Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

IIICIIIai	nevertue del vice				
Subm	ission Identification Number (SID)				
Taxpay	er's name	Social securi	ty numl	per	
ADI	TYA REDDY RAMANNAGARI	815-96	-678	4	
Spouse	's name	Spouse's soo	ial secu	urity number	,
Par	· · ·	year you a	re au	thorizing.)
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1.	1 400	0.40
1	Adjusted gross income		1		,043.
2	Total tax		2		<u>,</u> 578.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,274.
4 5	Amount you want refunded to you		5	4	<u>,696.</u>
Part		en a con		our retu	rn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the parall identification number (PIN) below is my signature for the income tax return (original or amended) I am	ction of the t S. Treasury a ated in the t in to debit the the authoriz ests must be processing o yment. I fur	ransmis ax preperently e entry ation. The e receif the el	ssion, (b) the designated paration softo this according revoke (continued no late ectronic pasknowledge	re reason Financial tware for bunt. This cancel) a er than 2 yment of that the
	onic Funds Withdrawal Consent. Bayer's PIN: check one box only				
		W DINI 6	6	7 8 4	ac my
	ERO firm name	ř En		digits, but er all zeros	as my
	signature on the income tax return (original or amended) I am now authorizing.		01		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only	_			
Г	I authorize to enter or generate n	N/ PINI			as my
_	ERO firm name	_	ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0	8 2 7	1
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income tax ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indiana.	ting this reti	urn in a	accordance	
ERO'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

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



£104 (artment of the Treasury—Internal Revenue Servi		urn	20 2 :	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		I	, 2023, endi	ing			, 20		See se	oarate	instructions.
Your first name	and m	iddle initial	Last nar	me	-						Your so	cial sec	curity number
ADITYA :	REDD'	Y	RAMA	NNAGAR	RI						815	96	6784
		s first name and middle initial	Last nar									•	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campaigr
10968 S	SHI	LLING AVE						2	2124		Check I	nere if y	ou, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete sp	paces belov	w.	Sta	te	ZIP c	ode			•	jointly, want \$3
SOUTH J	ORDA:	N				UI	1	840	195		•		nd. Checking a not change
Foreign countr	y name	t.	F	oreign pro	vince/state/o	count	у	Foreig	n postal c		your tax		und.
Filing Status	s X	Single					Head of h	ouseh	old (HOI	— ⊣)			
Check only		Married filing jointly (even if only o	ne had ir	ncome)			_						
one box.		Married filing separately (MFS)					Qualifying		0 1	,	,		
		you checked the MFS box, enter the			ouse. If you	ı che	cked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır depen	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward,	award, or p	payn	nent for prope	rty or	services); or (b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fina	ancial intere	est in	n a digital asse	t)? (Se	ee instru	ction	s.)	□ Ye	es 🗵 No
Standard	Som	neone can claim: 🗌 You as a de	pendent	: 🗌 Y	our spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a du	ual-status a	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	d Spo	use:	: Was bor	n befo	ore Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		(2) So	cial security		(3) Relationsh	ip (4	l) Check t	he bo	x if quali	fies for	(see instructions):
If more		First name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other dependents
than four													
dependents,													
see instruction and check	5												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructi	ons)						1a		115,094.
Attach Form(s)	b	Household employee wages not re	•	•	•						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•								1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 883	39, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	,					· ·			1h	\bot	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						115 004
	<u>z</u>	Add lines 1a through 1h									1z		115,094.
Attach Sch. B	2a	· –	2a				axable interest				2b		
if required.	3a_	· · ·	3a				rdinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		5,524.
Single or Married filing	6a	,	6a				axable amoun	t			6b		
separately,	_c	If you elect to use the lump-sum e		•	•	•	,				} =		200
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7		399.
jointly or Qualifying	8	Additional income from Schedule	•								8		-12 , 974.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		108,043.
\$27,700 • Head of	10	Adjustments to income from Sche									10		100 040
household, \$20,800	11	Subtract line 10 from line 9. This is	-								11		108,043.
If you checked	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.
	75	SUBTRACT LING 1/1 from ling 11 It 70	O Or lece	- ANTAR ()	I DIC IC V	CILIF T	avania incom	-Δ					u/i I U 3

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	16,026.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	16,026.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					22	16,026.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	552.
	24	Add lines 22 and 23. This is	your total tax						24	16,578.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	20	,169.		
	b	Form(s) 1099				25b	1	,105.		
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	21,274.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	21,274.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	4,696.
	35a	Amount of line 34 you want			is attached, che	ck here			35a	4,696.
Direct deposit?	b									
See instructions.	d	Account number 3 7 3	2 3 6 9	3 1						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.go	//Payments or	see instructions				37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See				_
Designee	ins	structions				[Yes. Co	mplete	below.	⋉ No
		signee's me		Phone		nal identi er (PIN)	fication			
0:		der penalties of perjury, I declare t	hat I have examined	no.	accompanying scho	dulos and		- (/	the best	of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			lf the	IRS se	nt you an Identity
	10	ar signature		Date	Tour occupation					IN, enter it here
Joint return?					SOFTWARE I	ENGIN:	EER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
your records.									tity Proti inst.)	ection PIN, enter it here
			0	Casail address	D 2 D 1 D 1 O 1 O 1	1.0.0347	TT 00M			
		one no. (929) 334-657 eparer's name	Preparer's signat	Email address	RADIRE0401	Date	ть.COM	PTIN		Check if:
Paid		•	1 .		מחסווט מגי		7/2024		2702	Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA		A KAM SAC	SAR GUPIA	104/0	1/2024	P0208		
Use Only		m's name GLOBAL TA		יי איי איי דער אי	Phone no. (678) 965–952					
	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							i's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	ocial se	ecurity number
ADIT	YA REDDY RAMANNAGARI		815-9	96-67	84
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797		4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	Ε.	5	-12,974.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			

Other income. List type and amount:

9

10

-12,974.

9

10

8z

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 02

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

Your social security number 815-96-6784

			_
Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	552.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinue	d on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	·	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z		18		
9	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe		04	l	
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21		552.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

Name(s) shown on return Your social security number 815-96-6784 ADITYA REDDY RAMANNAGARI 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) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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 2,397. 1,987. 410. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 410. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 27. 16. -11. 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

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

13

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 399. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074 Attachment

Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

815-96-6784

ADITYA REDDY RAMANNAGARI

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 F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see 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).
MORGAN STANLEY	01/01/23	12/31/23	2,397.	1,987.			410.
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), li i	lude on your ne 2 (if Box B	2,397.	1,987.			410.

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ADITYA REDDY RAMANNAGARI

Social security number or taxpayer identification number 815-96-6784

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)
- 区 (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

	not reported	to you on i c	JIII 1099-D				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Crypto LLC	01/01/22	12/31/23	16.	27.			-11.
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 I	I here and incl is checked), lir	lude on your ne 9 (if Box E	16.	27.			-11.

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

ADI	IYA REDDY RAMANNAGARI						815-9	6-6784		
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use \$	Schedule	C . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require you		_orm(o) 1	0002.0	'aa ina	tw.otiono			. V Na	
	If "Yes," did you or will you file required Form(s) 1099? .								25 INU	
1a	Physical address of each property (street, city, state, ZII	P code))							
Α	GANGA ENCLAVE COLONY KOMPALLY IN 50004	44								
В										
С										
1b	Type of Property 2 For each rental real estate property	erty liste	ed		Fa	ir Rental	Persor	nal Use	QJV	
	(from list below) above, report the number of fair					Days	Da	ıys	QJV	
Α	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to qualified joint venture. See instru			В						
С	qualified joint venture. See instit	uctions.		С						
Туре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land		7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)			
						Properti				
Incor	mai	-		Α		В	E5.		С	
3	Rents received	3			25.	В				
4	Royalties received	4			23.					
	nses:	+ * +								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,8	45.					_
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,2	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12		,_						
13	Other interest	13								
14	Repairs	14		3,4	57.					
15	Supplies	15		3,1						
16	Taxes	16								
17	Utilities	17		3,9	71.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		13,5	99.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		- 12 , 9	74.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22 (12 , 97	4.)	()	()
23a	Total of all amounts reported on line 3 for all rental proper				23a		625.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	13	599.			
24	Income. Add positive amounts shown on line 21. Do no		•				. 24	/	10 0= :	
25	Losses. Add royalty losses from line 21 and rental real estat							(12,974.	.)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a						on 26		-12 , 974	1
	concado i (i orini io io), inic o. Othorwise, incidae tilis a	uiit l		UII III		on page 2	. 20		14,015	.

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008

Identifying number

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

2023	
Attachment Sequence No. 858	

ADIT	YA REDDY RAMANNAGARI				815-	-96-	-6784
Par							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	ll Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the an Activities with net loss (enter the amount Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, co ne amount from Pa	olumn (b)) art IV, column (c))	1b (1c (0. 12,974.)	1d	-12,974.
All Ot	her Passive Activities						-
	Activities with net income (enter the an Activities with net loss (enter the amount Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co le amount from Pa	olumn (b)) art V, column (c))	2b (2c ()	2d	
3	Combine lines 1d and 2d and subtraction zero or more, stop here and include prior year unallowed losses entered on normally used	this form with you on line 1c or 2c. F	ır return; all losse	s are allowed, inc	luding any	3	-12,974.
	If line 3 is a loss and: • Line 1d is a l					5	14,314.
		oss (and line 1d is	zero or more) ski	in Part II and go to	line 10		
	on: If your filing status is married filing. Instead, go to line 10.	•	•	•		/ear,	do not complete
Par	Special Allowance for Ren	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an examp	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lin	e3			4	12,974.
5	Enter \$150,000. If married filing separ	•			50,000.		
6	Enter modified adjusted gross income				21,017.		
_	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent				
7	Subtract line 6 from line 5				28,983.		4.4.00
8	Multiply line 7 by 50% (0.50). Do not er				_	8	14,492.
9 Pari	Enter the smaller of line 4 or line 8. If Total Losses Allowed	line 3 includes any	CRD, see instruc	ctions		9	12,974.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv				 		· ·
••	out how to report the losses on your to					11	12,974.
Part	Complete This Part Before		a, 1b, and 1c. S	ee instructions.			,
		Currer		Prior years	Overa	all ga	in or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
GANG	GA ENCLAVE COLONY	0.	12,974.				12,974.

12,974.

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

Form 8582 (2023) Page **2**

	-,									. 490 =	
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instrud	ctions.			,	
	Name of activity		Currer	nt year		Prior years		Overall ga		ain or loss	
			(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
	on Part I, lines 2a, 2b, and 2c										
Part VI	Use This Part if an Amour	T		Part II,	, Line 9. S	ee instrud	ctions.			I	
	Name of activity	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
GANGA ENCLAVE COLONY		E Ln 22		12,974.		1.00000000		12,974.		0.	
Total				12,974.		1.00		12,974.		0.	
Part VII	Allocation of Unallowed L	.oss	ses. See instr								
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on (a) L		Loss		(b) Ratio (d		(c) Unallowed loss	
Total							1.00				
Part VIII	Allowed Losses. See instr	ucti	ons.						_		
Name of activity			Form or sche and line nun to be reporte (see instruct	nber d on (a) l		_oss	(b) Unallowed loss		(c) Allowed loss		
Total											