#### 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.

Submission Identification Number (SID)

Taxpay	er s name	Social security number							
ROH	ITH BABU BANDARI LAXMAN	193-29-13	77						
Spouse	's name	Spouse's social security number							
Part	Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)								
Enter	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	120,533.						
2	Total tax	2	19,003.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	25,017.						
4	Amount you want refunded to you	4	6,014.						
5	Amount you owe	5							

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

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

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

				FBO firm name		Ēr
$\mathbf{X}$	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			1 4

9	1	3	7	7	as my
Ent don	asiny				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

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

I authorize

to enter or generate my PIN

		as my
er fiv n't er		

Ent

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Date ►								
	etain This Form — See orm to the IRS Unless							
For Paperwork Reduction Act Notice, see your tax return	instructions. DAA	BEV 02/16/24 PRO	Form <b>8879</b> (Rev. 01-2021)					

<b>1040</b>	-	artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or st	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	curity number
ROHITH H	BABU		BAN	DARI I	AXMAN					193	29	1377
		s first name and middle initial	Last r									I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
		ER STREET										ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
WICHITA	WICHITA					KS		672	20	box bel	ow will	not change
Foreign country	y name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		_
							<i></i>					ou Spouse
Filing Status	; [2]	Single		、			Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or Married filing concretely (MES)	ne nac	i income)								
one box.	L If v	Married filing separately (MFS) you checked the MFS box, enter the	name	of your s	nouse If you	ı cha			ing spouse	. ,	ild'e na	me if the
		alifying person is a child but not you										
Digital		ny time during 2023, did you: (a) rece						•	,	.,		es 🛛 No
Assets		hange, or otherwise dispose of a digine one can claim: You as a de					a dependent			15.)		
Standard Deduction		Spouse itemizes on a separate return	•		•		•					
				_			_					
-		Were born before January 2, 1	959	Are b	· · ·	ouse		14	re January 2			s blind (see instructions):
Dependent		instructions): irst name Last name		(2) 5	Social security number	,	(3) Relationsh to you	ip (4	Child tax c			or other dependents
lf more than four	(1)	Lasthane					,					
dependents,												
see instruction and check	s ——											
here	]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		136,882.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	)	
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstructior	ıs)					. 1c	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)			. 1d	1	
1099-R if tax	е	Taxable dependent care benefits f								. 1e	-	
was withheld.	f	Employer-provided adoption bene								. 1f	_	
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •				. <u>1g</u>		0
W-2, see	h	Other earned income (see instructi	,				· · · ·	· ·		. 1h	1	0.
instructions.	i -	Nontaxable combat pay election (s Add lines 1a through 1h	see ins	structions)		• •	<b>1</b> i			- 1-		136,882.
Attach Cab R	 2a	Ŭ	2a		· · · ·	 ьт	axable interest	• •		. 1z . 2b	-	130,002.
Attach Sch. B if required.	2a 3a		2a 3a		2.		Ordinary divider			. 20 . 3b	-	2.
	<u>4a</u>		4a				axable amoun			. 36 . 4b	-	<i>-</i> •
Standard	5a		5a				axable amoun			. 5b	-	
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	6a		6a				axable amoun			. 6b	-	
Married filing separately,	С	If you elect to use the lump-sum e		method,	check here				[			
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	uired	, check here		[	7		-2,754.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule								. 8		-13,597.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		120,533.
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	your	adjusted	gross incor	ne				. 11		120,533.
<ul> <li>\$20,800</li> <li>If you checked 1</li> </ul>	12	Standard deduction or itemized								. 12		13,850.
any box under Standard	13	Qualified business income deducti	on fro	m Form 8	995 or Form	899	5-A			. 13		
Deduction, see instructions.	14	Add lines 12 and 13	•••	•••			· · · ·			. 14		13,850.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-U This is y	our	taxable incom	e.		. 15		106,683.

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	19,003.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	19,003.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	19,003.
	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	19,003.
Payments	25	Federal income tax withheld							
<b>,</b>	а	Form(s) W-2				<b>25a</b> 25	,017.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	25,017.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	)22 return		[	26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	•		-		[	33	25,017.
Refund	34	If line 33 is more than line 24						34	6,014.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆 🗆	35a	6,014.
Direct deposit?	b	Routing number 2 1 1	3 9 1 8	2 5	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 4 5 9	3 7 2 4	0					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	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	o to <i>www.irs.gov</i>	/Payments or	see instructions			37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 <b>Yes.</b> C	omplete be	low.	🗙 No
		signee's		Phone			onal identific	ation	
<u>.</u>	nai	der penalties of perjury, I declare th	at Lhave exemined	no.			per (PIN)	boot	
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature	-	Date	Your occupation		If the IF	3S ser	nt you an Identity
	10	al signature		Duic					IN, enter it here
Joint return?		SOF		SOFTWARE I	ENGINEER	(see ins	st.)		
See instructions.	Sp	Spouse's signature. If a joint return, both mu		Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.							Identity (see ins		ection PIN, enter it here
,			<u></u>	En elle deleses			,		
		one no. (419) 315-053. eparer's name	2 Preparer's signat	Email address	KOHT I BF20	7@GMAIL.COM Date	1 PTIN		Check if:
Paid			-1		OTIDEN			, , ]	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/25/2024	P020827		
Use Only		m's name GLOBAL TAX		NOUTOV	T 0001C				(678) 965-9522
			Y CT E BRU	NSWICK N			Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** 

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR ROHITH BABU BANDARI LAXMAN

ROHI	TH BABU BANDARI LAXMAN		193-2	9-137	17
Par	t 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. Att	ach Schedul	eE.	5	-13,597.
6	Farm income or (loss). Attach Schedule F.		[	6	
7	Unemployment compensation			7	
8	Other income:			_	
a		8a (	)		
b	Gambling	8b	/		
č	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (			
e	Income from Form 8853	8e	/		
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
9 h		8h			
i	Prizes and awards	8i			
	Activity not engaged in for profit income	8j			
J		oj 8k			
	Stock options	OK			
I	Income from the rental of personal property if you engaged in the rental	0			
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see	0			
	instructions)	8m			
	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	<b>8s</b> (	)		
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> . Ente				10 505
	1040, 1040-SR, or 1040-NR, line 8			10	-13,597.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		S	chedule	1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s yu	venni	ient	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•••	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
о 9а	Alimony paid					19a	
b						194	
	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					20	
20 21	IRA deduction					20	
22	Reserved for future use					22	
23	Archer MSA deduction	· i	• •	•	• •	23	
24	Other adjustments:	~ ~					
a		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						
		24e					
f		24f					
g		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 <b>adjustments to income</b>				d on		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

Your social security number

20

Attachment

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

ROHITH BABU BANDARI LAXMAN

193-29-1377

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions 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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, I line 2, colum	from 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					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( 1,051.)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-1,051.

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

See instructions for how to figure the amounts to enter on the lines below.		<b>(d)</b> Proceeds	<b>(e)</b> Cost	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		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	148.	1,851.			-1,703.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	• •	11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15	-1,703.		

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-2,754.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	$\Box$ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	( 2,754.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	<b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

BAA REV 02/16/24 PRO

Schedule D (Form 1040) 2023

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ROHITH BABU BANDARI LAXMAN

Social security number or taxpayer identification number 193-29-1377

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> 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) (g) Code(s) from Amount c instructions adjustmer		from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/22	12/31/23	148.	1,851.			-1,703.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	lude on your ne 9 (if Box E	148.	1,851.			-1,703.		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E		Supplemental Income and Loss											OMB No. 1545-0074				
(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									200 <b>7</b> 2						
Departm	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.									Attachm	ש <b>בי</b> nent	10					
						rinstri							ial security number				
Name(s) shown on return														29 <b>-</b> 1377			
ROHITH BABU BANDARI LAXMAN Part I Income or Loss From Rental Real Estate and F								valtion				<u> </u>	93-2	9-1377			
Fall	Note: If yo	ou are ir	ו th	e business o	of renting perso	nal proper			<b>e C</b> . See	e instru	ctions. If you	are a	an indiv	/idual, rep	ort far	m	
Α	rental income or loss from <b>Form 4835</b> on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions												. 🗌 Ye	s X	No		
			or will you file required Form(s) 1099?														
<b>1</b> a	Physical addr																
Α	PALAMANER	LAMANER HYDERABAD ANDHRA PRADESH IN 517408															
В																	
С																	
1b	Type of Prope	erty 2	2	For each r	ental real esta	ate prope	erty lis <sup>.</sup>	sted Fair Rental Perso						onal Use QJV			
	(from list below	w)			ort the numb			and Days			Days	Days		ys	Q3V		
Α	2				se days. Che				Α		365		0				
В					t the requiren bint venture. S				В						[		
С				quainou je			iotion.		С						[		
	of Property:																
	Single Family R				ation/Short-T	Ferm Ren	tal	5 Land			Self-Rental						
2	Multi-Family Re	esidenc	e	4 Cor	mmercial			6 Roy	alties	8	Other (desc	cribe	e)				
											Proper						
Incom	ne:								Α		. В				С		
3	Rents received	d					3		L )	500.							
4	Royalties rece						4										
Exper																	
5							5										
6	Auto and trave						6										
7	Cleaning and r						7		1,2	205.							
8	Commissions						8										
9	Insurance						9										
10	Legal and othe	er profe	ess	ional fees			10										
11	Management f	fees .					11		1,0	)12.							
12	Mortgage inter	rest pa	id 1	to banks, e	tc. (see instru	ictions)	12										
13	Other interest						13										
14	Repairs						14		2,8	375.							
15	Supplies .						15		2,6	521.							
16	Taxes						16										
17	Utilities						17			69.							
18	Depreciation e	expense	e o	r depletion			18		2,7	15.							
19	Other (list)						19										
20	Total expense			0			20		14,0	97.							
21	Subtract line 2 result is a (loss file <b>Form 6198</b>	s), see	ins	structions to	o find out if y	ou must	21		-13,5	597.							
22	Deductible rer on <b>Form 8582</b>						22	(	13,59	97.)	(		)	(		)	
23a	Total of all amounts reported on line 3 for all rental properties								23a		5	00.					
b	Total of all am		-							23b							
с										23c							
d	Total of all amounts reported on line 18 for all properties									23d		2,7	15.				
е	Total of all am	ounts r	ер	orted on lin	ne 20 for all pi	roperties				23e	1	4,0	97.				
24	Income. Add	-						-					24				
25	Losses. Add ro	oyalty lo	SS	es from line	21 and rental	real estat	e losse	es from lir	ne 22. E	inter to	tal losses he	ere	25	(	13,5	97.)	

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 -13,597. NPA

SCHEDULE E