1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or stap	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate ir	nstructions.
Your first name	and mi	iddle initial	Last r	ame						Your so	cial secu	urity number
RAMANA			GOR	LI						481	99	3609
	oouse's	s first name and middle initial	Last r									security number
BHAGYASF	.न.न		BOB	BADI						788	29	9429
		er and street). If you have a P.O. box, see						A	pt. no.			ction Campaigr
4925 RAS	OR I	BLVD						3	29			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co				ointly, want \$3
PLANO						TX	x	750	24			d. Checking a not change
Foreign country	name			Foreign p	rovince/state/	'count	ty		n postal code		x or refur	
											Yo	u 🗌 Spouse
Filing Status	; [Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)					. ,			
one box.		Married filing separately (MFS)					Qualifying	surviv	ring spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If yo	u che	ecked the HOF	l or QS	SS box, ent	er the ch	ild's nar	ne if the
	qu	alifying person is a child but not you	ır depe	endent:								
Distal	At or	ny time during 2023, did you: (a) rece			d award or	novr	mont for propo	rtu or i	convicos): o	r (b) coll		
Digital Assets		hange, or otherwise dispose of a digi						-			Ye	s 🛛 No
Standard		neone can claim: You as a de					a dependent			,,		
Deduction	_	Spouse itemizes on a separate return	•		•		•					
Age/Blindness	S You:	: Were born before January 2, 1	959	Are bl	lind Sp	ouse	: 🗌 Was bor	n befc	ore January	2. 1959	∏ ls	blind
Dependents	-			(2) 5	Social security		(3) Relationsh	14			ifies for (s	see instructions):
•		irst name Last name		(2)	number	/	to you		Child tax of	credit	Credit for	r other dependents
lf more than four												
dependents,												
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	1	129,630.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1t)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see i	nstruction	ıs)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	uctions)			. 10	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 19	1	
get a Form W-2, see	h	Other earned income (see instruction	ions)							. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			1 i					
	z	Add lines 1a through 1h	•		· · ;					. 1z	:	129,630.
Attach Sch. B	2a	Tax-exempt interest	2a			b⊺	axable interest	t.		. 2 t)	103.
if required.	3a		3a		12.	b C	Ordinary divide	nds .		. 3b)	12.
Standard	4a		4a				axable amoun			. 4t)	
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b)	11,724.
Single or Married filing	6a	, _	6a				axable amoun	t		. 6t	•	
Married filing separately,	С	If you elect to use the lump-sum e						• •				
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee		•	•		-			7	_	9,709.
jointly or Qualifying	8	Additional income from Schedule								. 8		-18,811.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total in	com	e			. 9		132,367.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11		132,367.
• If you checked	12	Standard deduction or itemized						• •		. 12		27,700.
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	1 899	95-A			. 13		
Deduction, see instructions.	14	Add lines 12 and 13								. 14	_	27,700.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our 1	taxable incom	ie .		. 15	j	104,667.

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

Form **1040** (2023)

Credits 17 Anount from Schedule 2, line 3 17 18 Add lines 16 and 17 19 20 Add lines 16 and 17 19 21 Add lines 16 and 17 19 22 Anount from Schedule 3, line 8 20 23 Add lines 19 and 20 21 24 Add lines 22 and 23. This is your total tax 24 24 Add lines 22 and 23. This is your total tax 24 24 13, 613. 256 25 Child tax credit or credit from Schedule 2, line 21 23 24 13, 813. 256 25 13, 188. 256 25 24, 345. 256 26 256 2, 345. 26 256 2, 345. 26 263 15, 533. 4 Add lines 254 through 256. No 27 26 Add lines 254 through 256. 29 31 27 Add lines 254 through 248 subtract line 24 trom line 30. This is the anount you overpaid 31 15, 533. 27 Add lines 254 and 32. The sea rey our total other payments and refundable credits	Form 1040 (2023	3)							Page 2
18 Add lines 16 and 17 18 13, 641. 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Anount from Schedule 3, line 6 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or liss, enter -0. 22 23 Subtract line 21 from line 18. If zero or liss, enter -0. 22 24 Add lines 22 and 23. This is your total tax 24 25 Federal income tax withheld from: 256 a Form(s) W-2 256 2, 2, 345. 26 00Fer forms (see instructions) 25 20 Add lines 25, anthough 25c 26 29 Anderican opportunity credit from Schedule 812 28 29 Add lines 26, 20, and 31. These are your total other payments and refundable credits 33 30 Reserved for future use 30 31 Add lines 26, 20, and 31. These are your total other payments and refundable credits 33 32 Add lines 26, 20, and 31. These are your total other payments and refundable credits 33 15, 533. 34 Hiles 33 is more than line 24, subtract line 24 from line 33. This is the amount you over	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	16	i 13,641.
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You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Your signature. If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOME MAKER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (484) 809-8248 Email address GORLERAMANA@GMAIL.COM Preparer's name Preparer's signature Preparer's signature Date PTIN Check if: (see inst.) Stand Preparer Stand Preparer's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522	Amount								
38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Software If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. your records. Date Your occupation HOME If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Paid Preparer's name Preparer's signature Date Pate PTIN Check if: (see inst.) Sym PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O2/28/2024 P02082703 Self-employed Firm's address 245 ROONEY Check If: Firm's address Phone no. (678) 965-9522		57						37	7
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation SofTWARE CONSULTANT If the IRS sent you repouse an Identity Protection PIN, enter it here (see inst.) Paid Preparer Phone no. (484) 809–8248 Email address GORLERAMANA@GMAIL.COM Preparer's name Preparer's signature Date Pate PTIN Check if: (see inst.) Sym PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's EIN 84–3171965		38					1 1		
Designee instructions ✓	Third Party			,					
Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Joint return? Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Phone no. (484) 809-8248 Email address GORLERAMANA@GMAIL.COM Preparer's name Preparer's signature Date Pate PTIN Check if: SYMM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/28/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's EIN 84-3171965				•				mplete belov	w. 🗙 No
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOME MAKER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Paid Preparer Use Only Preparer's name Preparer's signature Date Soft WAKER Phone no. (484) 809–8248 Email address GORLERAMANA@GMAIL.COM Paid Preparer Use Only Firm's name GLOBAL TAXES LLC Date Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84–3171965		De	signee's		Phone		Perso	nal identificatio	
Here belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Joint return? Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (484) 809–8248 Email address GORLERAMANA@GMAIL.COM Preparer's name Preparer's signature Date Pate PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALES Phone no.		nai	mē		no.		numb	er (PIN)	
Here Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date SoFTWARE CONSULTANT If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Phone no. (484) 809-8248 Email address GORLERAMANA@GMAIL.COM Paid Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O2/28/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's EIN 84-3171965	Sign								
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Keep a copy for your records. Identity Protection PIN, enter it here (see inst.) Phone no. (484) 809-8248 Email address GORLERAMANA@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O2/28/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	See instructions.	Sp	ouse's signature. If a joint return. I	ooth must sian.	Date			If the IRS	sent vour spouse an
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Paid Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Ph	one no. (484) 809-824	8	Email address	GORLERAMAN	NA@GMAIL.CO	М	
Preparer Use Only Stam PRIYA RAM SAGAR GOPTA TALLAM SYAM PRIYA RAM SAGAR GOPTA TALLAM 02/28/2024 P02082/03 Sein-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN	Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	
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Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	•	Fir	m's name GLOBAL TA	XES LLC				Phone no	. (678)965-9522
4040		Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO		Form 1040 (2023)

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Your social security number

481-99-3609

Department of the Treasury Internal Revenue Service	
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Name(s) sl	nown on	Fo	rm 1040, 1040-SR, or 1040-NR	
RAMANA	GORLT	æ	BHAGYASREE BOBBADT	

T

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-18,811.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g	_	
h	Jury duty pay	8h		
i	Prizes and awards	8i	_	
j	Activity not engaged in for profit income	8j	_	
k	Stock options	8k	_	
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)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Section 461(I) excess business loss adjustment	8p	-	
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r	-	
r	Nontaxable amount of Medicaid waiver payments included on Form	or	-	
S	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	05 (4	
Ľ	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			
	1040, 1040-SR, or 1040-NR, line 8		10	-18,811.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

1	Adjustments to Income Educator expenses				. 11	
	•					
2	Certain business expenses of reservists, performing artists, and fee	-pasis	s gov	ernme	nt . 12	
`	officials. Attach Form 2106	• •	• •	• •	· 12	
3	Moving expenses for members of the Armed Forces. Attach Form 3903					
4						
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					a
b	Recipient's SSN	·			_	
С	Date of original divorce or separation agreement (see instructions):				_	
0	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
3	Archer MSA deduction				. 23	3
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
-	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
•	Attorney fees and court costs for actions involving certain unlawful	9			_	
••	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award				_	
•	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
	Housing deduction from Form 2555	24i 24i				
۲ ا	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2 4j			_	
ĸ		24k				
-		24K				
z	Other adjustments. List type and amount:	24z				
F	Total athen adjustments Add lines 04- through 04-					
25	Total other adjustments. Add lines 24a through 24z				. 25)
6	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040, 1040-SR, or 1040-NR, line 10	• •			. 26	i

SCHE	DULE	2
(Form	1040)	

Department of the Treasury

Additional Taxes

OMB No. 1545-0074

20

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

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

Attachment Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number RAMANA GORLI & BHAGYASREE BOBBADI 481-99-3609 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 172. 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 Additional Medicare Tax. Attach Form 8959 11 11 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 Recapture of low-income housing credit. Attach Form 8611 16 16 (continued on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
с	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		172.
	BAA	REV 02/16/24 PRO	Schedu	ule 2 (Form 104	0) 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

Internal Revenue Service Name(s) shown on return

Department of the Treasury

RAMANA GORLI & BHAGYASREE BOBBADI

Your social security number

481-99-3609

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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from	(h) Gain or (loss) Subtract column (e) 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, Part I line 2, 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 Box A checked	75 , 784.	66,014.	12.	9,782.
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	324 4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from 5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover 6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	9,782.

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This who	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	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	550.	648.		25.	-73.
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	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	•		-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .				15	-73.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 9,709.
	• 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 ()
	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 02/16/24 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. Go to www.irs.gov/Form8949 for instructions and the latest information.



Name(s) shown on returnSocial security number or taxpayer identification numberRAMANA GORLI & BHAGYASREE BOBBADI481-99-3609

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	(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 <i>Column (e)</i> in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	75,784.	66,014.	W	12.	9,782.	
2 Totals. Add the amounts in colum negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc ve is checked), li	lude on your ne 2 (if Box B	75,784.	66,014.		12.	9,782.	

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 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RAMANA GORLI & BHAGYASREE BOBBADI

Social security number or taxpayer identification number 481-99-3609

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) (c) Date acquired		old or Proceeds S	(e) Cost or other basis See the Note below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate 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	550.	648.	W	25.	-73.	
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 D	550.	648.		25.	-73.			

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.

	CHEDULE E orm 1040) Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						OMB No	o. 1545-0074			
							20) 23			
	ent of the Treasury Revenue Service	and model and mo							Attachn Seguen	nent ce No. 13	
	shown on return		Ŭ						our soci	al security	
RAMA	RAMANA GORLI & BHAGYASREE BOBBADI 481-9										
Part	Part I Income or Loss From Rental Real Estate and Royalties										
	Note: If yo	ou are in the	business of renting personal prope	erty, use	Schedule	c . See	e instru	ctions. If you are	e an indiv	vidual, rep	ort farm
			from Form 4835 on page 2, line 40. is in 2023 that would require you	to file		0000 0	loo inc	tructions			
			I file required Form(s) 1099?								
										. 🗆 16	
1a			h property (street, city, state, ZI		,						
A	1-19, OMM	I VILLA	GE VIZIANGARAM ANDHI	ra pi	RADESH	IN	5352	18			
<u> </u>											
<u>C</u>											
1b	Type of Prope (from list below		For each rental real estate prope above, report the number of fair				Fa	ir Rental Davs	Person Da		QJV
	3		personal use days. Check the Q			•		365	Da		
 	3		f you meet the requirements to			A B		305		0	
C		(qualified joint venture. See instru	uctions	6.	C					
	of Property:					0					
	Single Family R	esidence	3 Vacation/Short-Term Rer	ntal	5 Land		7	Self-Rental			
	Multi-Family Re		4 Commercial		6 Roya			Other (describ	be)		
	, ,				,						
Incom						Α		Properties B	s:		С
Incom 3		4		3			21.	D			C
4			· · · · · · · · · · · · · · ·	4		C	21.				
Expen		1000									
5				5							
6	-		uctions)	6							
7		-		7		2.5	41.				
8	•			8		270					
9				9							
10			onal fees	10							
11	•	•		11		2,9	68.				
12	•		banks, etc. (see instructions)	12		,					
13	Other interest	•		13							
14	Repairs			14		3,9	71.				
15				15		3,0	10.				
16	Taxes			16							
17				17		3,4	20.				
18	Depreciation e	expense or	depletion	18		3,5	22.				
19				19							
20	Total expenses	s. Add line	s 5 through 19	20		19,4	32.				
21			e 3 (rents) and/or 4 (royalties). If								
			ructions to find out if you must								
	file Form 6198			21	-	-18,8	11.				
22			tate loss after limitation, if any,			10 01	- \	,	`	1	,
00			uctions)	22	1.	18,81		()	()
23a		-	rted on line 3 for all rental prope				23a		621.		
b		-	orted on line 4 for all royalty prop				23b				
C d			orted on line 12 for all properties orted on line 18 for all properties				23c	<u>э</u>	522.		
d			rted on line 18 for all properties				23d 23e		432.		
е 24			nounts shown on line 21. Do no		 de anv los		236		⁴³² . 24		
24 25			s from line 21 and rental real estat		-		· ·		24	(18,811.)
25 26			and royalty income or (loss).							1	
20			V, and line 40 on page 2 do no								
			line 5. Otherwise, include this a						26		-18,811.
For Pa			ice, see the separate instructions		NE			-18,811.			orm 1040) 202

Form **532**

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

	OMB	No.	1545-00
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	Revenue Service		Go to www.irs.gov/Form5329 for inst	ructions and the late	st information.	Se	quence No. 29
Name o	of individual subject t	to additio	nal tax. If married filing jointly, see instructions.			Your soci	al security number
RAM	ANA GORLI					481-9	9-3609
			Home address (number and street), or P.O. box if	f mail is not delivered to y	ourhome		Apt. no.
E :11 in	Vour Addroop	Only					
	Your Address		City, town or post office, state, and ZIP code. If y below. See instructions.	ou have a foreign address	s, also complete the spaces		
	by Itself and N					If this is a	an amended
	Your Tax Retur					return, cl	neck here
			Foreign country name	Foreign province/state/o	county	Foreign po	ostal code
			nal 10% tax on the full amount of the 8, without filing Form 5329. See instruc		you may be able to re	port this	s tax directly or
Par	Addition	nal Ta	x on Early Distributions. Complete	this part if you too	k a taxable distributio	n (other	than a qualified
			ution) before you reached age 591/2 f			•	•
			tract (unless you are reporting this tax				
	have to c	comple	te this part to indicate that you qualify	for an exception to	the additional tax on	early dis	stributions or for
	certain R	oth IRA	distributions. See instructions.				
1	Early distributi	ons inc	ludible in income (see instructions). For	Roth IRA distributio	ons. see instructions.	1	11,724.
2	•		luded on line 1 that are not subject to the				11,721.
_			exception number from the instructions			2	10,000.
3			ditional tax. Subtract line 2 from line 1			3	1,724.
4			10% (0.10) of line 3. Include this amour			4	172.
•			of the amount on line 3 was a distribution				
			mount on line 4 instead of 10%. See inst		niv, you may have to		
Part			x on Certain Distributions From E		ts and ABLE Accou	ints. Co	molete this par
			an amount in income, on Schedule 1 (
			ied tuition program (QTP), or on Schedu				g
5			in income from a Coverdell ESA, a QTF			5	
6						6	
7						7	
8	•		10% (0.10) of line 7. Include this amour			8	
Part			x on Excess Contributions to Trac			contribut	ed more to vou
			for 2023 than is allowable or you had ar				,
9			tributions from line 16 of your 2022 Form			9	
10	-		A contributions for 2023 are less that				
	•		n, see instructions. Otherwise, enter -0-	•	10		
11			listributions included in income (see inst		11		
12			prior year excess contributions (see inst		12		
13			12			13	
14			tributions. Subtract line 13 from line 9. I			14	
15	Excess contrib	outions	for 2023 (see instructions)			15	
16			itions. Add lines 14 and 15			16	
17	Additional tax.	Enter 6	6% (0.06) of the smaller of line 16 or the	value of your tradition	onal IRAs on December		
			23 contributions made in 2024). Include this			17	
Part	V Addition	nal Ta	x on Excess Contributions to Rot	th IRAs. Complete	this part if you contrib	outed me	ore to your Roth
	IRAs for 2	2023 th	an is allowable or you had an amount o	n line 25 of your 202	22 Form 5329.		-
18	Enter your exce	ess con	tributions from line 24 of your 2022 Form	5329. See instruction	ns. If zero, go to line 23	18	
19	If your Roth IF	RA cont	ributions for 2023 are less than your m	aximum allowable			
			ructions. Otherwise, enter -0		19		
20	2023 distributi	ons fro	m your Roth IRAs (see instructions) .		20		
21	Add lines 19 a	nd 20				21	
22	Prior year exce	ess cor	tributions. Subtract line 21 from line 18.			22	
23	Excess contrib	outions	for 2023 (see instructions)			23	
24			itions. Add lines 22 and 23			24	
25			6% (0.06) of the smaller of line 24 or the				
-			contributions made in 2024). Include this a	•		25	

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

Form 53	329 (2023	3)						Page 2
Part				tributions to Coverdell ESAs. C han is allowable or you had an amoun				
26	Enter	the excess c	contributions from line 32 of	of your 2022 Form 5329. See instruction	s. If zero, g	o to line 31	26	
27	If the	contributio	ons to your Coverdell E	SAs for 2023 were less than the				
	maxir	num allowab	ole contribution, see instr	uctions. Otherwise, enter -0	27			
28	2023	distributions	s from your Coverdell ESA	As (see instructions)	28			
29	Add I	nes 27 and 2	28				29	
30	Prior	year excess	contributions. Subtract li	ne 29 from line 26. If zero or less, ente	er-0		30	
31	Exces	ss contribution	ons for 2023 (see instruct	tions)			31	1
32	Total	excess cont	ributions. Add lines 30 ar	nd 31			32	1
33	Addit	ional tax. En	ter 6% (0.06) of the small	er of line 32 or the value of your Coverd	ell ESAs on	December		
				in 2024). Include this amount on Schedu			33	
Part				ibutions to Archer MSAs. Comple	•			•
				han is allowable or you had an amount		-		1 5329.
34				of your 2022 Form 5329. See instruction	ns. If zero, g	o to line 39	34	
35				or 2023 are less than the maximum				
				herwise, enter -0	35		-	
36				from Form 8853, line 8	36			1
37							37	
38		•		ne 37 from line 34. If zero or less, ente			38	
39				tions)			39	
40	Total	excess cont	ributions. Add lines 38 ar	nd 39			40	
41			. ,	smaller of line 40 or the value of y				
				butions made in 2024). Include this a				1
_				<u> </u>			41	
Part				tributions to Health Savings Ac	•	-	•	• •
				nployer contributed more to your HS	SAs for 202	23 than is al	lowab	le or you had an
			ine 49 of your 2022 Form					
42				3 of your 2022 Form 5329. If zero, go t	o line 47		42	
43				2023 are less than the maximum				
				herwise, enter -0	43		-	
44				orm 8889, line 16	44			1
45							45	
46				ne 45 from line 42. If zero or less, ente			46	
47			-	tions)			47	
48				nd 47			48	
49			. ,	aller of line 48 or the value of your H				
				2024). Include this amount on Schedule			49	
Part \				ributions to an ABLE Account. C	omplete th	is part if con	tributi	ons to your ABLE
			2023 were more than is a					
50			``	tions)			50	
51			()	maller of line 50 or the value of yo				
Devit				n Schedule 2 (Form 1040), line 8			51	
Part				mulation in Qualified Retirement			As). (complete this part
				quired distribution from your qualified		•	50	1
52			•	e instructions)			52	1
53			•	(see instructions)			53	
54			rom line 52. If zero or less				54	
55				o calculate the additional tax. If you q		ie 10% tax		
				ne qualified retirement plan, check this			55	
				1040), line 8 or Form 1041, Schedule G				t of my knowladge and
		nly if You	belief, it is true, correct, and corr	clare that I have examined this form, including accupiete. Declaration of preparer (other than taxpayer) i	s based on all i	nformation of wh	ich prep	arer has any knowledge.
		nis Form I Not With						
	en and Tax Re		Your signature			Date		
				Preparer's signature	Date			PTIN
Paid		Print/Type prep	parer s name		Duie	Check self-em		
Prep	arer	Elune?				· · · · ·	picyeu	
Use	Only	Firm's name				Firm's EIN Phone no.		
		Firm's address						

Form **5329** (2023)