Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

- Internal ne	leveliue Selvice							
Submis	ssion Identification Number (SID)							
Taxpayer	r's name		Social	security	y numbe	er		
ARAV	VIND DARAPU		221	-59-	-9118			
Spouse's					al secui		mber	
								
Part		(Enter	year y	ou ar	re auti	noriz	ing.)	
	whole dollars only on lines 1 through 5.							
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income				1		0.1	613.
	Total tax				2			418.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3			736.
	Amount you want refunded to you				4			318.
	Amount you owe				5		<u> </u>	<u> </u>
Part I		t and k	еер а	copy	of yo	our i	etur	n)
Under pomy known return (on to send for any of Agent to payment authorizate payment business taxes to personal Electron	benalties of perjury, I declare that I have examined a copy of the income tax return (original or an ewledge and belief, it is true, correct, and complete. I further declare that the amounts in Par original or amended) I am now authorizing. I consent to allow my intermediate service provider, my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize of initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ration is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the tit, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellates a days prior to the payment (settlement) date. I also authorize the financial institutions involve to receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or amenic Funds Withdrawal Consent. I authorize GLOBAL TAXES LLC to enter or ge receive 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) if you are entering your own PIN and your return is filed using the Practitioner PII below.	mended) rt I abov, rt ansmin rfor reje re the U. ount indi institutio erminate cion requ d in the to the p ded) I ar nerate r	I am no e are the tter, or ection of S. Treas cated in not o detained the authests maprocess ayment. In now a my PIN	w auther amore amo	norizing punts from the return the electric and its down the electric and an er five deut enter and the electric and an electric an electric and an electric an electric and an electric an electric and an electric an electr	, and om the remark of the rem	to the ne incoiginato (b) the ated F n softwaccouloke (cap later ic payedge fapplica	best of ome tax or (ERO) reason reason into the ware for int. This ancel) a than 2 ment of that the able, my
Your si		ate▶_						
Snouse	e's PIN: check one box only							
	I authorize to enter or ge	nerate r	nv PIN					as my
	ERO firm name	riciato i	11y 1 114		er five d	igits,		asiny
	signature on the income tax return (original or amended) I am now authorizing.			don	't enter	all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below.							
Spouse	e's signature ▶ Da	ate 🕨						
	Practitioner PIN Method Returns Only—continue	below						
Part II	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 6	5 6	1 9	8	9
			Dor	ı't ente	r all zer	os		
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual in ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providence.	m subm	itting thi	is retu	rn in ad	ccord	anće v	
ERO's	signature ▶ Da	ate ►						
	ERO Must Retain This Form — See Instructi	ons						
	Don't Submit This Form to the IRS Unless Requeste		o So					

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



1040		artment of the Treasury—Internal Revenue Serv		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	parate i	instruction	ıs.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity numb	er
ARAVIND			DARA	PIJ							221	59	9118	
	pouse'	s first name and middle initial	Last nar										security nu	ımbeı
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ne				1	Apt. no.	-	Drooido	ntial Ele	ection Cam	naian
14011 R			iiioti dotic)iio.					2906	- 1			ou, or your	
		ice. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	te	ZIP c			spouse	if filing	jointly, wan	nt \$3
OVERLANI						KS	3	662	23		•		nd. Checkir	_
Foreign countr			F	oreign pro	ovince/state/				n postal c		your tax		not change ınd.	,
	-										•	Yo	ıu 🗌 Sp	oouse
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOF	- 1)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS) Qualifying surviving spouse (QSS)												
		ou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the												
	qu	ualifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	l, award, or	payr	ment for prope	rty or	services)); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	e instru	ction	s.)		es 🗵 No	ס
Standard		neone can claim: 🔲 You as a de	pendent	: 🔲 ,	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	<u> </u>							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bor	rn befo	ore Janua	ary 2,	, 1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instruct	ions):
If more		First name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other deper	ndents
than four									[
dependents, see instruction	s —													
and check	, —								[<u>_</u> _				
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		106,29	11.
Attach Form(s)	b	Household employee wages not re	•								1b			
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•		•						1c			
W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	e	Taxable dependent care benefits the Employer-provided adoption benefits to the Employer-provided adoption benefits and the Emp									1e			
was withheld. If you did not	f	Wages from Form 8919, line 6.	ills iroin	i FOIIII 60	559, III le 29	•								
get a Form	g	Other earned income (see instruct	ione)								1g 1h			0.
W-2, see	h i	Nontaxable combat pay election (,					i.			- 111			<u> </u>
instructions.	z	Add lines 1a through 1h	366 1113111	uctions)		•					1z		106,29	91.
Attach Sch. B	<u></u> 2a		2a		j	 Ь Т	axable interes	 t			2b			
if required.	3a	· –	3a				ordinary divide				3b			
	<u> </u>	· —	4a				axable amoun				4b			
Standard	5a	_	5a				axable amoun				5b			
Deduction for— Single or	6a		6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	_	nethod, o	check here					. [
\$13,850	7	Capital gain or (loss). Attach Sche		-		•	,			. E	7		-1,23	31.
 Married filing jointly or 	8	Additional income from Schedule		•			•				8		-13,44	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		91,61	
\$27,700	10		djustments to income from Schedule 1, line 26											
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	ne					11		91,61	13.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fror	m Schedule	A)					12		13,85	
any box under	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		13,85	50.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	ontor	O Thio io v	01 IF 1	tavabla incom				15		77 76	. 2 <u> </u>

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if any f	rom Form(s): 1 🗌 881	4 2 🗌 4972	з 🗌		. 16	12,418.
Credits	17	Amount from Schedule 2, line 3						. 17	
	18	Add lines 16 and 17						. 18	12,418.
	19	Child tax credit or credit for other of	lependents	s from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line 8						. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18. If zero	or less, e	enter -0				. 22	12,418.
	23	Other taxes, including self-employr	nent tax, f	rom Schedule	2, line 21			. 23	0.
	24	Add lines 22 and 23. This is your to	tal tax					. 24	12,418.
Payments	25	Federal income tax withheld from:							
•	а	Form(s) W-2				25a	15,7	36.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						. 25d	15,736.
If you have a	26	2023 estimated tax payments and	amount ap	plied from 20	22 return			. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from Sche							
	29	American opportunity credit from F							
	30	Reserved for future use							
	31	Amount from Schedule 3, line 15				31			
	32	Add lines 27, 28, 29, and 31. These				ındable cre	dits .	. 32	
	33	Add lines 25d, 26, and 32. These a	re your tot	al payments				. 33	15,736.
Refund	34	If line 33 is more than line 24, subtr	act line 24	from line 33.	This is the amou	nt you over	paid .	. 34	3,318.
	35a	Amount of line 34 you want refund	ed to you	. If Form 8888	is attached, ched	ck here .		□ 35a	3,318.
Direct deposit?	b	Routing number 1 0 1 1 0	0 0	4 5	c Type: 🛛 🗙	Checking	Sav	ings	
See instructions.	d	Account number 5 1 8 0 0	6 7	5 5 6 8	3 9				
	36	Amount of line 34 you want applied	l to your 2	024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is	s the amo	unt you owe.					
You Owe		For details on how to pay, go to ww	_	-				. 37	
	38	Estimated tax penalty (see instructi	ons) .			38			
Third Party		you want to allow another perso				_	_		
Designee		structions				. ⊔Y	•	lete below.	⊠ No
		signee's me		Phone no.			Personal number (identification PIN)	
Sign	Ur	der penalties of perjury, I declare that I hav	e examined	this return and	accompanying sche	dules and sta	tements, ar	nd to the best	of my knowledge and
Here	be	lief, they are true, correct, and complete. D	eclaration o	f preparer (other	than taxpayer) is ba	sed on all inf	ormation of	which prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
								Protection P (see inst.)	PIN, enter it here
Joint return? See instructions.					CLOUD ENG			, ,	
Keep a copy for		ouse's signature. If a joint return, both mu	ist sign.	Date	Spouse's occupati	on		Identity Prot	nt your spouse an ection PIN, enter it here
your records.								(see inst.)	
		one no. (913)202-9582		Email address	DARAPUARAVI				T =
Paid			rer's signatu			Date	PT		Check if:
Preparer	VEN			PAVAN KUM	AR DUDIPALLI		P0	2470833	Self-employed
Use Only		m's name GLOBAL TAXES							(678)965-9522
	Fir	m's address 245 ROONEY CT	E BRUI	NSWICK NO	J 08816			Firm's EIN	88-2145487
O '	/-	40406							- 4040

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

ARAVIND DARAPU

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 221-59-9118

Par	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	ach Schedule E .	5	-13,447.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	4	
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente		40	12 447
	1040, 1040-SR, or 1040-NR, line 8		10	-13,447.

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-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			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	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
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 Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

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					A S	ttachment sequence No. 12
	(s) shown on return AVIND DARAPU				our social 221-59		curity number 9118
-	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•	_			
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less	(see ii	nst	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain o	(g) stments r loss fror 949, Part column (g)	I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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	5.	10.				-5.
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 88	324 .	. 4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			rusts fro	om . 5	,	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	•	our Capital Loss	-	/er . 6	,	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		`. ' . '	e any lor	_	,	-5.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Yo	ear (se	e i	nstructions)
	instructions for how to figure the amounts to enter on the below.	(d)	(e)	Adjus	(g) stments		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	Form(s) 8	r loss fror 949, Part column (g)	II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	34.	1,260.				-1,226.
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			•	ss) 1	1	
12	Net long-term gain or (loss) from partnerships, S corporati				-1 1 2	2	
	Capital gain distributions. See the instructions				. 1	3	
14	Long-term capital loss carryover. Enter the amount, if any	from line 13 of v	our Canital Loss	Carryo	or	\exists	

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

-1,226.

14 (

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,231.• 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 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. 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 1,231.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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.

OMB No. 1545-0074 Attachment

Sequence No. 12A

Name(s) shown on return ARAVIND DARAPU

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number 221-59-9118

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

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(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.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURIRIES LLC	01/01/23	12/31/23	5.	10.			-5.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A)	al here and inc is checked), lir	lude on your ne 2 (if Box B	5	10			_5

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.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side $ARAVIND \ DARAPU$

Social security number or taxpayer identification number 221-59-9118

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas))
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURIRIES LLC	01/01/23	12/31/23	34.	1,260.			-1,226.
2 Totals. Add the amounts in columns							

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 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) .

-1,226.

34

1,260.

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,

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Name(s) shown on return Your social security number 221-59-9118 ARAVIND DARAPU Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 3-60 OFFICIAL COLONY KOTTURU SRIKAKULAM ANDHRAPRADESH IN 532455 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 540. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,460. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,120. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,688. 14 Repairs 14 15 Supplies 15 2,865. 16 16 Taxes 17 Utilities 17 3,854. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 13,987. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -13,447. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 13,447.) 540. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 13,987. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,447. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

26

-13,447.

26

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

Form **8582**

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

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

Identifying number

ARA	/IND DARAPU				221	L-59-	9118
Pai	2023 Passive Activity Loss Caution: Complete Parts IV ar		eting Part I.				
	Il Real Estate Activities With Active Parce for Rental Real Estate Activities	articipation (For th	ne definition of act	ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (1c (0. 13,447.)	1d	-13,447.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b ()	2d	
3	this line is cluding any schedules	3	-13,447.				
Part II	on: If your filing status is married filing . Instead, go to line 10. t II Special Allowance for Rei	loss (and line 1d is separately and you	ou lived with your Activities With	spouse at any tim	e during the	year,	do not complete
4	Note: Enter all numbers in Par Enter the smaller of the loss on line 1			tions for an examp	ole.	4	13,447.
5 6 7		13,447.					
8	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filin	7 ng separately, see i	44,940. Instructions	8	22,470.
9	Enter the smaller of line 4 or line 8. If					9	13,447.
Par							
10 11	Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your t	e activities for 20	23. Add lines 9 an		ions to find	10	13,447.
Par	Complete This Part Before						13,117.
	rall ga	in or loss					
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss
3-6	O OFFICIAL COLONY	0.	13,447.				13,447.

13,447.

0.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

()									. ugo <u> </u>
Part V Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•
Name of activity		Currer	nt year		Prior y	ears	Overa	ll ga	ain or loss
Name of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
								_	
Total. Enter on Part I, lines 2a, 2b, and 2c	a+ 1a	Shown on F	Down II	Line O. C	laa inatrus	tiono			
Part VI Use This Part if an Amount			art II,	, Line 9. S	ee instruc	tions.			
Name of activity	ar to	rm or schedule nd line number be reported on se instructions)	(a) Loss	(b) Ra	ntio	(c) Special allowance		(d) Subtract column (c) from column (a).
3-60 OFFICIAL COLONY		E Ln 22		13,447.	1.0000	0000	13,44	7.	0.
	-								
	\vdash								
Total				13,447.	1.00)	13,44	7.	0.
Part VII Allocation of Unallowed L	.oss			S.					
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss		(b) Ratio	(c) Unallowed loss
Total							1.00		
Part VIII Allowed Losses. See instr	ucti								
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss
Total									
				1					

2023 KANSAS INDIVIDUAL INCOME TAX

305



ARAVIND DARAPU 9132029582 DARA 221599118

14011 RILEY ST APT 2906

JO 229

То

OVERLAND PARK KS 66223

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2023

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: X Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: X Resident NonResident (Complete Sch S, Part B) State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From

Exemptions:

1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.

If filling status above is Head of Household, add one exemption.

If claiming the Disabled Veteran Personal Exemption allowance, enter the total here. (See instructions for qualifications

1 Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. DO NOT include you or your spouse.

If additional space is needed, enclose a separate sheet, only after completing all nine lines below

0

Dependent Name - First, Middle and Last Date of Birth - MMDDYYYY Relationship SSN

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2023?

B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?

C. Were you (or spouse) totally and permanently disabled or blind **all** of 2023, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do

not qualify for this credit.

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.

If Line D is more than 30,615 **STOP HERE**, you do not qualify for this credit.

E. Number of exemptions claimed

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2006)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.

REV 11/29/23 PRO

0

For Office Use Only

Page 1 of 2

2023 KANSAS INDIVIDUAL INCOME TAX

305



ARAVIND	DARAPU	DARA 22	1599118
Federal adjusted gross income	91613	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	91613	25. Payments remitted with original return	0
Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	5384
7. Taxable income	85863	29. Underpayment	0
8. Tax	4437	30. Interest	0
9. Nonresident percentage	0.0000	31. Penalty	0
10. Nonresident tax	0	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	4437	34. Overpayment	947
Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	4437	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	4437	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	5384	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. Kansas Historic Site Contribution Fund. Historic Site Number	0
22. Amount paid with Kansas extension	0	44. REFUND	947
	Taxation or the Director's designee to discuss my ies of perjury that to the best of my knowledge and	K-40 and any enclosures with my preparer. d belief this is a true, correct, and complete return.	
Taxpayer Signature (Required)	Date	Spouse Signature (Required)	Date
Preparer	PAVAN KUMAR D Preparer Phone Number	Preparer PTIN, E	EIN or SSN (Required) P02470833

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



1040		artment of the Treasury—Internal Revenue Serv		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	parate i	instruction	ıs.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity numb	er
ARAVIND			DARA	PIJ							221	59	9118	
	pouse'	s first name and middle initial	Last nar										security nu	ımbeı
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ne				1	Apt. no.	-	Drooido	ntial Ele	ection Cam	naian
14011 R			iiioti dotic)iio.					2906	- 1			ou, or your	
		ice. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	te	ZIP c			spouse	if filing	jointly, wan	nt \$3
OVERLANI						KS	3	662	23		•		nd. Checkir	_
Foreign countr			F	oreign pro	ovince/state/				n postal c		your tax		not change ınd.	,
	-										•	Yo	ıu 🗌 Sp	oouse
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOF	- 1)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS) Qualifying surviving spouse (QSS)												
		ou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the												
	qu	ualifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	l, award, or	payr	ment for prope	rty or	services)); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	e instru	ction	s.)		es 🗵 No	ס
Standard		neone can claim: 🔲 You as a de	pendent	: 🔲 ,	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	<u> </u>							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bor	rn befo	ore Janua	ary 2,	, 1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instruct	ions):
If more		First name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other deper	ndents
than four									[
dependents, see instruction	s —													
and check	, —								[<u>_</u> _				
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		106,29	11.
Attach Form(s)	b	Household employee wages not re	•								1b			
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•		•						1c			
W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	e	Taxable dependent care benefits the Employer-provided adoption benefits to the Employer-provided adoption benefits and the Emp									1e			
was withheld. If you did not	f	Wages from Form 8919, line 6.	ills iroin	i FOIIII 60	559, III le 29	•								
get a Form	g	Other earned income (see instruct	ione)								1g 1h			0.
W-2, see	h i	Nontaxable combat pay election (,					i.			- 111			<u> </u>
instructions.	z	Add lines 1a through 1h	366 1113111	uctions)		•					1z		106,29	91.
Attach Sch. B	<u></u> 2a		2a		j	 Ь Т	axable interes	 t			2b			
if required.	3a	· –	3a				ordinary divide				3b			
	<u> </u>	· —	4a				axable amoun				4b			
Standard	5a	_	5a				axable amoun				5b			
Deduction for— Single or	6a		6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	_	nethod, o	check here					. [
\$13,850	7	Capital gain or (loss). Attach Sche		-		•	,			. E	7		-1,23	31.
 Married filing jointly or 	8	Additional income from Schedule		•			•				8		-13,44	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		91,61	
\$27,700	10		djustments to income from Schedule 1, line 26											
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	ne					11		91,61	13.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fror	m Schedule	A)					12		13,85	
any box under	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		13,85	50.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	ontor	O Thio io v	01 IF 1	tavabla incom				15		77 76	. 2 <u> </u>

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	12,418.		
Credits	17	Amount from Schedule 2, lir	ne 3					. 17			
	18	Add lines 16 and 17						. 18	12,418.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19			
	20	Amount from Schedule 3, lir	ne 8					. 20			
	21	Add lines 19 and 20						. 21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	12,418.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	0.		
	24	Add lines 22 and 23. This is	your total tax					. 24	12,418.		
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	15,73	6.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						. 25d	15,736.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	.,		. 26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
attacii Scii. Elo.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir									
	32	Add lines 27, 28, 29, and 31	. 32								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	15,736.		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpai	d.	. 34	3,318.		
	35a	Amount of line 34 you want			is attached, che	ck here		35a	3,318.		
Direct deposit?	b	Routing number 1 0 1	gs								
See instructions.	d	Account number 5 1 8									
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?	_	0		⊠ No		
Designee		signee's		Phone			•	ete below. lentification	_		
		me		no.		ımber (Pl					
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Υn	ur signature		Date	Your occupation	1	If the IRS se	ent you an Identity			
	10	ur signature		Tour occupation					PIN, enter it here		
Joint return?					CLOUD ENG	INEER		(see inst.)			
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	Phone no. (913)202-9582 Email address DARAPUARAVINDH@GMAIL.COM									
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	1	Check if:		
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P02	470833	Self-employed		
Preparer	Fir	m's name GLOBAL TA	XES LLC					Phone no.	(678)965-9522		
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN	88-2145487		

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

ARAVIND DARAPU

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 221-59-9118

Par	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. Att	ach Schedule E .	5	-13,447.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	4	
m	Olympic and Paralympic medals and USOC prize money (see	_		
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	4	
р	Section 461(I) excess business loss adjustment	8p	4	
q	Taxable distributions from an ABLE account (see instructions)	8q	4	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
9		8z	9	
9 10	Total other income. Add lines 8a through 8z	here and on Form	9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-13,447.
	1010, 1010 011, 01 1070 1111, 11110 0		10	±0,111.

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-				
	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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
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)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

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					Attachment Sequence No	. 12	
	(s) shown on return AVIND DARAPU				ur social 21-59	security numb -9118	er	
-	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•	_				
Pa	short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less	(see in	structions)	ı	
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)	Adjusto gain or Form(s) 89	g) tments r loss from 949, Part l olumn (g)		olumn (e) n (d) and ne result	
	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	5.	10.				-5.	
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	324 .	. 4			
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			rusts fro	m . 5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	•	our Capital Loss	-	er 6	(
7	7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back							
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	Held More Than	One Ye	ear (see	instruction	ns)	
	instructions for how to figure the amounts to enter on the below.	(d)	(e)	Adjus	g) tments	(h) Gain o	olumn (e)	
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)			ne résult	
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	34.	1,260.			-1	,226.	
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			•	ss) . 11			
12	Net long-term gain or (loss) from partnerships, S corporat				1 12	!		
	Capital gain distributions. See the instructions				. 13	1		
14	Long-term capital loss carryover. Enter the amount if any	from line 13 of v	our Canital I ass	Carryov	er			

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

-1,226.

14 (

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,231.• 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 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. 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 1,231.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return

ARAVIND DARAPU

Social security number or taxpayer identification number 221-59-9118

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 transaction	s not reported	d to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(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.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURIRIES LLC	01/01/23	12/31/23	5.	10.			-5.
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A also shows in shocked), or line 2 (if Box A)	otal here and incove is checked), li t	lude on your ne 2 (if Box B	5	10			-5

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.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side $ARAVIND \ DARAPU$

Social security number or taxpayer identification number 221-59-9118

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas))
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURIRIES LLC	01/01/23	12/31/23	34.	1,260.			-1,226.
2 Totals. Add the amounts in columns							

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 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) .

-1,226.

34

1,260.

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,

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Name(s) shown on return Your social security number 221-59-9118 ARAVIND DARAPU Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 3-60 OFFICIAL COLONY KOTTURU SRIKAKULAM ANDHRAPRADESH IN 532455 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 540. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,460. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,120. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,688. 14 Repairs 14 15 Supplies 15 2,865. 16 16 Taxes 17 Utilities 17 3,854. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 13,987. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -13,447. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 13,447.) 540. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 13,987. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,447. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

26

-13,447.

26

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

Form **8582**

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

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

Identifying number

ARA	/IND DARAPU				221	L-59-	9118			
Pai	2023 Passive Activity Loss Caution: Complete Parts IV ar		eting Part I.							
	Il Real Estate Activities With Active Parce for Rental Real Estate Activities	articipation (For th	ne definition of act	ive participation, s	ee Special					
1a b c d	b Activities with net loss (enter the amount from Part IV, column (b))									
All Ot	her Passive Activities									
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b ()	2d				
3	3	-13,447.								
Part II	on: If your filing status is married filing . Instead, go to line 10. t II Special Allowance for Rei	loss (and line 1d is separately and you	ou lived with your Activities With	spouse at any tim	e during the	year,	do not complete			
4	Note: Enter all numbers in Par Enter the smaller of the loss on line 1			tions for an examp	ole.	4	13,447.			
5 6 7	Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	rately, see instructi e, but not less thar	ons n zero. See instruc	tions 6 1	50,000. 05,060.		13,447.			
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filin		•	8	22,470.			
9	Enter the smaller of line 4 or line 8. If					9	13,447.			
Par										
10 11	Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your t	e activities for 20	23. Add lines 9 an		ions to find	10	13,447.			
Par	Complete This Part Before						13,117.			
	Name of activity	nt year	Prior years Net loss (c) Unallowed (d)		rall ga	in or loss				
	Marile of addivity	(a) Net income (b) Net loss (line 1a) (line 1b)			1	(e) Loss				
3-6	O OFFICIAL COLONY	0.	13,447.				13,447.			

13,447.

0.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

	-,									
Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instrud	tions.			
	Name of a skirth.		Currer	nt year		Prior y	ears	Overa	ıll ga	ain or loss
	Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
	on Part I, lines 2a, 2b, and 2c		Chaum an F) ll	Lima O. C	:	4:			
Part VI	Use This Part if an Amour			art II,	, Line 9. S	ee instruc	tions.			
	Name of activity	ar to	rm or schedule nd line number be reported on se instructions)	(a) Loss	(b) Ra	tio (c) Special allowance			(d) Subtract column (c) from column (a).
3-60 OF	FICIAL COLONY		E Ln 22		13,447.	1.0000	0000	13,447.		0.
Total					13,447.	1.00)	13,44	·7.	0.
Part VII	Allocation of Unallowed L	oss			S.					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio	(c) Unallowed loss	
Total								1.00		
Part VIII	Allowed Losses. See instru	ucti								
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	(b) Unallowed loss		(c) Allowed loss
Total										