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

Submission Identification Number (SID)						
Taxpayer's name	Social securit	y number				
VINAY KUMAR NINGAGALLA	-7841					
Spouse's name						
BALA STELLA GUDIPUDI	199-99-	-8628				
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter year you a	re authorizing.)				
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		1 181,612.				
2 Total tax		2 23,157.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 22,664.				
4 Amount you want refunded to you		4				
5 Amount you owe		5 493.				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy	y of your return)				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Par return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accopayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial i authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	transmitter, or electron for rejection of the trace the U.S. Treasury arount indicated in the tainstitution to debit the erminate the authorization requests must be d in the processing of to the payment. I furt	onic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) at the electronic payment of her acknowledge that the				
Taxpayer's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter or ger	perate my PINI 2					
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	ter five digits, but n't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Your signature ▶ Da	te ▶					
Spouse's PIN: check one box only						
X I authorize GLOBAL TAXES LLC to enter or ger ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	ler five digits, but n't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Spouse's signature ▶ Da	te ▶					
Practitioner PIN Method Returns Only—continue	below					
Part III Certification and Authentication — Practitioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2 7 1 er all zeros				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ar requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the provided i	m submitting this retu	irn in accordance with the				
ERO's signature ▶ Da	ite ▶					
ERO Must Retain This Form — See Instruction	ons					

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, enc	ding _		, 20	See ser	parate instructions.
Your first name	and m	iddle initial	Last n	ame				Your so	cial security number
VINAY KU	TMAR		NTNO	GAGALLA				026	92 7841
-		s first name and middle initial	Last n					 	s social security number
BALA STI	CLLA		GUD	IPUDI				199	99 8628
		er and street). If you have a P.O. box, see					Apt. no.		ntial Election Campaig
3148 LA	KEWO	OD BLUFFS TRL						Check h	nere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP code		if filing jointly, want \$3
CARROLL	ΓΟN				T	X	75010	"	this fund. Checking a ow will not change
Foreign country	y name			Foreign province/state/	coun	ty	Foreign postal code	1	or refund.
									You Spouse
Filing Status	s [Single				☐ Head of ho	usehold (HOH)		
Check only		Married filing jointly (even if only or	ne had	income)					
one box.		Married filing separately (MFS)				Qualifying	surviving spouse	(QSS)	
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or QSS box, ente	er the chi	ld's name if the
	qu	alifying person is a child but not you	ır depe	ndent:					
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	s a reward, award, or	יאמ	ment for proper	tv or services). or	r (b) sell	
Assets		nange, or otherwise dispose of a dig	•				•	. ,	☐ Yes ☒ No
Standard		neone can claim: You as a de					, ,		
Deduction	_	Spouse itemizes on a separate retur	•	-		•			
	-	: Were born before January 2, 1	959	Are blind Spo	ouse	: U Was bori	n before January	•	☐ Is blind
Dependent				(2) Social security number	/	(3) Relationshi	p (4) Check the b		fies for (see instructions) Credit for other dependent
If more	(1) F	irst name Last name		number		to you	Crilid tax c	redit	Credit for other dependent
than four dependents,									
see instruction	s						+		
and check here [1 —						+ +		
	10	Total amount from Form(s) W-2, b	ov 1 (c	oo instructions)		1		. 1a	202,966.
Income	1a b	Household employee wages not re	•	,				. 1b	
Attach Form(s)	C	Tip income not reported on line 1a	•	` ,				. 1c	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	•				. 1d	
W-2G and	e	Taxable dependent care benefits f		` ,	11311			. 1a	
1099-R if tax was withheld.	f	Employer-provided adoption bene		•				. 16	
If you did not	g g	Wages from Form 8919, line 6.			·			. 1g	
get a Form	h	Other earned income (see instruct						. 1h	
W-2, see instructions.	i	Nontaxable combat pay election (s	,	tructions)		1 _{1i}	1	- 11	1
	z	Add lines 1a through 1h						. 1z	202,966.
Attach Sch. B	2a	1	2a	ĺ	b T	axable interest		. 2b	
if required.	3a	· —	3a	20.		Ordinary dividen	ds	. 3b	
	4a		4a			axable amount		. 4b	
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount		. 5b	
Single or	6a	Social security benefits	6a		b T	axable amount		. 6b	
Married filing separately,									
\$13,850 Married filing	7 Capital gain or (loss), Attach Schedule D if required, If not required, check here				□ 7	-3,000.			
jointly or	8	Additional income from Schedule	ıle 1, line 10					. 8	-18,374.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is your total inc	com	е		. 9	181,612.
\$27,700 10 Adjustments to income from Schedule 1, line 26					. 10				
Head of household,	11	Subtract line 10 from line 9. This is	s your a	adjusted gross incor	me			. 11	181,612.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)			. 12	33,686.
any box under Standard	13	Qualified business income deduct	ion fror	n Form 8995 or Form	1 899	95-A		. 13	
Deduction,	14							. 14	
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or lo	ee antar _O_ This is v	Our:	tavable incom	•	15	147 926

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	23,157.
Credits	17	Amount from Schedule 2, lir						. 17	
	18	Add lines 16 and 17						. 18	23,157.
	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	. If zero or less,	enter -0				. 22	23,157.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	23,157.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	22,66	4.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	22,664.
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)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, 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 refu	ındable cred	its .	. 32	
	33	Add lines 25d, 26, and 32. T	•	=	-			. 33	22,664.
Refund	34	If line 33 is more than line 24						. 34	
	35a	Amount of line 34 you want				•		35a	
Direct deposit?	b	1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
See instructions.	d	Account number							
	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 amo	ount you owe.					
You Owe		For details on how to pay, g						. 37	493.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				
Designee	ins	structions					•	ete below.	⋉ No
		signee's me		Phone no.			Personal ic number (Pl	dentification	
Cian		ider penalties of perjury, I declare t	nat I have examine		accompanying sche				of my knowledge and
Sign		lief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity
					·				IN, enter it here
Joint return?			SOFTWARE ENGIN				(see inst.)		
See instructions. Keep a copy for		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	ion			nt your spouse an ection PIN, enter it here
your records.						(see inst.)	conon in it, cinci it noic		
	———Ph	one no. (774)473-251	4	Email address	VINAY.NINGAG				
		eparer's name	Preparer's signat			Date	PTIN	١	Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	SAR GUPTA	04/10/20	24 P02	082703	Self-employed
Preparer		m's name GLOBAL TA				1 , 2 - 0 , 2 - 0 -			(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Go to www ire a		m1040 for instructions and the late						<u> </u>	Form 1040 (2022)

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	lame(s) shown on Form 1040, 1040-SR, or 1040-NR Your sc				
VINA	Y KUMAR NINGAGALLA & BALA STELLA GUDIPUDI	026-9	2-78	41	
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			5	-18,374.
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			
	Stock options	8k			
ı	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			
p	Section 461(I) excess business loss adjustment	8p 8q			
q	Scholarship and fellowship grants not reported on Form W-2	8r			
r	Nontaxable amount of Medicaid waiver payments included on Form	OI			
S	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	00 (
•	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:				
_		8z			
9	Total other income. Add lines 8a through 8z			9	

10

-18,374.

10

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		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	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		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 adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

		, , , , , , , , , , , , , , , , , , , ,			_	5 quoco • .
Name(s) shown on	Form	1040 or 1040-SR		Your	soc	cial security number
VINAY KUM	AR	NINGAGALLA & BALA STELLA GUDIPUDI		026	<u> </u>	2-7841
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2				
Expenses	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	
Taxes You	5	State and local taxes.				
Paid	a	State and local income taxes or general sales taxes. You may include				
		either income taxes or general sales taxes on line 5a, but not both. If				
		you elect to include general sales taxes instead of income taxes,	_			
		check this box	5a 1,58			
		State and local real estate taxes (see instructions)	5b 10,76	7.		
		State and local personal property taxes	5c			
		Add lines 5a through 5c	5d 12,35	2.		
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e 10.00			
	6	Other taxes. List type and amount:	5e 10,00	0.		
	U		6			
	7	Add lines 5e and 6	0	┥.	7	10,000.
Interest		Home mortgage interest and points. If you didn't use all of your home				10,000.
You Paid	0	mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your		instructions and check this box				
mortgage interest deduction may be	a	Home mortgage interest and points reported to you on Form 1098.				
limited. See		See instructions if limited	8a 23,68	6.		
instructions.	k	Home mortgage interest not reported to you on Form 1098. See	,			
		instructions if limited. If paid to the person from whom you bought the				
		home, see instructions and show that person's name, identifying no.,				
		and address	8b			
	C	Points not reported to you on Form 1098. See instructions for special				
		rules	8c	_		
		Reserved for future use	8d			
		Add lines 8a through 8c	8e 23,68	6.		
		Investment interest. Attach Form 4952 if required. See instructions	9	٠,		02.606
		Add lines 8e and 9		- 1	0	23,686.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	44			
Charity Caution: If you	40		11	-		
made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
got a benefit for it, see instructions.	12	Carryover from prior year	13	-		
		Add lines 11 through 13		1	4	
Cacualty and		Casualty and theft loss(es) from a federally declared disaster (other		_		
Theft Losses	10	disaster losses). Attach Form 4684 and enter the amount from line 1				
111011 200000		instructions			5	
Other	16	Other—from list in instructions. List type and amount:				
Itemized						
Deductions					6	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	enter this amount	on		
Itemized		Form 1040 or 1040-SR, line 12		- 1	7	33,686.
Deductions	18	If you elect to itemize deductions even though they are less than your		n,		
		check this box				

SCHEDULE D (Form 1040)

Department of the Treasury

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

2023

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 026-92-7841 VINAY KUMAR NINGAGALLA & BALA STELLA GUDIPUDI 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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I 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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with 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 Box A checked 5,292. 11,177. -5,885. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 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 -5,885. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 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 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -5,885. • 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. 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.) • (\$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 X 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.

Attachment

OMB No. 1545-0074

Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

026-92-7841

VINAY KUMAR NINGAGALLA & BALA STELLA GUDIPUDI

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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions -5,885. COINBASE 01/01/22 12/31/23 5,292. 11,177. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

5,292.

-5,885.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

11,177.

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,

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Name(s) shown on return Your social security number VINAY KUMAR NINGAGALLA & BALA STELLA GUDIPUDI 026-92-7841 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) SERILINGAMPALLY MANDAL HYDERABAD TELANGANA IN 502032 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 625. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,884. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,458. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 4,265. 14 Repairs 15 Supplies 15 3,312. 16 16 Taxes 17 Utilities 17 4,625. 18 3,455. 18 Depreciation expense or depletion 19 Other (list) 19 20 20 Total expenses. Add lines 5 through 19 18,999. 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 -18,374. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 18,374. 625. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 3,455. 23d Total of all amounts reported on line 18 for all properties 23e 18,999. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 18,374. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

-18,374.