Form <b>8879</b>
(Rev. January 2021)
Department of the Treasury

# Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayor'a pama

талраз	yer's hame	30	Ciai	Securit	y numb	
AISHWARYA GANESH BHEGADE 722-88-6107					7	
Spous	e's name	Sp	ouse	e's soc	ial secu	urity number
Par	t I Tax Return Information - Tax Year Ending December 31, 2023 (Enter	er ye	ear y	/ou a	re aut	thorizing.)
Enter	whole dollars only on lines 1 through 5.					
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income				1	124,528.
2	Total tax				2	19,613.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	22,190.
4	Amount you want refunded to you				4	2,577.
5	Amount you owe				5	•

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

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

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

8	6	1	0	7	as my
			gits, all ze		

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	signat	ture	
------	--------	------	--

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

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 signature ►								
Practitioner PIN Method Returns Only—continu	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	 	6 nter a	 	2	7 1	L

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 >	Da	ate 🕨					
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Denemory Deduction Act Nation and Vous toy of		(07/04 PBO Earm <b>8870</b> (Pay 01 2021)					

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

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not v	rite or st	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
AISHWARY	A G	ANESH	BHE	GADE						722	88	6107
		s first name and middle initial	Last r									I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	Apt. no.	Preside	ntial El	ection Campaigr
1701 ROY	AL 1	LANE						5	5305		,	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode			jointly, want \$3 nd. Checking a
DALLAS				-		ТΣ	K	752	29	, v		not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your ta:	k or refu	und.
											<b>Y</b>	ou Spouse
Filing Status	; 🛛	Single					Head of h	ouseh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne hac	d income)			_					
one box.		] Married filing separately (MFS)					, ,		ing spouse	` '		
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); oi	· (b) sell,		
Assets	exch	hange, or otherwise dispose of a digi	ital as	set (or a fi	nancial inter	est ir	n a digital asse	et)? (Se	e instructio	ns.)	<b>Y</b>	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı					
Age/Blindness	S You:	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	in (4	) Check the b	ox if qual	fies for	(see instructions):
If more		irst name Last name		(	number		to you		Child tax o	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s											
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. <b>1</b> a	ı	135,465.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	)	
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstructior	ns)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	uctions)			. 10		
1099-R if tax	е	Taxable dependent care benefits f						• •		. <u>1</u> e	-	
was withheld.	f	Employer-provided adoption bene						• •		. <u>1</u> f	-	
lf you did not get a Form	g	Wages from Form 8919, line 6 .			· · ·			• •		. <u>1</u> g		0
W-2, see	h	Other earned income (see instructi	,	· · ·		• •		· ·		. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i			-		135,465.
		Add lines 1a through 1h	 0		· · · ·	 ьт	· · · ·	· ·		. 1z	-	3.
Attach Sch. B if required.	2a 2o	· ·	2a 3a				axable interest Ordinary divider			. 2b . 3b	-	J•
	<u>3a</u> 4a	-	за 4а				axable amoun			. 30	-	
Standard	4a 5a		ња 5а				axable amoun		• • •	. 40.	-	
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	5a 6a		6a				axable amoun			. 6b	-	
Married filing	c	If you elect to use the lump-sum elect		method	check here				[			
separately, \$13,850	7	Capital gain or (loss). Attach Sched				•	,	• •		7		5,621.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule								. 8		-16,561.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		124,528.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	,	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		124,528.
\$20,800	12	Standard deduction or itemized								. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti					5-A			. 13		
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	<u>-0 This is</u> y	our	taxable incom	ie .		. 15	5	110,678.
												10.10

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

Form **1040** (2023)

Form 1040 (2023	3)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	16	19,613.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	19,613.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	19,613.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	19,613.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	22,190.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	22,190.
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	2,577.
norana	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,577.
Direct deposit?	b	Routing number         1         1         0         0         6         1         4         c Type:         X Checking         Savings		
See instructions.	d	Account number 3 1 1 2 9 3 9 2 9		
	36	Amount of line 34 you want applied to your 2024 estimated tax		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe	01	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		structions	below.	🗙 No
<b>J</b>	De	signee's Phone Personal identi	fication	
	nai			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
Here				, ,
	Yo			nt you an Identity N, enter it here
Joint return?			inst.)	
See instructions.	Sp		a IRS ser	t your spouse an
Keep a copy for		Iden	tity Prote	ection PIN, enter it here
your records.		(see	inst.)	
		one no. (682)552-4730 Email address ABHEGDE@SMU.EDU		
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2024 P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC Phor	ne no. (	678)965-9522
	Firi	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	i's EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 01/27/24 PRO		Form <b>1040</b> (2023)

irs.gov/Fo

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 23

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number AISHWARYA GANESH BHEGADE 722-88-6107

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. Attach Schedule E	5	-16,561.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss	)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555		
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
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)	_	
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions)		
р	Section 461(I) excess business loss adjustment	_	
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	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan		
		_	
u _		_	
z	Other income. List type and amount: 8z		
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		-16,561.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		le 1 (Form 1040) 2023

Par	Adjustments to Income			· ·
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-b	basis governm	ent	
	officials. Attach Form 2106		. 12	
13	Health savings account deduction. Attach Form 8889		. 13	1
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			
19a	Alimony paid			
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction			
21	Student loan interest deduction			
22	Reserved for future use			
23	Archer MSA deduction			
24	Other adjustments:			·
a		24a		
b	Deductible expenses related to income reported on line 8I from the			
-		24b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
•		24c		
d		24d		
e	Repayment of supplemental unemployment benefits under the Trade			
Ũ		24e		
f		24f		
q		24g		
	Attorney fees and court costs for actions involving certain unlawful	- '9		
		24h		
:	Attorney fees and court costs you paid in connection with an award			
•	from the IRS for information you provided that helped the IRS detect			
		24i		
i		24i		
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
n	1041)	24k		
z	Other adjustments. List type and amount:			
£		24z		
25	Total other adjustments. Add lines 24a through 24z		. 25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .			
20	Form 1040, 1040-SR, or 1040-NR, line 10		. 26	
		REV 01/27/24 PRO	I	ıle 1 (Form 1040) 202

#### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

3

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

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

#### AISHWARYA GANESH BHEGADE

722-88-6107

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	🔀 No	
If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting	a vour 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.		(d) Proceeds	(e) Cost	<b>(g)</b> Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	6,806.	5,071.			1,735.	
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	usts from	5				
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( )			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	· / •		7	1,735.	

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

	instructions for how to figure the amounts to enter on the	(-1)	(-)	(g)	4-	(h) Gain or (loss)
lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	11,706.	7,820.			3,886.
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	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	3,886.

Part	III Summary	1 1
16	Combine lines 7 and 15 and enter the result	<b>16</b> 5,621.
	• 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? X <b>Yes.</b> Go to line 18.	
	<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)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 01/27/24 PRO

Schedule D (Form 1040) 2023

8949

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Sequence No. 12A

Attachment

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

Name(s) shown on return	Social security number or taxpayer identification number
AISHWARYA GANESH BHEGADE	722-88-6107

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> 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 (sales price) a (Mo., day, yr.) (see instructions)		and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
CHARLES SCHWAB & CO., INC.	01/01/23	12/31/23	6,806.	5,071.			1,735.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	6,806.	5,071.			1,735.			

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 taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AISHWARYA GANESH BHEGADE

722-88-6107

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	(b) (c) Date sold or		(d) Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
CHARLES SCHWAB & CO., INC.	01/01/22	12/31/23	11,706.	7,820.			3,886.	
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).			11,706.	7,820.			3,886.	
		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,020.			5,000.		

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					Supplementa	l Inc	ome ar	nd Los	SS			OMB No	o. 1545-	0074
(Form	1040)	(Fro	m re	ntal real estate	e, royalties, partners	hips, S	corporat	ions, es	tates, t	trusts, REMIC	s, etc.)	20	99	2
	ent of the Treasury Revenue Service	A Go to <i>www.ir</i>		SR, 1040- uctions ar		Attachment Sequence No. <b>13</b>								
Name(s)	Name(s) shown on return										Your soci	al security		
AISH												8-6107		
	Part I Income or Loss From Rental Real Estate and Royalties													
	Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.													
A D	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions													
B II	"Yes," did you	or wi	ill yo	u file required	Form(s) 1099?							. 🗌 Ye	s 🗌	No
<b>1</b> a	If "Yes," did you or will you file required Form(s) 1099?													
Α	VIJAYAPURI COLONY SECUNDERABAD TELANGANA IN 500017													
B														
 1b	Type of Prope	rtv	2	For each rent	al real estate prope	arty liet	bod		Fai	ir Rental	Person	allea		
15	(from list below				the number of fair				-	Days	Da		Q	JV
Α	3	,			days. Check the Q			Α		365		0	Г	7
B	5				e requirements to f			B		303		•		=
				qualified joint	venture. See instru	uctions	6.	C						=
	of Property:							•						
•••	Single Family R	eside	ence	3 Vacatio	on/Short-Term Ren	ital	5 Land	4	7	Self-Rental				
	Multi-Family Re			4 Comm		itai	6 Roya			Other (descr	ihe)			
			100						0					
										Properti	es:			
Incom								Α		В			С	
3						3		6	87.					
4	Royalties rece	ived				4								
Expen	ses:													
5	-					5								
6						6								
7						7		2,3	47.					
8	Commissions					8								
9						9								
10	-	-				10								
11	-					11		1,6	55.					
12					(see instructions)	12								
13	Other interest	•				13								
14	Repairs					14		2,4						
15						15		3,1	28.					
16						16								
17						17		3,6						
18		xpen	se or	depletion .		18		4,0	04.					
19						19								
20	•			•	9	20		17,2	48.					
21					d/or 4 (royalties). If									
					nd out if you must			16 5	<b>C</b> 1					
						21		<b>-</b> 16,5	61.					
22					r limitation, if any,						,	,		
				-		22		16,56			)	(		
23a					for all rental prope				23a		687.			
b					for all royalty prop				23b					
c					2 for all properties				23c					
d					8 for all properties				23d		,004.			
e					0 for all properties				23e	17	,248.			
24					n on line 21. <b>Do no</b>				• •		. 24	/		
25					and rental real estat							(	16,5	61.
26	Total rental re	eal es	state	and rovaltv	income or (loss).	Comb	ine lines	24 and	25. Fr	nter the resu	lt			

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

NPA

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on