, list value . Did you use a foreign currency excha				∍ □ Yes □	No
34	If you answered "Yes" to line 33, com	-	or tire as	Set IIIto O.O. dollars:		
•	(a) Foreign currency in which asset		nge rate	(c) Source of exchange rate us	sed if not fror	 m U.Տ.
	is denominated	used to convert to U.S.	•	Treasury Department's Burea		
35	If asset reported on line 29 is stock of	a foreign entity or an interest i	n a foreic	n entity enter the following infor	mation for th	e asset
а	Name of foreign entity	a loreign chility of all interest		(Optional)	mation for the	c asset.
u	Traine of foreign chary		b ami	(Optional)		
С	Type of foreign entity (1) Partn	ership (2) Corporatio	n (3)	☐ Trust (4) ☐ Estate		
d	Mailing address of foreign entity. Nun					
е	City or town, state or province, count	ry, and ZIP or foreign postal o	code			
36	If asset reported on line 29 is not stoo	ck of a foreign entity or an inte	erest in a	foreign entity, enter the following	g information	n for
	the asset.					
	Note: If this asset has more than one additional issuer or counterparty. See		n a separ	ate statement with the same info	ormation for e	each
а	Name of issuer or counterparty					
	Check if information is for Issue	r Counterparty				
b	Type of issuer or counterparty (1) Partner (2) Partner	robin (2) 🗆 Comparation	n //	1)		
^	(1) Individual (2) Partner Check if issuer or counterparty is a		n (4 i person	1) Trust (5) Estate		
c d	Mailing address of issuer or counterp	· · · · · · · · · · · · · · · · · · ·	-	e no		
u				C 110.		
е	City or town, state or province, count	ry, and ZIP or foreign postal o	code			

Form 8938 (Rev. 11-2021) 9 Page **2**

Part	Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)
If you	nave more than one account to report in Part V, attach a separate statement for each additional account. See instructions.
20	Type of account a 🗵 Deposit 21 Account number or other designation
	b Custodial 309005212204 / 309005212211
22	Check all that apply a ☐ Account opened during tax year b ☐ Account closed during tax year c ☐ Account jointly owned with spouse d ☒ No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? 🗵 Yes 🗌 No
25	If you answered "Yes" to line 24, complete all that apply.
	(a) Foreign currency in which (b) Foreign currency exchange rate (c) Source of exchange rate used if not from U.S.
	account is maintained used to convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service
	INR .0120
26a	Name of financial institution in which account is maintained RBL b Global Intermediary Identification Number (GIIN) (Optional
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. AMEERPET
28	City or town, state or province, country, and ZIP or foreign postal code
	HYDERABAD, TELANGANA IN 500016
Part	Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)
If you	nave more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.
29	Description of asset 30 Identifying number or other designation
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
а	Date asset acquired during tax year, if applicable
b	Date asset disposed of during tax year, if applicable
С	☐ Check if asset jointly owned with spouse d☐ Check if no tax item reported in Part III with respect to this asset
32	Maximum value of asset during tax year (check box that applies)
а	□ \$0-\$50,000 b □ \$50,001-\$100,000 c □ \$100,001-\$150,000 d □ \$150,001-\$200,000
е	If more than \$200,000, list value
33 34	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?
34	(a) Foreign currency in which asset (b) Foreign currency exchange rate (c) Source of exchange rate used if not from U.S.
	is denominated is denominated
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset
а	Name of foreign entity b GIIN (Optional)
С	Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate
d	Mailing address of foreign entity. Number, street, and room or suite no.
е	City or town, state or province, country, and ZIP or foreign postal code
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
а	Name of issuer or counterparty
	Check if information is for Susuer Counterparty
b	Type of issuer or counterparty
	(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate
С	Check if issuer or counterparty is a ☐ U.S. person ☐ Foreign person
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.
е	City or town, state or province, country, and ZIP or foreign postal code

Form 8938 (Rev. 11-2021) 10 Page **2**

Part	V Detailed Information for Each (see instructions)	ch Foreign Deposit and C	ustodia	I Account Included in the	he Part I Summary
If you	have more than one account to report	in Part V, attach a separate s	tatement	for each additional accour	nt. See instructions.
20	Type of account a 🗷 Depos			count number or other design	
	b Custo	dial	70	9018542789/7090185428	331/709018542868
22	Check all that apply a Accou	nt opened during tax year		ccount closed during tax ye	
		nt jointly owned with spouse		o tax item reported in Part III	·
23	Maximum value of account during ta				
24	Did you use a foreign currency excha	<u> </u>	of the ac	count into U.S. dollars? .	. 🛛 Yes 🗌 No
25	If you answered "Yes" to line 24, con	1 1 1			
	(a) Foreign currency in which	(b) Foreign currency exchar		(c) Source of exchange ra	
	account is maintained	used to convert to U.S.		Treasury Department's	Bureau of the Fiscal Service
	INR		.0120		
26a	Name of financial institution in which RBL	account is maintained	b Glob	al Intermediary Identification	n Number (GIIN) (Optional)
27	Mailing address of financial institution AMEERPET	n in which account is maintain	ed. Num	ber, street, and room or su	ite no.
28	City or town, state or province, coun		code		
	HYDERABAD, TELANGANA IN				
	VI Detailed Information for Each				
If you	have more than one asset to report in	Part VI, attach a separate sta			
29	Description of asset		30 Ide	ntifying number or other de	esignation
31	Complete all that apply. See instruct		•	•	
a	Date asset acquired during tax year,				
b	Date asset disposed of during tax ye				
С	Check if asset jointly owned with		k if no ta	x item reported in Part III w	ith respect to this asset
32	Maximum value of asset during tax y ☐ \$0-\$50,000 b ☐ \$50,001		001 015	0.000 d	01 0000 000
а					
<u>е</u> 33	If more than \$200,000, list value . Did you use a foreign currency excha				
34	If you answered "Yes" to line 33, con	-	or tile as	set into 0.5. dollars:	165110
٠.	(a) Foreign currency in which asset		nge rate	(c) Source of exchange ra	ate used if not from U.S.
	is denominated	used to convert to U.S.			Bureau of the Fiscal Service
35	If asset reported on line 29 is stock of	a foreign entity or an interest i	n a foreig	gn entity, enter the following	information for the asset.
а	Name of foreign entity		b GIIN	(Optional)	
			(0)		
C		nership (2) Corporatio		☐ Trust (4) ☐ Estate	
d	Mailing address of foreign entity. Nur	nber, street, and room or suite	e no.		
е	City or town, state or province, coun	try, and ZIP or foreign postal of	code		
36	If asset reported on line 29 is not sto	ck of a foreign entity or an inte	arast in a	foreign entity enter the fell	lowing information for
50	the asset.	ok of a foreign entity of all line	i cot iii a	loreign entity, enter the lor	lowing information for
	Note: If this asset has more than one additional issuer or counterparty. See		n a separ	ate statement with the sam	ne information for each
а	Name of issuer or counterparty				
_	Check if information is for Issue	er Counterparty			
b	Type of issuer or counterparty		_		
	(1) Individual (2) Partne			l) Trust (5) Est	ate
С	Check if issuer or counterparty is a		person		
d	Mailing address of issuer or counterp	party. Number, street, and roo	m or suit	e no.	
е	City or town, state or province, coun	try, and ZIP or foreign postal o	code		

Form 8938 (Rev. 11-2021) 11 Page **2**

Part	Detailed Information for Eac (see instructions)	h Foreign Deposit and C	istodiai Accou	nt included in the i	Part I Summary	
If you	have more than one account to report	in Part V, attach a separate s	atement for each	additional account. S	ee instructions.	
20	Type of account a X Deposi	t	21 Account number or other designation			
	b Custod	lial	IN30154	9 / 59938200		
22	Check all that apply a ☐ Accour	nt opened during tax year	b Account cl	osed during tax year		
	c Accoun	t jointly owned with spouse	d X No tax item	reported in Part III with	h respect to this asset	
23	Maximum value of account during tax					
24	Did you use a foreign currency exchain	nge rate to convert the value	of the account into	o U.S. dollars?	X Yes No	
25	If you answered "Yes" to line 24, com	plete all that apply.				
	(a) Foreign currency in which	(b) Foreign currency excha		rce of exchange rate ι		
	account is maintained	used to convert to U.S.		sury Department's Bure	au of the Fiscal Service	
	INR		.0120			
26a	Name of financial institution in which HDFC SECURITIES	account is maintained	b Global Interme	ediary Identification Nu	ımber (GIIN) (Optional)	
27	Mailing address of financial institution AMEERPET	in which account is maintai	ed. Number, stree	t, and room or suite r	10.	
28	City or town, state or province, count		ode			
Part	HYDERABAD, TELANGANA IN 5 VI Detailed Information for Eac		ncluded in the	Part II Summany (c	eoo instructions)	
	have more than one asset to report in I				,	
29	Description of asset	art vi, attaori a separate ste		umber or other design		
23	Description of asset		oo lachtiying n	arriber of other design	iation	
31	Complete all that apply. See instruction	ons for reporting of multiple a	quisition or dispo	sition dates.		
а	Date asset acquired during tax year, i	f applicable		<u> </u>		
b	Date asset disposed of during tax year	ar, if applicable				
С	☐ Check if asset jointly owned with s	•	if no tax item rep	oorted in Part III with r	espect to this asset	
32	Maximum value of asset during tax ye					
а	□ \$0–\$50,000 b □ \$50,001–		001–\$150,000			
е	If more than \$200,000, list value .					
33	Did you use a foreign currency exchai	-	of the asset into L	I.S. dollars?	☐ Yes ☐ No	
34	If you answered "Yes" to line 33, com					
	(a) Foreign currency in which asset is denominated	used to convert to U.S.		rce of exchange rate usury Department's Bure		
	io dell'orimiated	4004 to 00111011 to 0.0.	ionaro i iroa	oury Dopartmont o Dare	744 OT 1110 T 10041 OOI V100	
35	If asset reported on line 29 is stock of	∟ a foreign entity or an interest	a foreign entity	 enter the following info	ormation for the asset	
а	Name of foreign entity	a loroight charty of all interest	b GIIN (Optional		<u> </u>	
-				,		
С	Type of foreign entity (1) Partn	ership (2) Corporation	(3) Trust	(4) Estate		
d	Mailing address of foreign entity. Num	nber, street, and room or suit				
е	City or town, state or province, count	ry, and ZIP or foreign postal	ode			
36	If asset reported on line 29 is not stoo	ck of a foreign entity or an int	rest in a foreign e	ntity, enter the followi	ng information for	
	the asset.					
	Note: If this asset has more than one additional issuer or counterparty. See		a separate state	nent with the same in	formation for each	
а	Name of issuer or counterparty					
L	Check if information is for Issue	r Counterparty				
b	Type of issuer or counterparty (1) ☐ Individual (2) ☐ Partner	rship (3) Corporation	1 (4) 🗌 Trus	st (5) 🗌 Estate		
С	Check if issuer or counterparty is a		person			
d	Mailing address of issuer or counterpart	arty. Number, street, and roo	n or suite no.			
е	City or town, state or province, count	ry, and ZIP or foreign postal	ode			

Form 8938 (Rev. 11-2021) 12 Page **2**

Part	Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)
If you	ave more than one account to report in Part V, attach a separate statement for each additional account. See instructions.
20	Type of account a Deposit 21 Account number or other designation
	b ☐ Custodial IZ7726
22	Check all that apply a Account opened during tax year b Account closed during tax year
	c ☐ Account jointly owned with spouse d 🗵 No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ➤ Yes □ No
25	If you answered "Yes" to line 24, complete all that apply.
	(a) Foreign currency in which (b) Foreign currency exchange rate (c) Source of exchange rate used if not from U.S.
	account is maintained used to convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service
00-	INR .0120
26a	Name of financial institution in which account is maintained ZERODHA b Global Intermediary Identification Number (GIIN) (Optional
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
21	BENGALURU
28	City or town, state or province, country, and ZIP or foreign postal code
	BENGALURU, KARNATAKA IN 560001
Part	Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)
lf you	ave more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.
29	Description of asset 30 Identifying number or other designation
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a	Date asset acquired during tax year, if applicable
b	Date asset disposed of during tax year, if applicable
С	☐ Check if asset jointly owned with spouse d☐ Check if no tax item reported in Part III with respect to this asset
32	Maximum value of asset during tax year (check box that applies) ☐ \$0-\$50,000
a e	
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?
34	If you answered "Yes" to line 33, complete all that apply.
	(a) Foreign currency in which asset (b) Foreign currency exchange rate (c) Source of exchange rate used if not from U.S.
	is denominated used to convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset
а	Name of foreign entity b GIIN (Optional)
C	Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate
d	Mailing address of foreign entity. Number, street, and room or suite no.
е	City or town, state or province, country, and ZIP or foreign postal code
	only of town, state of province, country, and zin or foreign postar code
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for
	the asset.
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each
	additional issuer or counterparty. See instructions.
а	Name of issuer or counterparty
	Check if information is for Issuer Counterparty
b	Type of issuer or counterparty
	(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate
C	Check if issuer or counterparty is a U.S. person Foreign person
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.
_	City or town, state or province, country, and ZIP or foreign postal code
е	City or town, state or province, country, and ZIP or foreign postal code

Interest and Dividends Summary • Keep for your records

Name(s) Shown on Return	Social Security Number
SATISH KUMAR GUNJUTE	713-83-3163
	·

lı	nterest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 2	Seller-financed mortgage From Schedule B, Part I	4.			
3	From Schedule B, Part II				
4	From K-1 Worksheets				
5	Exempt-int.divs (net of adj.) From Forms 6252				
6 7	From Forms 8814				
8	Subtotal	4.			
Ü	Less Adjustments:				
9	U.S. savings bond interest previously reported				
10	Nominee distribution				
11	OID adjustment				
12	ABP adjustment				
13	Accrued interest				
14 15	Other adjustment				
15 16	Total Adjustments				
17	Total to Schedule B, line 2 . ► Total to Form 1040, line 2a . ►	4.			
18	•				
19 20	Total U.S. govt. interest ► Total to Form 6251, line 2g . ►				
	Total to Form 6251, line 29 .				
		Г	T	T	
	Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1	From Schedule B	147.	147.		
2	From K-1 Worksheets				
	Subtotal	147.	147.		
3	Less Adjustments:				
4	Nominee distribution				
5	Other adjustment				
6	Total Adjustments				
7	Total to Schedule B, line 6 . ▶	147.			
8	Total qualified dividends ▶		147.		
9	Total capital gains ▶				
10	Total nontaxable dividends ▶				
	Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1	From Schedule B				
	Less Adjustments:				
2	Nominee distribution				
3	Other adjustment				
4	Total Adjustments				
5	Total to Schedule D ▶				
	Conital Caina Summany	See 4202 75%	Con 4202 400%		
	Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%		
1	From Schedule B				
	Less Adjustments:				
2	Nominee distribution				
		i	I	İ	
3	Other adjustment				
3 4 5	Other adjustment				

Total to Schedule D ▶