Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

| Taxpay | ver's name | Social secul | Social security number | | | | | |
|--------|--|--------------|---------------------------------|-------------|--|--|--|--|
| BHA | RGAV RAMAIAH | 173-51 | L-550 | 5 | | | | |
| Spouse | 's name | Spouse's so | Spouse's social security number | | | | | |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter | er year you | are au | thorizing.) | | | | |
| 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 | 92,162. | | | | |
| 2 | Total tax | | 2 | 12,510. | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 15,227. | | | | |
| 4 | Amount you want refunded to you | | 4 | 2,717. | | | | |
| 5 | Amount you owe | | 5 | | | | | |

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.

| Тахрау | er's PIN: che | eck one box only | | 1 5 5 0 5 |
|---------------|---------------|---|------------------------------|---|
| × | I authorize | GLOBAL TAXES LLC | to enter or generate my PIN | as my |
| | signature or | ERO firm name n the income tax return (original or amended) I am now a | authorizing. | Enter five digits, but don't enter all zeros |
| ☐ Your sig | | ny PIN as my signature on the income tax return (origin ntering your own PIN and your return is filed using the Rugula | Practitioner PIN method. The | |
| Spouse | 's PIN: chec | k one box only | | |
| | I authorize | | to enter or generate my PIN | as my |
| | | ERO firm name | | Enter five digits, but |
| | signature or | n the income tax return (original or amended) I am now a | authorizing. | don't enter all zeros |
| | | ny PIN as my signature on the income tax return (origin | , | 5 |

s box **onlv** 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 signature > | Date ► |
|--|---|
| Practitioner PIN | Method Returns Only—continue below |
| Part III Certification and Authentication – | ractitioner PIN Method Only |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed b | your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros |

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 🕨 | | Date 🕨 | |
|---|------------------|-------------------|-------------------------|
| ERO Must Don't Submit This | | | |
| For Denominarily Deduction Act Nation and Vour toy rate | urn instructions | PEV/ 03/16/34 PPO | Earm 8879 (Pay 01 2021) |

| For the year Jar | . 1-Dec | . 31, 2023, or other tax year beginning | | , 2023, e | ending | | , 20 | | See ser | oarate instr | uctions. |
|---------------------------------|-----------|---|-----------|------------------------|-----------|-----------------------------------|----------------|-----------|----------|-------------------------------|---------------------|
| Your first name | | | Last n | | | | | | | cial security | |
| | anum | | | | | | | | 173 | | |
| BHARGAV | pouse's | s first name and middle initial | Last n | AIAH | | | | | - | s social secu | |
| in joint rotaini, o | 00000 | | Laorn | | | | | | opence | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | Apt. no. | | Preside | ntial Election | n Campaigr |
| 83 OAKLA | | | | | | | 1 | | | iere if you, o | |
| | | ce. If you have a foreign address, also co | mplete | spaces below. | Sta | ate | ZIP code | | | if filing joint | |
| JERSEY (| CITY | | | | N | J | 07306 | | • | this fund. C ow will not c | • |
| Foreign country | / name | | | Foreign province/sta | te/coun | ty | Foreign postal | code | | or refund. | |
| | | | | | | | | | | You | Spouse |
| Filing Status | ; 🗵 | Single | | | | Head of he | ousehold (HC | DH) | | | |
| Check only | | Married filing jointly (even if only o | ne had | income) | | _ | | | | | |
| one box. | | Married filing separately (MFS) | | | | , , | surviving sp | • | , | | |
| | | ou checked the MFS box, enter the | | | you che | ecked the HOF | l or QSS box | , enter | the chi | ld's name i | f the |
| | qu | alifying person is a child but not you | ir depe | endent: | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (a | s a reward, award, | or payı | ment for prope | rty or service | es); or (| b) sell, | | |
| Assets | exch | ange, or otherwise dispose of a dig | ital ass | et (or a financial int | terest i | n a digital asse | t)? (See instr | uction | s.) | Yes | 🗙 No |
| Standard | Som | eone can claim: 🗌 You as a de | pende | nt 🗌 Your spo | use as | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yc | ou were a dual-statu | us alier | า | | | | | |
| Age/Blindnes | S You: | Were born before January 2, 1 | 959 | Are blind S | spouse | : 🗌 Was bor | n before Jan | uary 2 | 1959 | 🗌 Is blir | าd |
| Dependent | | - | | (2) Social secu | - ritv | (3) Relationsh | (A) Cheel | | | fies for (see i | nstructions) |
| If more | • | irst name Last name | | number | incy. | to you | | tax cre | edit | Credit for othe | er dependents |
| than four | | | | | | | | | | |] |
| dependents, | | | | | | | | | | |] |
| see instruction | s | | | | | | | | | |] |
| here 🗌 | | | | | | | | | | |] |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (s | ee instructions) . | | | | | 1a | 10 | 4,390. |
| Attach Form(s) | b | Household employee wages not re | eporteo | d on Form(s) W-2 . | | | | | 1b | | |
| W-2 here. Also | С | Tip income not reported on line 1a | a (see ii | nstructions) | | | | | 1c | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | orted | on Form(s) W-2 (se | e instru | uctions) | | | 1d | _ | |
| 1099-R if tax | е | Taxable dependent care benefits f | | - | | | | | 1e | | |
| was withheld. | f | Employer-provided adoption bene | fits fro | m Form 8839, line 2 | 29. | | | | 1f | | |
| If you did not get a Form | g | Wages from Form 8919, line 6 . | | | • • | | | | 1g | | |
| W-2, see | h | Other earned income (see instruct | , | | • • | · · · · | \cdot · · · | • • | 1h | | 0. |
| instructions. | i | Nontaxable combat pay election (s | see ins | tructions) | • • | 1 i | | | _ | 10 | 1 200 |
| | <u>z</u> | Add lines 1a through 1h | | · · · · · · | ь т | · · · · | | • • | 1z | 10 | 4,390. |
| Attach Sch. B if required. | 2a 2a | · · - | 2a | 26. | | axable interest | | • • | 2b | | 55. |
| | <u>3a</u> | | 3a 4a | 20. | | Drdinary divider Taxable amoun | | • • | 3b 4b | - | |
| Standard | 4a 5a | | 4a 5a | | | axable amoun | | • • | 40 5b | | |
| Deduction for - | 5a 6a | | 5a 6a | | | axable amoun | | • • | 6b | | |
| Single or Married filing | C | If you elect to use the lump-sum e | | method check be | | | | · · | | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Sche | | | | | | · _ | 7 | | 349. |
| Married filing | 8 | Additional income from Schedule | | • | • | | | • ∟ | 8 | 1 | 2,632. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | ••• | 9 | | 2,052. |
| surviving spouse, \$27,700 | 10 | Adjustments to income from Sche | | | | • · · · · | | ••• | 10 | | _,_~ |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | | 11 | 9 | 2,162. |
| \$20,800 | 12 | Standard deduction or itemized | | | | | | | 12 | | 3,850. |
| If you checked any box under | 13 | Qualified business income deduct | | | | 95-A. | | | 13 | | <u>3,030.</u> 4. |
| Standard Deduction, | 14 | | | | | | | | 14 | _ | 3,854. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | taxable incom | e | | | | 8,308. |
| | - | | | , | | | | | | · · · · · | |

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

Form **1040** (2023)

| Form 1040 (2023 | 3) | | | | | | | Page 2 |
|--------------------------------------|-----------|--|--------------------------|---------------------|--------------------|------------------------|-----------------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | 10 | 6 12,510. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | 1 | 7 |
| | 18 | Add lines 16 and 17 | | | | | 18 | B 12,510. |
| | 19 | Child tax credit or credit for o | other dependent | ts from Sched | ule 8812 | | 19 | 9 |
| | 20 | Amount from Schedule 3, line | e8 | | | | 20 | 0 |
| | 21 | Add lines 19 and 20 | | | | | 2 | 1 |
| | 22 | Subtract line 21 from line 18. | If zero or less, | enter -0 | | | 2 | 2 12,510. |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | e 2, line 21 | | 23 | 3 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | 24 | 4 12,510. |
| Payments | 25 | Federal income tax withheld | | | | | | |
| • | а | Form(s) W-2 | | | | 25a 15 | ,227. | |
| | b | Form(s) 1099 | | | | 25b | | |
| | с | Other forms (see instructions | 6) | | | 25c | | |
| | d | Add lines 25a through 25c | | | | | 25 | id 15,227. |
| If you have a | 26 | 2023 estimated tax payment | s and amount a | pplied from 20 | 22 return | | 20 | 6 |
| qualifying child, | 27 | Earned income credit (EIC) | | | No | 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 refu | Indable credits | 3 | 2 |
| | 33 | Add lines 25d, 26, and 32. Th | | | | | 3 | 3 15,227. |
| Refund | 34 | If line 33 is more than line 24 | , subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | 34 | 4 2,717. |
| | 35a | Amount of line 34 you want r | efunded to you | I. If Form 8888 | is attached, che | ck here | . 🗌 35 | ia 2,717. |
| Direct deposit? | b | Routing number 0 2 1 | | | | Checking | Savings | |
| See instructions. | d | Account number 3 8 1 | 0 3 9 8 | 1 0 7 4 | 4 4 4 | | | |
| | 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, go | o to www.irs.gov | //Payments or | see instructions . | | 3 | 7 |
| | 38 | Estimated tax penalty (see in | structions) . | | | 38 | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | |
| Designee | ins | tructions | | | | . Yes. Co | omplete belov | w. 🔀 No |
| | De nai | signee's | | Phone no. | | | onal identificationer (PIN) | on |
| Ciarra | | der penalties of perjury, I declare th | at I have examined | | accompanying sche | | . , | est of my knowledge and |
| Sign | | ief, they are true, correct, and comp | | | | | | , , |
| Here | Yo | ur signature | | Date | Your occupation | | If the IRS | sent you an Identity |
| | | 0 | | | | | Protection | n PIN, enter it here |
| Joint return? | | | | | SOFTWARE H | | (see inst.) | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, b | oth must sign. | Date | Spouse's occupat | ion | | sent your spouse an rotection PIN, enter it here |
| your records. | | | | | | | (see inst.) | , |
| | Ph | one no. (201)360-1888 | 2 | Email address | BRYBGYADEG | 14@GMAIL.CO | M | |
| | | eparer's name | Preparer's signat | 1 | DIAKGAVDEC | | PTIN | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | СПРТА ТАТ.Т.АМ | | P0208270 | |
| Preparer | | n's name GLOBAL TAX | | ITTU DAGAN | GOLIA IAUDAM | 02/22/2021 | | . (678)965-9522 |
| Use Only | | n's address 245 ROONES | | NSWICK N | J 08816 | | Firm's EI | |
| Go to www.irs.cr | | 1040 for instructions and the lates | | TIONICIC IN | | | | Form 1040 (2023) |
| | | noto for manuations and the lates | st mornation. | | BAA | REV 02/16/24 PRO | | 10111 10-10 (2023) |

REV 02/16/24 PRO

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Attachment Sequence No. 01 | |
|--|---|-----------------------------|--------------------------------------|--|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | | Your social security number | | |
| BHARGAV RAMAIA | H | 173-51 | -5505 | |
| Part Additi | anal Incomo | | | |

| Pai | 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 | -12,632. |
| 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 | | | |
| | for profit but were not in the business of renting such property | 81 | _ | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | | 8m | _ | |
| | Section 951(a) inclusion (see instructions) | 8n | _ | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | _ | |
| р | Section 461(I) excess business loss adjustment | 8p | _ | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | _ | |
| 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 (| | |
| | Pension or annuity from a nonqualifed deferred compensation plan or | 05 (| 4 | |
| t | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | - | |
| z | Other income. List type and amount: | | - | |
| 2 | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Ente | | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -12,632. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedu | le 1 (Form 1040) 2023 |

| Par | t II Adjustments to Income | | | |
|-----|---|-----------------|------------|-----------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-ba | 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 | Jury duty pay (see instructions) | la | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | lb | | |
| с | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | lc | | |
| d | Reforestation amortization and expenses | ld | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | le | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 4f | | |
| g | Contributions by certain chaplains to section 403(b) plans 24 | lg | | |
| ĥ | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | lh 🛛 | | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | 4i | | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | lk | | |
| z | Other adjustments. List type and amount: | | | |
| | 24 | lz | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. E | | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | <u></u> . | 26 | |
| | BAA R | EV 02/16/24 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.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

BHARGAV RAMAIAH

Your social security number

173-51-5505

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. | | (d) Proceeds | (e) Cost | (g) Adjustment to gain or loss | | (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, F line 2, column | Part I, | combine the result with column (g) |
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 1,119. | 1,064. | | | 55. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | | usts from | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | - | 6 | () | | |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | 7 | 55. | | |

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

| See instructions for how to figure the amounts to enter on the lines below. | | (d) Proceeds | (e) Cost | (g) Adjustmen to gain or loss | | (h) Gain or (loss) Subtract column (e) from column (d) and |
|--|--|------------------------|------------------|--|----------|--|
| This form may be easier to complete if you round off cents to whole 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 Box D checked | 2,198. | 1,904. | | 0. | 294. |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| 11 | in or (loss) | 11 | | | | |
| 12 | Net long-term gain or (loss) from partnerships, S corporat | dule(s) K-1 | 12 | | | |
| 13 | Capital gain distributions. See the instructions | | 13 | | | |
| 14 | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | - | 14 | () | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back . | • | | | 15 | 294. |

| Part | III Summary | |
|------|--|----------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 349. |
| | • If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | |
| 17 | Are lines 15 and 16 both gains? X Yes. Go to line 18. | |
| | No. Skip lines 18 through 21, and go to line 22. | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | |
| | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |

BAA REV 02/16/24 PRO

Schedule D (Form 1040) 2023

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 | | | | | | |
|-------------------------|---------|--|--|--|--|--|
| BHARGAV | RAMATAH | | | | | |

| 1 | 71 | 3 – | 51 | _ | 5 | 5 | | 5 | |
|---|-----|-----|-----|---|---|---|---|----------|--|
| - | / . | J | J T | | 0 | 2 | 0 | <i>J</i> | |

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

| 1 (a) Description of property | (b) (c) Date sold or | | (d) Proceeds | (e) Cost or other basis See the Note below | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) |
|--|--|--------------------------------|-------------------------------------|--|---|---------------------------------------|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| ACORNS SECURITIES LLC | 01/01/23 | 12/31/23 | 1,119. | 1,064. | | | 55. |
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| | | | | | | | |
| 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 4 | al here and inc is checked), lir | lude on your 1e 2 (if Box B | 1,119. | 1,064. | | | 55. |

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

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

| Form 8949 (2023) | Attachment Sequence No. 12A | Page 2 |
|--|---|---------------|
| Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side | Social security number or taxpayer identification num | ber |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side BHARGAV RAMAIAH

173-51-5505

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.

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

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

(F) Long-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and see <i>Column</i> (e) | Adjustment, if any, to gain or loss If you enter an amount in column (g enter a code in column (f). See the separate instructions. | | If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | | |
|---|-----------------------------|---|---|--|---|---------------------------------------|--|--|--|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | (Mo., day, yr.) | (see instructions) | in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g). | | | |
| Robinhood Securities LLC | 01/01/23 | 12/31/23 | 1,622. | 1,396. | | | 226. | | | |
| ACORNS SECURITIES LLC | 01/01/22 | 12/31/23 | 576. | 508. | W | 0. | 68. | | | |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). | | | 2,198. | 1,904. | | 0. | 294. | | | |

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 02/16/24 PRO

| 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.

| 2023 |
|--------------------------------------|
| Attachment Sequence No. 13 |

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

| Name(s) | s) shown on return | | | | | Your socia | security i | number |
|---------|--|-------------------|----------------|--------|----------------------------|------------|------------|----------|
| BHAR | RGAV RAMAIAH | | | | | 173-51 | -5505 | |
| Part | Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4 | perty, use l0. | Schedu | | - | | - | |
| | Did you make any payments in 2023 that would require ye f "Yes," did you or will you file required Form(s) 1099? | | | | | | | |
| 1a | Physical address of each property (street, city, state, | | | | | | | |
| Α | SRINIVASA RAO STREET MANSOORABAD TEL | ANGAN | A IN 5 | 00070 | | | | |
| В | | - | | | | | | |
| С | | | | | | | | |
| 1b | Type of Property (from list below)2For each rental real estate pro above, report the number of fa | | | | Fair Rental Days | Persona | | QJV |
| Α | 3 personal use days. Check the | | | Α | 365 | | 0 | |
| В | if you meet the requirements t | | | В | | | | |
| С | qualified joint venture. See ins | structions | s. | С | | | | |
| ype | of Property: | | | | | | · · · · · | - |
| | Single Family Residence 3 Vacation/Short-Term R Multi-Family Residence 4 Commercial | lental | 5 Lan 6 Roy | | 7 Self-Rent 8 Other (de | | | |
| | - | | - | | Prope | | | |
| ncom | ne: | | | Α | | B | | С |
| 3 | Rents received | 3 | | | 30. | | | <u> </u> |
| 4 | Royalties received | 4 | | | | | | |
| | nses: | | | | | | | |
| 5 | Advertising | 5 | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,34 | 45. | | | |
| 8 | Commissions | 8 | | - 10 | | | | |
| 9 | | 9 | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | |
| 11 | Management fees | 11 | | 1,20 | 00. | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) |) 12 | | | | | | |
| 13 | Other interest | 13 | | | | | | |
| 14 | Repairs | 14 | | 1,70 | 53. | | | |
| 15 | Supplies | 15 | | 2,40 | 57. | | | |
| 16 | Taxes | 16 | | | | | | |
| 17 | Utilities | 17 | | 2,9 | 78. | | | |
| 18 | Depreciation expense or depletion | 18 | | 3,4 | 59. | | | |
| 19 | Other (list) | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 13,23 | 12. | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). result is a (loss), see instructions to find out if you mus file Form 6198 | | | -12,63 | 32. | | | |
| 22 | Deductible rental real estate loss after limitation, if any on Form 8582 (see instructions) | | (| 12,63 | |)(| | |
| 23a | Total of all amounts reported on line 3 for all rental pro | perties | | | 23a | 580. | | |
| b | Total of all amounts reported on line 4 for all royalty pr | - | | [| 23b | | | |
| С | Total of all amounts reported on line 12 for all propertie | | | [| 23c | | | |
| d | Total of all amounts reported on line 18 for all propertie | | | [| 23d | 3,459. | | |
| е | Total of all amounts reported on line 20 for all propertie | | | | 23e | 13,212. | | |
| 24 | Income. Add positive amounts shown on line 21. Do r | | - | | | 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real es | | | | | | 1 | 12,632. |
| 26 | Total rental real estate and royalty income or (loss here. If Parts II, III, and IV, and line 40 on page 2 do | | | | | | | |

26 -12,632. Schedule E (Form 1040) 2023

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

| Form 8995 |
|------------------|
|------------------|

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-2294

Attachment Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number 173-51-5505

 BHARGAV RAMAIAH
 173-51-5505

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

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

| 1 | (a) Trade, business, or aggregation name | (c) Qualified business income or (loss) | | |
|----------|--|---|----|-------------------------|
| i | | | | |
| ii | | | | |
| iii | | | | |
| iv | | | | |
| v | | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | | |
| 3 4 | Qualified business net (loss) carryforward from the prior year | 3 () 4 | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 | |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 20. | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 () | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 20. | | |
| 9 | | | 9 | 4. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and | 1 | 10 | 4. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 78,312. | | |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 320. | | |
| 13 | | 13 77,992. | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | 1 | 14 | 15,598. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions) | | 15 | 4. |
| | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than | | 16 | (0.) |
| | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and | | | <u> </u> |
| | zero, enter -0 | | 17 | (0.) |
| For Priv | vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/1 | 6/24 PRO | | Form 8995 (2023) |

| Form 8582 |
|----------------------------|
| Department of the Treasury |

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

Identifying number 173-51-5505

BHARGAV RAMAIAH
Part I 2023 Pa

2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.

| | I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.) | | |
|-------------------|---|----|----------|
| 1a b c d | Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(12,632.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c | 1d | -12,632. |
| | her Passive Activities Activities with net income (enter the amount from Part V, column (a)) . 2a Activities with net loss (enter the amount from Part V, column (b)) . . 2b () Prior years' unallowed losses (enter the amount from Part V, column (c)) . | 2d | |
| 3 | Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is 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 | -12,632. |

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

| Part | Special Allowance for Rental Real Estate Activities with Active Participation | on | | |
|------|--|-----------|----|---------|
| | Note: Enter all numbers in Part II as positive amounts. See instructions for an example. | | | |
| 4 | Enter the smaller of the loss on line 1d or the loss on line 3 | | 4 | 12,632. |
| 5 | Enter \$150,000. If married filing separately, see instructions 5 150 | ,000. | | |
| 6 | Enter modified adjusted gross income, but not less than zero. See instructions 6 104 | ,794. | | |
| | Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | | | |
| 7 | Subtract line 6 from line 5 45 | ,206. | | |
| 8 | Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instr | ructions | 8 | 22,603. |
| 9 | Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions | | 9 | 12,632. |
| Part | III Total Losses Allowed | | | |
| 10 | Add the income, if any, on lines 1a and 2a and enter the total | | 10 | 0. |
| 11 | Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions | s to find | | |
| | out how to report the losses on your tax return | | 11 | 12,632. |
| Part | IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. | | | |
| | | | | |

| Name of activity SRINIVASA RAO STREET | Currer | nt year | Prior years | Overall gain or loss | | |
|--|-----------------------------|----------------------------------|---------------------------------|----------------------|----------|--|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss | |
| SRINIVASA RAO STREET | 0. | 12,632. | | | 12,632. | |
| | | | | | | |
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| | | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0. | 12,632. | | | | |
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For Paperwork Reduction Act Notice, see instructions.

REV 02/16/24 PRO

Form 8582 (2023)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Nome of activity | Current year | | | Prior years | | Overall gain or loss | | | |
|---|--|-----------------------------|------------------|---------------------------------|---------|---------------------------------|--------------------|--|--|
| Name of activity | (a) Net income (line 2a) | (b) Net loss (line 2b) | | (c) Unallowed loss (line 2c) | | (d) Gain | | (e) Loss | |
| | (iiiie za) | (II) | | 1055 (111 | e 20) | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c Part VI Use This Part if an Amou | nt le Shown on F | Dart II | line 9 S | ee instruc | tions | | | | |
| | Form or schedule | art II, | Line 3. 0 | | /10/15. | | | | |
| Name of activity | and line number to be reported on (see instructions) | (a |) Loss | (b) Ra | atio | (c) Special allowance | | (d) Subtract column (c) from column (a). | |
| SRINIVASA RAO STREET | E Ln 22 | | 12,632. | 1.0000 | 0000 | 12,63 | 2. | 0. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 12,632. | 1.0 | 0 | 12,63 | 2. | 0. | |
| Part VII Allocation of Unallowed | | | S. | | | | | | |
| Name of activity | Form or sche and line nur to be reporte (see instruct | mber ed on (a) Lo | | Loss (| | (b) Ratio (| | (c) Unallowed loss | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | · · · · · · · | | | | | 1.00 | | | |
| Part VIII Allowed Losses. See inst | | 11 - | | | | | | | |
| Name of activity | Form or sche and line nur to be reporte (see instruct | nber ed on | (a) l | _oss (b) Unallowe | | allowed loss | s (c) Allowed loss | | |
| | | | | | | | | | |
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| Total | | | | | | | | | |

REV 02/16/24 PRO

Form **8582** (2023)