<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite or staple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instructions.
Your first name	and mi	iddle initial	Last r	ame						Your so	cial security number
HEMA MAN	JOJ I	KUMAR	VAN	KADARU	J					328	53 6490
If joint return, s	pouse's	s first name and middle initial	Last r								's social security number
										665	66 2562
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.		ntial Election Campaigr
1749 OU <i>P</i>	AIL B	RUN WAY								Check I	here if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	ode		if filing jointly, want \$3
SPRING H	HILL					TN	J	371	74	, v	o this fund. Checking a low will not change
Foreign country	/ name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code		x or refund.
											You Spouse
Filing Status	; [	Single					Head of h	ouseh	old (HOH)		
Check only		] Married filing jointly (even if only or	ne had	l income)							
one box.	X	Married filing separately (MFS)					Qualifying	surviv	ring spouse	(QSS)	
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the chi	ild's name if the
	qu	alifying person is a child but not you	ır depe	endent: 🛽 🛛	SWARI LAKSHMI	KAV	YA CHEDELLA				
Digital	Δt ar	ny time during 2023, did you: (a) rece	oivo (a	s a roward	d award or i	navr	ment for prope	rtv or	services): or	(h) sell	
Assets		ange, or otherwise dispose of a digi						•	,	. ,	🗌 Yes 🛛 No
Standard	-	eone can claim:  You as a de		·			a dependent	/ (-		- /	
Deduction	_	Spouse itemizes on a separate return	•		•		•				
Age/Blindness		. Were born before January 2, 1		Are bl		use	_	m befo	ore January	2, 1959	Is blind
Dependent		•			Social security		(3) Relationsh	14			ifies for (see instructions):
•		irst name Last name		(2)	number		to you		Child tax c		Credit for other dependents
lf more than four											
dependents,											
see instructions and check	s ——										
here	]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a	110,593.
	b	Household employee wages not re	d on Form	n(s) W-2					. 1b	)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	nstruction	structions)					. 1c	;	
attach Forms	d	Medicaid waiver payments not rep	on Form(s						. 1d	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	orm 2441,	m 2441, line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	n 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 instructi	ions)							. 1h	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			<b>1</b> i				
	z	Add lines 1a through 1h	· ;			•				. 1z	
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interes	t.		. 2b	
if required.	3a	Qualified dividends	3a		383.	<b>b</b> O	ordinary divide	nds .		. 3b	415.
Standard	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b	,
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b	,
Single or     Married filing	6a	,	6a				axable amoun	t		. 6b	,
Married filing separately,	С	If you elect to use the lump-sum e	lection	method,	check here (	(see	instructions)				
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	ired	, check here		[	7	
jointly or	8	Additional income from Schedule								. 8	
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	. This is y	our total inc	ome	e			. 9	97,972.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1	, line 26		•				. 10	<u> </u>
household,	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incon	ne				. 11	
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	13,850.
any box under Standard	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	5-A			. 13	
Deduction,	14	Add lines 12 and 13				•				. 14	,
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our <b>I</b>	taxable incom	ne .		. 15	84,122.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	13,786.
Credits	17	Amount from Schedule 2, lin	e3				🔽	17	
	18	Add lines 16 and 17					[	18	13,786.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			1	22	13,786.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	13,786.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 8	,999.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	5d	8,999.
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)				27			
attach Sch. EIC.	28	Additional child tax credit fror				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		· 		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	8,999.
Refund	34	If line 33 is more than line 24						34	
lioidiid	35a	Amount of line 34 you want				•	. 🗆 🖪	5a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X					J		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	•• •						
You Owe	0/	For details on how to pay, g						37	4,792.
	38	Estimated tax penalty (see in				38	5.		
Third Party		you want to allow another	,						
Designee		structions	•				omplete belo	w.	× No
	De	signee's		Phone		Perso	onal identificat	tion	
	nai	nē		no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · ·	piete. Declaration					•	, ,
	Yo	ur signature		Date	Your occupation				you an Identity , enter it here
Joint return?					DATA ENGI	VEER	(see inst		
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sign.	Date	Spouse's occupat		If the IRS	S sent v	your spouse an
Keep a copy for	- 1-	,					Identity I	Protect	tion PIN, enter it here
your records.							(see inst	.)	
		one no. (513) 802-248	8	Email address	MANOJ.VANKA	DARI@GMAIL.CC	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	C	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/08/2024	P020827	) 3	Self-employed
•	Fir	m's name GLOBAL TAX	XES LLC				Phone n	o. (6	78)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

### Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number HEMA MANOJ KUMAR VANKADARU 328-53-6490

Par	t I 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		5	-14,522.
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		
ĥ	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	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		
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 <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8	here and on Form	10	-14,522.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s gove	rnment		
	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 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	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	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					
	tax law violations	24i			- 1	
j	Housing deduction from Form 2555	24j			- 1	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k			- 1	
z	Other adjustments. List type and amount:					
<b>0</b> 5		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>	. Ent	er here	and on		
	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA	REV	02/23/24 PR	0	Schedul	le 1 (Form 1040) 2023

Form **2210** 

Department of the Treasury

Internal Revenue Service

### Underpayment of Estimated Tax by Individuals, Estates, and Trusts

OMB No. 1545-0140

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/Form2210 for instructions and the latest information.

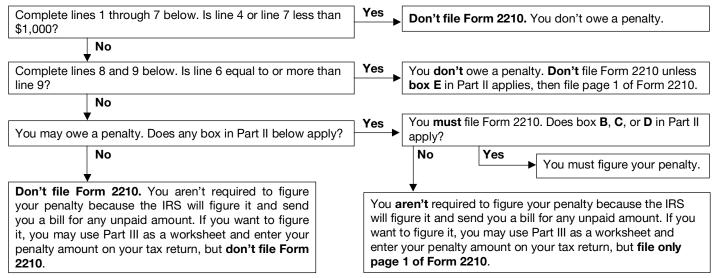
Attachment Sequence No. **06** 

Name(s) shown on tax return

Identifying number 328-53-6490

HEMA MANOJ KUMAR VANKADARU

# Do You Have To File Form 2210?



### Part I Required Annual Payment

1	Enter your 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	13,786.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Other payments and refundable credits (see instructions)	3	( )
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't</b> file Form 2210	4	13,786.
5	Multiply line 4 by 90% (0.90)		
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	8,999.
7	Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210	7	4,787.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	9,121.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	9,121.
	Next: Is line 9 more than line 6?		

No. You don't owe a penalty. Don't file Form 2210 unless box E below applies.

- Yes. You may owe a penalty, but don't file Form 2210 unless one or more boxes in Part II below applies.
  - If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.

• If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

#### Part II Reasons for Filing. Check applicable boxes. If none apply, don't file Form 2210.

- A 🗌 You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- **B** You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- **C** Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- **D** Vour penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- **E** X You filed or are filing a joint return for either 2022 or 2023, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

HEMA MANOJ KUMAR VANKADARU

Your social security number

328-53-6490

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

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

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fro		(h) Gain or (loss) Subtract column (e) from column (d) and
	e dollars.	(sales price)	(or other basis)	Form(s) 8949, Par line 2, column (g		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	844.	431.			413.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		-	-	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	413.

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

lines	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	<b>(g)</b> Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This who	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		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 <b>Box D</b> checked	637.	552.			85.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	13 Capital gain distributions. See the instructions					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14	( )
15	Net long-term capital gain or (loss). Combine lines 8a on the back .				15	85.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 498.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	<ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
		Schedule D (Form 1040) 2023

REV 02/23/24 PRO BAA

Schedule D (Form 1040) 2023

Form **8949** 

#### Department of the Treasury Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



Name(s) shown on returnSocial security number or taxpayer identification numberHEMA MANOJ KUMAR VANKADARU328-53-6490

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

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

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

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

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

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

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	Proceeds Se	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate 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 <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	a code in column (g), a code in column (f). separate instructions. (g)	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	2 01/01/23	12/31/23	844.	431.			413.
2 Totals. Add the amounts in colum negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc /e is checked), <b>li</b>	lude on your ne 2 (if Box B	844.	431.			413.

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

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

Form 8949 (2023)	Attachment Sequence No. 12A	Page <b>2</b>

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side HEMA MANOJ KUMAR VANKADARU

Social security number or taxpayer identification number 328-53-6490

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, in If you enter an enter a co See the sep	, (h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	637.	552.			85.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	637.	552.			85.

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 E		Supplemental Income and Loss										OMB No. 1545-0074	
(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										2023	
					040-SR, 1040-NR, or 1041. Instructions and the latest information.						Attachment Sequence No. 13		
Name(s) shown on return											cial security number		
HEMA MANOJ KUMAR VANKADARU 328-53-									3-6490				
Part	Income	or Los	ss From Rent	al Real Estate an	d Ro	valties							
	Note: If yo	ou are in	the business of r	enting personal proper <b>35</b> on page 2, line 40.			C. See	instruc	ctions. If you a	re an indiv	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions												
Bl	If "Yes," did you or will you file required Form(s) 1099?												
1a				street, city, state, ZIF									
A	DOOR NO 4-13-11, NEAR RAMKO AGRAHARAM, ELURU ANDHRA PRADESH IN 534001												
B		10 1		<u></u>					<u>1 IN 5540</u>	/01			
C													
1b	Type of Prope	rty 2	Eor each ren	tal real estate prope	rtv liet	ted		Fai	ir Rental	Porson	معا ا ادم		
10		Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair						Days		Personal Use Days		QJV	
Α	3				JV bo>			365		0			
B				he requirements to f			B		000				
С			qualified join	t venture. See instru	ctions	S	C						
	of Property:						-						
1	Single Family R	esidend	ce 3 Vacat	ion/Short-Term Rent	tal	5 Land		7	Self-Rental				
	Multi-Family Re			nercial		6 Roya		8	Other (desci	ibe)			
	-					-							
lu e e uu							•		Properti	es:			
Incom		J			0		Α	07	В			С	
3 4					3		0	87.					
4 Exper		iveu .			4								
5					5								
6	0	Advertising											
7		-	-		6 7		2,6	58					
8	-				8		270						
9					9								
10					10								
11	•	•			11		2,4	10.					
12	Management fees						211						
13					12 13								
14	Other interest         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .          .         .						2,7	96.					
15							2,5						
16					15 16								
17					17		2,4	57.					
18	Utilities						2,3	48.					
19	Other (list)												
20	Total expense	s. Add I	lines 5 through	19	20		15,2	09.					
21	Subtract line 2	0 from	line 3 (rents) an	d/or 4 (royalties). If									
	result is a (loss	s), see i	instructions to f	ind out if you must									
	file Form 6198	<b>3</b>			21	-	-14,5	22.					
22				er limitation, if any,									
			-		22	(	14,52	2.)(		)	(		
23a			•	3 for all rental prope				23a		687.			
b				4 for all royalty prop	erties			23b					
c	Total of all amounts reported on line 12 for all properties .						•	23c	-	240			
d							•	23d		,348.			
e							1	23e	15	,209.			
24				n on line 21. <b>Do not</b>		-			· · · ·	. 24	1	14 500	
25				and rental real estate							(	14,522.	
26				v <b>income or (loss).</b> ( 40 on page 2 do no									

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

26

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-14,522.

Form **88899** Department of the Treasury Internal Revenue Service

### Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

2023
Attachment Sequence No. <b>52</b>
and of LICA hanafision.

Name(s				f HSA beneficiary. As, see instructions.
HEMA	a Manoj kumar vankadaru	328-53		
Befo	<b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separat			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du	uring 2023.		
		L		lf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those m unextended due date of your tax return that were for 2023. <b>Do not</b> include employer concontributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,750.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	+	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to en	had family	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family under an HDHP at any time during 2023, enter your additional contribution amount. See ins	y coverage	7	.,
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023	1,260.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	1,260.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	6,490.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructio	rt II, line 13	13	0.
Part			rate I	ISAs, complete
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 a contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	14b	
С	Subtract line 14b from line 14a	[	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, i 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 <b>Exceptions to the Addition Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on I are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	le 2 (Form	17b	
Part		he instruction		
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,	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu			

 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

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

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Form **8889** (2023)

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