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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

| Taxpay | ver's name   |         | Social   | security | y numb  | er          |
|--------|--|---------|----------|----------|---------|-------------|
| SUR    | ABHI ARYA  |         | 099      | 9-85-    | -0052   | 2           |
| Spouse | s's name   |         | Spous    | e's soci | al secu | rity number |
| Par    | t I Tax Return Information — Tax Year Ending December 31, 2023         | 3 (Ente | r year y | /ou ar   | re aut  | horizing.)  |
| 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       | 111,746.    |
| 2      | Total tax  |         |          |          | 2       | 16,890.     |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          |         |          |          | 3       | 20,996.     |
| 4      | Amount you want refunded to you  |         |          |          | 4       | 4,106.      |
| 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

| X | I authorize | GLOBAL | TAXES | LLC           | to enter or generate my PIN | L |
|---|-------------|--------|-------|---------------|-----------------------------|---|
|   |             |        |       | ERO firm name |                             |   |

| 5          | 0    | 0 | 5 | 2 | as mv |
|------------|------|---|---|---|-------|
| Ent<br>don | aomy |   |   |   |       |

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 mv Enter five digits, but don't enter all zeros

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

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

| Spouse's signature ►   | Date 🕨   |
|--|--|
| Practitioner PIN Metho   | I Returns Only—continue below                    |
| Part III Certification and Authentication – Practiti           | oner PIN Method Only                             |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fiv | e-digit self-selected PIN. 2 2 2 4 9 6 0 8 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 🕨   |                          |
|---|--|--------------------------|
|   | Must Retain This Form — See Instructions<br>This Form to the IRS Unless Requested To Do So | )                        |
| For Denember / Deduction Act Nation and Voust |  | Earm 8879 (Bay, 01 2021) |

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

| For the year Jar                | . 1–Dec   | . 31, 2023, or other tax year beginning     |               | , 2023.                | ending   |                                | , 20             |           | See ser  | arate inst                 | ructions          |
|---------------------------------|-----------|---|---------------|------------------------|----------|--------------------------------|------------------|-----------|----------|----------------------------|-------------------|
| Your first name                 |           |   | Last n        |                        |          |                                |                  |           | •        | cial securit               |                   |
| SURABHI                         | anu m     |   |               |                        |          |                                |                  |           | 099      |                            | -                 |
|                                 | nouse's   | s first name and middle initial             | ARY<br>Last n |                        |          |                                |                  |           |          |                            | urity number      |
| n joint rotain, o               | 00000     |   | Luot          |                        |          |                                |                  |           | opouoo   |                            |                   |
| Home address                    | (numbe    | er and street). If you have a P.O. box, see | instruc       | tions.                 |          |                                | Apt. no.         |           | Presider | i<br>Itial Electio         | on Campaigr       |
| 3201 DUV                        | 7AT, 1    | DAOS  |               |                        |          |                                | 222              |           |          | ere if you,                |                   |
|                                 |           | ce. If you have a foreign address, also co  | omplete       | spaces below.          | S        | tate                           | ZIP code         |           |          |                            | tly, want \$3     |
| AUSTIN                          |           |   |               |                        | L L      | X                              | 78759            |           | •        | this fund. (<br>w will not | Checking a        |
| Foreign country                 | / name    |   |               | Foreign province/st    | ate/cou  | inty                           | Foreign postal   |           |          | or refund.                 | onango            |
|                                 |           |   |               |                        |          |                                |                  |           |          | 🗌 You                      | Spouse            |
| Filing Status                   | ; 🛛       | ] Single                                    |               |                        |          | Head of h                      | ousehold (HO     | H)        |          |                            |                   |
| Check only                      |           | Married filing jointly (even if only o      | ne had        | l income)              |          | _                              |                  |           |          |                            |                   |
| one box.                        |           | Married filing separately (MFS)             |               |                        |          |                                | surviving spo    |           | ,        |                            |                   |
|                                 |           | ou checked the MFS box, enter the           |               |                        | you c    | hecked the HOH                 | l or QSS box,    | enter     | the chil | d's name                   | if the            |
|                                 | qu        | alifying person is a child but not you      | ur depe       | endent:                |          |                                |                  |           |          |                            |                   |
| Digital                         | At ar     | ny time during 2023, did you: (a) rec       | eive (a       | s a reward, award,     | or pa    | yment for prope                | erty or services | s); or (l | b) sell, |                            |                   |
| Assets                          | exch      | ange, or otherwise dispose of a dig         | ital ass      | set (or a financial ir | nterest  | in a digital asse              | et)? (See instru | uctions   | s.)      | X Yes                      | 🗌 No              |
| Standard                        | Som       | eone can claim: 🗌 You as a de               | epende        | nt 🗌 Your spo          | ouse a   | s a dependent                  |                  |           |          |                            |                   |
| Deduction                       |           | Spouse itemizes on a separate retur         | m or yo       | ou were a dual-stat    | tus alie | en                             |                  |           |          |                            |                   |
| Age/Blindnes                    | S You:    | Were born before January 2, 1               | 959           | Are blind              | Spous    | e: 🗌 Was bo                    | rn before Janu   | iarv 2.   | 1959     | 🗌 ls bli                   | nd                |
| Dependent                       |           |   |               | (2) Social sec         | •        | (3) Relationsh                 | (A) Cheele       |           |          |                            | instructions)     |
| If more                         | •         | irst name Last name                         |               | number                 | unty     | to you                         | iip jaa          | tax cre   | · · · ·  |                            | ner dependents    |
| than four                       |           |   |               |                        |          |                                |                  |           |          | [                          |                   |
| dependents,                     |           |   |               |                        |          |                                |                  |           |          | [                          |                   |
| see instruction                 | 3         |   |               |                        |          |                                |                  |           |          | [                          |                   |
| here                            |           |   |               |                        |          |                                |                  |           |          | [                          |                   |
| Income                          | 1a        | Total amount from Form(s) W-2, b            | ox 1 (s       | ee instructions)       |          |                                |                  |           | 1a       | 13                         | 80,685.           |
| Attach Form(s)                  | b         | Household employee wages not re             | eporteo       | d on Form(s) W-2       |          |                                |                  |           | 1b       |                            |                   |
| W-2 here. Also                  | С         | Tip income not reported on line 1a          | a (see ii     | nstructions) .         |          |                                |                  |           | 1c       |                            |                   |
| attach Forms<br>W-2G and        | d         | Medicaid waiver payments not rep            | oorted        | on Form(s) W-2 (se     | e inst   | ructions)                      |                  |           | 1d       |                            |                   |
| 1099-R if tax                   | е         | Taxable dependent care benefits f           |               |                        | •        |                                |                  |           | 1e       |                            |                   |
| was withheld.                   | f         | Employer-provided adoption bene             | efits fro     | m Form 8839, line      | 29       |                                |                  |           | 1f       |                            |                   |
| lf you did not<br>get a Form    | g         | 0   |               |                        |          |                                |                  |           | 1g       |                            |                   |
| W-2, see                        | h         | Other earned income (see instruct           | ,             |                        |          | · · · · · ·                    |                  | • •       | 1h       |                            | 0.                |
| instructions.                   | i         | Nontaxable combat pay election (            | see ins       | structions)            |          | <b>1</b> i                     |                  |           |          | 1 1 -                      |                   |
|                                 | z         | Add lines 1a through 1h                     | · ·           |                        | · ·      | <br>Tarakiri                   |                  | • •       | 1z       | 1 13                       | 30,685.<br>1,032. |
| Attach Sch. B<br>if required.   | 2a        | · · -                                       | 2a            | 23.                    |          | Taxable interes                |                  | • •       | 2b       |                            | 24.               |
|                                 | <u>3a</u> |   | 3a            | 23.                    |          | Ordinary divide                |                  | • •       | 3b       |                            | 24.               |
| Standard                        | 4a<br>50  |   | 4a<br>5a      |                        |          | Taxable amoun<br>Taxable amoun |                  | • •       | 4b<br>5b |                            |                   |
| Deduction for -                 | 5a<br>6a  |   | 5a<br>6a      |                        |          | Taxable amoun                  |                  | • •       | 6b       |                            |                   |
| Single or<br>Married filing     | C         | If you elect to use the lump-sum e          |               | method check h         |          |                                |                  | • •       |          |                            |                   |
| separately,<br>\$13,850         | 7         | Capital gain or (loss). Attach Sche         |               | ,                      | •        | ,                              |                  |           | 7        |                            | 297.              |
| Married filing                  | 8         | Additional income from Schedule             |               | •                      | •        | ,                              |                  | • ∟       | 8        |                            | 297.              |
| jointly or<br>Qualifying        | 9         | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7         |               |                        |          |                                |                  | •••       | 9        |                            | 1,746.            |
| surviving spouse,<br>\$27,700   | 10        | Adjustments to income from Sche             |               |                        |          |                                |                  |           | 10       |                            | ,, _0.            |
| Head of household,              | 11        | Subtract line 10 from line 9. This is       |               |                        |          |                                |                  |           | 11       | 11                         | 1,746.            |
| \$20,800                        | 12        | Standard deduction or itemized              |               |                        |          |                                |                  |           | 12       |                            | 3,850.            |
| If you checked<br>any box under | 13        | Qualified business income deduct            |               |                        |          |                                |                  |           | 13       | 1 -                        |                   |
| Standard<br>Deduction,          | 14        |   |               |                        |          |                                |                  |           | 14       | 1                          | 3,850.            |
| see instructions.               | 15        | Subtract line 14 from line 11. If zer       |               |                        |          | r taxable incom                | ne               |           | 15       |                            | 7,896.            |
|                                 | -         |   |               | ,                      | , - ,    |                                |                  |           |          |                            |                   |

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     | 16,890.  |
| Credits                              | 17        | Amount from Schedule 2, lin                   | ne3                      |                     |                    |                        | [                           | 17     |  |
|                                      | 18        | Add lines 16 and 17                           |                          |                     |                    |                        | [                           | 18     | 16,890.  |
|                                      | 19        | Child tax credit or credit for                | other dependen           | ts from Sched       | ule 8812           |                        |                             | 19     |  |
|                                      | 20        | Amount from Schedule 3, lin                   | ne8                      |                     |                    |                        |                             | 20     |  |
|                                      | 21        | Add lines 19 and 20                           |                          |                     |                    |                        |                             | 21     |  |
|                                      | 22        | Subtract line 21 from line 18                 | . If zero or less,       | enter -0            |                    |                        |                             | 22     | 16,890.  |
|                                      | 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     | 16,890.  |
| Payments                             | 25        | Federal income tax withheld                   |                          |                     |                    |                        |                             |        |  |
| -                                    | а         | Form(s) W-2                                   |                          |                     |                    | <b>25a</b> 20          | ,996.                       |        |  |
|                                      | b         | Form(s) 1099                                  |                          |                     |                    | 25b                    |                             |        |  |
|                                      | с         | Other forms (see instructions                 | s)                       |                     |                    | 25c                    |                             |        |  |
|                                      | d         | Add lines 25a through 25c                     |                          |                     |                    |                        |                             | 25d    | 20,996.  |
| If you have a                        | 26        | 2023 estimated tax payment                    | ts 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              | m Schedule 8812          |                     |                    | 28                     |                             |        |  |
|                                      | 29        | American opportunity credit                   | from Form 8863           | 8, line 8           |                    | 29                     |                             |        |  |
|                                      | 30        | Reserved for future use .                     |                          |                     |                    | 30                     |                             |        |  |
|                                      | 31        | Amount from Schedule 3, lin                   | ne 15                    |                     |                    | 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                  | hese are your <b>to</b>  | tal payments        |                    |                        | [                           | 33     | 20,996.  |
| Refund                               | 34        | If line 33 is more than line 24               | 1, subtract line 2       | 4 from line 33.     | This is the amou   | nt you <b>overpaid</b> |                             | 34     | 4,106.   |
|                                      | 35a       | Amount of line 34 you want                    | refunded to you          | J. If Form 8888     | 3 is attached, che | ck here                | . 🗆 🛛                       | 35a    | 4,106.   |
| Direct deposit?                      | b         | Routing number 3 2 2                          | 2 7 1 6                  | 2 7                 | c Type: 🛛 🗙        | Checking               | Savings                     |        |  |
| See instructions.                    | d         | Account number 5 6 8                          | 9 7 6 8                  | 5 3                 |                    |                        |                             |        |  |
|                                      | 36        | Amount of line 34 you want a                  | applied to your          | 2024 estimate       | ed tax             | 36                     |                             |        |  |
| Amount                               | 37        | Subtract line 33 from line 24                 | . This is the <b>amo</b> | ount you owe        |                    |                        |                             |        |  |
| You Owe                              |           | For details on how to pay, g                  | o to <i>www.ir</i> s.gov | //Payments or       | see instructions   |                        |                             | 37     |  |
|                                      | 38        | Estimated tax penalty (see in                 | nstructions) .           |                     |                    | 38                     |                             |        |  |
| Third Party                          | Do        | you want to allow another                     | person to disc           | cuss this retu      | rn with the IRS?   |                        |                             |        | _  |
| Designee                             | ins       | tructions                                     |                          |                     |                    | 🗌 Yes. C               | omplete be                  | low.   | × No   |
|                                      | De<br>nai | signee's                                      |                          | Phone no.           |                    |                        | onal identific<br>ber (PIN) | ation  |  |
| Ciana                                |           | der penalties of perjury, I declare th        | nat I have examined      |                     | accompanying sche  |                        | ( )                         | a hest | of my knowledge and                            |
| Sign                                 |           | ief, they are true, correct, and com          |                          |                     |                    |                        |                             |        |  |
| Here                                 | Yo        | ur signature                                  |                          | Date                | Your occupation    |                        | If the I                    | RS se  | nt you an Identity                             |
|                                      |           |   |                          |                     |                    |                        | Protec                      | tion P | IN, enter it here                              |
| Joint return?                        |           |   |                          | SENIOR AND          |                    | (see in                | ,                           |        |  |
| See instructions.<br>Keep a copy for | Sp        | ouse's signature. If a joint return, <b>t</b> | ooth must sign.          | Date                | Spouse's occupat   | ion                    |                             |        | nt your spouse an<br>ection PIN, enter it here |
| your records.                        |           |   |                          |                     |                    |                        | (see in                     |        | ection Fin, enter it here                      |
|                                      | Ph        | one no. (316)519-574                          | 1                        | Email address       |                    | MATI COM               | ,                           |        |  |
|                                      |           | parer's name                                  | ⊥<br>Preparer's signat   |                     | ISURBHI@GI         |                        | PTIN                        |        | Check if:                                      |
| Paid                                 |           | PRIYA RAM SAGAR GUPTA TALLAM                  |                          |                     |                    |                        | P02082                      | 702    | Self-employed                                  |
| Preparer                             |           | n's name GLOBAL TAX                           |                          | TAUAN DAUAN         | GOFIA IAUDAM       | 05/04/2024             |                             |        | 678)965-9522                                   |
| Use Only                             |           |   | Y CT E BRU               | NGWICK N            | J 08816            |                        | Firm's                      |        | 84-3171965                                     |
| Go to www.ire.cr                     |           | 1040 for instructions and the late            |                          | TIONICI IN          |                    |                        | ן רווווו S                  |        | Form <b>1040</b> (2023)                        |
|                                      |           | noro for manuallons and the late              | scinomation.             |                     | BAA                | REV 02/23/24 PRO       |                             |        | 10m 10m (2023)                                 |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

### Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

| Department of the Treasury<br>Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. |          | Attachment<br>Sequence No. <b>01</b> |
|--|---|----------|--------------------------------------|
| Name(s) shown on Fo                                    | rm 1040, 1040-SR, or 1040-NR  | Your soc | ial security number                  |
| SURABHI ARYA   |   | 099-85   | -0052                                |
|  | ••  |          |                                      |

| Pai    | t I Additional Income  |         |          |                    |
|--------|--|---------|----------|--------------------|
| 1      | Taxable refunds, credits, or offsets of state and local income taxes   |         | 1        |                    |
| 2a     | Alimony received   |         | 2a       |                    |
| b      | Date of original divorce or separation agreement (see instructions):   |         |          |                    |
| 3      | Business income or (loss). Attach Schedule C   |         | 3        |                    |
| 4      | Other gains or (losses). Attach Form 4797  |         | 4        |                    |
| 5      | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sched   | ule E . | 5        | -20,292.           |
| 6      | Farm income or (loss). Attach Schedule F.  |         | 6        |                    |
| 7      | Unemployment compensation  |         | 7        |                    |
| 8      | Other income:  |         |          |                    |
| а      | Net operating loss   |         | )        |                    |
| b      | Gambling   |         |          |                    |
| С      | Cancellation of debt   |         |          |                    |
| d      | Foreign earned income exclusion from Form 2555       .       .       8d  |         | )        |                    |
| е      | Income from Form 8853  |         |          |                    |
| f      | Income from Form 8889  |         |          |                    |
| g      | Alaska Permanent Fund dividends   8g   |         |          |                    |
| h      | Jury duty pay  |         |          |                    |
| i      | Prizes and awards  |         | -        |                    |
| j      | Activity not engaged in for profit income  |         | -        |                    |
| k      | Stock options         8k   |         | -        |                    |
| I      | Income from the rental of personal property if you engaged in the rental   |         |          |                    |
|        | for profit but were not in the business of renting such property 81  |         | -        |                    |
| m      | Olympic and Paralympic medals and USOC prize money (see  |         |          |                    |
|        | instructions)  |         | -        |                    |
|        | Section 951(a) inclusion (see instructions)  |         | -        |                    |
| 0      | Section 951A(a) inclusion (see instructions)       80         Section 461(l) excess business loss adjustment       8p                  |         | -        |                    |
| p      | Section 461(I) excess business loss adjustment       8p         Taxable distributions from an ABLE account (see instructions)       8g |         | -        |                    |
| q<br>r | Scholarship and fellowship grants not reported on Form W-2 8r  |         | -        |                    |
| ı<br>S | Nontaxable amount of Medicaid waiver payments included on Form   |         | -        |                    |
| 3      | 1040, line 1a or 1d  |         |          |                    |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or  |         | 4        |                    |
| Ľ      | a nongovernmental section 457 plan   |         |          |                    |
| u      | Wages earned while incarcerated  |         |          |                    |
| 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. Enter here and  |         |          |                    |
|        | 1040, 1040-SR, or 1040-NR, line 8  |         | 10       | -20,292.           |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.  |         | Schedule | 1 (Form 1040) 2023 |

| Par | t II Adjustments to Income  |            |              |                 |
|-----|---|------------|--------------|-----------------|
| 11  | Educator expenses   |            | 11           |                 |
| 12  | Certain business expenses of reservists, performing artists, and fee-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)  |            |              |                 |
| b   | Deductible expenses related to income reported on line 8I from the          |            |              |                 |
|     | rental of personal property engaged in for profit                           |            |              |                 |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals             |            |              |                 |
|     | and USOC prize money reported on line 8m                                    |            |              |                 |
| d   | Reforestation amortization and expenses                                     |            |              |                 |
| е   | Repayment of supplemental unemployment benefits under the Trade             |            |              |                 |
|     | Act of 1974   |            |              |                 |
| f   | Contributions to section 501(c)(18)(D) pension plans                        |            |              |                 |
| 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)                                    |            |              |                 |
| 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  |            |              |                 |
| j   | Housing deduction from Form 2555  |            |              |                 |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form         |            |              |                 |
|     | 1041)   |            |              |                 |
| Z   | Other adjustments. List type and amount:                                    |            |              |                 |
|     | 24z   |            |              |                 |
| 25  | Total other adjustments. Add lines 24a through 24z                          |            | 25           |                 |
| 26  | Add lines 11 through 23 and 25. These are your adjustments to income. Enter |            |              |                 |
|     | Form 1040, 1040-SR, or 1040-NR, line 10                                     |            | 26           |                 |
|     | BAA REV 02/   | /23/24 PRO | Schedule 1 ( | Form 1040) 2023 |

#### 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.

20**23** Attachment Sequence No. 12

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

Your social security number

SURABHI ARYA

099-85-0052

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 | instructions for how to figure the amounts to enter on the below.   | <b>(d)</b><br>Proceeds | <b>(e)</b><br>Cost | <b>(g)</b><br>Adjustment<br>to gain or loss |     | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|-------|---|------------------------|--------------------|---|-----|--|
|       | form may be easier to complete if you round off cents to e dollars.   | (sales price)          | (or other basis)   | Form(s) 8949, F<br>line 2, column           |     | combine the result<br>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  | 4,109.                 | 3,564.             |   | 77. | 622.   |
| 2     | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                        |                    |   |     |  |
| 3     | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                        |                    |   |     |  |
| 4     | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4      | 684, 6781, and 88  | 324   | 4   |  |
| 5     | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  | rusts from             | 5                  |   |     |  |
| 6     | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   | -                      | 6                  | ( )   |     |  |
| 7     | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis   | , ,                    | 7                  | 622.  |     |  |

### 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><br>Proceeds | (e)<br>Cost      | <b>(g)</b><br>Adjustmen  |     | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|--|--|------------------------|------------------|--|-----|--|
| This form may be easier to complete if you round off cents to whole dollars. |  | (sales price)          | (or other basis) | to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) |     | combine the result<br>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   | 812.                   | 1,206.           |  | 69. | -325.  |
| 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 Box F 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  | -325.  |

| Part | III Summary  |                |
|------|--|----------------|
| 16   | Combine lines 7 and 15 and enter the result  | <b>16</b> 297. |
|      | • 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?   |                |
|      | 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:  |                |
|      | The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)  | 21 ()          |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.   |                |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  |                |
|      | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.   |                |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |                |

BAA REV 02/23/24 PRO

Schedule D (Form 1040) 2023

Form **8949** 

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

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



Sequence No. 12A

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

Name(s) shown on returnSocial security number or taxpayer identification numberSURABHI ARYA099-85-0052

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

| <b>1</b><br>(a)<br>Description of property  | <b>(b)</b><br>Date acquired                      | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | If you enter an enter a c           | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | (h)<br>Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |  |
|---|--|--------------------------------|-------------------------------------|--|-------------------------------------|--|---|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                                  | disposed of<br>(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 | <b>(g)</b><br>Amount of<br>adjustment  |   |  |
| Robinhood Securities LLC  | 2 06/17/23                                       | 12/31/23                       | 4,109.                              | 3,564.   | W                                   | 77.  | 622.  |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
|   |  |                                |                                     |  |                                     |  |   |  |
| 2 Totals. Add the amounts in colum<br>negative amounts). Enter each to<br>Schedule D, line 1b (if Box A abo<br>above is checked), or line 3 (if Box | otal here and inc<br>/e is checked), <b>li</b> i | lude on your<br>ne 2 (if Box B | 4,109.                              | 3,564.   |                                     | 77.  | 622.  |  |

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

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

| Form 8949 (2023)   | Attachment Sequence No. 12A                           | Page <b>2</b> |
|--|---|---------------|
| Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side | Social security number or taxpayer identification num | ber           |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SURABHI ARYA

099-85-0052

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><br>(a)<br>Description of property  | <b>(b)</b><br>Date acquired | <b>(c)</b><br>Date sold or     | (d)<br>Proceeds                     | (e)<br>Cost or other basis<br>See the <b>Note</b> below | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>parate instructions. | , (h)<br>Gain or (loss)<br>Subtract column (e) |   |
|---|-----------------------------|--------------------------------|-------------------------------------|---|---|--|---|
| (Example: 100 sh. XYZ Ćo.)  | (Mo., day, yr.)             | disposed of<br>(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   | <b>(g)</b><br>Amount of<br>adjustment          | from column (d) and<br>combine the result<br>with column (g). |
| Robinhood Securities LLC  | 11/08/22                    | 12/31/23                       | 812.                                | 1,206.  | W   | 69.  | -325.   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
|   |                             |                                |                                     |   |   |  |   |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). |                             |                                | 812.                                | 1,206.  |   | 69.  | -325.   |

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.

REV 02/23/24 PRO

| SCHEDULE    | Ε |
|-------------|---|
| (Form 1040) |   |

....

### **Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041. <a href="http://www.irs.gov/ScheduleE">www.irs.gov/ScheduleE</a> for instructions and the latest information.

| ) | 2023                                 |
|---|--------------------------------------|
|   | Attachment<br>Sequence No. <b>13</b> |

| enue Service | Go to www.irs.gov/ |
|--------------|--------------------|
|              |                    |

|          | ) snown on return   |  |                          |                     |                  |   |                  |             | al security |           |   |
|----------|---------------------|--|--------------------------|---------------------|------------------|---|------------------|-------------|-------------|-----------|---|
|          | ABHI ARYA           |  |                          |                     |                  |   |                  | 099-8       | 5-0052      | 2         |   |
| Part     | Note: If you a      | Loss From Rental Real Estate an<br>re in the business of renting personal proper<br>or loss from Form 4835 on page 2, line 40. | <b>d Ro</b> y<br>ty, use | yalties<br>Schedule | <b>e C</b> . See | e instru                                | ctions. If you a | re an indiv | vidual, rej | port farm |   |
| A        |                     | ayments in 2023 that would require you   | to file                  | Form(s) 1           | 1099? \$         | See ins                                 | structions .     |             | . <b>Y</b>  | es 🛛 N    | 0 |
|          |                     | will you file required Form(s) 1099?   |                          |                     |                  |   |                  |             |             |           |   |
|          |                     |  |                          |                     |                  |   |                  |             | <u> </u>    |           |   |
| 1a       |                     | s of each property (street, city, state, ZII   |                          | ,                   |                  |   |                  |             |             |           |   |
| Α        | ECO TOWN, PHA       | ASE-1,FARM NO 3 DAHARIYA MU  | JKHAN                    | JI NAIN             | JITAL            | ,UTT                                    | ARAKHAND         | IN 263      | 3139        |           |   |
| В        |                     |  |                          |                     |                  |   |                  |             |             |           |   |
| С        |                     | 1  |                          |                     |                  |   |                  |             |             | 1         |   |
| 1b       | Type of Property    | 2 For each rental real estate prope  |                          |                     |                  | Fair Rental                             |                  | Person      |             | QJV       | , |
|          | (from list below)   | above, report the number of fair   |                          |                     |                  |   | Days             | Da          | ys          |           |   |
| A        | 3                   | personal use days. Check the Qa<br>if you meet the requirements to f   |                          |                     | Α                |   | 365              |             | 0           |           |   |
| B        |                     | qualified joint venture. See instru  |                          |                     | В                |   |                  |             |             |           |   |
| С        |                     |  |                          |                     | С                |   |                  |             |             |           |   |
|          | of Property:        |  |                          |                     |                  |   |                  |             |             |           |   |
|          | Single Family Resid |  | tal                      | 5 Lanc              | 1                |   | Self-Rental      |             |             |           |   |
| 2        | Multi-Family Resid  | ence 4 Commercial  |                          | 6 Roya              | alties           | 8                                       | Other (descr     | ibe)        |             |           |   |
|          |                     |  |                          |                     |                  |   | Properti         |             |             |           |   |
| Incom    | 16'                 |  |                          |                     | Α                |   | B                |             |             | С         |   |
| 3        |                     |  | 3                        |                     |                  | 60.                                     |                  |             |             | •         |   |
| 4        |                     |  | 4                        |                     |                  |   |                  |             |             |           |   |
| Expen    |                     |  |                          |                     |                  |   |                  |             |             |           |   |
| 5        |                     |  | 5                        |                     |                  |   |                  |             |             |           |   |
| 6        |                     | ee instructions)   | 6                        |                     |                  | 20.                                     |                  |             |             |           |   |
| 7        | ,                   |  | 7                        |                     |                  | 390.                                    |                  |             |             |           |   |
| 8        |                     |  | 8                        |                     | 1,0              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  |             |             |           |   |
| 9        |                     |  | 9                        |                     |                  |   |                  |             |             |           |   |
| 9<br>10  |                     | rofessional fees   | 10                       |                     |                  |   |                  |             |             |           |   |
| 11       |                     |  | 11                       |                     | 1 7              | 90.                                     |                  |             |             |           |   |
| 12       |                     | paid to banks, etc. (see instructions)   | 12                       |                     | ±,/              | 90.                                     |                  |             |             |           |   |
| 12       |                     |  | 13                       |                     |                  |   |                  |             |             |           |   |
| 13<br>14 |                     |  | 13                       |                     | 5 7              | /80.                                    |                  |             |             |           |   |
| 14       |                     |  | 14                       |                     |                  | 518.                                    |                  |             |             |           |   |
| 15<br>16 |                     |  | 16                       |                     | 5,5              | . 010                                   |                  |             |             |           |   |
| 17       |                     |  | 17                       |                     | E 0              | 254.                                    |                  |             |             |           |   |
|          |                     | ense or depletion  | 18                       |                     | 5,2              | .5 <b>4</b> .                           |                  |             |             |           |   |
| 18       |                     |  | 19                       |                     |                  |   |                  |             |             |           |   |
| 19<br>20 | Other (list)        | dd lines 5 through 19  | 20                       |                     | 20.0             |   |                  |             |             |           |   |
|          |                     |  | 20                       |                     | 20,9             | 52.                                     |                  |             |             |           |   |
| 21       |                     | rom line 3 (rents) and/or 4 (royalties). If  |                          |                     |                  |   |                  |             |             |           |   |
|          |                     | see instructions to find out if you must   | 21                       |                     | -20,2            | 000                                     |                  |             |             |           |   |
| 00       |                     | real estate loss after limitation, if any,   | 21                       |                     | 20,2             | .72.                                    |                  |             |             |           |   |
| 22       |                     | e instructions)  | 00                       | (                   | 20,29            |   | (                | ```         | /           |           | , |
| 020      | •                   |  | 22                       | (                   | 20,23            | 1                                       | (                | 660.        | (           |           |   |
| 23a      |                     | its reported on line 3 for all rental prope  |                          |                     | •                | 23a                                     |                  | 000.        |             |           |   |
| b        |                     | its reported on line 4 for all royalty prop  |                          |                     |                  | 23b                                     |                  |             |             |           |   |
| C<br>d   |                     | its reported on line 12 for all properties   |                          |                     |                  | 23c                                     |                  |             |             |           |   |
| d        |                     | its reported on line 18 for all properties   |                          |                     |                  | 23d                                     |                  | 050         |             |           |   |
| e        |                     | its reported on line 20 for all properties   |                          |                     |                  | 23e                                     | ∠0               | ,952.       |             |           |   |
| 24       |                     | itive amounts shown on line 21. <b>Do not</b>  |                          |                     |                  | · ·                                     | ••••••           | . 24        | /           | 00 000    | , |
| 25       |                     | ty losses from line 21 and rental real estat   |                          |                     |                  |   |                  |             | (           | 20,292    | • |
| 26       |                     | estate and royalty income or (loss).   |                          |                     |                  |   |                  |             |             |           |   |
|          |                     | I, and IV, and line 40 on page 2 do no<br>1040), line 5. Otherwise, include this a   |                          |                     |                  |   |                  | n<br>. 26   |             | -20.29    | 2 |
|          |                     | ווטלטו. ווווב ט. טנוובו אופב. וווטועעב נווופ מ   | nount                    |                     | ιαι υπ τ         |   |                  | . 2n        |             |           | / |