Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	<b>1040</b>		artment of the Treasury—Internal Revenue Serv <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545-	-0074	IRS Use (	Dnly—D	o not wr	rite or sta	aple in this space.
SREE         VINEETH         REDDY         BURRI         661         19         72.02           Finit run, spoule's finit name and middle initial         Last name         Soule's tool is security number         Soule's tool is security number           Home address (number and sitned, if you have a foreign address, also complete papesa below.         Siste         2IP code         Tool is soule if fing jority, want 33           CRL tron, or post office. If you have a foreign address, also complete papesa below.         Siste         2IP code         Tool is soule if fing jority, want 33           Foreign country name         Foreign powince/titate/country         Foreign powince/titate/country         Foreign powince/titate/country         Foreign powince/titate/country         Is sould fing portsould not change your tax or refund.           Filing Status         Single         Is and offing postnow the Single and the MRS box, anter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying persons is child but not your dependent         Qualifying surviving spouse (QSS)           If you checked the MRS box, and or the name of your spouse as dopendent         Qualifying surviving spouse (QSS)         Ive X         No           Standard         Someone can calible         Over dependents         Qualifying persons dependent         Qualifying persons dependent         Ive X         No           Dependentis (see instructions)         Is at name	For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	S	ee sep	arate	instructions.
If joint return, spoule's first name and middle initial       Last name       Spoule's social security number of states of the comparison of th	Your first name	and mi	iddle initial	Last	name						Y	our soo	cial sec	urity number
If joint return, spoule's first name and middle initial       Last name       Spoule's social security number of states of the comparison of th	SREE VIN	IEETI	H REDDY	BUF	RI							661	19	7202
436       HOOT       CMUL HILL       Check hore if you or you or you or generation of the pointy want 38 to go to this fund. Checking a to go to the fund. Checking a to go to this fund. Checking a to go to the fund. Checking a to go to the fund. Checking a to go t														
436       HOOT       CMUL HILL       Check hore if you or you or you or generation of the pointy want 38 to go to this fund. Checking a to go to the fund. Checking a to go to this fund. Checking a to go to the fund. Checking a to go to the fund. Checking a to go t														
Cdy, town, or post office. If you have a foreign address, also complete spaces below.       State       210 output:       spose af filing jointly, want 35         CCLINA       Foreign contrivion       Foreign province/state/county       Foreign contrivion       spose af filing jointly, want 35         Foreign contrivion       Single       Inter of fall       Inter of fall       inter of fall         Check only       Married filing jointly (even if only one had income)       Oualifying surviving spose (QSS)       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying persons is a child but not your dependent:       Dualifying surviving spose (QSS)         Standard       Any time during operately (MFS)       Oualifying surviving spose (QSS)       No         Standard       Any time during operate (MFS)       Oualifying surviving spose (QSS)       No         Standard       Any time during 2023. did you: (arcelve (sa a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Standard       Sepose termines on asparate return or you ware a dual-status ailon       Age/Bindness Yui:       (Ware born before January 2, 1959)       Are bind       Spose termines       Child tax credit       <	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	P	resider	ntial Ele	ection Campaigr
Only. Ownload block in the Deck of the Check mask states and a book in the Second Second.       Data	436 HOOT	OW	L HILL											
CELINA       TX       75009       box below will not change         Foreign country name       Foreign province/distate/country       Freign postal code       you tax or refund.         Filing Status       Single       Head of household (HOH)       Check only       Outainty ing separately (MFS)       Coulaifying surviving spouse (OSS)         If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.         Assets       Schengen can claim:       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen         Age/Bindness       You:       Wee born before January 2, 1959       Are bind         Dependents       (see instructions):       (2) Social security       (a) Relationship       Child tax credit credit er dare dependent         If a Total amount from Form(s) W-2, box 1 (ase instructions)       1a       125, 684.         W:20 and       1b       Indicate credit credit er dare dependent         W:20 and related horms       1a       125, 684.         W:20 and related horms       1a       125, 684.         W:20 a	City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces be	elow.	Sta	ite	ZIP co	de			•	
Filing Status       Single       Head of household (HOH)         Filing Status       Married filing jointly (even if only one had income)       Oualifying surviving spouse (OSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying parron is a child but not your dependent:	CELINA						TΣ	ζ	750	09		•		0
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal co	de yo	our tax	or refu	ind.
Check only       Married filing jointly (seen if only one had income)       Gualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:													∐ Yo	ou Spouse
Click Oliny       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but on your dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Ves       No         Standard       Someone can claim:       You spouse as a dependent       Your spouse as a dependent       Yes       No         Standard       Spouse ternizes on a separate return or you were a dual-status allen       Spouse ternizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Ware born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (f) First name       Last name       Imome       Into a claim for a dependent:       Into claim for dependent:       Into claim for a de	<b>Filing Status</b>		Single					Head of ho	ouseho	old (HOH	)			
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Ives No         Standard Deduction       Someone can claim:       Ivou as a dependent       You spouse as a dependent       Ver Souse       No         Age/Blindness       You:       Were born before January 2, 1959       Ives Image and the set instructions);       (a) Spouse:       (b) Relationship       (b) Check the box it qualifies for (see instructions);         If more than four dependents, see instructions;       (a) Spouse itemizes on a separate return or you were a dual-status allein       Child tax credit       Credit for dependent in than four dependents, see instructions;       (a) Relationship       (b) Check the box it qualifies for (see instructions)         If more than four dependents, see instructions;       (b) Sousehold employee wages not reported on Form(s) W-2.       (b)       1a       1225, 684.         Household employee wages not reported on Form(s) W-2 (see instructions).       1d       1d       1d         Household employee wages not reported on Form(s) W-2 (see instructions).       1d       1d       1d         You drin A       f       Employee-provi	Check only		Married filing jointly (even if only o	ne hao	d income)			_						
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, avard, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: See instructions.)       Image: Se	one box.													
Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: The second sec						pouse. If you	ı che	ecked the HOH	or QS	SS box, e	nter t	he chil	d's na	me if the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       ⊠ No         Standard       Someone can claim:       \orage You so dependent       \orage You spouse as a dependent       \orage You spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       A bind       Spouse:       \orage Was born before January 2, 1959       Is bind         Dependents       (a) First name       Last name       (a) Social security       (b) First name       Credit for other dependent         inf nore       (1) First name       Last name       (a) Social security       (b) First name       Credit for other dependent         inf and check		qu	alifying person is a child but not you	ur dep	endent:									
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       No         Standard       Someone can claim:       ↓ You as a dependent.       ↓ You as a dependent.       ↓ You as a dependent.         Age/Blindness       You:       ↓ Were born before January 2, 1959       ↓ Are blind       Spouse:       ↓ Was born before January 2, 1959       ↓ Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for gene instructions.         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       12.5, 684.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1d       1d         W-2 size       2b       Medicaid waive payments not reported on Form(s) W-2 (see instructions)       1d       12.5, 684.         If wurd ind not was withheld.       G       Tor income not reported on line ta (see instructions)       1d       0.         W-2 size       Ab       Outer eamed income (see instructions)       1d       0.       0.         W+2 size	Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a rewar	d, award, or	payr	ment for proper	ty or s	services);	or (b)	) sell,		
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1959       A re blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (a) Relationship       (b) Relationship       (c) Relatiship       (c) Relationship		exch	ange, or otherwise dispose of a dig	ital as	set (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	e instruc	tions.	)	□ Ye	es 🛛 No
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       number       (3) Relationship       (4) Check the box if qualifies for (see instructions)         dependents	Standard	Som	<b>eone can claim:</b> 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent						
Dependents (see instructions):       (2) Social security number       (3) Relationship (4) Check the box if qualifies for (see instructions) Child tax credit       Credit for other dependents (see instructions)         If more than four dependents, see instructions and check here	Deduction		Spouse itemizes on a separate retur	n or y	ou were a	dual-status	alien	1						
Dependents (see instructions):       (2) Social security number       (3) Relationship (4) Check the box if qualifies for (see instructions) Child tax credit       Credit for other dependents (see instructions)         If more than four dependents, see instructions and check here	Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	🗌 Are b	lind Spc	ouse	: 🗌 Was bor	n befo	re Janua	ry 2, 1	959		s blind
If more than four dependents, see instructions and check were instructions and check were instructions and check were instructions in the second s		-			(2)	Social security	,	(3) Relationshi	in (4)	Check th	e box	if qualif	ies for (	(see instructions)
than four dependents, see instructions and check here (see instructions)	•	•	,		(-)					Child ta	x cred	it	Credit fo	or other dependents
see instructions and check here       Image: constructions and check														
and check       here														
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       125, 684.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1c         W-2 here. Also       c       Tip income not reported on line 1a (see instructions)       1c       1d         W-26 and       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-26 and       Taxable dependent care benefits from Form 2441, line 26       1d       1d       1d         Wages from Form 8919, line 6       1g       1g       1d       0       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1h       0.       0.         instructions.       i       Nontaxable combat pay election (see instructions)       1t       1z 125, 684.         Attach Sch. B       2a       Tax-exempt interest       2a       b       1a       125, 684.         Standard       2a       Tax-exempt interest       2a       b       1a       125, 684.         If required.       3a       84.       b       Taxable amount       5b       2b       47.         Standard       Feenions and annuities       5a       b       Taxabl		;												
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         W-2 here. Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2G and 1099-Rif tax was withheld.       d       Medicaid waiver payments not reported on Form (S) W-2 (see instructions)       1d         W-2G and 1099-Rif tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         W-2, see instructions.       i       Other earned income (see instructions)       1i         Attach Sch. B       2a       b       Other earned income (see instructions)       1i         Attach Sch. B       2a       b       Ordinary dividends       3b       844.         Attach Sch. B       2a       b       Ordinary dividends       3b       844.         Attach Sch. B       a       Ra-exempt interest       2a       b       Ordinary dividends       3b       844.         Bandard Declaction for- Single or Married filing separately.       f       Fauble endunt       6b       6b       6b         Standard Declaction for- Single or Married filing separately.       f       Ga gocial security benefits       6a <t< td=""><td>here 🗌</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	here 🗌													
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W*2 Piere.Asso       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W-2 Gand       User Pare.Asso       C       1d         User Piere.Asso       C       Taxable dependent care benefits from Form 2441, line 26       1e         User Piere.Asso       Fmployer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       Wages from Form 8919, line 6       1g         W-2, see       Nontaxable combat pay election (see instructions)       1h       0.         W-2, see       Nontaxable combat pay election (see instructions)       1i       1z       125, 684.         Attach Sch. B       Za       Tax-exempt interest       2a       b       0rdinary dividends       3b       84.         Standard       Gualified dividends       Sa       84.       b       Taxable amount       6b         Standard       Fensions and annuities       Sa       Sa       b       Taxable amount       6b         Standard       Social security benefits       Ga       b       Taxable amount       6b         Standard       Social security benefits       Ga       b       Taxable amount       6b <td>Income</td> <td>1a</td> <td>Total amount from Form(s) W-2, b</td> <td>ox 1 (s</td> <td>see instruc</td> <td>ctions) .</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1a</td> <td></td> <td>125,684.</td>	Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .						1a		125,684.
W-2 here. Also attach Forms       c       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         1099-Ri itax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 889, line 29       1f         If you did not get a form       g       Wages from Form 8919, line 6       1g         ye2, see       in       Other earned income (see instructions)       1i       1g         ye2, see       in Nontaxable combat pay election (see instructions)       1i       1g       1k       0.         ye2, see       in Nontaxable combat pay election (see instructions)       1i       1k       0.       1k       0.         ye2, see       in Ravexempt interest       2a       b       b Taxable interest       2b       47.         z       Add lines 1a through 1h       1k       b       Taxable amount       3b       84.         standard berduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard billing separately.       s13.860       C       If you elect to use the lump-sum election method, c	Attach Form(s)	b		•		.,					•	1b		
W-26 and 1099-R if tax was withheld. <ul> <li>Taxable dependent care benefits from Form 2441, line 26</li> <li>Taxable dependent care benefits from Form 2441, line 26</li> <li>f</li> <li>f</li> <li>massibility</li> <li>g</li> <li>get a form W-2, see</li> <li>h</li> <li>Other earned income (see instructions)</li> <li>instructions.</li> <li>instructions.&lt;</li></ul>	W-2 here. Also	С		•					• •		•	-		
1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1         If       Employer-provided adoption benefits from Form 8839, line 29       1         If       If         If       Other earned income (see instructions)         If       Parable interest         If       If         If       I		d					nstru	ictions)	• •		•		-	
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1i   w2.2, see is Nontaxable combat pay election (see instructions) 1i   a Add lines 1a through 1h 1z   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a Qualified dividends 3a   a Qualified dividends 3a   b Tax-exempt interest 2a   a Qualified dividends 3a   a 84.   b Dratable amount   b Taxable amount   b Taxable amount   b Taxable amount   b Taxable amount   c ff you elect to use the lump-sum election method, check here (see instructions)   single or Married filing yointy or   Gualifying separately, \$13.850 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income   9 126, 210.   \$27.700 Adjustments to income from Schedule 1, line 26   10 Subtract line 10 from line 9. This is your adjusted gross income   11 126, 210.   \$20,800 You checkad   if you election or itemized deductions (from Schedule A)   12 28, 144.	1099-R if tax		•						• •		•		-	
get a Pollin       h       Other earned income (see instructions)       1h       0.         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1 a through 1h       1z       125, 684.         Attach Sch. B       2a       Tax-exempt interest       2b       47.         3a       Qualified dividends       3a       84.       b       Ordinary dividends       3b       84.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       5a       Social security benefits       6a       b       Taxable amount       5b         Single or Married filing separately, \$13,850       r       Gaila gain or (loss). Attach Schedule D if required, check here (see instructions)       7       395.         Standard filing jointly or Back of the sta to income from Schedule 1, line 10       5b       6a       9       126,210.         \$27.700       Additional income from Schedule 1, line 26       10       11       126,210.       12       28,144.         \$20,800       flyou checked af household, \$20,800 <td< td=""><td></td><td>f</td><td></td><td></td><td></td><td></td><td></td><td></td><td>• •</td><td></td><td>•</td><td>-</td><td></td><td></td></td<>		f							• •		•	-		
W-2, see       In       Other earlied introduce (see instructions)       In       Other earlied introduce (see instructions)         instructions.       i       Nontaxable combat pay election (see instructions)       1i       12       125, 684.         Attach Sch. B       Tax-exempt interest       2a       b       Taxable interest       2b       47.         Attach Sch. B       Tax-exempt interest       2a       b       Taxable interest       2b       47.         Attach Sch. B       Gualified dividends       3a       84.       b       Ordinary dividends       3b       84.         Standard       Gea       5a       b       Taxable amount       4b       5b         Second security benefits       6a       b       Taxable amount       5b       6b         Social security benefits       6a       b       Taxable amount       6b       6b         Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       395.         Natried filing jointy or       8       Additional income from Schedule 1, line 10       9       126,210.         Yar, You       10       Adjustments to income from Schedule 1, line 26       10       11       126,210.							• •		• •		•			
zAdd lines 1a through 1h12125,684.Attach Sch. B if required.2abTaxable interest2b3aQualified dividends3a84.bOrdinary dividends3b3aQualified dividends4abOrdinary dividends3bStandard Deduction for esingle or Maried filing separately, s13,8504aIRA distributions4ab5aPensions and annuities5abTaxable amount4b5aPensions and annuities5abTaxable amount5b6aSocial security benefits6abTaxable amount6b7Capital gain or (loss). Attach Schedule D if required. If not required, check here7395.8Additional income from Schedule 1, line 107395.399Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income11126, 210.11126, 210.11Subtract line 10 from line 9. This is your adjusted gross income11126, 210.1228, 144.13Qualified business income deduction from Schedule A)1228, 144.14Add lines 12 and 131428, 144.1428, 144.	W-2, see			,		· · · ·	• •	· · · ·	· ·		•	11		0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest        2b       47.         if required.       3a       Qualified dividends       3a       84.       b       Ordinary dividends       3b       84.         Standard       4a       3a       84.       b       Ordinary dividends       4b       3b       84.         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Single or       Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here (see instructions)       1       7       395.         Natried filing jointly or       Qualifying surving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       126, 210.         14       Add lines 12 and 13       14       28, 144.       14       28, 144.	instructions.			see ins	structions	)	• •	🔤 🔟				4-		125 684
Attach out, b       Jac			-	 2₀ ∣		· · · ·	 ьт	· · · ·	•••		•			
4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       5b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Separately,       c       If you elect to use the lump-sum election method, check here (see instructions)       1       6b         Married filing       c       If you elect to use the lump-sum election method, check here (see instructions)       1       7       395.         Married filing       c       If you elect to use the lump-sum election method, check here (see instructions)       1       7       395.         Married filing       guilty or       0       Additional income from Schedule 1, line 10       1 <td></td> <td></td> <td></td> <td></td> <td></td> <td>84.</td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td>						84.					•			
Standard Deduction for -       5a       Pensions and annuities	·										•			
Single or Married filing separately, \$13,850       6a       b Taxable amount	Standard										•			
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       7       395.         Married filing jointly or Qualifying surviving spouse, \$27,700       7       Additional income from Schedule 1, line 10       7       395.         10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       126, 210.         \$22,700       10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       126, 210.         12       28, 144.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       28, 144.											•		-	
Separately,	Married filing		-		method	check here					$\Box$			
Married filling jointly or Qualifying surviving spouse, \$27,700       8       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       126, 210.         9       126, 210.       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       10         12       28, 144.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       28, 144.	\$13,850		, ,		,		`	,				7		395.
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9126, 210.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11126, 210.12Standard deduction or itemized deductions (from Schedule A)1228, 144.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131428, 144.	<ul> <li>Married filing jointly or</li> </ul>		1 8 ( )		•	•								
Subtract line 10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       Subtract line 10 from line 9. This is your adjusted gross income       11       126,210.         Subtract line 10 from line 9. This is your adjusted gross income       11       126,210.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         If Add lines 12 and 13       14       28,144.       14	Qualifying							e						126,210.
Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       126,210.         12       Standard deduction or itemized deductions (from Schedule A)       12       28,144.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       28,144.	\$27,700				-									
\$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       28,144.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       28,144.	<ul> <li>Head of household,</li> </ul>					gross incor	ne							126,210.
13Qualified business income deduction from Form 8995 or Form 8995-A133tandard14Add lines 12 and 131428,144.	\$20,800			-								12		
Deduction, 14 Add lines 12 and 13	any box under	13						5-A				13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 98,066.	Deduction,	14	Add lines 12 and 13									14		28,144.
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	ourt	taxable incom	е.			15		98,066.

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> 🗌 881	4 <b>2</b> 4972	3		16	16,893.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	16,893.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,893.
	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	16,893.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 23	3,080.		
	b	Form(s) 1099				25b	18.		
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	·					25d	23,098.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	)22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			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 <b>to</b>	tal payments				33	23,098.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	6,205.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	🗆	35a	6,205.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 4 8 8	0 6 0 3	3 3 2 3	3 2				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	' See			
Designee	ins	structions				🗌 <b>Yes.</b> C	omplete b	elow.	X No
	De nai	signee's		Phone no.			onal identif ber (PIN)	ication	
0:000		der penalties of perjury, I declare th	at I have examined		accompanying sch		. ,	na hast	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
				2410			Prote	ection P	IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see	nst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.			Spouse's occupat	lion			nt your spouse an
your records.							(see i		ection PIN, enter it here
	Dh	00000 (510)045 760	٨	Email address	ODEEUTNEED			- /	
		one no. (512) 945-760 eparer's name	4 Preparer's signat	I	SKEEVINEET.	H71@GMAIL.C	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	202	Self-employed
Preparer				NAMI SAGAK	GUFIA IALLAM	02/22/2024	· · · · ·		
Use Only		m's name GLOBAL TAX	Y CT E BRU	NOWTOV N	J 08816				678)965-9522
Co to united into the				N AJIWAN			Firm'	s EIN	84-3171965 Form <b>1040</b> (2023)
GO LO WWW.Irs.go	JVIFOM	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

## **Itemized Deductions**

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 202

23

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

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

Attachment Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR		Your so	cial security number
SREE VINE	ETH	REDDY BURRI		661-	19-7202
Medical and Dental Expenses	2 3	Caution: Do not include expenses reimbursed or paid by others.         Medical and dental expenses (see instructions)         Enter amount from Form 1040 or 1040-SR, line 11         Multiply line 2 by 7.5% (0.075)         Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	3	4	
Taxes You Paid	5 a	State and local taxes. 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	<b>5a</b> 1,19 <b>5b</b> 10,82		
	c e	State and local personal property taxes	5c 5d 12,02 5e 10,00		
	7	Add lines 5e and 6	-	7	10,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8 2 5 5 6 9	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 18,14 8b 8c 8d 8e 18,14 9		18,144.
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 12 13	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 12 13		
Casualty and Theft Losses		Casualty and theft loss(es) from a federally declared disaster (othe disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	r than net qualifie 8 of that form. Se	ed	
Other Itemized Deductions	16	Other from list in instructions, List type and emounts		16	
Total Itemized Deductions		Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12	standard deductio	17	28,144.
Fau Dan annual	Ded	uction Act Nation and the Instructions for Form 1040		0 - 1 1	la A (Earm 1040) 2022

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SREE VINEETH REDDY BURRI

Your social security number

661-19-7202

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes X No** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to		<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustments to gain or loss f		(h) Gain or (loss) Subtract column (e) from column (d) and
This whol	art I, (g)	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	934.	908.		0.	26.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	132.	99.			33.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		•	-	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	59.

#### 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.	<b>(d)</b> Proceeds	(e) Cost	(g) Adjustments to gain or loss from		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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	2,213.	1,345.			868.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	147.	679.			-532.
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
<b>13</b> Capital gain distributions. See the instructions						
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions						( )
15	15	336.				

Part	Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 395.
	<ul> <li>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.</li> </ul>	
	• 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? X <b>Yes.</b> Go to line 18.	
	<b>No.</b> 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

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) shown on return 661-19-7202 SREE VINEETH REDDY BURRI

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) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LL	c 01/01/23	12/31/23	934.	908.	W	0.	26.
2 Totals. Add the amounts in colurnegative amounts). Enter each the Schedule D, line 1b (if Box A abore is checked), or line 3 (if Box	otal here and inc ove is checked), <b>li</b>	lude on your ne 2 (if Box B	934.	908.		0.	26.

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

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

Form 8949 (2023)	Attachment Sequence No. 12A	Page <b>2</b>
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SREE VINEETH REDDY BURRI

Social security number or taxpayer identification number 661-19-7202

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

<b>1</b> (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Proceeds S	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	2,213.	1,345.			868.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc e is checked), <b>lir</b>	lude on your ne 9 (if Box E	2,213.	1,345.			868.

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.

Form **8949** 

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

# Sales and Other Dispositions of Capital Assets

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



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

Social security number or taxpayer identification number

	boold scounty number of taxpayer identification number
SREE VINEETH REDDY BURRI	661-19-7202

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)

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

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

1 (a)	(a) (b) (c) Description of property Date acquired disposed of		Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	<b>(h)</b> Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
COINBASE	01/01/23	12/31/23	132.	99.			33.
<b>2 Totals.</b> Add the amounts in columns							
negative amounts). Enter each tota Schedule D, <b>line 1b</b> (if <b>Box A</b> above above is checked), or <b>line 3</b> (if <b>Box (</b>	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	132.	99.			33.

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

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

Form 8949 (2023)	Attachment Sequence No. 12A
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SREE VINEETH REDDY BURRI

Social security number or taxpayer identification number 661-19-7202

Page 2

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)

X (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

<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			<b>(h)</b> Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions) and see <i>Column</i> (e) in the separate instructions. (f) Code(s) from instructions adjustm		<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	147.	679.			-532.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your ne 9 (if Box E	147.	679.			-532.

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.

REV 02/11/24 PRO

Form **8889** 

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information

2023 Attachment Sequence No. 52

Internal	Revenue Service Go to www.iis.gov/ronnoods for instructions and the latest monnation.		Sequenc	e No. <b>52</b>
Name(s)			ber of HSA b e HSAs, see	peneficiary. instructions.
SREE	E VINEETH REDDY BURRI 66	1-19-7	7202	
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contract	cts, if re	equired.	
Part	HSA Contributions and Deduction. See the instructions before completing this para and both you and your spouse each have separate HSAs, complete a separate Part			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 20		0.14	·
•	See instructions		Self-only	/ 🗌 Family
2	unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions through a cafeteria plan, or rollovers. See instructions	ons,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 family coverage). <b>All others</b> , see the instructions for the amount to enter	for	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 88 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, a include any amount contributed to your spouse's Archer MSAs	also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	. 📑	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had fa coverage under an HDHP at any time during 2023, see the instructions for the amount to enter .	-	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family cover under an HDHP at any time during 2023, enter your additional contribution amount. See instruction		7	0.
8	Add lines 6 and 7	. [	8	3,850.
9		17.		
10	Qualified HSA funding distributions         10           Add lines 9 and 10			1 017
11 12	Subtract line 11 from line 8. If zero or less, enter -0-         .          .		1  2	1,917. 1,933.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line		12	0.
	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each have a separate Part II for each spouse.	separa	te HSAs	, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	. 14	4a	36.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any exc contributions (and the earnings on those excess contributions) included on line 14a that w withdrawn by the due date of your return. See instructions	vere	4b	
с	Subtract line 14b from line 14a		4c	36.
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	36.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include amount in the total on Schedule 1 (Form 1040), Part I, line 8f	this	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (F 1040), Part II, line 17c	orm	7b	
Part	completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.	e separa		
18	Last-month rule		8	
19	Qualified HSA funding distribution		19	
20 21	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (F		20	
21	1040), Part II, line 17d		21	

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

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