Internal Revenue Service

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

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taxpayor'a pama

Taxpay	ver s name	30012	ai securit	y number				
BIS	SHAN SINGH	88	87-90-	-7096				
Spouse	e's name	Spou	Spouse's social security number					
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year	you a	re 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	Adjusted gross income			1	89,428.			
2	Total tax			2	11,934.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	14,745.			
4	Amount you want refunded to you			4	2,811.			
5	Amount you owe			5				
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN $^{\perp}$	
	rautionze	OHODITH	TIMED	HHC		

0	7	0	9	6	
Ent don	er fiv i't en	/e di nter a	gits, all ze	but ros	as my

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

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

Your signature ►

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

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

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

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

Spouse's s	ignature Data Data Data Data Data Data Data Dat	ate 🕨									
	bel	ow									
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►		
	st Retain This Form — See Instructions is Form to the IRS Unless Requested To	
For Denemorie Deduction Act Nation and vous toxy		Earm <b>8870</b> (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/11/24 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> )		turn	202	3	OMB No. 1545	-0074	IRS Use Or	ly—Do not	write or st	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	eparate	instructions.
Your first name	and m	iddle initial	Last r	name						Your s	ocial se	curity number
BISHAN			SIN	IGH							7096	
	oouse's	s first name and middle initial	Last r									I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Presid	ential El	ection Campaigr
1800 SII	AS	DEANE HIGHWAY									-	you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ate	ZIP co	ode			jointly, want \$3 Ind. Checking a
ROCKY HI	LL			-		C	r 🛛	060	67	· · ·		not change
Foreign country	name			Foreign p	rovince/state	'coun	ty	Foreig	n postal cod	e your ta	ax or refu	_
											<b>Y</b>	ou Spouse
Filing Status		Single					Head of he	ouseho	old (HOH)			
Check only Married filing jointly (even if only one had income)												
one box.		Married filing separately (MFS)					Qualifying					
		you checked the MFS box, enter the			pouse. If yo	u che	ecked the HOH	l or QS	SS box, en	ter the cl	nild's na	ame if the
	qu	alifying person is a child but not you	ur depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a rewar	d, award, or	payr	ment for prope	rty or s	services); d	or (b) sell	,	
Assets	exch	nange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial inter	rest in	n a digital asse	t)? (Se	e instructi	ons.)	<b>□</b> Y	es 🛛 No
Standard	Som	<b>neone can claim:</b> 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind <b>Sp</b>	ouse	: 🗌 Was bor	n befc	ore January	2, 1959	🗌 I	ls blind
Dependents	s (see	instructions):		(2)	Social securit	v	(3) Relationsh	ip <b>(4</b>	) Check the	box if qua	lifies for	(see instructions):
If more	•	irst name Last name		(_)	number	,	to you		Child tax	credit	Credit for	or other dependents
than four												
dependents,												
see instructions and check	;											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1	a	102,758.
Attach Form(s)	b	Household employee wages not re	•							. 1	b	
W-2 here. Also	С	Tip income not reported on line 1a						· ·		. 1		
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	instru	uctions)	• •		. 1	-	
1099-R if tax	e	Taxable dependent care benefits f						• •		. 1	-	
was withheld.	f	Employer-provided adoption bene						• •		. 1		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. 1	-	0.
W-2, see	h	Other earned income (see instruct	,	· · ·		• •	· · · · ·	· ·		. 1	n	0.
instructions.	i z	Nontaxable combat pay election (s Add lines 1a through 1h	see ins	structions	)	• •	· · 🔲			. 1	-	102,758.
Attach Sch. B	2	-	2a		· · ·	 ьт	axable interest	· ·		. 2		1027/301
if required.	3a		3a				Ordinary divider			. 3		
	4a		4a				axable amount			. 4		
Standard	5a		5a				axable amount			. 5		
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	6a		6a				axable amount			. 6		
Married filing separately,	с	If you elect to use the lump-sum e		n method,	check here							
\$13,850	7	Capital gain or (loss). Attach Sche				•	,				7	111.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line	10						. 8	3	-13,441.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	3. This is y	our <b>total in</b>	com	<b>e</b>			. 9	)	89,428.
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 1	0	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	s your	adjusted	gross inco	me				. 1	1	89,428.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	ctions (fro	om Schedule	e A)				. 1	2	13,850.
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Forn	1 899	95-A			. 1	3	
Deduction,	14									. 1	4	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is	/our t	taxable incom	е.		. 1	5	75,578.

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

Form **1040** (2023)

Form 1040 (2023	3)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):	<b>1</b> 8814	<b>2</b> 4972	3 🗌	16	11,934.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	11,934.
	19	Child tax credit or credit for other dependents fro	om Schedu	ıle 8812		19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, enter	ər-0			22	11,934.
	23	Other taxes, including self-employment tax, from				23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b> .				24	11,934.
Payments	25	Federal income tax withheld from:					
i aj monto	а	Form(s) W-2			<b>25a</b> 14,	745.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25d	14,745.
If you have a	26	2023 estimated tax payments and amount applie				26	-
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		
	29	American opportunity credit from Form 8863, lin			29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are your tota			-	32	
	33	Add lines 25d, 26, and 32. These are your <b>total</b>	-	-			14,745.
Refund	34	If line 33 is more than line 24, subtract line 24 fro				34	2,811.
neruna	35a	Amount of line 34 you want <b>refunded to you</b> . If			· ·		2,811.
Direct deposit?	b	Routing number         0         2         1         2         0         0         3         3				avings	
See instructions.	ď	Account number 3 8 1 0 6 3 5 1					
	36	Amount of line 34 you want applied to your 202			36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount</b>					
You Owe	31	For details on how to pay, go to www.irs.gov/Pa		see instructions .		37	
	38	Estimated tax penalty (see instructions)			38		
Third Party		you want to allow another person to discuss					
Designee						nplete below.	× No
Deelghee	De	signee's	Phone		_	al identification	
	nai		no.		numbe	er (PIN)	
Sign		ler penalties of perjury, I declare that I have examined this					
Here	bel	ef, they are true, correct, and complete. Declaration of pro	eparer (otner	than taxpayer) is ba	ised on all information		, ,
	Yo	ir signature Da	te	Your occupation			nt you an Identity IN, enter it here
Joint return?				SOFTWARE H	NGINEER	(see inst.)	in, enter it here
See instructions.	Sp	puse's signature. If a joint return, <b>both</b> must sign. Da	ite	Spouse's occupat		If the IRS se	nt your spouse an
Keep a copy for	οp			openee e cecupar		Identity Prot	ection PIN, enter it here
your records.						(see inst.)	
		(001)110 9009	nail address	BISHAN.DEVEL	OPER@GMAIL.COM	1	
Paid	Pre	parer's name Preparer's signature			Date	PTIN	Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM	I SAGAR (	GUPTA TALLAM	02/18/2024 4	02082703	Self-employed
Preparer	Fir	n's name GLOBAL TAXES LLC				Phone no.	(678)965-9522
Use Only	Fir	n's address 245 ROONEY CT E BRUNS	WICK NJ	08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 02/11/24 PRO		Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>			
Name(s) shown on Form 1040, 1040-SR, or 1040-NR			Your social security number			
BISHAN SINGH		887-90	-7096			
Dort Additi	and Income					

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		5	-13,441.
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	-	
_	Stock options	8k	-	
I	Income from the rental of personal property if you engaged in the rental	81		
	for profit but were not in the business of renting such property Olympic and Paralympic medals and USOC prize money (see	81	-	
m	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
n o	Section 951A(a) inclusion (see instructions)	80	-	
p p	Section 461(I) excess business loss adjustment	8p	-	
ч q	Taxable distributions from an ABLE account (see instructions)	8g	-	
۹ 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		<u> </u>	
	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	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-13,441.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а		4a		
b	Deductible expenses related to income reported on line 8l from the	-		
		4b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
-		4c		
d		4d		
e	Repayment of supplemental unemployment benefits under the Trade			
•		4e		
f		24f	-	
q		4g		
	Attorney fees and court costs for actions involving certain unlawful	-9		
		4h		
:	Attorney fees and court costs you paid in connection with an award		-	
	from the IRS for information you provided that helped the IRS detect			
		24i		
÷		24i		
ר ע	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	ןד.	-	
ĸ		4k		
-		<u>4N</u>	-	
Z	Other adjustments. List type and amount:	4z		
0E			25	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10		06	
			26	
	BAA	REV 02/11/24 PRO	Schedule '	1 (Form 1040) 202

### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

20 Attachment Sequence No. 12

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

Your social security number 887-90-7096

BISHAN SINGH

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)

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	(g) Adjustment		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part I, line 2, column (g)		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 <b>Box A</b> checked	3,348.	3,237.			111.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	6.	7.		1.	0.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			rusts from	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> in the instructions						( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	., .	, ,	7	111.

#### 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)	(e)	<b>(g)</b> Adjustmen	ts	<b>(h) Gain or (loss)</b> Subtract column (e)
This	form may be easier to complete if you round off cents to le dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	from 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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12 13	Net long-term gain or (loss) from partnerships, S corporat	12 13				
	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any	13				
17	Worksheet in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back		15			

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 111.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 02/11/24 PRO

Schedule D (Form 1040) 2023

<u>8949</u>

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.

Social security number or taxpayer identification number

Name(s) show	vn on return
BISHAN	SINGH

887-90-7096

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)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(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.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment		
Apex Clearing	01/01/23	12/31/23	1,977.	1,833.			144.	
CRYPTO CURRENCY	01/01/23	12/31/23	1,371.	1,404.			-33.	
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A	al here and inc is checked), <b>lir</b>	lude on your <b>1e 2</b> (if <b>Box B</b>	3,348.	3,237.			111.	

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

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.

Social security number or taxpayer identification number

Name(s) show	vn on return
BISHAN	SINGH

007 00 7000
887-90-7096

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.

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

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b>	<b>(a)</b> escription of property	<b>(b)</b> Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Exa	mple: 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) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
Apex Cle	aring	01/01/23	12/31/23	6.	7.	W	1.	0.	
negative a Schedule [	ld the amounts in column imounts). Enter each tot: D, <b>line 1b</b> (if <b>Box A</b> above hecked), or <b>line 3</b> (if <b>Box</b>	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	6.	7.		1.	0.	

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

SCHEDULE	Ε
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

c.)	2023
	Attachment Sequence No. <b>13</b>

-

	nevenue Service		Go to www.iis.gov/ScheduleE 10	i ilisui			itest in	ionnauon.		Sequen		
`	) shown on return									ial security	numbe	er
	IAN SINGH								887-9	0-7096		
Par	Note: If you a	re in t	s From Rental Real Estate an he business of renting personal proper ss from Form 4835 on page 2, line 40.			<b>C</b> . See	e instrue	ctions. If you a	are an indi	ividual, rep	ort far	m
Α			ents in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	tructions.		. Ve	s X	No
	If "Yes," did you or will you file required Form(s) 1099?											
1a			ach property (street, city, state, ZII									
Α	SAKET KAPRA	VTT	LAGE HYDERABAD TELANGAN	IT AV	N 50006	2						
B												
 1b	Type of Property	2	For each rental real estate prope	orty lie	ted		Fa	ir Rental	Perso	nal Use		
1.5	(from list below)	-	above, report the number of fair				14	Days		ays	C	λJΛ
Α	3		personal use days. Check the Q	JV bo	x only [	Α		365		0		$\square$
В	-		if you meet the requirements to f			В						$\square$
С			qualified joint venture. See instru	uctions	S	С						$\square$
	of Property:						1					
	Single Family Resid	dence	e 3 Vacation/Short-Term Ren	ntal	5 Land		7	Self-Rental				
	Multi-Family Reside				6 Roya	Ities	8	Other (desc	ribe)			
	,				,							
						•		Properti	les:	1		
Incon						<u>A</u>	00	В			С	
3				3		5	80.					
4				4								
Expe				5								
5	-			5 6								
6			structions)	7		1 /	11					
7			ance	8		1,4	44.					
8 9				<b>o</b> 9								
9 10			sional fees	10								
11				11		1 1	25.					
12	-		to banks, etc. (see instructions)	12		1,1	25.					
13				13								
14				14		2 4	52.					
15				15			98.					
16				16		-12						
17				17		2.3	56.					
18			or depletion	18			46.					
19	Other (list)		-	19		- / -						
20		dd lii	nes 5 through 19	20		14,0	21.					
21			ine 3 (rents) and/or 4 (royalties). If									
			structions to find out if you must									
	file Form 6198 .			21	-	<b>-</b> 13,4	41.					
22			estate loss after limitation, if any, tructions)	22	(	13,44	11.)	(	)	)(		)
23a	Total of all amoun	ts re	ported on line 3 for all rental prope	erties		•	23a		580.			,
b			ported on line 4 for all royalty prop				23b					
с			ported on line 12 for all properties				23c					
d			ported on line 18 for all properties				23d	3	8,646.			
е			ported on line 20 for all properties				23e	14	,021.			
24	Income. Add pos	itive	amounts shown on line 21. Do not	<b>t</b> inclu	de any los	sses			. 24			
25	Losses. Add royalt	ty los	ses from line 21 and rental real estat	e loss	es from lin	e 22. E	nter to	tal losses her	re <b>25</b>	(	13,4	41.)
26			<b>te and royalty income or (loss).</b> d IV, and line 40 on page 2 do no									

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-13,441.

26

Form	8582
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Department of the Treasury Internal Revenue Service

# **Passive Activity Loss Limitations**

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

BISHAN SINGH Part I 2023 Passive Activity Los Caution: Complete Parts IV as	-				00	7 00			
	•						87-90-7096		
Caution: Complete Parte IV a									
	nd V before comple	eting Part I.							
Rental Real Estate Activities With Active P Allowance for Rental Real Estate Activities	• •		ive partici	pation, s	ee <b>Special</b>				
1a Activities with net income (enter the a	mount from Part IV	/, column (a)) .	•	la	0.				
b Activities with net loss (enter the amo	ount from Part IV, column (b)) <b>1b</b> ( 13,					)			
c Prior years' unallowed losses (enter the	he amount from Part IV, column (c)) 1c (					)			
d Combine lines 1a, 1b, and 1c						1d	-13,441.		
All Other Passive Activities									
2a Activities with net income (enter the a									
<b>b</b> Activities with net loss (enter the amo	)								
b       Activities with net loss (enter the amount from Part V, column (b))       .       .       2b       (       )         c       Prior years' unallowed losses (enter the amount from Part V, column (c))       .       .       2c       (       )									
d Combine lines 2a, 2b, and 2c				,		0.       1d $-13,441.$ .       1d $-13,441.$ .       2d         .       2d         .       3 $-13,441.$ .       3 $-13,441.$ .       4 $13,441.$ .       4 $13,441.$ .       9 $13,441.$ .       10       0.         .       10       0.         .       11 $13,441.$ Overall gain or loss       0			
3 Combine lines 1d and 2d and subtra									
	• • •								
zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules									
normally used	3	-13,441.							
If line 3 is a loss and: • Line 1d is a	loss, go to Part II.								
• Line 2d is a	loss (and line 1d is	zero or more), ski	ip Part II a	and go to	line 10.				
Caution: If your filing status is married filing	separately and yo	ou lived with your	spouse a	t any tim	e during the	e year,	do not complete		
Part II. Instead, go to line 10.									
Part II Special Allowance for Re				-					
Note: Enter all numbers in Par			tions for a	an examp	ole.				
4 Enter the <b>smaller</b> of the loss on line 1			· · ·			4	13,441.		
						-			
				<b>6</b> 1	02,869.	-			
	I to line 5, skip line	s / and 8 and ent	er -0-						
_									
							22 566		
	r the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions								
							13,441.		
	d 2a and enter the	total				10	0		
11 Total losses allowed from all passiv				· · · ·	ions to find		••		
out how to report the losses on your t						11	13,441,		
Part IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	ee instru	ictions.					
Name of activity	Curren	Prior years		Ove	erall ga	in or loss			
Name of activity	(a) Net income (b) Net loss (line 1a) (line 1b)		(c) Unallowed loss (line 1c)		<b>(d)</b> Gain		<b>(e)</b> Loss		
SAKET KAPRA VILLAGE	0.	13,441.					13,441.		
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	13,441.							
For Paperwork Reduction Act Notice, see instr	uctions.			REV 02/11	/24 PRO		Form <b>8582</b> (2023)		

Name of activity	Curre	Current year			Prior years		Overall gain or loss		
	(a) Net income (line 2a)	<b>(b)</b> Net loss (line 2b)		(c) Unallowed loss (line 2c)		<b>(d)</b> Gain		(e) Loss	
	(iiiie za)	(11)	16 20)	1055 (111)	8 20)				
otal. Enter on Part I, lines 2a, 2b, and 2	'C								
Part VI Use This Part if an Am		Part II,	Line 9. S	ee instruc	tions.				
	Form or schedule							( ) 0	
Name of activity	and line number to be reported on (see instructions)	<b>(a)</b> Loss		(b) Ratio		<b>(c)</b> Special allowance	00	(d) Subtract olumn (c) froi column (a).	
SAKET KAPRA VILLAGE	E Ln 22		13,441.	1.00000000		13,441.		C	
otal			13,441.	1.00	<b>`</b>	12 44	1	(	
Part VII Allocation of Unallowe	ed Losses. See inst			1.00	,	13,44	1.	0	
	Form or sch								
Name of activity	and line nu to be report (see instruc	nber ed on (a) L		Loss (		<b>b)</b> Ratio	<b>(c)</b> Ui	<b>c)</b> Unallowed los	
	(								
otal						1.00			
art VIII Allowed Losses. See in	nstructions.								
Name of activity Name of activity to be re (see inst		nber ed on (a) Loss		_oss	(b) Unallowed loss		(c) Allowed loss		
otal									

REV 02/11/24 PRO

Form **8582** (2023)