Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	ver's name	Social	security	numbe	er
HAR	IKRISHNAN GIRIKUMAR	175	-43-	6293	
Spouse	o's name	Spouse's social security number			
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year y	ou are	e auth	norizing.)
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	137,452.
2	Total tax		. [2	23,064.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. [3	25,470.
4	Amount you want refunded to you		. [4	2,406.
5	Amount you owe		. [5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a	сору	of yo	our return)

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN
				ERO firm name	

	3	6	2	9	3						
Enter five digits, but don't enter all zeros											

my

as mv

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

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

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN	generate my PIN	generate	or	enter	to
-----------------------------	-----------------	----------	----	-------	----

Enter five digits, but don't enter all zeros

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

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

Spouse's signature 🕨	Date 🕨				
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication – Pra	ctitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your	ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros				

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

ERO's signature >	Date 🕨								
ERO Must Retain This Fo Don't Submit This Form to the II									
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)						

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 sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
HARIKRIS	SHNA	Ν	GIR	IKUMAF	ર					175	43	6293
-		s first name and middle initial	Last r							-		l security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial El	ection Campaigr
<u>3011 BRE</u>	ELLO	N LN										ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		0	jointly, want \$3 nd. Checking a
DURHAM						NC	2	277	03	· · ·		not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax	_	_
											∐ Ye	ou Spouse
Filing Status	; 🗵	Single					Head of ho	ouseh	old (HOH)			
Check only	Ľ	Married filing jointly (even if only or	ne hac	l income)			_					
one box.		Married filing separately (MFS)					, ,		ing spouse	,		
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or QS	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir depe	endent:								
Digital	At a	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); oi	· (b) sell,		
Assets	exch	nange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instructio	ns.)	XΥ	es 🗌 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befc	ore January	2, 1959		s blind
Dependents					Social security		(3) Relationsh	14			ifies for	(see instructions):
If more		First name Last name		(2)	number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s —											
here]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	139,755.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	ι (see i	nstruction	ıs)					. 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	rom Fo	orm 2441,	, line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene			,					. 1f	:	
lf you did not get a Form	g	Wages from Form 8919, line 6 .	· ·							. 1g		
W-2, see	h	Other earned income (see instructi	,				· · · ·	·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i					120 755
		Add lines 1a through 1h	· ·		· · .	 . –				. 1z	-	139,755.
Attach Sch. B if required.	2a	'	2a				axable interest			. 2b	-	1
	<u>3a</u>		3a 4a				Ordinary divider			. 3b	-	1.
Standard	4a 5a		4a				axable amount			. 4b	-	
Deduction for –	5a 6a		5a				axable amount axable amount		· · ·	. 5b . 6b	-	
 Single or Married filing 	6a c	Social security benefits	6a	method	check boro				· · ·		,	
separately, \$13,850	7	Capital gain or (loss). Attach Sched				•	,	• •	[7		-2,304.
 Married filing 	8	Additional income from Schedule						• •	!	. 8	-	0.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9	-	137,452.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	,	_0.,104.
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		137,452.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		13,850.
 If you checked any box under 	13	Qualified business income deducti					5-A			. 13		,
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our t	taxable incom	е.		. 15		123,602.
					,						· · · ·	

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	23,064.
Credits	17	Amount from Schedule 2, lir	ie3				[17	
	18	Add lines 16 and 17					[18	23,064.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lir	e8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	23,064.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	23,064.
Payments	25	Federal income tax withheld							
. aj mente	а	Form(s) W-2				25a 25	,470.		
	b	Form(s) 1099				25b	·		
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	25,470.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28	_		
	29	American opportunity credit				29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31				-	_	32	
	33	Add lines 25d, 26, and 32. T	,	•	•			33	25,470.
Defined	34	If line 33 is more than line 24						34	2,406.
Refund	34 35a	Amount of line 34 you want				, .	-	34 35a	2,406.
Direct deposit?								558	2,400.
See instructions.	b	Routing number 1 2 2 3 5 8 2 1 c Type: X Checking Savings Account number 1 5 7 5 0 5 3 5 4 3 1 4 Image: Comparison of the							
	d	· · · · · · · · · · · · · · · · · · ·							
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						~	
rou Owe	~ ~					1 1	· · ·	37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•				omplete bel	~~~	🗙 No
Designee							onal identifica		
	nai	signee's ne		Phone no.			orandentinca per (PIN)	llion	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statement	s, and to the	best (of my knowledge and
-	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all information	on of which p	repare	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation		If the IF	lS ser	nt you an Identity
									IN, enter it here
Joint return?					DATA ENGI		(see ins	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.							(see ins		sector r int, enter it here
	Ph	one no. (657)319-540	1	Email address	υλρτκρτουνιλης:	RIKUMAR@GMAIL.C	<u>ו</u>		
		eparer's name	⊥ Preparer's signat		INTERIOR DINANG	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			ZAR CIIDTA		P020827	02	Self-employed
Preparer		m's name GLOBAL TA			GUPIA	05/50/2024			678)965-9522
Use Only			Y CT E BRU		J 08816				0101000000022
				MONICK N			Firm's I		Form 1040 (2023)
GO LO WWW.Irs.go	JV/FOM	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 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.

Attachment Sequence No. **12**

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

HARIKRISHNAN GIRIKUMAR

Your social security number

175-43-6293

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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fro		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column (rt I,	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	36,087.	38,419.			-2,332.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	261.	361.			-100.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	-2,432.

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.	(d) Proceeds	(e) Cost	(g) 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, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	1,729.	1,782.			-53.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	379.	198.			181.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	-			15	128.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -2,304.
	• 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?	
	\square 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 (2,304.)
	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

<u>8949</u>

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.

Social security number or taxpayer identification number Name(s) shown on return HARIKRISHNAN GIRIKUMAR 175-43-6293

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate instructions.			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.				
Robinhood Securities LLC	07/11/23	12/31/23	36,087.	38,419.			-2,332.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	36,087.	38,419.			-2,332.			

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

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side HARIKRISHNAN GIRIKUMAR

Social security number or taxpayer identification number 175-43-6293

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
	(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	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	10/18/22	12/31/23	1,729.	1,782.			-53.
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	1,729.	1,782.			-53.		

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.

<u>8949</u>

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.

Social security number or taxpayer identification number Name(s) shown on return HARIKRISHNAN GIRIKUMAR 175-43-6293

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

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

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

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

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

X (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	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Crypto LLC	06/04/23	12/31/23	261.	361.			-100.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	261.	361.			-100.

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	Pag
------------------	-----------------------------	-----

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side HARIKRISHNAN GIRIKUMAR

Social security number or taxpayer identification number 175-43-6293

e **2**

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)

- X (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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	(f) (g) Code(s) from Amount of		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
Robinhood Crypto LLC	11/16/22	12/31/23	379.	198.	instructions	adjustment	181.
KODTINIOOU CLYPLO LLC	11/10/22	12/31/23		190.			101.
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	lude on your 1e 9 (if Box E	379.	198.			181.	

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.

REV 03/07/24 PRO

Form **8889**

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. 52
bor of USA bonoficiary

Internal	Revenue Service		S	equence No. 52
			ave HS	f HSA beneficiary. As, see instructions.
	IKRISHNAN GIRIKUMAR re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance			
-				
Part	HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d		-	
	See instructions		🗵 Se	If-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. Do not include employer co contributions through a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter	(\$7,750 for	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from 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	g 2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and			
	coverage under an HDHP at any time during 2023, see the instructions for the amount to en	nter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had fami under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7	0.
8	Add lines 6 and 7		8	3,850.
9	Employer contributions made to your HSAs for 2023	180.	-	
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	180.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	3,670.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction		13	0.
Part			rato F	JSAs complete
T are	a separate Part II for each spouse.	in nave sepa	later	ions, 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	any excess		
	withdrawn by the due date of your return. See instructions		14b	
с	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	ule 2 (Form	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See completing this part. If you are filing jointly and both you and your spouse ear complete a separate Part III for each spouse.	the instructi ch have sep		
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 Sched 1040), Part II, line 17d	•	21	

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BAA REV 03/07/24 PRO

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Filing	Statu		1. Sin					ling Jointly Widow(er)			ried Filing Separately	Year spou	Yes	NoX	
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					he entire ye		Yes	L No			Return for deceased		Date of c		
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											on April 15, 2024, a			dent.	
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10A				0		20				0	27			0	
10B				0		21.				0	29			0	
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15				923		26	В			0				_	
TN		5573			Defined	PN		6789		_	PP	P02	08270	3	
I declare	and ce	turn E tify that I	have exa	mined this	return and ac	companying	schedule	20 s and statem			yment Due Check here if you :	authorize the N	0 North Carolin	a Department	of Revenue
the best of	of my ki	nowledge	and belie	ef, they are	true, correct,	and complete).		,		to discuss this retu	irn and attachr	nents with th	e paid prepare	er below.
Your Sigr	nature					Date		Spouse's Sic	nature (If f	filing jo	int return, both must sign.)	Date	_	8195401 Phone No. <i>(Inclu</i>	de area code)
		R USE O									formation of which the prep	arer has any kno	-		
SYAM Paid Pre				SAGAR	GUPT	03 30 Date			3)965-		22 ber (Include area code)			2082703 's FEIN, SSN, o	

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

►

D-400 2023 Page 2 (50)

Last Name (First 10 Characters)	GIRIKUMAR
Last Name (First TO Characters)	GIRIKUMAR

Your Social Security Number

175436293

6.	Federal Adjusted Gross Income	6.	137452
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	137452
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	124702
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	124702
15.	N.C. Income Tax	15.	5923
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	5923
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	5923
<u>North</u>	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	6131
20a. 20b.	Spouse's tax withheld	20a. 20b.	0131
200.	Spouse's tax withheid	200.	0
Other	Tax Payments		
21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	6131
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	6131
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	Ő
28.	Overpayment	28.	208
<u>Amou</u>	nt of Refund to Apply to:		
20	Amount of Line 28 to be applied to 2024 Estimated Income Tax	20	0
29. 30	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29. 30	0
30. 21	N.C. Nongame and Endangered Wildlife Fund	30. 31.	0
31.	N.C. Education Endowment Fund		0
32.	N.C. Breast and Cervical Cancer Control Program	32.	-
32. 33. 34.	Add Lines 29 through 32 Amount to be Refunded	32. 33. 34.	0 208

D-400 Line-by-Line Information