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 N	lumber (SID)					
Taxpayer's name			Social secur	ity numb	er	
ONKAR MAYEKAR			850-35	-7743	3	
Spouse's name			Spouse's so	cial secu	rity number	
PRAISY ABRAHAM			794-86	-8079	9	
Part I Tax Return I	nformation — Tax Year End	ing December 31, 202	23 (Enter year you a	are aut	horizing.)
Enter whole dollars only on		,				<u>, </u>
-	use line 4 only. Leave lines 1, 2,	3, and 5 blank.				
	me			1 1	468	,597.
				2		,432.
3 Federal income tax v	withheld from Form(s) W-2 and Fo	orm(s) 1099		3	97	,243.
4 Amount you want re	funded to you			4		
5 Amount you owe				5	2	,189.
	claration and Signature Aut			y of y	our retu	rn)
return (original or amended) I ato send my return to the IRS at for any delay in processing the Agent to initiate an ACH electropayment of my federal taxes or authorization is to remain in fupayment, I must contact the business days prior to the pay taxes to receive confidential i	s true, correct, and complete. I furth am now authorizing. I consent to allound to receive from the IRS (a) an actereturn or refund, and (c) the date or onic funds withdrawal (direct debit) wed on this return and/or a payment ull force and effect until I notify the U.S. Treasury Financial Agent at 1 ment (settlement) date. I also author information necessary to answer incomplete (PIN) below is my signature for the consent.	w my intermediate service provice knowledgement of receipt or real fany refund. If applicable, I authentry to the financial institution at the financial institution at the financial settimated tax, and the financial settimated tax. Treasury Financial Agent the 1-888-353-4537. Payment cancerize the financial institutions invocquiries and resolve issues related	der, transmitter, or electrison for rejection of the torize the U.S. Treasury account indicated in the tial institution to debit the other than the transmitter of th	onic retransmise and its deax prepare entry tration. The received the electrical control of the	urn originatesion, (b) the lesignated paration sofo this according to revoke (c) yed no late ectronic paknowledge	tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
Taxpayer's PIN: check on				T		
	BAL TAXES LLC	to enter or	generate my PIN	7 7	4 3	as my
	ERO firm name		⊑r	nter five o on't enter	digits, but r all zeros	ac,
☐ I will enter my PIN	as my signature on the income your own PIN and your return i	tax return (original or amende				
Your signature ►			Date ►			
Charres a DIN aleast and	hav anh					
Spouse's PIN: check one	-		CONTRACTOR DINI			
X I authorize GLOI	ERO firm name	to enter or	generate my PIN 6		7 9 digits, but	as my
signature on the in	ncome tax return (original or ame	nded) I am now authorizing			r all zeros	
☐ I will enter my PIN	as my signature on the income your own PIN and your return i	tax return (original or amende				
Spouse's signature ▶			Date ►			
	Practitioner PIN Met	hod Returns Only—continu	ue below			
Part III Certification	and Authentication — Prac	titioner PIN Method Only	'			
ERO's EFIN/PIN. Enter you	ur six-digit EFIN followed by your	r five-digit self-selected PIN.	2 2 2 4 9 Don't en	6 0 ter all ze	8 2 7 ros	1
authorized to file for tax year	ic entry is my PIN, which is my sign indicated above for the taxpayer(s) er PIN method and Pub. 1345, Handb	indicated above. I confirm that	I am submitting this ret	urn in a	ccordance	
ERO's signature ▶			Date ►			
	ERO Must Retain	This Form — See Instru				

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Serv.S. Individual Income Tax		urn	202	3	OMB No. 1545-	-0074	IRS Use C	Only—D	o not wi	rite or stap	ole in th	iis space.
For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	Se	ee sep	oarate ir	nstruc	tions.
Your first name	and m	niddle initial	Last nar	me						Y	our so	cial secu	urity n	umber
ONKAR			MAYE	KAR						3	350	35	774	.3
	pouse'	s first name and middle initial	Last nar							_				ty number
PRAISY			ABRA	МΔН							794	86	807	9
	(numb	er and street). If you have a P.O. box, see	•					A	pt. no.					Campaign
307 MCCI	· ·ET.T.	AND WAY										ere if yo		
		ice. If you have a foreign address, also co	omplete sp	paces belo	ow.	Sta	te	ZIP co	ode	sp	ouse	if filing jo	ointly,	want \$3
Oakley		-				CA	.	945	61			this fun w will n		ecking a
Foreign country	y name		F	oreign pro	ovince/state/				n postal cod			or refur		alige
												You	J [Spouse
Filing Status	<u>. </u>	Single					Head of ho	ouseh	old (HOH)					
_	_	Married filing jointly (even if only only only only only only only only	ne had ir	ncome)					(,					
Check only one box.	Ē	Married filing separately (MFS)		,			☐ Qualifying	surviv	ina spous	se (QS	SS)			
one box.	If ·	you checked the MFS box, enter the	e name o	of vour sp	ouse. If vo	u che					,	ld's nan	ne if t	he
		ualifying person is a child but not you			, , , , , ,				,					
Digital		ny time during 2023, did you: (a) rec	•					-				V .		٦
Assets		nange, or otherwise dispose of a dig						τ)? (Se	e instruct	tions.))	X Ye	s	_ No
Standard		neone can claim:	•				a dependent							
Deduction	Ш	Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindness	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bor	n befo	re Januar	y 2, 1	959	☐ Is	blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	_{ip} (4) Check the	e box i	f qualif	fies for (s	ee ins	tructions):
If more	•	First name Last name		(7, 1	number		to you	-	Child tax	x credi	t	Credit for	other o	dependents
than four														
dependents,	_													
see instruction and check	s													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .						1a		491	,367.
	b	Household employee wages not re	eported o	on Form	(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						1c						
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from Fori	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	efits from	Form 88	339, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (see instr	uctions)			1i							
	z	Add lines 1a through 1h									1z		491	,367.
Attach Sch. B	2 a	Tax-exempt interest	2a			b T	axable interest				2b			567.
if required.	3a	Qualified dividends	3a		188.	b 0	rdinary divider	nds .			3b			353.
	4a	IRA distributions	4a			b T	axable amount	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amount	t			5b			
Single or	6a	Social security benefits	6a			b T	axable amount	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	election n	nethod, d	check here	(see	instructions)							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if	required	I. If not requ	uired,	, check here				7			,000.
jointly or	8	Additional income from Schedule	1, line 10	0							8		-20	,690.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is yo	our total inc	come					9		468	,597.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, li	ine 26							10			
household,	11	Subtract line 10 from line 9. This is	s your ac	djusted g	gross incor	me					11		468	,597.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	i ons (fror	n Schedule	A)					12		33	,462.
any box under	13	Qualified business income deduct	ion from	Form 89	95 or Form	1 899	5-A				13			0.
Standard Deduction,	14	Add lines 12 and 13									14		33	,462.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -	0 This is y	our t	axable incom	е.	<u> </u>		15		435	,135.

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	96,875.	
Credits	17	Amount from Schedule 2, lir	ne 3				- .	. 17		
	18	Add lines 16 and 17						. 18	96,875.	
	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	96,875.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	2,557.	
	24	Add lines 22 and 23. This is	your total tax					. 24	99,432.	
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a 9	6,01	L4.		
	b	Form(s) 1099				25b	2	22.		
	С	Other forms (see instruction	s)			25c	1,20)7.		
	d	Add lines 25a through 25c						. 25d	97,243.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			. 26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		. 32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	97,243.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you overpaic	١.	. 34		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking	Savir	ngs		
See instructions.	d	Account number X X X 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	2,189.	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another	•			_	Compl	ete below.	⊠ No	
Besignee	De	signee's					•	dentification		
	naı			no.		nu	mber (F	PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							, ,	
TICIC	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?					DATA SCIE	NTIST		(see inst.)	iiv, enter it nere	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			Identity Prot	f the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.						ARCHITECT		(see inst.)		
		one no. (405)614-990		Email address	ONKAR.MAYER	KAR1@GMAIL.			l o	
Paid		eparer's name	Preparer's signat			Date	PTI		Check if:	
Preparer		M PRIYA RAM SAGAR GUPTA		A RAM SAC	BAR GUPTA	04/10/2024		2082703	Self-employed	
Use Only		m's name GLOBAL TA							(678)965-9522	
- . . - .	Firm's address 245 ROONEY CT E BRIINSWICK NJ 08816					Firm's FIN	84-3171965			

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ONKAR MAYEKAR & PRAISY ABRAHAM

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

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

	Sequence No. 01
Your soc	ial security number
850-35	-7743

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	ch Schedule E .	5	-20,690.
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		
- 1	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		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q p8		
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		
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	-20,690.

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

Par	t II 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	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ONKAR MAYEKAR & PRAISY ABRAHAM Your social security number 850-35-7743

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	2,557.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

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

Part II Other Taxes (continued)

7	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	-	
	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		
ı	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		
8	Total additional taxes. Add lines 17a through 17z		18	
9	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	es. Enter here and	04	<u> </u>
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	2,557.

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Seguence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

internal rievende ec) V100	Cause in you are claiming a net quantous acceptance on the interest in		10 10.	٥	equence No. Or
Name(s) shown on	Form	1040 or 1040-SR		Yo	ur so	cial security number
ONKAR MAY	EKA	R & PRAISY ABRAHAM		85	0-3	35-7743
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2				
Expenses	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	
Taxes You	5	State and local taxes.				
Paid	a	State and local income taxes or general sales taxes. You may include				
		either income taxes or general sales taxes on line 5a, but not both. If				
		you elect to include general sales taxes instead of income taxes,				
		check this box	5a 42,	093.		
	k	State and local real estate taxes (see instructions)	_	265.		
	c	State and local personal property taxes	5c			
	c	I Add lines 5a through 5c	5d 56,	358.		
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing				
		separately)	5e 10,	000.		
	6	Other taxes. List type and amount:				
		Foreign taxes from interest & dividends	6	43.		
	7	Add lines 5e and 6			7	10,043.
Interest	8	Home mortgage interest and points. If you didn't use all of your home				
You Paid		mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your		instructions and check this box				
mortgage interest deduction may be	а	Home mortgage interest and points reported to you on Form 1098.				
limited. See		See instructions if limited	8a 23,4	419.		
instructions.	b	Home mortgage interest not reported to you on Form 1098. See				
		instructions if limited. If paid to the person from whom you bought the				
		home, see instructions and show that person's name, identifying no.,				
		and address	8b			
	c	Points not reported to you on Form 1098. See instructions for special				
		rules	8c			
	C	Reserved for future use	8d			
		Add lines 8a through 8c		419.		
		Investment interest. Attach Form 4952 if required. See instructions	9			
		Add lines 8e and 9			10	23,419.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see				
Charity		instructions	11			
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,	10			
got a benefit for it, see instructions.	40	see instructions. You must attach Form 8283 if over \$500	12		-	
see instructions.		Carryover from prior year	13		4.4	
<u> </u>		Add lines 11 through 13			14	
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other	•			
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1 instructions			45	
011	16	Other from list in instructions. List type and amount:			15	
Other Itemized	10	Other—from list in instructions. List type and amount:				
Deductions					16	
	17	Add the amounts in the far right column for lines 4 through 16. Also	entor this amoun	t on	10	
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12			17	33,462.
Deductions	18	If you elect to itemize deductions even though they are less than your				33,402.
		check this box				

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

2023

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return
ONKAR MAYEKAR & PRAISY ABRAHAM

Your social security number 850-35-7743

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Yes 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)

See instructions for how to figure the amounts to enter on the lines below.

(d) (e) Adjustments Subtract column (e)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	14,360.	0.			14,360.
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	5				
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	(8,477.)			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	7	5,883.			

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	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	88.	8,298.			-8,210.
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	ions, estates, and	trusts from Sched	dule(s) K-1	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	(5,524.)			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	, ,		15	-13,734.

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -7,851. • 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 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. 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.) • (\$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.

Form **8949**

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.

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return
ONKAR MAYEKAR & PRAISY ABRAHAM

Social security number or taxpayer identification number

850-35-7743

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☒ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•			e)
1 (a)	(b)	(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)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (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).
SALESFORCE INC	06/17/23	12/31/23	1,201.	0.			1,201.
E*TRADE SECURITIES LLC	Various	12/31/23	9,135.	0.			9,135.
E*TRADE SECURITIES LLC	Various	12/31/23	4,024.	0.			4,024.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), li i	lude on your ne 2 (if Box B	14,360.	0.			14,360.

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 (2023) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ONKAR MAYEKAR & PRAISY ABRAHAM

Social security number or taxpayer identification number 850-35-7743

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 (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	Adjustment, i If you enter an enter a co	(h) Gain or (loss) Subtract column (e)			
(Example: 100 sh. XYZ Co.)					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
Robinhood Securities LLC	Various	12/31/23	7.	7,523.			-7,516.		
TD Ameritrade Clearing, Inc	Various	12/31/23	81.	775.			-694.		
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	al here and inc	lude on your							

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.

above is checked), or line 10 (if Box F above is checked) .

-8,210.

88.

8,298.

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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

ONKA	KAR MAYEKAR & PRAISY ABRAHAM					850-35-7743				
Par	Income or Loss From Rental Real Es Note: If you are in the business of renting perso rental income or loss from Form 4835 on page 2	nal propert			c . See	instruc	ctions. If you a	re an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would rec	quire you t								es 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	s 🗌 No	
1a	Physical address of each property (street, city,	state, ZIP	code	e)						
Α	IN									
В										
С										
1b	(from list below) above, report the numb	2 For each rental real estate property lists above, report the number of fair rental apersonal use days. Check the QJV box if you meet the requirements to file as a qualified joint venture. See instructions.			Fair Rental Days A 365		_	Personal Use Days		QJV
Α							365			
В					В					
С	qualified joint venture.				С					
1	of Property: Single Family Residence 3 Vacation/Short-T Multi-Family Residence 4 Commercial	erm Rent	al	5 Land 6 Roya	-		Self-Rental Other (descr			
							Properti	es:		
Incon		ı	_		Α	1.0	В			С
3	Rents received		3 4		1	10.				
4 Evna	Royalties received		4							
=xpe 5	nses:		5							
6	Advertising				2	70.				
7	Cleaning and maintenance		6 7		1,815.					
8	Commissions		8		1,013.					
9	Insurance		9							
10	Legal and other professional fees	+	10							
11	Management fees		11		1,5	60				
12			12		1,3					
13	Other interest		13							
14	Repairs		14		5,3	11.				
15	Supplies		15		4,7					
16	Taxes		16							
17	Utilities		17		4,1	00.				
18			18		3,5	64.				
19	Other (list)		19							
20	Total expenses. Add lines 5 through 19		20		21,4	00.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royaresult is a (loss), see instructions to find out if you file Form 6198	ou must	21		-20,6	90.				
22	Deductible rental real estate loss after limitation on Form 8582 (see instructions)		22	(20,69	0.)	()	(
23a	Total of all amounts reported on line 3 for all ren	tal proper	ties			23a		710.		
b	Total of all amounts reported on line 4 for all roy					23b				
С	Total of all amounts reported on line 12 for all pr	operties				23c				
d						23d	3	,564.		
е	Total of all amounts reported on line 20 for all pr	-				23e	21	,400.		
24	Income. Add positive amounts shown on line 2			-				. 24		
25	Losses. Add royalty losses from line 21 and rental	real estate	losse	es from lin	ie 22. Er	nter to	tal losses here	e 25	(20,690.
26	Total rental real estate and royalty income o									
	here. If Parts II, III, and IV, and line 40 on page Schedule 1 (Form 1040), line 5. Otherwise, inclu							n . 26		-20,690.

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

2023
Attachment Sequence No. 71

OMB No. 1545-0074

Name(s) shown on return Your social security number 850-35-7743 ONKAR MAYEKAR & PRAISY ABRAHAM Part I Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 1 534,120. 2 2 3 3 4 4 534,120. 5 Enter the following amount for your filing status: \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. 6 6 284,120. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 2,557. Part II Additional Medicare Tax on Self-Employment Income Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 8 Enter the following amount for your filing status: Married filing separately Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 15 Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS 18 2,557. Withholding Reconciliation Part V Medicare tax withheld from Form W-2, box 6. If you have more than one Form 19 W-2, enter the total of the amounts from box 6 8,952. 20 20 534,120. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 1,207. 22 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,

BAA

24

1,207.

Net Investment Income Tax— **Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227 Attachment Sequence No. **72**

Your social security number or EIN

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Go to www.irs.gov/Form8960 for instructions and the latest information.

ONKA	AR MAYEKAR & PRAISY ABRAHAM		850-	35-7	7743			
Part I Investment Income Section 6013(g) election (see instructions)								
	Section 6013(h) election (see instructions)							
Regulations section 1.1411-10(g) election (see instructions)								
1	Taxable interest (see instructions)			1	567.			
2	Ordinary dividends (see instructions)			2	353.			
3	Annuities (see instructions)		[3				
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or		Ī					
		4a -20,	690.					
b	Adjustment for net income or loss derived in the ordinary course of a non-							
_	· · · · · · · · · · · · · · · · · · ·	4b						
С	Combine lines 4a and 4b			4c	-20,690.			
5a		5a -3,	000.		· · · · · · · · · · · · · · · · · · ·			
b	Net gain or loss from disposition of property that is not subject to net	,						
-		5b						
С	Adjustment from disposition of partnership interest or S corporation stock (see							
		5c						
d	Combine lines 5a through 5c			5d	-3,000.			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		+	6	•			
7	Other modifications to investment income (see instructions)		+	7				
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		-	8	-22,770.			
Part					•			
9a	Investment interest expenses (see instructions)	9a						
b	· · · · · · · · · · · · · · · · · · ·	9b						
С	· · · · · · · · · · · · · · · · · · ·	9c						
d	Add lines 9a, 9b, and 9c		1	9d				
10	Additional modifications (see instructions)	-	10					
11	Total deductions and modifications. Add lines 9d and 10			11				
Part								
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, co	omplete lines 1	3–17.					
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0			12	0.			
	Individuals:		Ī					
13	Modified adjusted gross income (see instructions)	13 468,	,597.					
14		14 250,	000.					
15	Subtract line 14 from line 13. If zero or less, enter -0		597.					
16	Enter the smaller of line 12 or line 15			16	0.			
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Ente	er here and ind	clude					
	on your tax return (see instructions)			17	0.			
	Estates and Trusts:		Ī					
18a	Net investment income (line 12 above)	18a						
b	Deductions for distributions of net investment income and charitable							
	deductions (see instructions)	18b						
С	Undistributed net investment income. Subtract line 18b from line 18a (see							
	instructions). If zero or less, enter -0	18c						
19a	, 9	19a						
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b						
С		19c						
20	Enter the smaller of line 18c or line 19c		[20				
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.00)			Ţ				
	include on your tax return (see instructions)			21				