# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

	1.01.01.00				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
BHAF	RGAV RAMAIAH	173-51	-550	5	
Spouse's	s name	Spouse's soo	ial seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enti-	 er year you a	re au	thorizina.	.)
	whole dollars only on lines 1 through 5.	y ca y ca. a	0 0.0.		·/
	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.
	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	rn)
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trans my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reduces the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	mitter, or electro- ejection of the to U.S. Treasury a dicated in the to tion to debit the ate the authorize quests must be the processing of payment. I fur	onic refansmis and its cax prepare entry ation. The receiff the elaboration at the receiff the acceiments.	turn origina ssion, (b) the designated paration so to this according for revoke (ved no late ectronic passion).	tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only				
X		e my PIN	5 !	5 0 5	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN med below.				
Your s	ignature ▶ Date ▶				
Spous	e's PIN: check one box only	_			
	I authorize to enter or generate	e my PIN			as my
	ERO firm name	En		digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN medbelow.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	w			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 Don't ent	6 0 er all ze	8 2 7	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	tax return (origi	nal or urn in a	amended) accordance	
EBO'a	signature ▶ Date ▶				
Enu s	<u> </u>				
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To	Do So			

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



£1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use Onl	ly—Do not v	vrite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding	I .		, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last na	ame						Your so	cial sec	curity number
BHARGAV			RAM	HAIA						173	51	5505
	pouse's	s first name and middle initial	Last na							Spouse		security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Α	pt. no.	Preside	ntial Ele	ection Campaigr
83 OAKL	AND .	AVE						1				ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete :	spaces belo	ow.	Sta	te	ZIP co	ode		•	jointly, want \$3 nd. Checking a
JERSEY (	CITY					NJ	Г	073	06			not change
Foreign countr	y name			Foreign pro	ovince/state/	count	ty	Foreig	n postal code	your ta	x or refu	
Filing Status	s X	Single					Head of he	ouseh	old (HOH)			
-		Married filing jointly (even if only or	ne had	income)					,			
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spouse	(QSS)		
0.10 20711	lf y	ou checked the MFS box, enter the	name	of your sp	ouse. If you	u che			• .		ild's na	me if the
		alifying person is a child but not you			•							
	A		/									
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi	•					-			<b>□</b> Y	es 🗵 No
Standard		neone can claim: You as a de					a dependent	1,1 (00	, o modraodic	J. 10. <sub>1</sub>		
Deduction		Spouse itemizes on a separate return			•		•					
Age/Blindnes	S You	: Were born before January 2, 1	959 [	Are bli	nd <b>Sn</b> o	ouse	· 🗆 Was bor	n befo	re January	2 1959		s blind
Dependent				T	ocial security		(3) Relationsh	14		-		(see instructions):
•	•	irst name Last name			number	/	to you	ib I,	Child tax		ı	or other dependents
If more than four	<u> </u>											
dependents,	-											
see instruction and check	s —											
here	]											
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instruct	tions) .					. 1a		104,390.
Attach Form(s)	b	Household employee wages not re	eported	on Form(	(s) W-2 .					. 1k	)	
W-2 here. Also	С	Tip income not reported on line 1a	(see ir	structions	s)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s)	W-2 (see i	nstru	ıctions)			. 10	ı	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441,	line 26					. 16	,	
was withheld.	f	Employer-provided adoption bene	fits fror	m Form 88	339, line 29					. 11	:	
If you did not	g	Wages from Form 8919, line 6 .								. 10		
get a Form W-2, see	h	Other earned income (see instructi	ions)					, .		. <u>1</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)			<u>1</u> i					
	z	Add lines 1a through 1h			<u>.</u>					. 1z	:	104,390.
Attach Sch. B	<b>2</b> a	· —	2a				axable interest			-	)	
if required.	3a_	Qualified dividends	3a		26.		rdinary divider					55.
Standard	4a	<del>-</del>	4a			b T	axable amoun	t		. 4t	)	
Deduction for—	5a	Pensions and annuities	5a				axable amoun			. 5b	)	
Single or	6a	,	6a				axable amoun	t		. 6b	)	
Married filing separately,	С	If you elect to use the lump-sum e		-		•	,					
\$13,850  Married filing	7	Capital gain or (loss). Attach Sched		•	•		•			□ <u>  7</u>		349.
jointly or	8	Additional income from Schedule								. 8	_	-12,632.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our <b>total inc</b>	come	e			. 9		92,162.
\$27,700 • Head of	10	Adjustments to income from Schee								. 10		
household,	11	Subtract line 10 from line 9. This is	-	-	=					. 11		92,162.
\$20,800 If you checked	12	Standard deduction or itemized								. 12		13,850.
any box under Standard	13	Qualified business income deducti	on fror	n Form 89	95 or Form	1 899	5-A			. 13		4.
Deduction,	14									. 14		13,854.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loc	oc ontor 1	O Thic ic v	Our t	tavahla incom			16	: 1	78 308

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌		16	12,510.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	12,510.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	12,510.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	12,510.
<b>Payments</b>	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 1!	5,227.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,227.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	.,		26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. Elc.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			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	15,227.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	2,717.
	35a	Amount of line 34 you want			is attached, che	ck here	🗌	35a	2,717.
Direct deposit?	b	Routing number 0 2 1			<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 3 8 1	0 3 9 8	1 0 7 4	1 4				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_
Designee	ins	structions				LYes. C	omplete	below.	<b>⋉</b> No
		esignee's me		Phone no.			sonal ident ber (PIN)	ification	
Cian		ider penalties of perjury, I declare t	hat I have examined		accompanying sche			the best	of my knowledge and
Sign		lief, they are true, correct, and com							,
Here	Yo	our signature		Date	Your occupation		If th	e IRS se	nt you an Identity
		-			•				IN, enter it here
Joint return?					SOFTWARE 1			inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return,	Date	Spouse's occupat	ion	Ider		IRS sent your spouse an ity Protection PIN, enter it here nst.)	
	Ph	one no. (201)360-188	8	Email address	BHARGAVDEC	14@GMAIL.C	MC		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/22/2024	P0208	2703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (	678)965-9522
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firm	's EIN	84-3171965

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

BHARGAV RAMAIAH

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

	Sequence No. 01
Your soci	ial security number
172_51	_5505

Par	t I 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	ich Schedule E .	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		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q p8		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter			40.60-
	1040, 1040-SR, or 1040-NR, line 8		10	-12,632.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	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	· <u> </u>			
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i		_	
j	Housing deduction from Form 2555	24j		-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041			
	1041)	24k			
Z	Other adjustments. List type and amount:				
05		24z		0.5	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10			06	
				26	
	BAA	REV 02/	16/24 PRO	Scnedu	ile 1 (Form 1040) 2023

#### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment

	tment of the Treasury al Revenue Service  Use Form 8949 to list your transcribed as formal service and the service and the service are service as the servic					Attachment Sequence No. <b>12</b>
	(s) shown on return  ARGAV RAMAIAH					ecurity number 5505
-	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•			
Pa	rt I Short-Term Capital Gains and Losses – Ge	nerally Assets I	Held One Year	or Less (se	e ins	structions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949,	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	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.			line 2, colum	in (g)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	1,119.	1,064.			55.
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					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and to		5	
6	Short-term capital loss carryover. Enter the amount, if an		our <b>Capital Loss</b>	-	6	(
7	7	55.				
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	instructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	2,198.	1,904.		0.	294.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any			Carryover		

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

294.

14

15

Schedule D (Form 1040) 2023 Page 2

### 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 • 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 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

## 8949

### Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return BHARGAV RAMAIAH

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number 173-51-5505

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.

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 F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or los If you enter an amount in column ( 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	<b>(g)</b> 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.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), <b>li</b> i	lude on your ne 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.

Form 8949 (2023) Attachment Sequence No. 12A Page 2

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

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).

Social security number or taxpayer identification number 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.

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

(F) Long-term transactions	•	. ,	•	as <b>wasii t</b> reporti	ed to the in	10	
(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	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.)		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 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.

**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.

294.

0 .

2,198.

1,904

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

	RGAV RAMAIAH						<u>173-</u> 5	1-5505	
Par				0.0:				dal al a	
	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	τy, use	Schedule	C. See	ınstru	ctions. If you ar	e an indi	vidual, repo	ort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	1099? 5	See ins	structions		.  \( \text{Ye} \)	s 🛛 No
1a	Physical address of each property (street, city, state, ZIF								
			<u> </u>	10070					
A B	SRINIVASA RAO STREET MANSOORABAD TELAN	IGANA	Y IN SC	70070					
C									
1b	Type of Property 2 For each rental real estate proper	rty liet	ad		Ec	ir Rental	Doroor	nal Use	
110	Type of Property 2 For each rental real estate proper above, report the number of fair r				Га	Days		ays	QJV
Α	gersonal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	ctions	i.	С					
Туре	of Property:			ı		<u>'</u>			<del></del>
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Lanc	1	7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)		
						Propertie			
Incor	ma:			Α		В			С
3	Rents received	3			80.	В			
4	Royalties received	4			00.				
	nses:	-							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	45.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,7					
15	Supplies	15		2,4	67.				
16	Taxes	16							
17	Utilities	17			78.				
18	Depreciation expense or depletion	18		3,4	59.				
19	Other (list) Total expenses. Add lines 5 through 19	19		12 2	1.0				
20		20		13,2	12.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must								
	file <b>Form 6198</b>	21		-12,6	32.				
22	Deductible rental real estate loss after limitation, if any,			-, •	-				
	on <b>Form 8582</b> (see instructions)	22	(	12,63	32.)	(	)	(	,
23a	Total of all amounts reported on line 3 for all rental proper	$\overline{}$			23a	•	580.		
b	Total of all amounts reported on line 4 for all royalty prope				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d	3	,459.		
е	Total of all amounts reported on line 20 for all properties				23e	13	,212.		
24	Income. Add positive amounts shown on line 21. Do not		-				24		
25	Losses. Add royalty losses from line 21 and rental real estate							( 1	2,632.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar								12,632.
	Schedule i (Form 1040), line 3. Otherwise, include this at	nount	III LITE LO	ıaı UII II	116 4 I	un paye 2 .	26	-	·,03 <u>_</u> .

## Form **8995**

Department of the Treasury Internal Revenue Service

# Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

Name(s) shown on return	Your taxpayer identification number			
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	(b) Taxpayer identification number	1	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		
4 5	Total qualified business income Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 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	i i	10	4.
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 78,312.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	<b>12</b> 320.		
13	Subtract line 12 from line 11. If zero or less, enter -0	77,992.		15 500
14	Income limitation. Multiply line 13 by 20% (0.20)		14	15,598.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			A
16	the applicable line of your return (see instructions)		15	4.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	( 0.

### Form **8582**

**Passive Activity Loss Limitations** 

See separate instructions.

Attach to Form 1040, 1040-SR, or 104

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

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

Department of the Treasury Internal Revenue Service

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

						_		
Name(s) shown on return					entifying n	ntifying number		
BHAR	HARGAV RAMAIAH 173					73-51-	5505	
Par	t I 2023 Passive Activity Loss	S			,			
	Caution: Complete Parts IV an	nd V before comple	eting Part I.					
	Il Real Estate Activities With Active Pa ance for Rental Real Estate Activities	•		ive participation, s	ee <b>Specia</b>	1		
1a b c d	Activities with net income (enter the an Activities with net loss (enter the amore Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b ( 1c (	0.12,632		-12,632.	
All Ot	her Passive Activities							
	Activities with net income (enter the an Activities with net loss (enter the amount of Prior years' unallowed losses (enter the	unt from Part V, co	olumn (b)) art V, column (c))	2b ( 2c (		) 		
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						-12,632.	
		. •	zoro or moro) eki	in Part II and as to	lino 10			
Cauti	on: If your filing status is married filing	`	,,	ip Part II and go to		ho voor	do not complete	
	Instead, go to line 10.	separately and yo	d lived with your	spouse at any tim	ie during i	ne year,	do not complete	
Par		ntal Real Estate	Activities With	Active Participa	ation			
. a.	Note: Enter all numbers in Par			•				
4	Enter the <b>smaller</b> of the loss on line 1	<b>-</b>				4	12,632.	
5	Enter \$150,000. If married filing separa	, , , , , , , , , , , , , , , , , , ,						
6	Enter modified adjusted gross income	-						
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent					
7	Subtract line 6 from line 5						00.00	
8	Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions						22,603.	
9 Pari		line 3 includes any	CRD, see instruc	ctions	<u> </u>	9	12,632.	
		d O = === d === +b==	. Latal			10		
10	Add the income, if any, on lines 1a an		10	0.				
11	Total losses allowed from all passiv	1 1	10 (20					
Part	out how to report the losses on your to Complete This Part Before			oo instructions	<u> </u>	11	12,632.	
rart	Complete This Part Belore	raiti, Lilles I	a, ID, allu IC. S	ee manuchons.				
	Name of activity	Currer	Current year Prior years			Overall gain or loss		
Name of activity		(a) Net income (line 1a)			( <b>d</b> ) G	ain	(e) Loss	

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(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.	
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c	0.	12,632.				
Total. Enter on Part I, lines 1a, 1b, and 1c		14,034.			0500	

Form 8582 (2023) Page **2** 

Part V Complete This Part Befor	e Part I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.			•
Name of activity	Current year			Prior years		Overall gain or loss		ain or loss
ivame of activity	(a) Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c								
Part VI Use This Part if an Amour	nt Is Shown on F	Part II,	, <b>Line 9.</b> S	ee instruc	ctions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(а	) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).
SRINIVASA RAO STREET	E Ln 22		12,632.	1.0000	0000	12,632		0.
Fotal			12,632. <b>1.0</b> 0		0	12,632.		0.
Part VII Allocation of Unallowed L	osses. See instr			'		·		I
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	oss (b) Ratio		(c) Unallowed loss	
Total						1.00		
Part VIII Allowed Losses. See instru	uctions.							
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on (a) Loss		(b) Unallowed loss		(	(c) Allowed loss	
Total								