1040-X

Carryback Claim Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

(1101111	· · · · · · · · · · · · · · · · · · ·	gov/i cilii1040X loi						
This r	eturn is for calendar year (enter year)	2023 or fiscal	year (enter mo	nth a	nd year ended)			
Your fire	t name and middle initial	Last n	ame			Your socia	-	
RAM	SAI	GOD	AVARTHI			300-7	1-740	19
If joint re	eturn, spouse's first name and middle initial	Last n	ame			Spouse's s	ocial sec	curity number
Home a	ddress (number and street). If you have a P.O. box, s	see instructions.			Apt. no.			tion Campaign
2221	HEDGEROW ROAD				G			, or your spouse
City, tov	vn, or post office. If you have a foreign address, also	complete spaces below.	State		ZIP code			n't previously his fund, but now
COLU	MBUS		ОН		43220			x below will not
Foreign	country name	Foreign province/state	e/county		Foreign postal code	change yo	our tax ο	
	ded return filing status. You must chec						: In ge	neral, you can't
•	e your filing status from married filing joir		•					
× Sin	gle $\;\square\;$ Married filing jointly $\;\square\;$ Married fili	ing separately (MF	S) \square Head of h	nouse	ehold (HOH) 🔲	Qualifying	survivin	ng spouse (QSS)
	checked the MFS box, enter the name of you he child's name if the qualifying person is a			g a F	orm 1040-NR. If y	ou checke	d the Ho	OH or QSS box,
	on lines 1 through 23, columns A through	•	•		A. Original amount	B. Net cha	nge_	_
	ntered above.	i O, the amounts it	or the return		reported or as	amount of ir	ncrease	C. Correct
•	art II on page 2 to explain any changes.			previously adjusted (see instructions)	or (decrea explain in		amount	
	ne and Deductions				(
1	Adjusted gross income. If a net ope	rating loss (NOL)	carryback is				•	
•	included, check here			1	76,132.	8 -	333.	84,465.
2	Itemized deductions or standard deductions			2	13,850.	0,	0.	13,850.
3	Subtract line 2 from line 1		3	62,282.	ρ,	333.	70,615.	
4a	Reserved for future use			4a	02,202.	0,	755.	70,013.
b	Qualified business income deduction .	4b	0.		0.			
5 Taxable income. Subtract line 4b from line 3. If the result for column (0.		- 0.	
is zero or less, enter -0- in column C				5	62,282.	8.	333.	70,615.
Tay I	iability			•	02,202.	, , , , , , , , , , , , , , , , , , ,	755.	70,010.
6	Tax. Enter method(s) used to figure tax	(see instructions):						
Ū	QDCGTW	(000 mon donorio).		6	9,008.	1 1	837.	10,845.
7	Nonrefundable credits. If a general busin	ness credit carryba	ck is included		3,000.		337.	10,043.
'	check here	•		7	0.		0.	
8	Subtract line 7 from line 6. If the result is			8	9,008.	1 9	837.	10,845.
9	Reserved for future use	•	,, , , , , , , , , , , , , , , , , , , ,	9	<i>J</i> ,000.		757.	10,043.
10	Other taxes			10	0.		0.	0.
11	Total tax. Add lines 8 and 10			11	9,008.	1 9	837.	10,845.
Paym				.	3,000.		337.	10,043.
12	Federal income tax withheld and excess	e encial security ar	nd tier 1 RRTA					
12	tax withheld. (If changing , see instruction			12	12,842.	1.0	600.	14,442.
13	Estimated tax payments, including amount	•		13	0.		0.	
14	Earned income credit (EIC)		•	14	0.		0.	
15	Refundable credits from: Schedule 88			<u> </u>	<u> </u>			
	□ 8863 □ 8885 □ 8962 or □ oth	ner (specify):		15	0.		0.	
16	Total amount paid with request for exte						\top	
10							16	0.
17	Total payments. Add lines 12 through 1						17	14,442.
	nd or Amount You Owe	5, 501a1111 5, a11a 1		• •			+ • • •	T-1, 1-12.
18	Overpayment, if any, as shown on origin	nal return or as pre	viously adjuste	d by t	the IRS		18	3,834.
19	Subtract line 18 from line 17. (If less tha	•		-			19	10,608.
20	Amount you owe. If line 11, column C,		•				20	237.
21	If line 11, column C, is less than line 19,						21	201.
22	Amount of line 21 you want refunded to						22	0.
23	Amount of line 21 you want applied to you	-	estin					
		the second				plete and s	ign this	form on page 2.

Form 1040-X (Rev. 2-2024)

Part	Dependents					
This wo	ete this part to change any information relating to you buld include a change in the number of dependents. he information for the return year entered at the top of	'	A. Original number of dependents reported or as previously adjusted	amount of increase	C. Correct number	
24	Reserved for future use	24				
25	Your dependent children who lived with you	25	0	0		
26	Reserved for future use	26	6			
27	Other dependents	27	0	0		
28	Reserved for future use	28	3			
29	Reserved for future use	29				
30	List ALL dependents (children and others) claimed on	this amended return.		•		
Depend	dents (see instructions):		(d) Check the box if (see instruction			
If more than fou	r (a) First name Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents	
depende	ents,					
see instruction	one					
and che						
here						
Part I	Explanation of Changes. In the space provide	ded below, tell us why y	ou are filing Form	1040-X.		

Attach any supporting documents and new or changed forms and schedules.

I RAM SAI GODAVARTHI FILED FORM 1040 FOR THE TAX YEAR 2023, AFTER FILING MY TAX RETURN I RECEIVED MY CORRECTED WAGE INCOME STATEMENT, NOW THROUGH THIS AMENDMENT I AM INCLUDING MY CORRECTED WAGE INCOME STATEMENT IN TAX RETURN, AND REQUESTING IRS TO ACCEPT THE CHANGES AND PAYMENT OD \$237.

	Remember to keep a copy of this	s form fo	r your record	S.									
	and statements, and to the best of my knowl	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.											
Sign Here	Your signature	Date	Your occupation SOFTWARE EN	NGINEER		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)							
	Spouse's signature. If a joint return, both mu	Date	Spouse's occupation	on		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)							
	Phone no. (773) 703-9825		Email address	;									
Paid	Preparer's name	Preparer's	signature		Date	PTIN	Check if:						
	SYAM PRIYA RAM SAGAR GUPTA	SYAM	PRIYA RAM	SAGAR GUPTA	04/13/2024	P02082703	Self-employed						
Preparer	Firm's name GLOBAL TAXES I	LC				Phone no. (678) 965-9522							
Use Only	Firm's address 245 ROONEY CT	E BRUN	NSWICK NJ	08816		Firm's EIN 84-3171965							

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



1040		artment of the Treasury—Internal Revenue Servi		urn 20	23	OMB No. 1545-	0074	IRS Use	Only—	Do not w	rite or sta	ple in this s	space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023	3, ending		,	20	-	See sep	oarate i	nstructio	ons.
Your first name	e and m	iddle initial	Last nar	me					١	our so	cial sec	urity num	nber
RAM SAI			GODA	VARTHI						300	71	7409	
	pouse's	s first name and middle initial	Last nar									security I	number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Ap	ot. no.	F	Preside	ntial Ele	ction Ca	mpaign
2221 HE	DGER	OW ROAD					G		- 1			ou, or you	. •
		ice. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP cod	de		•	0,	ointly, wa	
COLUMBU	S				OF	H	4322	20		•		d. Check not chang	•
Foreign countr	y name		F	oreign province/s	state/coun	ty	Foreign	postal co	- 1		or refu	nd`	° Spouse
Filing Status	s X	Single				☐ Head of ho	ouseho	ld (HOH	l)				
Check only	L	Married filing jointly (even if only o	ne had ir	ncome)									
one box.		Married filing separately (MFS)				☐ Qualifying		0 1	,	,			
	-	you checked the MFS box, enter the lalifying person is a child but not you		dent:	-						ld's nar	ne if the	f
Digital		ny time during 2023, did you: (a) rec				ment for proper							
Digital Assets		nange, or otherwise dispose of a dig									☐ Ye	s 🛛 I	No
Standard	Som	neone can claim:	pendent	: O Your sp	oouse as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-sta	atus alier	1							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was born	n befor	e Janua	ıry 2,	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) Social sec	curity	(3) Relationshi	p (4)	Check th	ne box	if quali	fies for (s	see instru	ctions):
If more	(1) F	irst name Last name		number	r -	to you		Child ta	ax cred	dit	Credit fo	r other dep	endents
than four													
dependents, see instruction	s							<u>_</u>				Щ_	
and check	ı —							<u>L</u>	<u> </u>				
here L	 1а	Total amount from Form(s) W-2, b	ov 1 (co	a inetructions)						1a		 101 , 7	750
Income	b		•	,						1b		<u> </u>	30.
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	byee wages not reported on Form(s) W-2										
attach Forms	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								1e			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	ions) .							1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i							
	z	Add lines 1a through 1h								1z		101,7	750.
Attach Sch. B	2a	Tax-exempt interest	2a		_ b T	axable interest				2b		9	985.
if required.	3a_	Qualified dividends	3a	4.	b 0	Ordinary dividen	nds .			3b			33.
	4a	IRA distributions	4a		b T	axable amount				4b			
Standard Deduction for—	5а	Pensions and annuities	5a		_ b T	axable amount				5b			
Single or	6a	Social security benefits	6a		_ b T	axable amount				6b			
Married filing separately,	С	If you elect to use the lump-sum e	election n	nethod, check h	nere (see	instructions)			. 🔲				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if	required. If not	required	l, check here			. 🗆	7			48.
jointly or	8	Additional income from Schedule	•							8		-18,3	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your tota	al incom	e				9		84,4	165.
\$27,700 • Head of	10	Adjustments to income from Sche								10			
household,	11	Subtract line 10 from line 9. This is	•	-						11			165.
\$20,800 If you checked	12	Standard deduction or itemized								12		13,8	350.
any box under Standard	13	Qualified business income deduct	ion from	Form 8995 or F	orm 899	95-A				13			
Deduction,	14									14		13,8	
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or loce	ontor O This	io vour	tavahla inaam	_			15	1	70 6	- 15

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	10,845.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	10,845.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,845.
	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	10,845.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 14	1,430.		
	b	Form(s) 1099				25b	12.		
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,442.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. Eic.	28	Additional child tax credit from							
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	14,442.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	3,597.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	3,597.
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X	X X X X	X X X X	X X X X	XX			
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		structions				. 🗌 Yes. C	omplete	below.	⋈ No
		esignee's		Phone		onal ident	ification		
<u></u>		me	ant I have aversing	no.			ber (PIN)	*b a b aa*	of my knowledge and
Sign		der penalties of perjury, I declare to lief, they are true, correct, and com							
Here	Vo	ur signature		Date	Your occupation		l If th	 a IRS sa	nt you an Identity
	10	di Signature		Date	Tour occupation				IN, enter it here
Joint return?					SOFTWARE E	NGINEER	(see	inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.						inst.)	ection PIN, enter it here		
	Ph	one no. (773) 703-982	5	Email address	GODAVARTHIRA	MSAI@GMAIL.C	MC		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/13/2024	P0208	2703	Self-employed
Preparer	Fir	· · · · · · · · · · · · · · · · · · ·					Pho	ne no.	(678) 965-9522
Use Only	Fir							ı's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence 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.

Internal Revenue Service		Sequence No. U1	
Name(s) shown on F	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
RAM SAI GODAV	ARTHI	300-71	-7409
Part I Addit	onal Income		
1 Taxable refu	inds, credits, or offsets of state and local income taxes		1
2a Alimony red	eived	2	2a
b Date of orig	nal divorce or separation agreement (see instructions):		
• D	(I) Attack Cakadula C		•

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. Att	ach Schedule E .	5	-18,351.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
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 additional income. Ente			
	1040, 1040-SR, or 1040-NR, line 8		10	-18,351.

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		-	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
_	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
_	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA FINO	uu	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

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**

Name(s) shown on return					curity number
RAM SAI GODAVARTHI	unity fund during the t	av vaar? \qu		- / 1 -	7409
Did you dispose of any investment(s) in a qualified opportu If "Yes," attach Form 8949 and see its instructions for add	,	•			
Part I Short-Term Capital Gains and Losses-	-Generally Assets	Held One Year	or Less (se	e ins	tructions)
See instructions for how to figure the amounts to enter on lines below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents whole dollars.	s to (sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part I,	combine the result with column (g)
1a Totals for all short-term transactions reported on For 1099-B for which basis was reported to the IRS and which you have no adjustments (see instruction However, if you choose to report all these transaction on Form 8949, leave this line blank and go to line 1b	for ns). ons				
1b Totals for all transactions reported on Form(s) 8949 v Box A checked	vith	54.			48.
Totals for all transactions reported on Form(s) 8949 v Box B checked	vith	Ja.			40.
3 Totals for all transactions reported on Form(s) 8949 v Box C checked	vith				
4 Short-term gain from Form 6252 and short-term gain		4684, 6781, and 88	324	4	
5 Net short-term gain or (loss) from partnership Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, Worksheet in the instructions	if any, from line 8 of	your Capital Loss	Carryover	6	()
7 Net short-term capital gain or (loss). Combine line term capital gains or losses, go to Part II below. Other			e any long-	7	48.
Part II Long-Term Capital Gains and Losses—	-Generally Assets	Held More Than	One Year	(see i	nstructions)
See instructions for how to figure the amounts to enter on lines below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents whole dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on For 1099-B for which basis was reported to the IRS and which you have no adjustments (see instruction However, if you choose to report all these transaction on Form 8949, leave this line blank and go to line 8b	for ns). ons				
8b Totals for all transactions reported on Form(s) 8949 v Box D checked					
9 Totals for all transactions reported on Form(s) 8949 v Box E checked					
10 Totals for all transactions reported on Form(s) 8949 v Box F checked					
11 Gain from Form 4797, Part I; long-term gain from F from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corp				12	
13 Capital gain distributions. See the instructions				13	
				14	()
15 Net long-term capital gain or (loss). Combine line	es 8a through 14 in c	olumn (h). Then, g	o to Part III		

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 48. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

300-71-7409

RAM SAI GODAVARTHI

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(C) Short-term transactions	•		-	sis wasn't report	ted to the IF	RS	
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robi	nhood Securities LLC	01/01/23	12/31/23	102.	54.			48.
ne Sc	otals. Add the amounts in columns egative amounts). Enter each totachedule D, line 1b (if Box A above sove is checked), or line 3 (if Box 6)	al here and inc e is checked), lir	lude on your ne 2 (if Box B	102.	54.			48.

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.

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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

RAM	SAI GODAVARTHI						300-7	1-7409	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule						
Α [Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	ee ins	structions		Ye	s 🛛 No
B I	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF	code	e)						
Α	SAIBABA TEMPLE OPPOSITE RD RAJAHMUNDRY	Z AND	DHRA PR	RADESI	IIN	533101			
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair in	rental	and		Fa	ir Rental Days	Person Da		QJV
Α		personal use days. Check the QJV box only						0	
В	qualified joint venture. See instru	if you meet the requirements to file as a qualified joint venture. See instructions.							
С				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (describ			
						Propertie	s:		
ncon				Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
Exper		_					-		
5	Advertising	5							
6	Auto and travel (see instructions)	7		1 2	2 5				
7 8	Cleaning and maintenance	8		1,3	23.				
9	Commissions	9							
10	Insurance	10							
11	Management fees	11		1,2	3 U				
12	Mortgage interest paid to banks, etc. (see instructions)	12		⊥,∠.	30.				
13	Other interest	13							
14	Repairs	14		4,2	25				
15	Supplies	15		3,8					
16	Taxes	16		- , ,					
17	Utilities	17		4,8	56.				
18	Depreciation expense or depletion	18		3,4					
19	Other (list)	19		-					
20	Total expenses. Add lines 5 through 19	20		18,9	51.				
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 , 3	51.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(18 , 35	1.)	()	(,
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		600.		
b	Total of all amounts reported on line 4 for all royalty properties.	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	The state of the s								
е	Total of all amounts reported on line 20 for all properties				23e	18,	951.		
24	Income. Add positive amounts shown on line 21. Do not		•				24		
25	Losses. Add royalty losses from line 21 and rental real estate						25	(18,351.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-18 , 351.