Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submission Identification Number (SID) | | | | |
|--|--|--|--|---|
| Taxpayer's name | Social securi | ty numbe | r | |
| RAKESH REDDY YELETI | 696-35 | -5979 | | |
| Spouse's name | Spouse's so | | ty number | |
| PRAVALIKA YELETI | 988-90 | | | |
| | nter year you a | are auth | orizing.) | |
| 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 . 1 | | |
| 1 Adjusted gross income | | 1 | | 153. |
| Total tax | | 3 | | 645. |
| 4 Amount you want refunded to you | | 4 | 5, | 569. |
| 5 Amount you owe | | 5 | | 924. |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get an | nd keep a con | | ur retur | m) |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen | | | | |
| to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminal payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended). | ne U.S. Treasury a indicated in the t itution to debit the inate the authoriz requests must b the processing on the payment. I fur | and its de ax prepa e entry to ation. To e receive f the elect ther acki | signated Fration soft this accountered the revoke (controlled no later that the signature of the stronic paynowledge | Financial ware for unt. This ancel) a than 2 ment of that the |
| Electronic Funds Withdrawal Consent. | | | | |
| Taxpayer's PIN: check one box only | . 5 5 | 5 9 | 7 9 | |
| X I authorize GLOBAL TAXES LLC to enter or generation to enter or generation to enter or generation. | - En | ter five di | | as my |
| signature on the income tax return (original or amended) I am now authorizing. | ac | n't enter a | all zeros | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | |
| Your signature ► Date I | | | | |
| Spouse's PIN: check one box only | _ | | | |
| ★ I authorize GLOBAL TAXES LLC to enter or general authorize GLOBAL TAXES LLC | ate mv PIN 0 | 7 2 | 0 0 | as my |
| ERO firm name | | ter five di | | as my |
| signature on the income tax return (original or amended) I am now authorizing. | do | n't enter a | all zeros | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | |
| Spouse's signature ▶ Date | • | | | |
| Practitioner PIN Method Returns Only—continue be | low | | | |
| Part III Certification and Authentication — Practitioner PIN Method Only | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 2 4 9 | 6 0 8 | 8 2 7 | 1 |
| = 110 0 = 110,7 mm Enter your one angle Entertailorised by your into digit oon collected into | | ter all zero | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incoma uthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers | ubmitting this ret | urn in ac | cordance | |
| ERO's signature ▶ Date ▶ | • | | | |
| ERO Must Retain This Form — See Instructions | | | | |
| Don't Submit This Form to the IRS Unless Requested 1 | To Do So | | | |

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

20**23** OMB No. 1545-0074

| | | | | | | ONID 110: 10 10 | | 1 | The or staple in time space. |
|--|----------|---|----------------------|--------------------------|----------|----------------------------------|----------------------|-------------|--|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ding | | , 20 | See sep | parate instructions. |
| Your first name | and m | iddle initial | Last na | ame | | | | Your so | cial security number |
| RAKESH I | REDD | Y | YELI | CTI | | | | 696 | 35 5979 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | Spouse's | s social security number |
| PRAVALII | KA | | YELI | CTI | | | | 988 | 90 7200 |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | Apt. no. | Preside | ntial Election Campaign |
| 625 PARI | KWAY | BLVD | | | | | 1313 | 1 | nere if you, or your |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | spaces below. | Stat | e | ZIP code | 1 . | if filing jointly, want \$3 |
| COPPELL | | | | | TX | | 75019 | | this fund. Checking a ow will not change |
| Foreign countr | y name | | | Foreign province/state/o | count | y | Foreign postal code | | or refund. |
| | | | | | | | | | You Spouse |
| Filing Status | s | Single | | | | Head of ho | ousehold (HOH) | | |
| Check only | | Married filing jointly (even if only or | ne had | income) | | | | | |
| one box. | | Married filing separately (MFS) | | | | Qualifying | surviving spouse | (QSS) | |
| | lf y | ou checked the MFS box, enter the | name | of your spouse. If you | u che | cked the HOH | l or QSS box, ente | er the chi | ld's name if the |
| | qu | alifying person is a child but not you | ır depe | ndent: | | | | | |
| Digital | Δt ar | ny time during 2023, did you: (a) rece | eive (as | a reward award or | navn | ent for prope | rty or services). Or | r (h) sell | |
| Assets | | lange, or otherwise dispose of a digi | | | | | | | ☐ Yes X No |
| Standard | | eone can claim: You as a de | | | | | 7. (000 | , | |
| Deduction | | Spouse itemizes on a separate return | | • | | а абронасті | | | |
| | | | | _ | <u> </u> | | | | |
| Age/Blindnes | s You: | : Were born before January 2, 1 | 959 [| Are blind Spo | ouse: | _ Was bor | n before January | | Is blind |
| Dependent | • | • | | (2) Social security | / | (3) Relationsh | ip · · | | fies for (see instructions): |
| If more | (1) F | irst name Last name | | number | | to you | Child tax o | redit | Credit for other dependents |
| than four | | | | | | | | | |
| dependents, see instruction | s | | | | | | | | |
| and check | , — | | | | | | | | |
| here L | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | • | , | | | | . 1a | |
| Attach Form(s) | b | Household employee wages not re | | * * | | | | . 1b | |
| W-2 here. Also | C | Tip income not reported on line 1a | | • | | | | . 1c | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | ., | nstru | ctions) | | . 1d | |
| 1099-R if tax | e | Taxable dependent care benefits f | | - | | | | . 1e | |
| was withheld. | f | Employer-provided adoption bene | | | | | | . 1f | |
| If you did not get a Form | 9 | Wages from Form 8919, line 6 . | | | | | | . <u>1g</u> | |
| W-2, see | h | Other earned income (see instructi | , | | | | | . 1h | 0. |
| instructions. | i | Nontaxable combat pay election (s | see inst | ructions) | | <u>1i</u> | | | 02 002 |
| A | <u>z</u> | Add lines 1a through 1h | | | L T | valate test const | | . 1z | 6.45 |
| Attach Sch. B if required. | 2a | ' <u>-</u> | 2a | 93. | | axable interest | | . 2b | |
| | 3a | | 3a 4a | | | rdinary divider axable amount | | . 3b | |
| Standard | 4a | _ | 4 а 5а | | | axable amount | | . 4b | |
| Deduction for— | 5a | _ | 6a | | | axable amount | | . 6b | |
| Single or Married filing | 6a | If you elect to use the lump-sum el | | mathad shock hara | | | · | . 00 | |
| separately, \$13,850 | _ C | Capital gain or (loss). Attach Sched | | • | • | , | [| 7 | 24. |
| Married filing | 7 8 | Additional income from Schedule | | | , | | | _ _ / _ 8 | -13,717. |
| jointly or Qualifying | 9 | | | | | | | . 8 | 70,153. |
| surviving spouse, \$27,700 | 10 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche | | | | | | . 10 | |
| Head of | 11 | Subtract line 10 from line 9. This is | - | | | | | . 10 | |
| household, \$20,800 | 12 | Standard deduction or itemized | | | | | | . 12 | |
| If you checked any box under | 13 | Qualified business income deducti | | | | 5-Δ | | . 13 | |
| Standard | 14 | | | | | | | . 13 | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | | le | | |
| | 10 | Subtract mile 17 HOITI MIE 11. II ZEI | 0 01 163 | , onto 0 Illio 18 y | Jui L | anable Illoull | · | . 13 | 14,400. |

| Form 1040 (2023 | 3) | | | | | | | | Page Z |
|---------------------------------------|-----|--|-------------------------|-------------------|---------------------|-----------------------|-------------|--------------------------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | з 🗌 | | 16 | 4,645. |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 4,645. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 4,645. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0 |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 4,645. |
| Payments | 25 | Federal income tax withheld | from: | | | | | | |
| _ | а | Form(s) W-2 | | | | 25a 5 | 5,569 | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 5,569. |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 |)22 return | | | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | | 27 | | | |
| allacii Scii. ElC. | 28 | Additional child tax credit from | m Schedule 8812 | ! | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 . . | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | ndable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 5,569. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amoun | t you overpaid | | 34 | 924. |
| | 35a | Amount of line 34 you want | refunded to you | ı. If Form 8888 | is attached, chec | k here | . 🗆 | 35a | 924. |
| Direct deposit? | b | Routing number X X X | | | ,, <u> </u> | • - | Savings | 3 | |
| See instructions. | d | Account number X X X | X X X X | X X X Z | X X X X | X X | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow another | | | | See | | • | |
| Designee | ins | structions | | | | . 🗌 Yes. C | omplete | e below. | ⋈ No |
| | | esignee's | | Phone | | | ntification | | |
| | | me nder penalties of perjury, I declare t | ant I have aversing | no. | | | ber (PIN) | | of my lenguing and |
| Sign | | lief, they are true, correct, and com | | | , , , | | , | | , , |
| Here | | our signature | | Date | Your occupation | | | | nt you an Identity |
| | 10 | di signature | | Date | Tour occupation | | | | IN, enter it here |
| Joint return? | | | | | SOFTWARE E | NGINEER | (se | e inst.) | |
| See instructions. | | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's occupation | on | | | nt your spouse an |
| Keep a copy for your records. | | | | | HOME MAKED | | | entity Prote e inst.) | ection PIN, enter it here |
| | | (001)500 000 | 1 | Farall address | HOME MAKER | | , | | |
| | | one no. (971)570-980 eparer's name | ⊥ Preparer's signat | Email address | YELETIREDD | Y@GMAIL.CO Date | OM PTIN | | Check if: |
| Paid | | • | ' | | OIIDMA MATTAL | | | 00700 | Self-employed |
| Preparer | | M PRIYA RAM SAGAR GUPTA TALLAM | | KAM SAGAR | GUPTA TALLAM | 02/18/2024 | · | 82703 | |
| Use Only | | | | | | | | | (678)965-9522 |
| | Fir | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Fir | m's EIN | 84-3171965 |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

| Internal Revenue Service | do to www.ms.govn crimito-to for methodicions and the latest information. | | Sequence No. 01 |
|--------------------------|---|----------|------------------------|
| Name(s) shown on Fo | orm 1040, 1040-SR, or 1040-NR | Your soc | ial security numbe |
| RAKESH REDDY 8 | PRAVALIKA YELETI | 696-35 | -5979 |
| | | | |

| Par | Additional Income | | | |
|---------|---|------------------|----|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E . | 5 | -13,717. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | 4 | |
| m | Olympic and Paralympic medals and USOC prize money (see | _ | | |
| | instructions) | 8m | 4 | |
| n | Section 951(a) inclusion (see instructions) | 8n | 4 | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | - | |
| р | Section 461(I) excess business loss adjustment | 8p | - | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | - | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | - | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | 0- / | \ | |
| | 1040, line 1a or 1d | 8s (| 4 | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | 0. | | |
| | a nongovernmental section 457 plan | 8t 8u | | |
| u - | | ou | + | |
| Z | Other income. List type and amount: | 8z | | |
| 9 | | | 9 | |
| 9 10 | Total other income. Add lines 8a through 8z | here and on Form | 9 | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -13,717. |
| | 1010, 1010 011, 01 1070 1111, 11110 0 | | 10 | ,,,, |

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

| Par | Adjustments to Income | | | | |
|-----------|---|---------|-------------|--------|-----------------------|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | | | | |
| | officials. Attach Form 2106 | | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | 16 | |
| 17 | Self-employed health insurance deduction | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | 18 | |
| 19a | Alimony paid | | | 19a | |
| b | Recipient's SSN | · | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | 20 | |
| 21 | Student loan interest deduction | | | 21 | |
| 22 | Reserved for future use | | | 22 | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | | | | |
| а | Jury duty pay (see instructions) | 24a | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | rental of personal property engaged in for profit | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | and USOC prize money reported on line 8m | 24c | | | |
| d | Reforestation amortization and expenses | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | |
| | Act of 1974 | 24e | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | - | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | - | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | discrimination claims (see instructions) | 24h | | - | |
| i | Attorney fees and court costs you paid in connection with an award | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | |
| | tax law violations | 24i | | - | |
| J | Housing deduction from Form 2555 | 24j | | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | 1041) | 24k | | - | |
| Z | Other adjustments. List type and amount: | | | | |
| 05 | Tatal allows allow to some Add lines Ode thousands Ode | 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 Form 1040, 1040-SR, or 1040-NR, line 10 | . ∟nter | nere and on | | |
| | | | | 26 | I. 4 (F 1010) 0000 |
| | BAA | REV 02/ | 11/24 PRO | Schedu | le 1 (Form 1040) 2023 |

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return Your social security number 696-35-5979 RAKESH REDDY & PRAVALIKA YELETI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 500. 83. 583. Totals for all transactions reported on Form(s) 8949 with Box B checked 52. 111. -59. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 24. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 24. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

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

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

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

Social security number or taxpayer identification number

696-35-5979

RAKESH REDDY & PRAVALIKA YELETI

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. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I

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)

| | C) Short-term transactions | • | ` ' | _ | sis wasn t report | ea to the in | 10 | |
|-------------|--|--|--|-------------------------------------|---|---|--|--|
| 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.) | (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (sales price) and set (sales price) (sales price) and set | 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). | | |
| Robin | hood Securities LLC | 01/01/23 | 12/31/23 | 583. | 500. | | | 83. |
| | | | | | | | | |
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| nega Sch | als. Add the amounts in columns ative amounts). Enter each totaledule D, line 1b (if Box A above | al here and inc e is checked), lir | lude on your ne 2 (if Box B | 592 | 500 | | | 83 |

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.

Form **8949**

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

696-35-5979

RAKESH REDDY & PRAVALIKA YELETI

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.

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

| | | | • | Form(s) 1099 I to you on F | _ | sis wasn't report | ed to the IF | RS | | |
|--|----------------------------|-----|--|-------------------------------|-----------------------------|---|---|--|---------------------------------------|---|
| 1 | (a) | | | | Proceeds | (e) Cost or other basis See the Note below | Adjustment, i If you enter an enter a co See the sep | (h) Gain or (loss) Subtract column (e) | | |
| | (Example: 100 sh. XYZ Co.) | | Example: 100 sh XV7 Co.) (Mo. day yr.) disposed of | | 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 | Crypto | LLC | 01/01/23 | 12/31/23 | 52. | 111. | | | -59. | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 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). | | | | | 52. | 111. | | | -59. | |

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

| Name(s) | s) shown on return | | | | | | Your socia | al security | number |
|------------|---|--------------|------------|----------------|---------|------------------|-------------|-------------|-----------|
| RAKE | ESH REDDY & PRAVALIKA YELETI | | | | | | 696-3 | 5-5979 |) |
| Part | Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pr rental income or loss from Form 4835 on page 2, line | operty, use | | c . See | instru | ctions. If you a | re an indiv | /idual, rep | oort farm |
| A [| Did you make any payments in 2023 that would require | | Form(s) 1 | 1099? 5 | See ins | structions . | | . Y | es 🛛 No |
| | If "Yes," did you or will you file required Form(s) 1099? | - | | | | | | | es 🗆 No |
| | Physical address of each property (street, city, state | | | | | | | | |
| | Triysical address of each property (street, city, state | , ZIF COU | =) | | | | | | |
| A | | | | | | | | | |
| B | | | | | | | | | |
| C | | | | | | | | | T |
| 1b | Type of Property 2 For each rental real estate pr | | | | Fa | ir Rental | Person | | QJV |
| | (from list below) above, report the number of personal use days. Check the | | | _ | | Days | Da | | |
| _ <u>A</u> | if you meet the requirements | | | A | | 365 | | 0 | |
| B | qualified joint venture. See in | | | В | | | | | |
| C | of Duran sub-u | | | С | | | | | |
| | of Property: | Dt I | 5 1 | | 7 | Oalf Dantal | | | |
| | Single Family Residence 3 Vacation/Short-Term Multi-Family Residence 4 Commercial | Rentai | 5 Land | - | | Self-Rental | :l= =\ | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | aities | ð | Other (descr | ibe) | | |
| | | | | | | Propertie | es: | | |
| Incom | ne: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 5 | 60. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Exper | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,8 | 45. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,1 | 40. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instruction | s) 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 2,2 | 50. | | | | |
| 15 | Supplies | 15 | | 2,6 | 40. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | | 60. | | | | |
| 18 | Depreciation expense or depletion | | | 3,8 | 42. | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | | | 14,2 | 77. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties) | | | | | | | | |
| | result is a (loss), see instructions to find out if you mu | | | 10 - | , , | | | | |
| | file Form 6198 | - | | -13,7 | 17. | | | | |
| 22 | Deductible rental real estate loss after limitation, if a | | , | | _ , | , | | , | |
| | on Form 8582 (see instructions) | | [(| 13,71 | | (|) | (| |
| 23a | Total of all amounts reported on line 3 for all rental pr | - | | | 23a | | 560. | | |
| b | Total of all amounts reported on line 4 for all royalty p | - | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all proper | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all propert | | | | 23d | | ,842. | | |
| e | Total of all amounts reported on line 20 for all proper | | | | 23e | 14 | ,277. | | |
| 24 | Income. Add positive amounts shown on line 21. Do | | - | | | And Income | . 24 | / | 12 010 |
| 25 | Losses. Add royalty losses from line 21 and rental real e | | | | | | | (| 13,717. |
| 26 | Total rental real estate and royalty income or (los | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do Schedule 1 (Form 1040), line 5. Otherwise, include th | | | | | | | | -13,717. |

Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

RAKESH REDDY & PRAVALIKA YELETI

Your taxpayer identification number 696-35-5979

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) | | |
|--------|--|------------------------------------|---|--------|--|
| i | | | | | |
| ii | | | | | |
| iii | | | | | |
| iv | | | | | |
| | | | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 3 () | | | |
| 4 5 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 | | |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 13. | | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 (| | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0 | 8 13. | | | |
| 9 | · · · · · · · · · · · · · · · · · · · | | 9 | 3. | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 an | 1 | 10 | 3. | |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 42,453. | _ | | |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 93. | | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0 | 13 42,360. | | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 | 8,472. | |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also | | 15 | , | |
| 16 | the applicable line of your return (see instructions) | | 15 16 | (0.) | |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a | | 10 | 0., | |
| | zero, enter -0 | | 17 | (0.) | |

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

| RAKI | ESH REDDY & PRAVALIKA YELETI | 696-35-5979 | 9 | | |
|--------|--|--|------------|-----|-----------------|
| repare | 's name F | Preparer tax identifica | ation numb | oer | |
| SYAI | M PRIYA RAM SAGAR GUPTA TALLAM | P02082703 | | | |
| Part | · | | | | |
| | check the appropriate box for the credit(s) and/or HOH filing status claimed on the returble benefit(s) claimed (check all that apply). | | the rel | | arts I-V HOH |
| 1 | Did you complete the return based on information for the applicable tax year provided b | y the taxpayer | Yes | No | N/A |
| | or reasonably obtained by you? | | × | | |
| 2 | If credits are claimed on the return, did you complete the applicable EIC and/or CT worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedu 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules to claimed? | ule 8812 (Form , or your own | × | | |
| 3 | Did you satisfy the knowledge requirement? To meet the knowledge requirement, you meet the following. | ust do both of | | | |
| | • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. | s responses to | | | |
| | • Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s) | | X | | |
| 4 | Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.) | ent? (If "Yes," | | × | |
| а | Did you make reasonable inquiries to determine the correct, complete, and consistent info | ormation? . | | | |
| b | Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.) | the impact the | | | |
| 5 | Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states the amount(s) of the credit(s) | , a copy of any prepare Form rovided by the tus or to figure | × | | |
| | List those documents provided by the taxpayer, if any, that you relied on: | | | | |
| | | | | | |
| | | | | | |
| 6 | Did you ask the taxpayer whether he/she could provide documentation to substantiate e credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit? | | × | | |
| 7 | Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous | year? | X | | |
| | (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | - | | | |
| а | Did you complete the required recertification Form 8862? | | | | |
| 8 | If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)? | complete and | | | |

| orm 8 | 867 (Rev. 11-2023) | | | Page 2 |
|-------|--|----------------------|-------------------|-------------------|
| Part | Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go | to Part | III.) | |
| 9a | | Yes | No | N/A |
| | claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC | | | |
| | and does not have a qualifying child, go to question 10.) | | | |
| b | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | | | |
| _ | has supported the child the entire year? | | | |
| C | more than one person (tiebreaker rules)? | | | |
| Part | 1 (| claim C | TC, A | CTC. |
| | or ODC, go to Part IV.) | | • | , |
| 10 | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is | Yes | No | N/A |
| | a citizen, national, or resident of the United States? | × | | |
| 11 | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with | | | |
| | the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's | | | |
| | custodial parent has released a claim to exemption for the child? | × | | |
| 12 | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or | | | |
| | separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | × | | |
| Part | | | Part \ | /\ |
| 13 | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu | | Yes | No |
| | tuition and related expenses for the claimed AOTC? | | | П |
| Part | Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu | s, go to | o Part | VI.) |
| 14 | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax | x year | Yes | No |
| | and provided more than half of the cost of keeping up a home for the year for a qualifying person? | | | |
| Part | VI Eligibility Certification | | | |
| | You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you: | or HO | H filing | status |
| | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s); | nses on s) and/c | the ref or HOH | turn or filing |
| | B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; | ist for a | ny app | licable |
| | C. Submit Form 8867 in the manner required; and | | | |
| | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention. | 67 instr | uctions | under |
| | 1. A copy of this Form 8867. | | | |
| | 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. | | | |
| | 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). | "s eligib | ility for | the |
| | A record of how, when, and from whom the information used to prepare this form and the applica obtained. | ble worl | ksheet(| s) was |
| | A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount | payer's ınt(s) of | respon the cre | ses, to |
| | If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information | h failur). | e to co | mply |
| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct | t. and | Yes | No |
| | complete? | | × | |