### 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

| - Internal n  | leveriue Service   |  |  |  |   |  |  |  |
|---|--|--|--|--|---|--|--|--|
| Submis  | ssion Identification Number (SID)  |  |  |  |   |  |  |  |
| Taxpayer  | r's name   |  | Social s   | ecurity  | numbe   | r  |  |  |
| RAM   | SAI GODAVARTHI   |  | 300  | -71-   | 7409  |  |  |  |
| Spouse's  | s name   |  | Spouse   | 's socia   | al secur  | ity nu   | mber   |  |
| Part  | Tax Return Information — Tax Year Ending December 31, 202  | 3 (Enter   | vear v   | ou ar  | e auth  | noriz  | ina.)  |  |
|   | whole dollars only on lines 1 through 5.   | <u> </u>   | you. y   | <u> </u>   | <u> </u>  | 10112  | 9./  |  |
|   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |  |  |  |   |  |  |  |
|   | Adjusted gross income  |  |  | .  | 1   |  | 76,  | 132.   |
|   | Total tax  |  |  | Г  | 2   |  | 9,   | 008.   |
| 3   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  |  | . [  | 3   |  | 12,  | 842.   |
| 4   | Amount you want refunded to you  |  |  |  | 4   |  | 3,   | 834.   |
|   | Amount you owe   |  |  |  | 5   |  |  |  |
| Part I  | Taxpayer Declaration and Signature Authorization (Be sure you go   | et and l   | кеер а   | сору   | of yo   | our r  | etur   | n)   |
| to send<br>for any of<br>Agent to<br>payment<br>authorize<br>payment<br>business<br>taxes to<br>persona | original or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast delay in processing the return or refund, and (c) the date of any refund. If applicable, I author in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the treatment of the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or ame notice funds Withdrawal Consent. | on for rejective the U count indicated institution terminated in the I to the properties of the I to the U countries of the I to the U countries of the U countries o | ection of<br>.S. Treas<br>cated in<br>on to deb<br>e the auti<br>uests mu<br>processi<br>ayment. | the tra<br>ury and<br>the tax<br>it the e<br>horizat<br>ist be<br>ng of t<br>I furth | nsmiss d its de x prepa entry to tion. To receive the eleener ack | sion, (esignaration) this revolution for the contraction of the contra | (b) the ated F n soft accounts (case ) later ic pay edge 1 | e reason<br>inancial<br>ware for<br>int. This<br>ancel) a<br>than 2<br>ment of<br>that the |
|   | yer's PIN: check one box only  |  |  |  |   | 1.1  |  |  |
| X   | I authorize GLOBAL TAXES LLC to enter or g   | enerate  | mv PIN   | 1  | 7 4   | $\perp$  | 9  | as my  |
|   | ERO firm name signature on the income tax return (original or amended) I am now authorizing.   |  | ,  |  | er five d<br>'t enter   |  | but  | ,  |
|   | I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner F below.   |  |  |  |   |  |  |  |
| Your si   | ignature ▶ □   | Date ► _   |  |  |   |  |  |  |
| Snouse  | e's PIN: check one box only  |  |  |  |   |  |  |  |
|   | I authorize to enter or g  | enerate  | my PIN   |  |   |  |  | as my  |
| Ш   | ERO firm name  | onorato  | y <b>.</b>   | Ente   | er five d   | igits,   |  | ao iniy  |
|   | signature on the income tax return (original or amended) I am now authorizing.   |  |  | don'   | 't enter  | all ze   | ros  |  |
|   | I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner F below.   |  |  |  |   |  |  |  |
| Spouse  | e's signature ► □  | Date ►   |  |  |   |  |  |  |
|   | Practitioner PIN Method Returns Only—continue  | e below  |  |  |   |  |  |  |
| Part II   | Certification and Authentication — Practitioner PIN Method Only  |  |  |  |   |  |  |  |
| ERO's   | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.  | 2 2  | 2 4  | 9 6  | 5 0   | 8 2  | 2 7  | 1  |
|   |  |  |  | 't ente  | r all zer   |  |  |  |
| authoriz  | that the above numeric entry is my PIN, which is my signature for the electronic individual red to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Prov  | am subm  | itting this  | s retur  | n in ac   | cord   | anće v   |  |
| ERO's   | signature ▶ □  | Oate ►   |  |  |   |  |  |  |
|   | ERO Must Retain This Form — See Instruct   |  |  |  |   |  |  |  |
|   | Don't Submit This Form to the IRS Unless Request   |  | Oo So  |  |   |  |  |  |

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



| <b>1040</b>                    |          | artment of the Treasury—Internal Revenue Servi                          |  | ırn 🥳           | 20 <b>2</b> ; | 3     | OMB No. 1545    | -0074       | IRS Use     | Only-   | -Do not w  | rite or sta | aple in this spa            | ace.   |
|--------------------------------|----------|---|--|-----------------|---------------|-------|-----------------|-------------|-------------|---------|------------|-------------|-----------------------------|--------|
| For the year Jar               | n. 1–Dec | c. 31, 2023, or other tax year beginning                                |  | ,               | , 2023, endi  | ng    |                 |             | , 20        |         | See se     | parate      | instruction                 | s.     |
| Your first name                | and m    | iddle initial   | Last nar                                     | me              |               |       |                 |             |             |         | Your so    | cial sec    | curity numb                 | er     |
| RAM SAI                        |          |   | GODA'  | VARTHI          |               |       |                 |             |             |         | 300        | 71          | 7409                        |        |
|                                | pouse's  | s first name and middle initial   | Last nar                                     |                 |               |       |                 |             |             |         |            |             | l security nu               | ımbeı  |
|                                |          |   |  |                 |               |       |                 |             |             |         |            |             |                             |        |
|                                |          | er and street). If you have a P.O. box, see                             | instructio                                   | ons.            |               |       |                 |             | Apt. no.    | - 1     |            |             | ection Camp                 |        |
| 2221 HEI                       |          |   |  |                 |               | 01-1  | L- 1            | 710 -       |             |         |            |             | ou, or your<br>jointly, wan |        |
| • • • •                        |          | ice. If you have a foreign address, also co                             | impiete sp                                   | baces below.    |               | Stat  |                 | ZIP c       |             |         | •          | •           | nd. Checkin                 |        |
| COLUMBUS                       |          |   | 1-   | analan nuavi    |               | OH    |                 | 432         |             |         |            |             | not change                  | ;      |
| Foreign country                | y name   |   |  | oreign provi    | nce/state/c   | Ourit | у               | roreig      | ın postal c | oue     | your tax   | Correit     |                             | ouse   |
| Filing Status                  | , ×      | Single  |  |                 |               |       | Head of he      | ouseh       | old (HOH    | —<br>∃) |            |             |                             |        |
| Check only                     |          | Married filing jointly (even if only o                                  | ne had ir                                    | ncome)          |               |       |                 |             |             |         |            |             |                             |        |
| one box.                       |          | Married filing separately (MFS)   |  |                 |               |       | Qualifying      | surviv      | ing spoi    | use (0  | QSS)       |             |                             |        |
|                                | lf y     | you checked the MFS box, enter the                                      | name o                                       | f your spou     | ıse. If you   | che   | cked the HOF    | or Q        | SS box,     | enter   | the chi    | ild's na    | me if the                   |        |
|                                | qu       | ialifying person is a child but not you                                 | ır depen                                     | dent:           |               |       |                 |             |             |         |            |             |                             |        |
| Digital                        | At a     | ny time during 2023, did you: (a) rec                                   | eive (as a                                   | a reward, a     | ward, or p    | oayn  | nent for prope  | rty or      | services    | ); or ( | b) sell,   |             |                             |        |
| Assets                         | exch     | nange, or otherwise dispose of a dig                                    | ital asset                                   | t (or a finan   | icial intere  | st in | a digital asse  | t)? (Se     | ee instru   | ction   | s.)        | □ Y         | es 🗵 No                     | כ      |
| Standard                       | Som      | neone can claim:   You as a de  | pendent                                      | ☐ Yo            | ur spouse     | as a  | a dependent     |             |             |         |            |             |                             |        |
| Deduction                      |          | Spouse itemizes on a separate retur                                     | n or you                                     | were a dua      | al-status a   | alien |                 |             |             |         |            |             |                             |        |
| Age/Blindness                  | s You    | : Were born before January 2, 1   | 959  | Are blind       | Spor          | use:  | : Was bor       | n befo      | ore Janua   | ary 2,  | , 1959     |             | s blind                     |        |
| Dependents                     | s (see   | instructions):  |  | <b>(2)</b> Soci | ial security  |       | (3) Relationsh  | ip (4       | ) Check t   | he bo   | x if quali | fies for    | (see instructi              | ions): |
| If more                        |          | First name Last name  | ame Last name                                |                 | mber          |       | to you          | Child tax c |             | ax cre  | edit       | Credit fo   | or other depen              | ndents |
| than four                      |          |   |  |                 |               |       |                 |             |             |         |            |             |                             |        |
| dependents,<br>see instruction | c        |   |  |                 |               |       |                 |             |             |         |            |             |                             |        |
| and check                      | ·<br>    |   |  |                 |               |       |                 |             |             |         |            |             |                             |        |
| here                           | ]        |   |  |                 |               |       |                 |             |             |         |            |             |                             |        |
| Income                         | 1a       | Total amount from Form(s) W-2, b  | ,  |                 | ,             |       |                 |             |             |         | 1a         |             | 93,41                       | .7.    |
| Attach Form(s)                 | b        | Household employee wages not re   | •  | ` ,             | W-2           |       |                 |             |             |         | 1b         | -           |                             |        |
| W-2 here. Also                 | С        | Tip income not reported on line 1a                                      | •  | -               |               |       |                 |             |             |         | 1c         |             |                             |        |
| attach Forms<br>W-2G and       | d        | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) |  |                 |               |       |                 |             |             | 1d      |            |             |                             |        |
| 1099-R if tax                  | е        |   | endent care benefits from Form 2441, line 26 |                 |               |       |                 |             |             | 1e      |            |             |                             |        |
| was withheld.                  | f        | Employer-provided adoption bene   | fits from                                    | Form 8839       | 9, line 29    |       |                 |             |             |         | 1f         |             |                             |        |
| If you did not                 | g        | Wages from Form 8919, line 6 .  |  |                 |               |       |                 |             |             |         | 1g         |             |                             |        |
| get a Form<br>W-2, see         | h        | Other earned income (see instruct                                       | ,  |                 |               |       |                 | · ·         |             |         | 1h         | $\bot$      |                             | 0.     |
| instructions.                  | i        | Nontaxable combat pay election (s                                       | see instru                                   | uctions) .      |               | •     | <u>li</u>       |             |             |         |            |             | 00 41                       | _      |
|                                | Z        | Add lines 1a through 1h   |  |                 |               |       |                 |             |             |         | 1z         |             | 93,41                       |        |
| Attach Sch. B if required.     | 2a       |   | 2a   |                 | _             |       | axable interest |             |             |         | 2b         |             |                             | 35.    |
| ii required.                   | 3a       |   | 3a   |                 |               |       | rdinary divider |             |             |         | 3b         |             | 3                           | 33.    |
| Standard                       | 4a       |   | 4a   |                 |               |       | axable amoun    |             |             |         | 4b         |             |                             |        |
| Deduction for—                 | 5a       | <del>-</del>  | 5a   |                 |               |       | axable amoun    |             |             |         | 5b         |             |                             |        |
| Single or<br>Married filing    | 6a       | ,   | 6a   |                 |               |       | axable amoun    | t           |             | ٠ -     | 6b         |             |                             |        |
| separately,                    | c        | If you elect to use the lump-sum e                                      |  |                 | ,             |       | ,               |             |             |         |            |             | А                           | 10     |
| \$13,850<br>Married filing     | 7        | Capital gain or (loss). Attach Sche                                     |  | •               | •             |       |                 |             |             | . L     | 7          |             |                             | 18.    |
| jointly or<br>Qualifying       | 8        | Additional income from Schedule   | -  |                 |               |       |                 |             |             |         | 8          | -           | -18,35                      |        |
| surviving spouse,              | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7                                     |  | •               |               |       |                 |             |             |         | 9          | +           | 76,13                       | ۵۷.    |
| \$27,700<br>Head of            | 10       | Adjustments to income from Sche   |  |                 |               |       |                 |             |             |         | 10         |             | 76 10                       |        |
| household,<br>\$20,800         | 11       | Subtract line 10 from line 9. This is                                   | •  | -               |               |       |                 |             |             |         | 11         |             | 76,13                       |        |
| If you checked                 | 12       | Standard deduction or itemized  |  | •               |               | ,     |                 |             |             |         | 12         |             | 13,85                       | ) U .  |
| any box under<br>Standard      | 13       | Qualified business income deduct  |  |                 |               |       |                 |             |             |         | 13         |             | 12 05                       |        |
| Deduction, see instructions.   | 14       | Add lines 12 and 13   |  |                 |               |       |                 |             |             | 14      |            | 13,85       |                             |        |

| Form 1040 (2023                       | 3)  |  |                         |                    |                     |                        |  |   | Page Z            |
|---------------------------------------|---|--|-------------------------|--------------------|---------------------|------------------------|--|---|-------------------|
| Tax and                               | 16  | Tax (see instructions). Check  | if any from Form        | ı(s): <b>1</b> 881 | 4 <b>2</b> 4972     | з 🗌                    |  | 16                                      | 9,008.            |
| Credits                               | 17  | Amount from Schedule 2, lir  | ne 3                    |                    |                     |                        |  | 17                                      |                   |
|                                       | 18  | Add lines 16 and 17  |                         |                    |                     |                        |  | 18                                      | 9,008.            |
|                                       | 19  | Child tax credit or credit for   | other dependent         | 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                                      | 9,008.            |
|                                       | 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 <b>total tax</b>   |                    |                     |                        |  | 24                                      | 9,008.            |
| <b>Payments</b>                       | 25  | Federal income tax withheld  | from:                   |                    |                     |                        |  |   |                   |
|                                       | а   | Form(s) W-2  |                         |                    |                     | <b>25a</b> 12          | 2,830  |   |                   |
|                                       | b   | Form(s) 1099   |                         |                    |                     | 25b                    | 12   |   |                   |
|                                       | С   | Other forms (see instruction   | s)                      |                    |                     | 25c                    |  |   |                   |
|                                       | d   | Add lines 25a through 25c  |                         |                    |                     |                        |  | 25d                                     | 12,842.           |
| If you have a                         | 26  | 2023 estimated tax paymen  | ts and amount a         | pplied from 20     | 022 return          |                        |  | 26                                      |                   |
| qualifying child,<br>attach Sch. EIC. | 27  | Earned income credit (EIC)   |                         |                    | No .                | 27                     |  |   |                   |
| allacii Scii. Elc.                    | 28  | Additional child tax credit from   | m Schedule 8812         | 2                  |                     | 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    | ndable credits         |  | 32                                      |                   |
|                                       | 33  | Add lines 25d, 26, and 32. T   | hese are your <b>to</b> | tal payments       |                     |                        |  | 33                                      | 12,842.           |
| Refund                                | 34  | If line 33 is more than line 24  | 4, subtract line 2      | 4 from line 33.    | This is the amoun   | nt you <b>overpaid</b> |  | 34                                      | 3,834.            |
|                                       | 35a   | Amount of line 34 you want   | refunded to you         | ı. If Form 8888    | 3 is attached, chec | k here                 | . 🗆  | 35a                                     | 3,834.            |
| Direct deposit?                       | b   | Routing number 0 2 1   |                         |                    | ,, <u> </u>         | Checking               | Savings  |   |                   |
| See instructions.                     | d   | Account number 3 8 1   | 0 6 1 7                 | 1 0 9 '            | 7 7                 |                        |  |   |                   |
|                                       | 36  | Amount of line 34 you want   | applied to your         | 2024 estimate      | ed tax              | 36                     |  |   |                   |
| Amount<br>You Owe                     | 37  | Subtract line 33 from line 24 For details on how to pay, g                     |                         |                    |                     |                        |  | 37                                      |                   |
|                                       | 38  | Estimated tax penalty (see in  | _                       | -                  |                     | 38                     |  |   |                   |
| Third Party                           |   | you want to allow another  |                         |                    |                     |                        |  |   |                   |
| Designee                              |   | ,  | •                       |                    |                     |                        | omplete  | below.                                  | <b>X</b> No       |
| Ü                                     |   | esignee's  |                         | Phone              |                     | tification             |  |   |                   |
|                                       |   | me   |                         | no.                |                     |                        | ber (PIN)  |   |                   |
| Sign                                  |   | ider penalties of perjury, I declare the lief, they are true, correct, and com |                         |                    | , , ,               |                        | ,  |   | ,                 |
| Here                                  |   | •  | picto. Decidiation      |                    |                     | sea on an imormati     |  |   | , ,               |
|                                       | Yo  | our signature  |                         | Date               | Your occupation     |                        |  | nt you an Identity<br>IN, enter it here |                   |
| Joint return?                         |   |  |                         |                    | SOFTWARE E          |                        | e inst.)   | ,                                       |                   |
| See instructions.                     |   | ouse's signature. If a joint return, I   | both must sign.         | Date               | Spouse's occupation |                        | If th  | ne IRS se                               | nt your spouse an |
| Keep a copy for your records.         |   | •  |                         |                    |                     | I .                    | dentity Protection PIN, enter it here see inst.) |   |                   |
|                                       | Ph  | one no. (773)703-982   | 5                       | Email address      | GODAVARTHIRA        | MSAI@GMAIL.C           | MC   |   |                   |
| Paid                                  | Pr  | eparer's name  | Preparer's signat       | ture               |                     | Date                   | PTIN   |   | Check if:         |
| Paid                                  | SYA   | M PRIYA RAM SAGAR GUPTA TALLAM   | SYAM PRIYA              | RAM SAGAR          | GUPTA TALLAM        | 02/23/2024             | P0208  | 3 <u>27</u> 03                          | Self-employed     |
| Preparer Use Only                     | Fir   | m's name GLOBAL TA   | XES LLC                 |                    |                     | Pho                    | one no. (  | (678)965-9522                           |                   |
| Use Only                              | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fir |  |                         |                    |                     |                        | m'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

RAM SAI GODAVARTHI

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

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

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

|          | Sequence No. <b>01</b> |
|----------|------------------------|
| Your soc | ial security number    |
| 300-71   | -7409                  |

| 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 | ich 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 p8            |    |          |
| 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 <b>additional income</b> . Enter |                  |    | 10.05-   |
|     | 1040, 1040-SR, or 1040-NR, line 8  |                  | 10 | -18,351. |

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

| Par      | 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        | Jury duty pay (see instructions)  | 24a      |             |        |                        |
| b        | Deductible expenses related to income reported on line 8l from the  |          |             |        |                        |
|          | rental of personal property engaged in for profit   | 24b      |             |        |                        |
| С        | Nontaxable amount of the value of Olympic and Paralympic medals   |          |             |        |                        |
|          | and USOC prize money reported on line 8m  | 24c      |             |        |                        |
| d        | Reforestation amortization and expenses   | 24d      |             |        |                        |
| е        | Repayment of supplemental unemployment benefits under the Trade   |          |             |        |                        |
|          | Act of 1974   | 24e      |             | _      |                        |
| f        | Contributions to section 501(c)(18)(D) pension plans  | 24f      |             | _      |                        |
| g        | Contributions by certain chaplains to section 403(b) plans  | 24g      |             | -      |                        |
| h        | Attorney fees and court costs for actions involving certain unlawful  |          |             |        |                        |
|          | discrimination claims (see instructions)  | 24h      |             | _      |                        |
| i        | Attorney fees and court costs you paid in connection with an award  |          |             |        |                        |
|          | from the IRS for information you provided that helped the IRS detect  |          |             |        |                        |
|          | tax law violations  | 24i      |             | _      |                        |
| J        | Housing deduction from Form 2555  | 24j      |             | -      |                        |
| k        | Excess deductions of section 67(e) expenses from Schedule K-1 (Form   |          |             |        |                        |
|          | 1041)   | 24k      |             | _      |                        |
| Z        | Other adjustments. List type and amount:  | 04-      |             |        |                        |
| 0E       |   | 24z      |             | OF     |                        |
| 25<br>26 | 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> Form 1040, 1040-SR, or 1040-NR, line 10 | e. ⊑nter | nere and on | 26     |                        |
|          |   |          |             |        | le 4 (Ferme 4040) 0000 |
|          | BAA   | REV 02/  | 16/24 PRO   | ocnedu | le 1 (Form 1040) 2023  |

## 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** 

|                | s) shown on return  1 SAI GODAVARTHI  |                                  |                                 |   | social se             | ecurity number  |
|----------------|---|----------------------------------|---------------------------------|---|-----------------------|---|
| Did y          | ou dispose of any investment(s) in a qualified opportunity as," attach Form 8949 and see its instructions for additional  | _                                | •                               | ⊠ No  |                       | , 103   |
| Par            |   | •                                |                                 |   | see ins               | tructions)  |
| ines<br>This   | nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to edollars.  (d) Proceeds (sales price)  (or other basis)  (g) Adjustment to gain or loss Form(s) 8949, Figure 2, column                               |                                  |                                 |   | ss from<br>), Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and 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  | 102.                             | 54.                             |   |                       | 48.   |
| 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 (le   | oss) from Forms 4                | 684, 6781, and 88               | 1<br>324  | 4                     |   |
|                | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  | · ·                              |                                 |   | 5                     |   |
| 6              | Short-term capital loss carryover. Enter the amount, if an  | =                                | =                               | _   |                       |   |
| 7              | Worksheet in the instructions   | through 6 in colu                |                                 | e any long-                                     |                       | 4.0   |
| Par            | term capital gains or losses, go to Part II below. Otherwise  Long-Term Capital Gains and Losses—Ger  |                                  |                                 |   | 7                     | instructions)   |
|                |   | lerally Assets I                 |                                 | One rea   | (300                  | ,<br>   |
| ines<br>This ' | nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | Adjustmoto gain or lo Form(s) 8949 line 2, colu | ss from<br>, Part II, | (h) Gain or (loss) 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  |                                  |                                 |   |                       |   |
| 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  |                                  |                                 |   |                       |   |
|                | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824  |                                  |                                 |   | 11                    |   |
|                | Net long-term gain or (loss) from partnerships, S corporat  |                                  |                                 |   | 12                    |   |
|                | 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  | through 14 in co                 | lumn (h). Then, go              | 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 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), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified 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.

#### **Sales and Other Dispositions of Capital Assets**

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

OMB No. 1545-0074 Attachment Sequence No. 12A

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

RAM SAI GODAVARTHI

Social security number or taxpayer identification number

300-71-7409

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 Adjustment, if any, to gain or loss

| 1 (a) Description of property  | (b) Date acquired                           | (c)<br>Date sold or | <b>(d)</b><br>Proceeds              | (e) Cost or other basis See the <b>Note</b> below      | If you enter an enter a c           | amount in column (g),<br>ode in column (f).<br>parate instructions. | (h) Gain or (loss) Subtract column (e)                        |  |
|--|---|---------------------|-------------------------------------|--|-------------------------------------|---|---|--|
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.) disposed of (Mo., day, yr.) |                     | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions. | (f)<br>Code(s) from<br>instructions | (g)<br>Amount of<br>adjustment                                      | from column (d) and<br>combine the result<br>with column (g). |  |
| Robinhood Securities LLC   | 01/01/23                                    | 12/31/23            | 102.                                | 54.  |                                     |   | 48.   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
|  |   |                     |                                     |  |                                     |   |   |  |
| 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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). |   |                     | 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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

| RAM        | SAI GODAVARTHI   |                 |             |          |         |                  | 300-7        | 1-7409      | J         |
|------------|--|-----------------|-------------|----------|---------|------------------|--------------|-------------|-----------|
| Par        | Income or Loss From Rental Real Estate an<br>Note: If you are in the business of renting personal proper<br>rental income or loss from Form 4835 on page 2, line 40. |                 |             | e C. See | instru  | ctions. If you a | are an indiv | vidual, rep | oort farm |
|            | Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099? .  |                 |             |          |         |                  |              |             |           |
| 1a         | Physical address of each property (street, city, state, ZI   |                 |             | • •      | • •     |                  |              | · 🗆 • \     | <u> </u>  |
|            |  |                 | -           |          |         |                  |              |             |           |
| _ <u>A</u> | SAIBABA TEMPLE OPPOSITE RD RAJAHMUNDRY   | Y ANL           | HRA PI      | RADES    | H IN    | 533101           |              |             |           |
| В          |  |                 |             |          |         |                  |              |             |           |
| C<br>1b    | Type of Property (from list below)  2 For each rental real estate properties above, report the number of fair  |                 |             |          |         |                  | Person<br>Da |             | QJV       |
| Α          | personal use days. Check the Q   |                 |             | Α        |         | 365              |              | 0           |           |
| В          | if you meet the requirements to  |                 |             | В        |         |                  |              |             |           |
| С          | qualified joint venture. See instru  | uctions         | i.          | С        |         |                  |              |             |           |
| Гуре       | of Property:   |                 |             |          |         |                  |              |             | •         |
| 1          | Single Family Residence 3 Vacation/Short-Term Ren  | ntal            | 5 Land      | b        | 7       | Self-Rental      |              |             |           |
| 2          | Multi-Family Residence 4 Commercial  |                 | 6 Roya      | alties   | 8       | Other (desc      | ribe)        |             |           |
|            |  |                 |             |          |         | Properti         |              |             |           |
| ncon       | 201  |                 |             | Α        |         | В                |              |             | С         |
| 3          | Rents received   | 3               |             |          | 00.     | В                |              |             |           |
| 4          | Royalties received   | 4               |             |          | •••     |                  |              |             |           |
|            | Ises:  | -               |             |          |         |                  |              |             |           |
| 5          | Advertising  | 5               |             |          |         |                  |              |             |           |
| 6          | Auto and travel (see instructions)   | 6               |             |          |         |                  |              |             |           |
| 7          | Cleaning and maintenance   | 7               |             | 1,3      | 25.     |                  |              |             |           |
| 8          | Commissions  | 8               |             | , -      |         |                  |              |             |           |
| 9          | Insurance  | 9               |             |          |         |                  |              |             |           |
| 10         | Legal and other professional fees  | 10              |             |          |         |                  |              |             |           |
| 11         | Management fees  | 11              |             | 1,2      | 30.     |                  |              |             |           |
| 12         | Mortgage interest paid to banks, etc. (see instructions)   | 12              |             | · ·      |         |                  |              |             |           |
| 13         | Other interest   | 13              |             |          |         |                  |              |             |           |
| 14         | Repairs  | 14              |             | 4,2      | 25.     |                  |              |             |           |
| 15         | Supplies   | 15              | 3,875.      |          |         |                  |              |             |           |
| 16         | Taxes  | 16              |             |          |         |                  |              |             |           |
| 17         | Utilities  | 17              |             | 4,8      | 56.     |                  |              |             |           |
| 18         | Depreciation expense or depletion  | 18              |             | 3,4      | 40.     |                  |              |             |           |
| 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 <b>Form 6198</b>                     | 21              |             | -18,3    | 51      |                  |              |             |           |
| 22         | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)  | 22              | (           | 18,35    |         | (                | )            | (           |           |
| 23a        | Total of all amounts reported on line 3 for all rental prope   | erties          |             |          | 23a     |                  | 600.         |             |           |
| b          | Total of all amounts reported on line 4 for all royalty prop   |                 |             |          | 23b     |                  |              |             |           |
| С          | Total of all amounts reported on line 12 for all properties  |                 |             |          | 23c     |                  |              |             |           |
| d          | Total of all amounts reported on line 18 for all properties  |                 |             |          | 23d     | 3                | 3,440.       |             |           |
| е          | Total of all amounts reported on line 20 for all properties  |                 |             |          | 23e     | 18               | 3,951.       |             |           |
| 24         | Income. Add positive amounts shown on line 21. Do no   | <b>t</b> includ | de any lo   | sses     |         |                  | . 24         |             |           |
| 25         | Losses. Add royalty losses from line 21 and rental real estat  | te losse        | es from lir | ne 22. E | nter to | otal losses her  | e <b>25</b>  | (           | 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 a  |                 |             |          |         |                  | on 26        |             | -18,351.  |