Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Тахрау	ver's name	Social secu	rity numb	er		
SAT	ISH KUMAR THOTA	121-65	5-2325	ō		
Spouse	spouse's name Spouse's social security nur					
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you	are aut	horizing.)		
Enter	whole dollars only on lines 1 through 5.					
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	29,083.		
2	Total tax		2	1,607.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,834.		
4	Amount you want refunded to you		4	2,227.		
5	Amount you owe		5			
Dor	Taxpayor Declaration and Signature Authorization (Be sure you get and	(000 2 00	ny of y	our roturn)		

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

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

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

Ent	as my				
5	2	3	2	5	
	-	-			5 2 3 2 5 Enter five digits, but

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

Satish kumar T

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

Your signature 🕨

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 04/06/2024

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Ente	r five	diait	s, but	
aon	ι επιε	er all	zeros	

as mv

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

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

Spouse's signature E	ate						 			
Practitioner PIN Method Returns Only—continue below										
Part III 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				6 nter a	 I	2	7 1	-

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

ERO's signature >	Date ►	
	ain This Form — See Instructions m to the IRS Unless Requested To Do So	

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or star	ple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	0 See separate instructions.		
Your first name	and m	iddle initial	Last r	name						Your so	cial secu	urity number
SATISH K	UMAI	R	THO	TA	ТА						65	2325
-		s first name and middle initial	Last r	name								security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ction Campaigr
_23040 BR	OOK	SBANK SQUARE										ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode			ointly, want \$3 d. Checking a
ASHBURN						VA	Ą	201	48			not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your ta	c or refur	_
											Yo	u Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	l income)			_					
one box.		Married filing separately (MFS)					Qualifying			. ,		
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or QS	SS box, ente	er the ch	ild's nar	ne if the
	qu	ialifying person is a child but not you	ur depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or s	services); or	(b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	et)? (Se	e instructio	ns.)	🗌 Ye	s 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien						
Age/Blindness	You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befc	re January	2, 1959	ls	blind
Dependents		-		(2) 5	Social security	,	(3) Relationsh	14			fies for (s	see instructions):
If more		irst name Last name			number		to you		Child tax c	redit	Credit for	r other dependents
than four												
dependents,												
see instructions and check	·											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1 a	ı 📃	32,083.
Attach Form(s)	b)	
W-2 here. Also	С	Tip income not reported on line 1a (see instructions) .								. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d		
1099-R if tax	е	Taxable dependent care benefits f						• •		. 1e		
was withheld.	f	Employer-provided adoption bene						• •		. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •	· · ·	. <u>1</u> g		
W-2, see	h	Other earned income (see instruct	,				· · · ·	· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)		• •	1 i			- 4-		32,083.
	2 00	Add lines 1a through 1h	 20.		· · ·	 ьт	axable interest	· ·		. 1z	-	52,005.
Attach Sch. B if required.	2a	· · –	2a 3a				Ordinary divider			. 2b . 3b		
·	<u>3a</u> 4a		4a				axable amoun			. 30	-	
Standard	ча 5а						axable amoun			. 40 . 5b	-	
 Deduction for — Single or 	6a		6a				axable amoun			. 6b		
Married filing	C	If you elect to use the lump-sum e		method				•••••	· · · [,	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,		· · · [7		-3,000.
 Married filing jointly or 	8	Additional income from Schedule		-						. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		29,083.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11	-	29,083.
\$20,800	12	Standard deduction or itemized	-		-					. 12		13,850.
If you checked any box under	13	Qualified business income deduct		•		,	5-A			. 13		
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our 1	taxable incom	ie .	<u> . . . </u>	. 15	;	15,233.
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Credits 17 Anount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 1, 607. 19 Child tax credit or oradit for other dependents from Schedule 8812 19 20 Anount from Schedule 3, line 8 20 21 Add lines 16 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0- 22 1, 607. 23 Other taxes. Including self-employment tax, from Schedule 2, line 21 23 0. 24 Add lines 22 and 23. This is your total tax 24 1, 607. 24 Add lines 25 at mough 26c 25a 3, 834. 25 Ederail noome tax withheld from: 25a 26a 26 3, 834. 25a 26a 27 Earmed income credit (EIO)	Form 1040 (2023)								Page 2
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You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions. 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Personal identification number (PIN) Sign Here 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. Your signature If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Paid Preparer's name Phone no. (203) 392–4590 Email address SATISH64007@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: (see inst.) SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/06/2024 P02082703 Self-employed Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm''s EIN 84–3	Amount		•							
38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Third Party Designee's Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Sign Here Designee's name Phone name Personal identification number (PIN) Sign Here 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. Your signature Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.) See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Paid Preparer's name Preparer's signature Date Paid PTIN Check if: (see inst.) Stam Priva RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA SAGAR GUPTA 04/06/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522		57					IS		37	
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee Designee's name Phone no. Personal identification number (PIN) Sign Here 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. Your signature Joint return? See instructions. Spouse's signature. If a joint return, both must sign. Date Your occupation Souse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Phone no. (203) 392-4590 Email address SATISH64007@GMAIL.COM Preparer's name Preparer's signature Date Pate PTIN Check if: (see inst.) Paid Preparer SYAM PRIYA RAM SAGAR GUPTA Dester Phone no. (678) 965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		38			-		1			
Designee instructions Yes. Complete below. No Designee's name Designee's name Phone no. Personal identification number (PIN) Sign Here 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. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. Spouse's signature. If a joint return, both must sign. Date SofTWARE ENGINEER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (203) 392–4590 Email address SATISH64007@GMAIL.COM Preparer's name Preparer's signature Date PIN Check if: (see inst.) Phone no. (203) 392–4590 Email address SATISH64007@GMAIL.COM Self-employed Preparer's name Preparer's signature Date PIN Check if: (see inst.) Self-employed SyaM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/06/2024 P02082703 Self-employed Firm's name	Third Party									
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Sign Here 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. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (203) 392-4590 Email address SATISH64007@GMAIL.COM Preparer's name Preparer's signature Date PIN Check if: 04/06/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	200.g.100	De	signee's		Phone				•	
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Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/06/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	your records.								(see inst.)	
Paid Preparer Use Only Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Ph	one no. (203) 392-459	0	Email address	SATISH64	007@GN	MAIL.COM	[
Stam Stam SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA P02082703 Sett-employed Use Only Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	Daid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN	Check if:
Use Only Firm's name GLOBAL TAXES LLC Phone no. (6/8) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	a ram sac	GAR GUPTA	04/0	06/2024 E	<u>202082703</u>	Self-employed
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-31/1965		Fir	m's name GLOBAL TAX	XES LLC					Phone no.	(678)965-9522
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/07/24 PRO Form 1040 (2023		Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
	Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 0	3/07/24 PRO		Form 1040 (2023)

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

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

SATISH KUMAR THOTA

Your social security number

121-65-2325

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1.	16.			-15.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	-2,295.
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•			5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	(251.)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-2,561.		

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	to gain or loss from 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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	• •	11	-3,443.		
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	15	-3,443.				

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -6,004.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Department of the Treasury

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.



Internal Revenue Service Go to www.irs.gov/Form8
Name(s) shown on return

Social security number or taxpayer identification number

SATISH KUMAR THOTA

121-65-2325

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

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

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

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

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

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

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

1	(a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
	(Example: 100 sh. XYZ Co.)				and see <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Apex	Clearing	01/01/23	12/31/23	1.	16.			-15.
neg Sch	als. Add the amounts in column ative amounts). Enter each tot adule D, line 1b (if Box A above ove is checked), or line 3 (if Box	al here and inc e is checked), li	lude on your ne 2 (if Box B	1.	16.			-15.

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.

Department of the Treasury

Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644 20

Sequence No. 82

Attachment

3

Attach to your tax return.

Go to www.irs.gov/Form6781 for the latest information.

Name(s) shown on tax return SATISH KUMAR THOTA Identifying number 121-65-2325

Check all applicable boxes.

С	Mixed	strad

ddle account election

See instructions. **B** Straddle-by-straddle identification election

D Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

A Mixed straddle election

	(a) Identification of account	(b) (Loss)	(c) Gain		
1	Form 1099-B Webull Financial LLC	-605.			
	Form 1099-B Apex Clearing	-5,133.			
2	Add the amounts on line 1 in columns (b) and (c) 2 (5,738.)			
3	Net gain or (loss). Combine line 2, columns (b) and (c)			3	-5,738.
4	Form 1099-B adjustments. See instructions and attach statement			4	
5	Combine lines 3 and 4			5	-5,738.
	Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partners see instructions.	rships and S cor	rporations,		
6	If you have a net section 1256 contracts loss and checked box D above, en be carried back. Enter the loss as a positive number. If you didn't check box I			6	0.
7	Combine lines 5 and 6			7	-5,738.
8	Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here Schedule D or on Form 8949. See instructions.			8	-2,295.
9	Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here a Schedule D or on Form 8949. See instructions			9	-3,443.
Part	II Gains and Losses From Straddles. Attach a separate statement lis	sting each strac	ddle and its o	comp	onents.

Section A-Losses From Straddles

0000	OII A-LOSSES FIOIII Sulaut									
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales pric	e othe plus	Cost or er basis expense f sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0 (g) Unrecog gain c offsett positic		on ing	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0
10										
11a	Enter the short-term portion o D or on Form 8949. See instru		m line 10,	column (h),	here and	l include	on line 4 of	Schedule	11a	()
b	Enter the long-term portion of	losses fron	n line 10, c	olumn (h), I	here and	include o	on line 11 of	Schedule		
	D or on Form 8949. See instru	ctions							11b	()
Secti	on B-Gains From Straddle									
	(a) Description of property				(c) Date closed ou or sold		(d) Gross (e) Cost of sales price other bas plus exper of sale			(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0
12										
13a	Enter the short-term portion o or on Form 8949. See instruct		n line 12, c	 olumn (f), h 	ere and ii	nclude o	n line 4 of S	chedule D	13a	
b	Enter the long-term portion of <u>D</u> or on Form 8949. See instru	ctions							13b	
Part		From Pos	itions He	eld on Las	t Day of	Tax Ye	ar. Memo e	entry only (s	ee ins	structions)
(a) Description of property (b) acq									is	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0
14										



VA 20148



SATISH	KUMAR	THOTA	

23040	BROOKSBANK	SQUARE

ASHBURN

					_
SSN - You	THOT	121652325	Vendor ID 1555	2	XXXXX
SSN - Spouse					
Fed Adj Gross Income (FA	AGI) 1.	29083.	Withholding (VA) - You	19A.	1546.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	29083.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpa	yment 6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	1546.
Total VA Adj Gross Income	e (VAGI) 9.	29083.	Tax You Owe	27.	
Itemized Deductions - VA	Sch A 10.		Tax Overpayment	28.	645.
Standard Deduction	11.	8000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Ex	xemptions) 14.	8930.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	20153.	Sales and Use Tax	33.	
Amount of Tax	16.	901.	Amount You Owe		
Spouse Tax Adjustment (S	STA) 17.		Will Pay by Credit/Debit Card N Your Refund		645.
VAGI - Spouse	17A.				
Net Amount of Tax	18.	901.	Bank Routing #	С	011900254
	L		Bank Account #	385023	1399295

___LAR ___DLAR ___DTD ___LTD \$_____

121652325





I									
Filing Status, Age a	& License	Information		Additional Filing Information	Г				
Filing Status			1	Locality	107				
Federal Head of H	lousehold			Uninsured & Authorize DMAS					
DOB - You		05131	992	Name or Filing Status Change					
VA Driver's Licens	se ID - You			Address Change					
VA Driver's Licens	se - Iss. Da	te - You		VA Retum Not Filed Last Year					
Spouse Name (Fi	ling Status	3 Only)		Dependent on Another's Return					
				Farmer / Fisherman / Merchant Seaman					
DOB - Spouse VA Driver's Licens	e ID - Sno	150		Amended	Amended				
VA Driver's Licens				Reason Code	Reason Code				
	66 - 155. Da	Exemptions (B)		Overseas on Due Date					
Exemptions (A) You	1	65 & Over - You		Federal EIC & Amount					
Spouse		65 & Over - Spouse		Deceased Indicator					
Dependents		Blind - You		Form 760C or 760F					
Total (A)	1	Blind - Spouse		No Sales & Use Tax Due Indicator	Х				
		Total (B)		Obtain Electronic 1099G					
		Contact Information		ID Theft PIN					
L(Ma) the undersigned	de aloro und		and this roturn 0 +	a the heat of my (aur) knowledge, it is a true correct & complete rature. If you	ore requesting direct				

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - Y	′ou	Date		Phone - You		2033	924590
Signature - S	spouse	Date		Phone - Spouse			
Signature - P	reparer <u>SYAM PRIYA RAM SAGAR GUPTA</u>	Date	040624	Phone - Preparer		6789	659522
The Tax Dep	artment may discuss my/our return with my/our pr	reparer.	GLOBA	Preparer Information L TAXES LLC	7	P02	082703
S	File by May 1, 2024 Include Page 1, Page 2 and all Pupporting 760CG documents.			OONEY CT NSWICK	NJ	08816	Page 2 of 2

2023 Schedule INC/CG 121652325

Report all W-2s, 1099s & VK-1s with VA Withholding

SATISH KUMAR THOTA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
121652325	W	1546.	824984126	30824984126F001	32083.

Total VA Withholding	SSN	VA Withholding
You	121652325	1546.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

Virginia Individual Income Tax e-File Signature Authorization

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. **IT MUST BE MAINTAINED IN YOUR FILES!**

Virain	a Submission Identification Number (SID)						
Ĭ							
Vour		D Vour Coold Coo	urity Number				
Your		B Your Social Sec	,				
	SH KUMAR THOTA se's Name	121-65-232 A Spouse's Social					
opou							
Part	Tax Return Information	A Spouse	B Yourself				
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		29083.				
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		29083.				
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		20153.				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		901.				
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		1546.				
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)						
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		645.				
Part	II Declaration of Taxpayer and Signature Authorization penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so						
Return numbe filing a liable Virgini refund of the signat	December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only X I authorize the ERO named below to enter my e-File PIN 5 2 3 2 5 as my signature on my 2023 e-filed Virginia individual income tax return.						
	GLOBAL TAXES LLC						
	ERO Firm Name						
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File				
	·						
Spous	e's e-File PIN: check one box only						
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2023 e-file Do not enter all zeros	ed Virginia individual inc	ome tax return.				
	ERO Firm Name						
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File				
Spous	e's Signature Date						
Part	III 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 0	<u> </u>					
indicat Handb	Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
ERO's	Signature Date 04-0	6-24					
1555	REV 03/05/24 PRO						

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or star	ple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate ir	nstructions.
Your first name	and m	iddle initial	Last r	name	 ame					Your social security number		
SATISH K	UMAI	R	THO	TA						121	65	2325
-		s first name and middle initial	Last r	name								security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ction Campaigr
_23040 BR	OOK	SBANK SQUARE										ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode			ointly, want \$3 d. Checking a
ASHBURN					VA 20148			48			not change	
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your ta	c or refur	_
											Yo	u Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	l income)			_					
one box.		Married filing separately (MFS)					Qualifying			. ,		
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or QS	SS box, ente	er the chi	ild's nar	ne if the
	qu	ialifying person is a child but not you	ur depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or s	services); or	(b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	et)? (Se	e instructio	ns.)	🗌 Ye	s 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien						
Age/Blindness	You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befc	re January	2, 1959	ls	blind
Dependents		-		(2) 5	Social security	,	(3) Relationsh	14			fies for (s	see instructions):
If more		(1) First name Last name			number		to you		Child tax c	redit	Credit for	r other dependents
than four												
dependents,												
see instructions and check	·											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1 a	ı 📃	32,083.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							. 1b)		
W-2 here. Also	С	Tip income not reported on line 1a								. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep		`	, ,	nstru	ictions)	• •		. 1d		
1099-R if tax	е	Taxable dependent care benefits f						• •		. 1e		
was withheld.	f	Employer-provided adoption bene						• •		. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •	· · ·	. <u>1</u> g		
W-2, see	h	Other earned income (see instruct	,				· · · ·	· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)		• •	1 i			- 4-		32,083.
	2 00	Add lines 1a through 1h	 20.		· · ·	 ьт	axable interest	· ·		. 1z	-	52,005.
Attach Sch. B if required.	2a	· · –	2a 3a				Ordinary divider			. 2b . 3b		
·	<u>3a</u> 4a		4a				axable amoun			. 30	-	
Standard	ча 5а						axable amoun			. 40 . 5b	-	
 Deduction for — Single or 	6a		6a				axable amoun			. 6b		
Married filing	C	If you elect to use the lump-sum e		method				•••••	· · · [,	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,		· · · [7		-3,000.
 Married filing jointly or 	8	Additional income from Schedule		-						. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		29,083.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11	-	29,083.
\$20,800	12	Standard deduction or itemized	-		-					. 12		13,850.
If you checked any box under	13	Qualified business income deduct		•		,	5-A			. 13		
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our 1	taxable incom	ie .	<u> . . . </u>	. 15	;	15,233.
	_		_									

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

Form **1040** (2023)

Credits 17 Anount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 1, 607. 19 Child tax credit or oradit for other dependents from Schedule 8812 19 20 Anount from Schedule 3, line 8 20 21 Add lines 16 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0- 22 1, 607. 23 Other taxes. Including self-employment tax, from Schedule 2, line 21 23 0. 24 Add lines 22 and 23. This is your total tax 24 1, 607. 24 Add lines 25 at mough 26c 25a 3, 834. 25 Ederail noome tax withheld from: 25a 26a 36 Reserved for future use 26a 3, 834. 27 Earmed income credit (EIO)	Form 1040 (2023)								Page 2
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36 Amount of line 34 you want applied to your 2024 estimated tax	See instructions.									
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions							36	'		
You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions. 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Personal identification number (PIN) Sign Here 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. Your signature If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Paid Preparer's name Phone no. (203) 392–4590 Email address SATISH64007@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: (see inst.) SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/06/2024 P02082703 Self-employed Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm''s EIN 84–3	Amount		•							
38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Third Party Designee's Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Sign Here Designee's name Phone name Personal identification number (PIN) Sign Here 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. Your signature Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.) See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Paid Preparer's name Preparer's signature Date Paid PTIN Check if: (see inst.) Stam Priva RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA SAGAR GUPTA 04/06/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522		57								
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee Designee's name Phone no. Personal identification number (PIN) Sign Here 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. Your signature Joint return? See instructions. Spouse's signature. If a joint return, both must sign. Date Your occupation Souse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Phone no. (203) 392-4590 Email address SATISH64007@GMAIL.COM Preparer's name Preparer's signature Date Pate PTIN Check if: (see inst.) Paid Preparer SYAM PRIYA RAM SAGAR GUPTA Dester Phone no. (678) 965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		38			-		1			
Designee instructions Yes. Complete below. No Designee's name Designee's name Phone no. Personal identification number (PIN) Sign Here 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. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. Spouse's signature. If a joint return, both must sign. Date SofTWARE ENGINEER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (203) 392–4590 Email address SATISH64007@GMAIL.COM Preparer's name Preparer's signature Date PIN Check if: (see inst.) Phone no. (203) 392–4590 Email address SATISH64007@GMAIL.COM Self-employed Preparer's name Preparer's signature Date PIN Check if: (see inst.) Self-employed SyaM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/06/2024 P02082703 Self-employed Firm's name	Third Party									
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Paid Preparer Use Only Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Ph	one no. (203) 392-459	0	Email address	SATISH64	007@GN	MAIL.COM	[
Stam Stam SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA P02082703 Sett-employed Use Only Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	Daid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN	Check if:
Use Only Firm's name GLOBAL TAXES LLC Phone no. (6/8) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	a ram sac	GAR GUPTA	04/0	06/2024 E	<u>202082703</u>	Self-employed
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-31/1965		Fir	m's name GLOBAL TAX	XES LLC					Phone no.	(678)965-9522
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/07/24 PRO Form 1040 (2023		Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
	Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 0	3/07/24 PRO		Form 1040 (2023)

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

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

SATISH KUMAR THOTA

Your social security number

121-65-2325

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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 This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1.	16.			-15.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	324	4	-2,295.		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•			5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	(251.)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-2,561.		

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and					
This form may be easier to complete if you round off cents to whole dollars.		(sales price)			Part II, n (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 Box D checked										
9	Totals for all transactions reported on Form(s) 8949 with Box E checked										
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.										
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	• •	11	-3,443.							
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12								
13	Capital gain distributions. See the instructions		13								
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	Carryover	14	()							
15		U U	15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back .								

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -6,004.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Department of the Treasury

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.



Internal Revenue Service Go to www.irs.gov/Form8
Name(s) shown on return

Social security number or taxpayer identification number

SATISH KUMAR THOTA

121-65-2325

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

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

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

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

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

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

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

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	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 ch VV7 Co) (Mo dov vr) disposed of (Sales p	(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).		
Apex	Clearing	01/01/23	12/31/23	1.	16.			-15.
neg Sch	als. Add the amounts in column ative amounts). Enter each tot edule D, line 1b (if Box A above ve is checked), or line 3 (if Box	al here and inc is checked), lir	lude on your 1e 2 (if Box B	1.	16.			-15.

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.

Department of the Treasury

Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644 20

Sequence No. 82

Attachment

3

Attach to your tax return.

Go to www.irs.gov/Form6781 for the latest information.

Name(s) shown on tax return SATISH KUMAR THOTA Identifying number 121-65-2325

СГ	Mixed s	trad

ddle account election

Check all applicable boxes. **A** Mixed straddle election See instructions.

B Straddle-by-straddle identification election **D** I Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

	(a) Identification of account (b) (Loss) (c	c) Gain	
1	Form 1099-B Webull Financial LLC -605.		
	Form 1099-B Apex Clearing -5,133.		
2	Add the amounts on line 1 in columns (b) and (c) 2 (5,738.)		
3	Net gain or (loss). Combine line 2, columns (b) and (c)	. 3	-5,738.
4	Form 1099-B adjustments. See instructions and attach statement	. 4	
5	Combine lines 3 and 4	_	-5,738.
	Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations see instructions.	ons,	
6	If you have a net section 1256 contracts loss and checked box D above, enter the amount of los	s to	
	be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0	. 6	0.
7	Combine lines 5 and 6	. 7	-5,738.
8	Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line	4 of	
	Schedule D or on Form 8949. See instructions	. 8	-2,295.
9	Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 1 Schedule D or on Form 8949. See instructions		-3,443.
Par		-	

Section A-Losses From Straddles

Jecu	IOITA-LOSSES FIOITI Sulaut										1
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales pric	e oth plus	Cost or er basis expense f sale	(f) Loss. If column (e) more than (enter differer Otherwise enter -0) is d), nce. ,	(g) Unrecogr gain c offsetti positio	n ng	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0
10											
11a	Enter the short-term portion o D or on Form 8949. See instru		m line 10,	column (h),	here and	l include	on line 4 o	f Scł 	nedule	11a	()
b	Enter the long-term portion of D or on Form 8949. See instru									11b	()
Secti	ion B—Gains From Straddle	es									
	(a) Description of property		(b) Date entered into or acquired	(c) Date closed ou or sold		(d) Gross sales price		(e) Cost or other basis plus expense of sale		(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0	
12											
13a	Enter the short-term portion o or on Form 8949. See instruct		n line 12, c	l olumn (f), h	ere and i	nclude o	n line 4 of S	Schee	dule D	13a	
b	b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions					13b					
Part	Unrecognized Gains	From Pos	itions He	eld on Las	t Day of	Tax Ye	ear. Memo	entry	/ only (se	e ins	tructions)
	(a) Description of	of property			(b) Date acquired	valu	air market ue on last iness day tax year	((d) Cost c other basi as adjuste	is	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0
14											