Your first name and middle initial Last name Your social security number SACHTN ATTARDE 74.5 [99] [6091 Fight return, spoular's first name and middle initial ATTARDE 74.5 [99] [6091 Up of return, spoular's first name and middle initial ATTARDE 74.5 [99] [6091 IT255 TURTLE_BAY_LOOP Presidential Election Campaign Ciry, town, op part office. Your associate's mumber and streed, if you, have a foreign address, asio complete spaces below. Tate TEANDER Foreign partwince/state/county Foreign partwince/state/county Foreign partwince/state/county Pressign opartment official is partwinde/state/county Foreign partwinde/state/county	For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, endi	ing		, 20)	See se	parate ins	tructions.
SACH III ATTARDE 725 99 6.091 If particular, spoule's first name and middle initial Last name Spoule's tool is security numbe Home address furnher and street). If you have a foreign address, also complete spaces below. Apt. no. Precidential Election Campaign 1725 TURTLE BAY LLOOP The X here is first name Precidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State 2IP code Trace TURTLE BAY LLOOP The X here is the You or your The X here is the You or your Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Filing Status Single Head of household (HOH) Ware diffing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse as dependent You checked the HOH or QSS box, enter the child's name if the qualifying sensition is child but not your dependent Spouse Digital At any time during 2023, did you, (a) receive (as a reward, award, or payment for propenty or service); or (b) sell, exclusion Spouse temizes on a separate return or you were a dual-status allein Age/Blindness You: Were born before January 2, 1959 Are blind Dependents Generation form (W-2, box 1 (see instructions) Ind Household enployee wages no	Vour first name	and mi		Lastr	amo	-						•	
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Home address (number and street). If you have a 9:0.0 box, see instructions. Apt. no. Pre-indential Election Campaign Check wave, or post office. If you have a frequencial dates, also complete spaces below. State 21P code Check where if you, or your Check wave, or post office. If you have a toreign address, also complete spaces below. State 21P code Check where if you, or your Check wave, or post office. If you have a toreign address, also complete spaces below. State 22P code Check wave, or post office. If you have a toreign address, also complete spaces below. Tx: 7.84.1 Type checking a complete space below. Type checking a complete space below. Yee Yee Space below. Type checking a complete space below. Type complete space below complete complete space below. Type complete spac		ouse's	s first name and middle initial									· · ·	
1725 TURTLE BAY LOOP Check here if you or your CRy, tww, or post office. If you have a foreign address, also complete spaces below. State ZIP Code T2X 78.641 bb bobw will not change Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Filing Status Single Head of household (HOH) Check will on the filing jointly (even if only one had income) Qualifying paronic box. Qualifying paronic box. Filing Status A any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. As any time during 2023, did you: (a) receive (as a dependent Digital At any time during 2023, did you: (a) receive (as a dependent Over spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Qualifying paronic can child annount from Form(s) W-2, box 1 (see instructions) If Q Chack the box if qualifies for feer instructions) If no come If a transme If you checked the form form will you were a dual-status alien Dependents Geoid security (Q) Baltomake If Q Chack the box if qualifies for feer instructions) If no come If a transme If you were a dual-status alien If a <tr< td=""><td></td><td></td><td></td><td>Laot</td><td></td><td></td><td></td><td></td><td></td><td></td><td>openee</td><td></td><td></td></tr<>				Laot							openee		
17.25 TUSTLE RAY LOOP Check here if you dry or you." City, town, or post office. If you have a foreign address, size complete spaces below. State ZIX Check here if you dry out." Check here if you dry out. TX 78.641 bo do to this fund. Checking a book will not change your tax or refund. Foreign country name Foreign country name Foreign rowince/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign country name Check here if you dry out. If you checked the NFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the quilifying parona is a child but not your dependent. Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, eachange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Be instructions.) If yes is independent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Bindness You: Were born before January 2, 1659 Is blind Dependents, see instructions, and check. Image: instructions, number Image: instructions, number <t< td=""><td>Home address</td><td>(numbe</td><td>er and street). If you have a P.O. box, see</td><td>instruc</td><td>tions.</td><td></td><td></td><td></td><td>Apt.</td><td>no.</td><td>Preside</td><td>ntial Electi</td><td>on Campaigr</td></t<>	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt.	no.	Preside	ntial Electi	on Campaigr
Deck TX 78 é41 to go to this fund, Checking a Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Filing Status Single Image: Single Image: Single Image: Single Image: Single Filing Status Married filing separately (MFS) Caulifying surviving spouse (QSS) If you checked the MFB box, enter the name of your spouse. If you checked the HOH or QSB box, enter the child's name if the quilifying person is a child but not your dependent. Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, eachange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Bee instructions.) Ves No Standard Someone can calisation. Someone can calisation. Vour gouse as a dependent Image:	1725 TUF	TLE	BAY LOOP										
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Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Filing Status Single Interded filing jointly (even if only one had income) Interded filing separately (MS) Coulifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the MCH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	LEANDER						ΤX		78641		, v		•
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Digital Assets At any time during 2023, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ↓ Yes X No Standard Deduction Someone can claim: \order Vou as a dependent \order Vou sou sou as a dependent \order Vou sou sou as a dependent Age/Blindness You: Were born before January 2, 1959 \order Vou sou as a dependent \order Vou sou sou were a dual-status alien \order Vou sou sou were a dual-status alien Dependents, see instructions): (1) First name Last name number (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more there						ouse. If you	ı che	cked the HOH	or QSS I	box, ente	er the ch	ild's name	e if the
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Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income971,826.10Adjustments to income from Schedule 1, line 261010Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314	Married filing		, ,		•	•	-						
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	Standard Deduction,	14	Add lines 12 and 13								. 14	<u>ا ا</u>	13 <u>,85</u> 0.
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter -0	This is ye	our t a	axable incom	e <u>.</u> .	<u> </u>	. 15		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	8,062.
Credits	17	Amount from Schedule 2, lin	e3				-	17	
	18	Add lines 16 and 17						18	8,062.
	19	Child tax credit or credit for	other dependen	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	8,062.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	8,062.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 1	1,015.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	11,015.
	26	2023 estimated tax payment						26	,
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lin				31		-	
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T		-			• •	33	11,015.
Defined	34	If line 33 is more than line 24						34	2,953.
Refund	34 35a		-					34 35a	2,953.
Direct deposit?	b 35a	Amount of line 34 you want Routing number $ 1 1 1 1$						358	2,555.
See instructions.		Routing number 1 1 9 0 6 5 9 c Type: X Checking Savings Account number 8 1 2 1 9 0 7 6 9 8 1 1 1 9 0 7 6 9 8 1 1 1 9 0 7 6 9 8 1 1 1 1 9 0 7 6 9 8 1 1 1 1 1 9 0 7 6 9 8 1 <th></th>							
	d								
	36	Amount of line 34 you want a				36		_	
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe						1 1		37	
	38	Estimated tax penalty (see in	· · · · · ·			38			
Third Party		you want to allow another					Complete	bolow	× No
Designee							•		INO NO
	nai	signee's ne		Phone no.			sonal ident 1ber (PIN)	Incation	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and stateme	nts, and to	the best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informat	ion of whic	h prepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Identity
								IN, enter it here	
Joint return?				SOLLDI CHATH LIVINING WAY				e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.								inst.)	sector r inv, enter it here
	Ph	one no. (979) 422-747	6	Email address	אַתייע <u>א</u> רייע איייעס	12@GMAIL.C			
		eparer's name	Preparer's signat		111140031	Date		,	Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CIIDWA	03/15/2024	P0208	2702	Self-employed
Preparer		m's name GLOBAL TAX		A TATA DA	JAIN OUL IA	100/10/2024			(678) 965-9522
Use Only			Y CT E BRU	NOWICK N	J 08816			n's EIN	0101900-9022
Co to united into an		1040 for instructions and the late		TIONICI II				I S LIIN	Form 1040 (2023)
GO IO WWW.IIS.go	JVIPOM	no40 for instructions and the late	st mornation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SACHIN ATTARDE	745-99-6091
Port L. Additional Income	

1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Alimony received 1 bate of original divorce or separation agreement (see instructions): 3 3 4 Other gains or (losse). Attach Schedule C 3 4 6 7 7 8 Business income or (loss). Attach Schedule F 6 6 -13,195. 6 Farm income or (loss). Attach Schedule F 6 7 0 0 8 Other income: 8a (9 Gambling 8a (6 -13,195. 8d (7 8a (9 8 Chreincome: 8a (9 Cancellation of debt 8a (9 Alaska Permanent Fund dividends 8g 1 Prizes and awards 8i 1 Activity not engaged in for profit income 8i 1 Net operand awards 8d 1 Prizes and awards 8d 8d 1 Prizes and awards 8d	Par	t I Additional Income		
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q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u o 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 on Form 1040, 1040-SR, or 1040-NR, line 8 10 -13, 195.	-			
 r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	-		-	
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s () t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8s () u Wages earned while incarcerated 8u 8u 8u 8u 8u o Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 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 on Form 1040, 1040-SR, or 1040-NR, line 8 9 -13, 195.	•			
1040, line 1a or 1d 10 1040, line 1a or 1d 10 1040, line 1a or 1d 10 10 -13, 195. 1040, line 1a or 1d 10 -13, 195. 10 10 -13, 195.			_	
t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t 8t u Wages earned while incarcerated 8u 8u 8u z Other income. List type and amount: 8z 9 9 Total other income. Add lines 8a through 8z 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 -13, 195.	S			
a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9			/	
u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9	Ľ			
z Other income. List type and amount: 8z 9 9 Total other income. Add lines 8a through 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 on Form 1040, 1040-SR, or 1040-NR, line 8 9				
9Total other income. Add lines 8a through 8z	2			
10Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 810-13, 195.	9		9	
1040, 1040-SR, or 1040-NR, line 8		Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Fo	rm	
		1040, 1040-SR, or 1040-NR, line 8	10	-13,195.
	For Pa			

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 24d		
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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 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.

2023 Attachment Sequence No. 12

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number

SACHIN ATTARDE

745-99-6091

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	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	0.	196.			-196.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
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			usts from	5	
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					()
7	7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back					-196.

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. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) (d) Cost to gain or lo: (or other basis) Form(s) 8949 line 2, colu		s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	1.	26.			-25.
9	Totals for all transactions reported on Form(s) 8949 with Box E 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	12 13				
13	 I3 Capital gain distributions. See the instructions					
14	Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15	-25.			

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -221.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 ☐ No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
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 (221.)
	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 03/07/24 PRO	Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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



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

Social security number or taxpayer identification number

SACHIN ATTARDE

745-99-6091
143-33-0031

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

1 (a) Description of property	(b) Date acquired	Date sold or Proceeds See		(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	0.	196.			-196.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			0.	196.			-196.

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

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

Social security number or taxpayer identification number 745-99-6091

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	1.	26.			-25.
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	I here and inc is checked), lir	lude on your ne 9 (if Box E	1.	26.			-25.

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.

					Supplementa							OMB No	. 1545-00)74
(Form	1040)	(From	renta		e, royalties, partners	• •	•			trusts, REM	Cs, etc.)	20)23	3
	ent of the Treasury				Attach to Form 1040					· · · · ·		Attachm	nent	, _
	Revenue Service			30 to www.l	rs.gov/ScheduleE fo	or Instru	uctions an	id the la	itest ir	itormation.			ce No. 13	5
. ,	shown on return											al security	number	
_	IN ATTARDE			Dent							/45-9	9-6091		
Part	Note: If yo	u are in	the b	usiness of re	al Real Estate ar enting personal prope 35 on page 2, line 40.	rty, use	yaities Schedule	e C. See	e instru	ctions. If you	are an indi [,]	vidual, rep	ort farm	
A D					at would require you		Form(s)	1099? 8	See ins	structions .		. 🗌 Ye	s X N	
					l Form(s) 1099?									lo
1a					treet, city, state, Zl									
Α	F-2,1ST F	L, IN	COM	ε ταχ ci	IN NAVI MUMBA	I MAH	HARASHI	rra i	N 40	0614				
В														
C									1		1			
1b	Type of Prope				tal real estate prope				Fa	ir Rental		nal Use	QJ\	
	(from list below	V)			t the number of fair days. Check the Q					Days	Da	iys		
	3		if	vou meet th	ne requirements to	file as	a	A		365		0		
<u>В</u> С					t venture. See instru			B C						
	of Property:							C						
	Single Family R	esidenc	<u>م</u>	3 Vacati	on/Short-Term Rer	ntal	5 Lanc	4	7	Self-Rental				
	Multi-Family Re			4 Comm		itai	6 Roya	-		Other (desc				
			, 						0					
										Propert	ies:			
Incom								A	0.1	В			С	
3						3		6	91.					
4 5vn on		vea .				4								
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6						6								
7		-				7		2.1	14.					
8	-					8		2/1	± 1 •					
9						9								
10						10								
11	•	•				11		2,3	36.					
12					(see instructions)	12								
13						13								
14	Repairs					14		3,0	41.					
15	- ··					15		2,1	71.					
16	Taxes					16								
17						17			99.					
18		xpense	or d	epletion .		18		2,3	25.					
19	Other (list)					19								
20	•			•	19	20		13,8	86.					
21					d/or 4 (royalties). If									
					nd out if you must	21		-13,1	95.					
22					er limitation, if any,	22	(13,19	95)	()	()
23a				-	3 for all rental prope		1.	<u>+ 5 / + .</u>	23a	N	691.			,
b			-		4 for all royalty prop				23b					
c			-		12 for all properties				23c					
d			-		18 for all properties				23d		2,325.			
e			-		20 for all properties				23e		, 3,886.			
24					n on line 21. Do no						. 24			
25					and rental real estat				nter to	tal losses he	re 25	(13,199	5.)

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 -13,195. NPA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

26

-13,195.

D-40 < Stapl Retu	e Al	• •	es of		ur	Indivi			<u>li</u> na D		nent		2023 evenue	DOR Use Only					
						year beginnin	g			and endir				Are you a ve	eteran?		Yes 🗌	No	Х
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1725					LOOF	2							5996091	Were you gr					
LEAN		1	7						1.1.11	Spouse			0	2023 federal	l income t Yes		n, e.g., Form	1040	?
Filing S	statu	s Ľ Γ	= ''	Singl Head	e d of Hou	sehold		ied Filing ifying Wi	-	L 3.	Marrie	d Filing	Separately	Year spou			Δ		
Were y	/ou a	reside				entire year?		Yes [No	X	Re	turn fo	r deceased t	•		of death	1:		
						<u>ne entire year</u>		Yes					r deceased s			of death			
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						your designat										.9.1	our or or pr		
						d filing jointly, d signed by E	• •					•			izen or r	esident			
			cluii	1131			.xecutor,	Admini	511 2101, 1		чрроп	lieur	ersonaritepr	esentative.					
FS 1	L	PF	>	Y		DT	Ν	OC	Ν	TPRE	S	Ν	SPRES	Ν	VT	Ν	SVT		Ν
ATTA		172	25		7864	41 DS	Ν	EA	Ν	ΤD				SD			FDEX	ХT	Ν
SACH	IN					ATTA	RDE					745	996091						
														TX	786	641			
1725	JΤ	JRTI	Ε	ΒA	Y L(DOP						LE	ANDER						
06			8	50	21		16				0		26C			0			
07					0		18	Y			0		26E			0			0201
09					0		20A			205	2		EU						5002
10A					0		20B				0		27			0			
10B					0		21A				0		29			0			
11	S	Y		Ι	Ν		21B				0		30			0			
11			1	27	50		21C				0		31			0			
13			0	58	91		21D				0		32			0			
14			4	25	75		26A				0		34			30			
15				20	22		26B				0								
TN	0	9794	122	74	76		PN	E	57896	65952	2		PP	P02	20827	03			
Sign	Re	turn	Bel	ow	X	Refund D	ue		30	с	Pavr	nent	Due		0				
I declare a	nd ce	rtify that	I have	exam	ined this they are	return and accom true, correct, and	panying sc	hedules a			Ĺ	Chec	k here if you a cuss this retur	uthorize the I	North Car	olina De	partment of	Reven	ue
	-	5		,	•													J J I U VV.	
Your Signa	ature						Date	Spo	use's Sian	nature <i>(If filii</i>	na ioint i	return, bi	oth must sign.)	Date		9422 act Phone	/ 4 / 6 No. (Include	area co	de)

PAID PREPARER USE ONLY	If prepared by a person other	r than taxpayer, t	his certification is based on all information of which the preparer h	nas any knowledge.	
SYAM PRIYA RAM	SAGAR GUPT 03	3 15 24	(678)965-9522	P02082703	
Paid Preparer's Signature		Date	Preparer's Contact Phone Number (Include area code)	Preparer's FEIN, SSN, or PTIN	
lf you ARE NOT	,		N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 2 2011, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BO		

D-400 2023 Page 2 (50)

Last Name (First 10 Characters)	ATTARDE

Your Social Security Number

745996091

6.	Federal Adjusted Gross Income	6.	85021
7.	Additions to Federal Adjusted Gross Income	7.	00021
7. 8.	Additions to redenal Adjusted Cross income	8.	85021
9.	Deductions From Federal Adjusted Gross Income	9.	03021
10.	Child Deduction	9.	0
10.		10a.	0
	 a. Enter the number of qualifying children for whom you were allowed a federal child tax credit b. Enter the amount of the child deduction 	10a. 10b.	0
11.	N.C. Standard Deduction	105.	U Y
		11.	
11. 11.	N.C. Itemized Deduction Deduction amount	11.	N 12750
11.	a. Add Lines 9, 10b, and 11	11. 12a.	12750
12.	b. Subtract Line 12a from Line 8	12a. 12b.	72271
13.		120.	0.5891
13. 14.	Part-year Residents and Nonresidents Taxable Percentage N.C. Taxable Income	13.	42575
			2022
15.	N.C. Income Tax	15.	
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2022
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2022
North	Carolina Income Tay Withhold		
North	Carolina Income Tax Withheld		
200	Your tax withheld	20a.	2052
20a.		20a. 20b.	2052
20b.	Spouse's tax withheld	200.	0
Other	Tax Payments		
ouloi	Tux Fuymente		
21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	2052
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2052
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
		26c.	
26c.	Interest		0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	0
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	30
<u>Amou</u>	Int of Refund to Apply to:		
29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	30

D-400 Line-by-Line Information

D-400 Sch PN (50)

8-16-23

2023 Part-Year Resident and Nonresident Schedule

DOR Use Only

North Carolina Department of Revenue

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

745996091 ATTARDE Your Social Security Number Last Name (First 10 Characters) A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year. Important: Refer to the Instructions before completing this form. NRT Ν PYT Υ 01 01 23 08 09 23 22 50082 23 85021 NRS Ν PYS Ν Part A. Residency Status Taxpayer is: (Select applicable box Spouse is: (Select applicable box) Full-Year Resident Nonresident Х Full-Year Resident Nonresident Part-Year Resident Part-Year Resident Date N.C. residency began Date N.C. residency began Date N.C. residency ended Date N.C. residency ended 08 09 23 01 01 23 If you and your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400. Part B. Allocation of Income for Part-Year Residents and Nonresidents COLUMN A COLUMN B **Total Income** Total Income Amount of Column A from all Sources Attributable to N.C. 85045 50082 1. Wages, Salaries, Tips, Etc. 1. 2. 193 0 2. **Taxable Interest** 0 3. Taxable Dividends 3. 4 4. Taxable Refunds, Credits, or Offsets 0 of State and Local Income Taxes 4. 0 0 0 5. Alimony Received 5. 6. Business Income or (Loss) 6. \cap \cap -221 0 7. Capital Gain or (Loss) 7. 8. 0 \cap 8. Other Gains or (Losses) 9. Taxable Amount of IRA Distributions 9. 0 0 **Taxable Amount of Pensions** 10. 0 0 and Annuities 10. Rental Real Estate, Royalties, Partnerships, 11. 0 0 S-Corps, Estates, Trusts, Etc. 11. 12. 0 Farm Income or (Loss) 12. 0 13. 13. 0 0 **Unemployment Compensation** 14. Taxable Portion of Social Security 0 0 and Railroad Retirement Benefits 14 0 15. Other Income 15. 0 16. Total Income 16. 85021 50082 **COLUMN A** COLUMN B North Carolina Adjustments Amount from Form Amount of Column A **D-400 Schedule S** Attributable to N.C. 17. Additions 0 0 a. Interest Income From Obligations of States Other Than N.C. 17a. 0 0 b. Deferred Gains Reinvested Into an Opportunity Fund 17b 0 0 c. Bonus Depreciation 17c. 0 0 d. IRC Section 179 Expense 17d 0 0 e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income 17e. 0 18. **Total Additions** 18 \cap

D-400 Sch. PN 2023 Page 2 (50)

Last Name (First 10 Characters) ATTARDE

Your Social Security Number

745996091

		c	OLUMN A	COLUMN B
		Amo	unt from Form	Amount of Column
		D-40	0 Schedule S	Attributable to N.C.
19.	Deductions			
	a. State or Local Income Tax Refund	19a.	0	0
	b. Interest Income From Obligations of the United States			
	or United States' Possessions	19b.	0	0
	c. Taxable Portion of Social Security and			
	Railroad Retirement Benefits	19c.	0	0
	d. Retirement Benefits Received by Vested N.C. State Government, N.C.	19d.	0	0
	Local Government, or Federal Government Retirees, i.e. Bailey Settlement			
	e. Bonus Asset Basis	19e.	0	0
	f. Bonus Depreciation	19f.	0	0
	g. IRC Section 179 Expense	19g.	0	0
	h. Other Deductions From Federal Adjusted Gross			
	Income That Relate to Gross Income	19h.	0	0
20.	Total Deductions	20.	0	0
21.	Total Income Modified by N.C. Adjustments	21.	85021	50082
art (C. Part-Year Residents and Nonresidents Taxable Percentage			
22.	Enter the Amount From Column B, Line 21		2	2 . 50082
23.	Enter the Amount From Column A, Line 21		_	3 . 85021
23. 24.	Part-Year Residents and Nonresident Taxable Percentage		_	4 . 0.5891

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