# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

T.....

| Taxpayer's name  |                       | Social security num | ber           |
|--|-----------------------|---------------------|---------------|
| VISHAL REDDY VENNAVARAM  |                       | 817-29-444          | 3             |
| Spouse's name  |                       | Spouse's social sec | curity number |
|  |                       |                     |               |
| Part I Tax Return Information – Tax Year Ending December 3                   | <b>31,</b> 2023 (Ente | r year you are au   | ithorizing.)  |
| 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. |                       |                     |               |
| <b>1</b> Adjusted gross income   |                       | 1                   | 57,404.       |
| <b>2</b> Total tax   |                       | 2                   | 5,009.        |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099              |                       | 3                   | 6,009.        |
| 4 Amount you want refunded to you  |                       | 4                   | 1,000.        |
| <b>5</b> Amount you owe  |                       | 5                   |               |

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

| GLOBAL TAXES     | LLC        | to enter or generate my PIN |
|------------------|------------|-----------------------------|
| offering theread | <b>HHO</b> | to ontor or gonorate my r m |

| 9 | 4                | 4 | 4 | 3 | as |
|---|------------------|---|---|---|----|
|   | er fiv<br>N't er |   |   |   | as |

my

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.

Your signature

Date

### Spouse's PIN: check one box only

I authorize

X I authorize

to enter or generate my PIN

as mv 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 si  | gnature 🕨 🛛 Da  | ate 🕨 | •  |   |  |   |             | <br> |   |   |   |  |
|--|---|-------|----|---|--|---|-------------|------|---|---|---|--|
|  | Practitioner PIN Method Returns Only—continue                                   | bel   | ow |   |  |   |             |      |   |   |   |  |
| Part III Certification and Authentication – Practitioner PIN Method Only |   |       |    |   |  |   |             |      |   |   |   |  |
| ERO's EFIN   | J/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2     | 2  | 2 |  | _ | 6<br>nter a | <br> | 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 🕨 |                          |
|--|---|--------|--------------------------|
|  | RO Must Retain This Form — S<br>bmit This Form to the IRS Unles |        |                          |
| For Denemicarly Deduction Act Nation and |   |        | Earm 8879 (Bay, 01 2021) |

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

| <b>1040</b>                                | -1     | <b>IR</b> Department of the Treasury-Inter<br><b>U.S. Nonresident Ali</b>            | nal Rever<br>en In | nue Service<br>come Tax R        | eturn     | 2023                                    | OMB No. 15 | 545-0074     |  | Only—Do not write<br>e in this space. |  |  |
|--|--------|--|--------------------|----------------------------------|-----------|---|------------|--------------|--|---------------------------------------|--|--|
| For the year Jan                           | . 1–C  | ec. 31, 2023, or other tax year beginn   | ing                | ,                                | 2023, er  | nding                                   | ,          | 20           |  | e separate<br>structions.             |  |  |
| Your first name                            |        |  |                    | Last name Yo                     |           |   |            |              | our identifying number<br>ee instructions) |                                       |  |  |
| VISHAL RE                                  | DDY    | 7  | VENN               | AVARAM                           |           |   |            | 817          | 317-29-4443                                |                                       |  |  |
| Home address (                             | numl   | per and street). If you have a P.O. box  | , see ins          | tructions.                       |           |   |            | -            | -  | Apt. no.                              |  |  |
| 11193 MED                                  | ALL    | ION LN   |                    |                                  |           |   |            |              |  |                                       |  |  |
| City, town, or po                          | ost of | ffice. If you have a foreign address, als  | so comp            | lete spaces below                | /.        |   | State      |              | ZIP cod                                    | je                                    |  |  |
| FRISCO                                     |        |  |                    |                                  |           |   | TX         |              | 7503                                       | 5                                     |  |  |
| Foreign country                            | nam    | e  | Foreigr            | n province/state/c               | ounty     |   | Foreign    | postal co    | ode  |                                       |  |  |
| Filing<br>Status<br>Check only<br>one box. |        | Single Married filing sepa<br>you checked the QSS box, enter the c                   |                    |                                  |           | surviving spouse<br>n is a child but ne |            | Esendent:    | state                                      | Trust                                 |  |  |
| Digital Assets                             |        | ny time during 2023, did you: (a) recei<br>erwise dispose of a digital asset (or a f |                    |                                  |           |   |            |              |  |                                       |  |  |
| Dependents                                 |        |  |                    |                                  |           |   | (4) Ch     | eck the bo   | x if qualifi                               | es for (see inst.):                   |  |  |
| (see instructions):                        |        | (1) First name Last name   |                    | (2) Dependent<br>identifying num |           | (3) Relationship to                     | you Chi    | Id tax cree  | 1117 1                                     | redit for other<br>dependents         |  |  |
| If more than four                          |        |  |                    |                                  |           |   |            |              |  | <u> </u>                              |  |  |
| dependents, see                            |        |  |                    |                                  |           |   |            |              |  |                                       |  |  |
| instructions and check here                |        |  |                    |                                  |           |   |            |              |  |                                       |  |  |
| Income                                     | 1a     | Total amount from Form(s) W-2, box   | 1 (see i           | nstructions)                     |           |   |            | . 1          |  | 57,488.                               |  |  |
| Effectively                                | b      | Household employee wages not rep   | •                  | ,                                |           |   |            |              |  |                                       |  |  |
| Connected                                  | c      | Tip income not reported on line 1a (s  |                    |                                  |           |   |            |              | -  |                                       |  |  |
| With U.S.                                  | d      | Medicaid waiver payments not report  |                    |                                  |           |   |            |              | -  |                                       |  |  |
| Trade or                                   | e      | Taxable dependent care benefits fro  |                    |                                  |           |   |            |              | ,  |                                       |  |  |
| Business                                   | f      | Employer-provided adoption benefit   |                    |                                  |           |   |            |              |  |                                       |  |  |
|  | g      | Wages from Form 8919, line 6 .   |                    |                                  |           |   |            |              | 1  |                                       |  |  |
| Attach<br>Form(s) W-2,                     | h      | Other earned income (see instruction   | ns) .              |                                  |           |   |            | . 1ŀ         | 1  |                                       |  |  |
| 1042-S,                                    | i      | Reserved for future use  |                    |                                  |           | . 1i                                    |            |              |  |                                       |  |  |
| SSA-1042-S,                                | j      | Reserved for future use  |                    |                                  |           |   |            | . <u>1</u> j |  |                                       |  |  |
| RRB-1042-S,<br>and 8288-A<br>here. Also    | k      | Total income exempt by a treaty from line 1(e)                                       |                    |                                  |           |   |            |              |  |                                       |  |  |
| attach<br>Eorm(a)                          | z      | Add lines 1a through 1h  | · ·                |                                  |           |   |            | . 1z         | :  | 57,488.                               |  |  |
| Form(s)<br>1099-R if                       | 2a     | Tax-exempt interest 2a   | ı                  |                                  |           | ole interest                            |            |              | •  |                                       |  |  |
| tax was                                    | 3a     | Qualified dividends 3a   | -                  |                                  |           | ary dividends .                         |            |              | -  |                                       |  |  |
| withheld.                                  | 4a     | IRA distributions 4a   |                    |                                  |           | ole amount                              |            |              |  |                                       |  |  |
| If you did not<br>get a Form               | 5a     | Pensions and annuities 5a  | -                  |                                  |           | ole amount                              |            |              |  |                                       |  |  |
| W-2, see                                   | 6      | Reserved for future use  |                    |                                  |           |   |            |              |  |                                       |  |  |
| instructions.                              | 7      | Capital gain or (loss). Attach Schedu  | •                  |                                  |           | •                                       |            |              | -  | -84.                                  |  |  |
|  | 8      | Additional income from Schedule 1 (  |                    |                                  |           |   |            |              | -  |                                       |  |  |
|  | 9      | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8   |                    |                                  | -         |   |            |              |  | 57,404.                               |  |  |
|  | 10     | Adjustments to income from Schedu  | • •                |                                  |           |   |            | . 10         |  |                                       |  |  |
|  | 11     | Subtract line 10 from line 9. This is y  |                    |                                  |           |   |            |              | -  | 57,404.                               |  |  |
|  | 12     | Itemized deductions (from Schedu deduction (see instructions)                        |                    |                                  |           | . Std Dedn US                           |            |              | 2  | 13,850.                               |  |  |
|  | 13a    | Qualified business income deduction  |                    |                                  |           |   |            |              |  |                                       |  |  |
|  | b      | Exemptions for estates and trusts or   | •                  | ,                                |           |   |            |              |  |                                       |  |  |
|  | С      | Add lines 13a and 13b  |                    |                                  |           |   |            |              |  |                                       |  |  |
|  | 14     |  |                    |                                  |           |   |            |              |  | 13,850.                               |  |  |
|  | 15     | Subtract line 14 from line 11. If zero   |                    |                                  |           |   |            | . 15         |  | 43,554.                               |  |  |
| For Disclosure,                            | Priva  | cy Act, and Paperwork Reduction Act  | Notice,            | see separate inst                | ructions. |   |            |              | Form <b>10</b>                             | 040-NR (2023)                         |  |  |

| Form 1040-NR (2   | 2023)         |   |             | Page <b>2</b>  |
|-------------------|---------------|---|-------------|----------------|
| Tax and           | 16            | Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3  | 16          | 5,009.         |
| Credits           | 17            | Amount from Schedule 2 (Form 1040), line 3  | 17          | 0.             |
|                   | 18            | Add lines 16 and 17   | 18          | 5,009.         |
|                   | 19            | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)  | 19          |                |
|                   | 20            | Amount from Schedule 3 (Form 1040), line 8  | 20          |                |
|                   | 21            | Add lines 19 and 20   | 21          |                |
|                   | 22            | Subtract line 21 from line 18. If zero or less, enter -0  | 22          | 5,009.         |
|                   | 23a           | Tax on income not effectively connected with a U.S. trade or business from         Schedule NEC (Form 1040-NR), line 15   |             |                |
|                   | b             | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21  |             |                |
|                   | с             | Transportation tax (see instructions)   |             |                |
|                   | d             | Add lines 23a through 23c   | 23d         |                |
|                   | 24            | Add lines 22 and 23d. This is your <b>total tax</b>   | 24          | 5,009.         |
| Payments          | 25            | Federal income tax withheld from:   |             | - /            |
| raymento          | а             | Form(s) W-2   |             |                |
|                   | b             | Form(s) 1099  |             |                |
|                   | c             | Other forms (see instructions)  | -           |                |
|                   | d             | Add lines 25a through 25c   | 25d         | 6,009.         |
|                   | e             | Form(s) 8805  | 25e         | 0,000.         |
|                   | f             | Form(s) 8288-A  | 25f         |                |
|                   | g             | Form(s) 1042-S  | 25g         |                |
|                   | 9<br>26       | 2023 estimated tax payments and amount applied from 2022 return   | 26          |                |
|                   | 27            | Reserved for future use         . | 20          |                |
|                   | 28            | Additional child tax credit from Schedule 8812 (Form 1040) 28   |             |                |
|                   | 20<br>29      | Credit for amount paid with Form 1040-C   | -           |                |
|                   | 30            | Reserved for future use         . |             |                |
|                   | 31            | Amount from Schedule 3 (Form 1040), line 15   |             |                |
|                   | 32            | Add lines 28, 29, and 31. These are your total other payments and refundable credits  | 32          |                |
|                   | 33            | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments   | 33          | 6,009.         |
| Refund            | 34            | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>  | 34          | 1,000.         |
| Refund            | 35a           | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here  | 35a         | 1,000.         |
| Direct deposit?   | b             | Routing number $\begin{vmatrix} 1 &   1 &   0 &   0 &   0 &   6 &   1 &   4 \end{vmatrix}$ c Type: $\square$ Checking $\square$ Savings   | 554         | 1,000.         |
| See instructions. | d             | Account number 6 2 3 3 1 4 5 3 4  |             |                |
|                   |               | If you want your refund check mailed to an address outside the United States not shown on page 1,   |             |                |
|                   | е             | enter it here.  |             |                |
|                   | 36            |   |             |                |
| Amount            | 37            | Subtract line 33 from line 24. This is the <b>amount you owe</b> .  |             |                |
| You Owe           |               | For details on how to pay, go to www.irs.gov/Payments or see instructions   | 37          |                |
|                   | 38            | Estimated tax penalty (see instructions)  |             |                |
| Third             | Do yo         | want to allow another person to discuss this return with the IRS? See instructions.   | lete below. | 🗙 No           |
| Party<br>Designee | Desig<br>name | no number (PIN)   |             |                |
|                   |               | penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which   |             |                |
| Sign              | Your          |   |             | ou an Identity |
| Here              |               |   |             | enter it here  |
| -                 |               |   | e inst.)    |                |
|                   | Phone         |   |             |                |
| Paid              | •             | arer's name Preparer's signature Date PTIN  |             | eck if:        |
| Preparer          |               | 1 PRIYA RAM SAGAR GUPTA   SYAM PRIYA RAM SAGAR GUPTA   04/09/2024   P0208   |             | Self-employed  |
| Use Only          |               | s name GLOBAL TAXES LLC Phone r   | ( = : = )   | 965-9522       |
|                   |               | address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E   |             | 3171965        |
| Go to www.irs.g   | gov/Fo        | m1040NR for instructions and the latest information. BAA REV 03/07/24 PRO   | Form        | 1040-NR (2023) |

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

on Schedule D (Form 1040),

Form 4797, or both.

# Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

23

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Name shown on Form 1040-NR

Sequence No. 7B Your identifying number

2

Attachment

817-29-4443

VISHAL REDDY VENNAVARAM

| Enter a                       | amount of income unde                                | er the a   | ppropriate rate of tax. See instruction | ions.                 |                |                                    |                     |                                |  |  |   |
|-------------------------------|--|--|---|-----------------------|----------------|------------------------------------|---------------------|--------------------------------|--|--|---|
| Nature of Income              |  |  |   | <b>(a)</b> 10%        | <b>(b)</b> 15% | ( <b>c)</b> 30%                    | (d) Other (specify) |                                |  |  |   |
|                               |  |  |   |                       |                |                                    | (a) 1070            | (b) 1370                       | (0) 50 /0  | %  | % |
| 1                             | Dividends and divide                                 | end equ  | uivalents:                              |                       |                |                                    |                     |                                |  |  |   |
| а                             | Dividends paid by U.                                 | S. cor   | porations                               |                       |                | 1a                                 |                     |                                |  |  |   |
| b                             | Dividends paid by fo                                 | reign c  | orporations                             |                       |                | 1b                                 |                     |                                |  |  |   |
| С                             | Dividend equivalent p                                | aymen  | ts received with respect to section     | 871(m) trans          | sactions       | 1c                                 |                     |                                |  |  |   |
| 2                             | Interest:  |  |   |                       |                |                                    |                     |                                |  |  |   |
| а                             | Mortgage   |  |   |                       |                | 2a                                 |                     |                                |  |  |   |
| b                             | Paid by foreign corpo                                | oration  | s                                       |                       |                | 2b                                 |                     |                                |  |  |   |
| С                             | Other  |  |   |                       |                | 2c                                 |                     |                                |  |  |   |
| 3                             | Industrial royalties (p                              | atents   | trademarks, etc.)                       |                       |                | 3                                  |                     |                                |  |  |   |
| 4                             | Motion picture or TV                                 | copyri   | ght royalties                           |                       |                | 4                                  |                     |                                |  |  |   |
| 5                             | Other royalties (copy                                | rights,  | recording, publishing, etc.)            |                       |                | 5                                  |                     |                                |  |  |   |
| 6                             | Real property income                                 | e and r  | natural resources royalties             |                       |                | 6                                  |                     |                                |  |  |   |
| 7                             | Pensions and annuiti                                 | ies.   |   |                       |                | 7                                  |                     |                                |  |  |   |
| 8                             | Social security benef                                | its .  |   |                       |                | 8                                  |                     |                                |  |  |   |
| 9                             |  |  | low                                     |                       |                | 9                                  |                     |                                |  |  |   |
| 10                            | Gambling-Resident                                    | s of Ca<br><b>r -0</b>   | anada only. Enter net income in co      | olumn (c).            |                |                                    |                     |                                |  |  |   |
| а                             | Winnings   |  |   |                       |                |                                    |                     |                                |  |  |   |
| b                             | Losses   |  |   |                       |                | 10c                                |                     |                                |  |  |   |
| 11                            | Note: Enter winnings                                 | s only.  | ountries other than Canada.             |                       |                | 11                                 |                     |                                |  |  |   |
| 12                            | Other (specify):                                     |  |   |                       |                |                                    |                     |                                |  |  |   |
|                               |  |  |   |                       |                | 12                                 |                     |                                |  |  |   |
| 13                            | -  |  | columns (a) through (d)                 |                       |                | 13                                 |                     |                                |  |  |   |
| 14                            | Multiply line 13 by r                                | ate of   | tax at top of each column               |                       |                | 14                                 |                     |                                |  |  |   |
| 15                            | Tax on income not e                                  | ffective   | ely connected with a U.S. trade or      |                       |                |                                    |                     |                                |  | -NR, line 23a <b>15</b>  |   |
|                               |  |  | Capital Ga                              | ains and L            | osses          | From                               | Sales or Exch       | anges of Proper                | ty   | -  |   |
| losses from property sales or |  | (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) |   | ) Date acc<br>mm/dd/y |                | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | <b>(e)</b> Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |   |
|                               |  |  |   |                       |                |                                    |                     |                                |  |  |   |
| or loss                       | on disposing of a U.S. real                          |  |   |                       |                |                                    |                     |                                |  |  |   |
|                               | ty interest; report these<br>nd losses on Schedule D |  |   |                       |                |                                    |                     |                                |  |  |   |
| (Form 1                       | 1040).   |  |   |                       |                |                                    |                     |                                |  |  |   |
|                               | property sales or<br>ges that are effectively        |  |   |                       |                |                                    |                     |                                |  |  |   |
|                               | ted with a U.S. business                             | 17   | Add columns (f) and (d) of line 1       | 6                     |                |                                    |                     |                                | 17   | (  |   |

L 17 (

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

18

| SCHE  | DULE   | ΟΙ |
|-------|--------|----|
| (Form | 1040-N | R) |

## **Other Information**

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

OMB No. 1545-0074 20 Attachment Sequence No. 7C

| Δnswer | all | auestions. |
|--------|-----|------------|
| AUSWEI | an  | uucsuulis. |

| Department of the Treasury<br>Internal Revenue Service |     |
|--|-----|
| Name shown on Form 1040                                | -NR |

| Name sł | nown on Form 1040-NR   |  |                             |                                      | Your identifying number                   |  |  |  |  |  |
|---------|--|--|-----------------------------|--------------------------------------|---|--|--|--|--|--|
| VISH    | AL REDDY VENNAVARAM  |  |                             |                                      | 817-29-4443                               |  |  |  |  |  |
| Α       |  |  |                             |                                      |   |  |  |  |  |  |
| в       | In what country did you claim residence for tax purposes during the tax year? United States                    |  |                             |                                      |   |  |  |  |  |  |
| С       | Have you ever applied to be a  | green card holder (lawful p            | ermanent resident) of       | the United States? .                 | 🗌 Yes 🛛 No                                |  |  |  |  |  |
| D       | Were you ever:   |  |                             |                                      |   |  |  |  |  |  |
|         |  |  |                             |                                      |   |  |  |  |  |  |
| 2.      | A green card holder (lawful per  | ,                                      |                             |                                      | 🗌 Yes 🛛 No                                |  |  |  |  |  |
| _       | If you answer "Yes" to (1) or (2   |  |                             |                                      |   |  |  |  |  |  |
| E       | If you had a visa on the last of immigration status on the last of   | day of the tax year. $F1$              |                             |                                      |   |  |  |  |  |  |
| F       | Have you ever changed your v<br>If you answered "Yes," indicat   | e the date and nature of the           | e change:                   |                                      | 🗌 Yes 🛛 No                                |  |  |  |  |  |
| G       | List all dates you entered and<br><b>Note:</b> If you're a resident of C<br><b>check the box for Canada or</b> | anada or Mexico AND cor                | nmute to work in the        | United States at frequ               | ent intervals,                            |  |  |  |  |  |
|         | Date entered United States<br>mm/dd/yy   | Date departed United State<br>mm/dd/yy | es Da                       | ate entered United State<br>mm/dd/yy | s Date departed United States<br>mm/dd/yy |  |  |  |  |  |
|         |  |  |                             |                                      |   |  |  |  |  |  |
|         |  |  |                             |                                      |   |  |  |  |  |  |
|         |  |  |                             |                                      |   |  |  |  |  |  |
| н       | Give number of days (including 2021  | vacation, nonworkdays, and<br>, 2022   |                             | •                                    | -   |  |  |  |  |  |
| I       | Did you file a U.S. income tax   | return for any prior year? .           |                             |                                      | 🛛 Yes 🗌 No                                |  |  |  |  |  |
|         | If "Yes," give the latest year an  | nd form number you filed:              | 104                         | 10NR                                 |   |  |  |  |  |  |
| J       | Are you filing a return for a true   |  |                             |                                      |   |  |  |  |  |  |
|         | If "Yes," did the trust have a U.S. person, or receive a contr   | ribution from a U.S. person            | ?                           |                                      | · · · · DYes DNo                          |  |  |  |  |  |
| К       | Did you receive total compens  |  |                             |                                      |   |  |  |  |  |  |
| L       | If "Yes," did you use an alterna<br>Income Exempt From Tax-If<br>complete (1) through (3) below                | you are claiming exempti               | ion from income tax         | under a U.S. income                  | tax treaty with a foreign country,        |  |  |  |  |  |
| 1.      | , .  | the applicable tax treaty art          | icle, the number of mo      | onths in prior years you             | claimed the treaty benefit, and the       |  |  |  |  |  |
|         | (a) Cou  |  | (b) Tax treaty article      | (c) Number of month                  |   |  |  |  |  |  |
|         |  |  |                             | claimed in prior tax ye              | ars income in current tax year            |  |  |  |  |  |
|         |  |  |                             |                                      |   |  |  |  |  |  |
|         |  |  |                             |                                      |   |  |  |  |  |  |
|         |  |  |                             |                                      |   |  |  |  |  |  |
|         | (e) Total. Enter this amount of  | n Form 1040-NR, line 1k. D             | l<br>Do not enter it anywhe | re else on line 1                    |   |  |  |  |  |  |
| 2.      | Were you subject to tax in a fo  |  |                             |                                      | 🗌 Yes 🗌 No                                |  |  |  |  |  |
|         | Are you claiming treaty benefit  |  |                             |                                      | 🗌 Yes 🛛 No                                |  |  |  |  |  |
|         | If "Yes," attach a copy of the C   | Competent Authority detern             | nination letter to your     | return.                              |   |  |  |  |  |  |
| Μ       | Check the applicable box if:   |  |                             |                                      |   |  |  |  |  |  |
| 1.      | This is the first year you are mouth a U.S. trade or business u  |  |                             | erty located in the Unite            | ed States as effectively connected        |  |  |  |  |  |
| 2.      | You have made an election in States as effectively connected   |  |                             |                                      | al property located in the United         |  |  |  |  |  |
| For Pa  | perwork Reduction Act Notice,  | see the Instructions for Fo            | rm 1040-NR. E               | BAA REV 03/07/24 PRO                 | Schedule OI (Form 1040-NR) 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 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VISHAL REDDY VENNAVARAM

817-29-4443

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)

| See instructions for how to figure the amounts to enter on the lines below.  |   | <b>(d)</b><br>Proceeds | (e)<br>Cost       | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) |   | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|--|---|------------------------|-------------------|---|---|--|
| This form may be easier to complete if you round off cents to whole dollars. |   | (sales price)          | (or other basis)  |   |   | combine the result<br>with column (g)                            |
| 1a   | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |                        |                   |   |   |  |
| 1b   | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  | 616.                   | 716.              |   |   | -100.  |
| 2  | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                        |                   |   |   |  |
| 3  | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                        |                   |   |   |  |
| 4  | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4      | 684, 6781, and 88 | 324   | 4 |  |
| 5  | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |                        | 5                 |   |   |  |
| 6  | S Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> 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                 | -100.   |   |  |

### 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) (e)<br>Proceeds Cost |                  | <b>(g)</b><br>Adjustments<br>to gain or loss from |  | (h) Gain or (loss)<br>Subtract column (e)<br>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, Part II,<br>line 2, column (g)      |  | combine the result<br>with column (g)                            |
| 8a  | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. |                          |                  |   |  |  |
| 8b  | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked   | 116.                     | 100.             |   |  | 16.  |
| 9   | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                          |                  |   |  |  |
| 10  | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                          |                  |   |  |  |
| 11  | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   | 11                       |                  |   |  |  |
| 12  | Net long-term gain or (loss) from partnerships, S corporat   | 12                       |                  |   |  |  |
| 13  | Capital gain distributions. See the instructions   | 13                       |                  |   |  |  |
| 14  | 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b><br>Worksheet in the instructions   |                          |                  |   |  | ()   |
| 15  | Net long-term capital gain or (loss). Combine lines 8a on the back .   | 15                       | 16.              |   |  |  |

| Part | III Summary  |                   |
|------|--|-------------------|
| 16   | Combine lines 7 and 15 and enter the result  | <b>16</b> -84.    |
|      | • If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.  |                   |
|      | • If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.   |                   |
|      | • If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.   |                   |
| 17   | Are lines 15 and 16 <b>both</b> gains?   |                   |
|      | <b>No.</b> Skip lines 18 through 21, and go to line 22.  |                   |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet   | 18                |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet   | 19                |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul> |                   |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.   |                   |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:  |                   |
|      | The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)  | <b>21</b> ( 84. ) |
|      | 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

Form **8949** 

Department of the Treasury

Internal Revenue Service

Namo(s) shown on roturn

# 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.



Sequence No. 12A

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

Social security number or taxpayer identification number

| Name(3) shown on retain | Social security number of taxpayer identification number |
|-------------------------|--|
| VISHAL REDDY VENNAVARAM | 817-29-4443  |
|                         |  |

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

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

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

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

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

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

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

| <b>1</b><br>(a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)  | (b)<br>Date acquired<br>(Mo., day, yr.)<br>(Mo., day, yr.) | (d)<br>Proceeds                | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |  | (h)<br>Gain or (loss)<br>Subtract column (e) |   |
|---|--|--------------------------------|--|---|--|--|---|
|   |  | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions)                            | and see <i>Column (e)</i><br>in the separate<br>instructions.   | <b>(f)</b><br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment        | from column (d) and<br>combine the result<br>with column (g). |
| Robinhood Securities LLC  | 01/01/23   | 12/13/23                       | 616.   | 716.  |  |  | -100.   |
|   |  |                                |  |   |  |  |   |
|   |  |                                |  |   |  |  |   |
|   |  |                                |  |   |  |  |   |
|   |  |                                |  |   |  |  |   |
|   |  |                                |  |   |  |  |   |
|   |  |                                |  |   |  |  |   |
|   |  |                                |  |   |  |  |   |
|   |  |                                |  |   |  |  |   |
|   |  |                                |  |   |  |  |   |
| <b>2 Totals.</b> Add the amounts in column negative amounts). Enter each tot Schedule D, <b>line 1b</b> (if <b>Box A</b> above above is checked), or <b>line 3</b> (if <b>Box</b> | al here and inc<br>is checked), <b>lir</b>                 | lude on your<br>1e 2 (if Box B | 616.   | 716.  |  |  | -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 | Page <b>2</b> |
|------------------|-----------------------------|---------------|
|                  |                             |               |

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

Social security number or taxpayer identification number 817-29-4443

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

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

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

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

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

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

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

| <b>1</b><br>(a)<br>Description of property  | (b)<br>Date acquired<br>(Mo., day, yr.)<br>(Mo., day, yr.) | (d)<br>Proceeds | (e)<br>Cost or other basis<br>See the <b>Note</b> below | If you enter an enter a c                              | if any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>parate instructions. | (h)<br>Gain or (loss)<br>Subtract column (e) |   |
|---|--|-----------------|---|--|--|--|---|
| (Example: 100 sh. XYZ Ćo.)  |  |                 | (sales price)<br>(see instructions)                     | and see Column (e)<br>in the separate<br>instructions. | (f)<br>Code(s) from<br>instructions  | <b>(g)</b><br>Amount of<br>adjustment        | from column (d) and<br>combine the result<br>with column (g). |
| Robinhood Securities LLC  | 01/01/22   | 12/31/23        | 116.  | 100.   |  |  | 16.   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
|   |  |                 |   |  |  |  |   |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). |  | 116.            | 100.  |  |  | 16.  |   |

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.