Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
RAJASHEKAR KASULA	899-11-	-1449
Spouse's name	'	al security number
VANI THANDA	188-37-	
)23 (Enter year you a	re authorizing.)
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 1 1 1 1 1 1 1 1 1
2 Total tax		2 8,419.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 11,709.
4 Amount you want refunded to you		4 3,290.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original		· · · · · · · · · · · · · · · · · · ·
return (original or amended) I am now authorizing. I consent to allow my intermediate service proves send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I aut Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finar authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a Electronic Funds Withdrawal Consent.	eason for rejection of the transcript the U.S. Treasury are account indicated in the taccial institution to debit the to terminate the authorization requests must be colved in the payment. I furtier	ansmission, (b) the reason of its designated Financial of preparation software for entry to this account. This titon. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
<u></u> -	r generate my PIN	1 4 4 9 as my
ERO firm name	Ent	er five digits, but n't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.		
I will enter my PIN as my signature on the income tax return (original or amenorify you are entering your own PIN and your return is filed using the Practitione below.		
Your signature ►	Date ▶	
Spouse's PIN: check one box only		
•	r generate my PIN 7	5 8 8 4 as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amendifyou are entering your own PIN and your return is filed using the Practitione below.	ded) I am now authorizir	
Spouse's signature ▶	Date ▶	
Practitioner PIN Method Returns Only—conti		
Part III Certification and Authentication — Practitioner PIN Method On	y	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ente	6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> P	t I am submitting this retu	rn in accordance with the
ERO's signature ▶	Date ►	
ERO Must Retain This Form — See Instru	uctions	
Don't Submit This Form to the IRS Unless Reque	ested To Do So	

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

20**23** OMB No. 1545-0074

For the year Jan	. 1–Dec	31, 2023, or other tax year beginning		, 2023, end	ling	CIVID NOT 10 10		, 20	See ser	oarate inst	ructions
Your first name			Loot n						·	cial securit	
		idale ilittai	Last name KASULA						11 14	•	
RAJASHEK		s first name and middle initial	Last na							<u> </u>	urity number
	50 0 50 0	s mot name and middle middle	THAI							37 58	•
VANI Home address	(numbe	er and street). If you have a P.O. box, see						Apt. no.			on Campaign
20244 N			motract	10113.				#2103	t		
		ce. If you have a foreign address, also co	mplete :	spaces below	Sta	te	ZIP o	,,	Check here if you, or your spouse if filing jointly, want \$3		
PHOENIX		, a, a, a	,		AZ		850				Checking a
Foreign country	name			Foreign province/state/o				an postal code	l	ow will not a correfund.	cnange
, , , , , , , , , , , , , , , , , , , ,						,		5·· · · · · · · · · ·	,	You	Spouse
Filing Status	, [Single				Head of he	ousel	nold (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	survi	ving spouse	(QSS)		
	l f y	ou checked the MFS box, enter the	name	of your spouse. If you	ı che	ecked the HOH	or C	SS box, ente	er the chi	ld's name	if the
	qu	alifying person is a child but not you	ır depe	ndent:							
 Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	payr	nent for prope	rty or	services); or	(b) sell,		
Assets		ange, or otherwise dispose of a dig					-			☐ Yes	⊠ No
Standard	Som	eone can claim: 🔲 You as a de	pender	nt 🔲 Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien	ı					
Age/Blindness	You:	□ Were born before January 2, 1	959 [Are blind Spo	use	: Was bor	rn bef	ore January 2	2, 1959	☐ I s bli	nd
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nin (4) Check the b	ox if quali	fies for (see	instructions):
If more		irst name Last name		number		to you	"P	Child tax ci	redit	Credit for oth	er dependents
than four											
dependents,											
see instructions and check	s —										
here \square											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions)					. 1a	11	9,749.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	•	•					. <u>1c</u>		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see in	nstru	ıctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f		•					. <u>1e</u>		
was withheld.	f	Employer-provided adoption bene	efits fror	m Form 8839, line 29					. <u>1f</u>		
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 1g		
W-2, see	h	Other earned income (see instruct	,				· ·		. 1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>				11	0 740
	<u>z</u>	Add lines 1a through 1h	· ·						. 1z		9,749.
Attach Sch. B if required.	2a	•	2a			axable interest			. 2b		270.
	3a		3a			ordinary divider			. 3b		
Standard	4a		4a			axable amoun			. 4b	+	
Deduction for—	5a		5a			axable amoun [.] axable amoun [.]			. 5b		
Single or Married filing	6a	,	6a	mathad shook hara			ι		. 6b		
separately, \$13,850	С 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Sche				-		· · · L	5 7		274.
Married filing	8	Additional income from Schedule						L	_ <u> </u>	_1	8,760.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		1,533.
surviving spouse, \$27,700	10	Add liftes 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		•					. 10		,
Head of	11	Subtract line 10 from line 9. This is							. 10	_	01,533.
household, [\$20,800	12	Standard deduction or itemized	•						. 12		27 , 700.
If you checked any box under	13	Qualified business income deduct		•	•	5-A			. 13		. , , , , , , , , ,
Standard Deduction,	14	Add lines 12 and 13							. 14	+	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	ss, enter -0 This is y	our t	axable incom	ne .		. 15		73,833.

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 88	1 4 2 4972	з 🗌 _		. 16	8,419.
Credits	17	Amount from Schedule 2, line 3			•		. 17	
	18	Add lines 16 and 17					. 18	8,419.
	19	Child tax credit or credit for other dependen	ts from Sche	dule 8812			. 19	
	20	Amount from Schedule 3, line 8					. 20	
	21	Add lines 19 and 20					. 21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				. 22	8,419.
	23	Other taxes, including self-employment tax,	from Schedu	ıle 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is your total tax					. 24	8,419.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			 25a 11	L,70	9.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	11,709.
If you have a	26	2023 estimated tax payments and amount a	pplied from 2	2022 return			. 26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 8863	3, line 8		29			
	30	Reserved for future use						
	31	Amount from Schedule 3, line 15						
	32	Add lines 27, 28, 29, and 31. These are your	total other	payments and refu	ndable credits		. 32	
	33	Add lines 25d, 26, and 32. These are your to	otal payment	ts			. 33	11,709.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 3	3. This is the amour	it you overpaid		. 34	3,290.
	35a	Amount of line 34 you want refunded to you	u . If Form 888	38 is attached, chec	k here	[35a	3,290.
Direct deposit?	b	Routing number 1 1 1 0 0 0 6	1 4	c Type:	Checking	Savin	gs	
See instructions.	d	Account number 7 6 0 3 1 1 1	0 5					
	36	Amount of line 34 you want applied to your	2024 estima	ted tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to <i>www.irs.go</i>					. 37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc structions	cuss this ret	urn with the IRS?	_	omple	te below.	⊠ No
		signee's me	Phon no.	ne		onal id ber (Pl	entification N)	
Sign	Un	der penalties of perjury, I declare that I have examine lief, they are true, correct, and complete. Declaration	d this return an		dules and statemer	ts, and	to the best	
Here	Yo	ur signature	Date	Your occupation		F	Protection P	nt you an Identity IN, enter it here
Joint return? See instructions.				SOFTWARE E		`	see inst.)	
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Ide				ne IRS sent your spouse an ntity Protection PIN, enter it here e inst.)	
	——Ph	one no. (510) 676-1572	Email address	<u> </u>		MC		
		eparer's name Preparer's signat		I I I O I I I I O I I I I	Date Date	PTIN		Check if:
Paid				MAR DUDIPALLI		P02	470833	Self-employed
Preparer		m's name GLOBAL TAXES LLC						(678) 965-9522
Use Only		· · · · · · · · · · · · · · · · · · ·	INICIAL CIC.	VIT 00016		- + :		00 0145407

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

RAJASHEKAR KASULA & VANI THANDA

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

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

Attachment Sequence No. 01 Your social security number

899-11-1449

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	ach Schedule E .	5	-18,760.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	here and on Form	10	-18 760

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-	-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	•		
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	,	24a		
b	Deductible expenses related to income reported on line 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24c	_	
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d	_	
е	Repayment of supplemental unemployment benefits under the Trade			
_	Programme and the second secon	24e	-	
f	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g		24g	-	
h	Attorney fees and court costs for actions involving certain unlawful	0.41-		
	·	24h	-	
	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		
	Housing deduction from Form 2555	24j	-	
J K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24)	-	
ĸ	1041)	24k		
Z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

Attachment Sequence No. 12

Your social security number

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

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.

RA	JASHEKAR KASULA & VANI THANDA			899-	-11-	1449
-	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•			
	rt I Short-Term Capital Gains and Losses—Ge	·	. 0, 0		e ins	tructions)
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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949,	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
wno	e dollars.			line 2, colum	n (g)	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	4,518.	4,249.			269.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	1,010.	1,213.			2001
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	1684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	•	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis			e any long-	7	269.
Par	t II Long-Term Capital Gains and Losses—Gei	-			_	L
	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmer	te	(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	from Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with		_			_
	Box D checked	8.	3.			5.
9	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13 14	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any				13	
	Worksheet in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 8a on the back	a urrough 14 in co	numm (n). Then, go	o to Part III	15	5.

Schedule D (Form 1040) 2023 Page 2

Part III Summary 16 274. 16 Combine lines 7 and 15 and enter the result • 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 ine 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. 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

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

2023

Attachment
Sequence No. 12A

Name(s) shown on return

RAJASHEKAR KASULA & VANI THANDA

Social security number or taxpayer identification number

899-11-1449

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☐ (C) Short-term transactions			_	sis wasn't report	ed to the I R	RS			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an amount in colusis enter a code in column (See the separate instruction				(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).		
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	4,509.	4,240.			269.		
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	9.	9.			0.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above is checked), or line 3 (if Box A)	al here and inc is checked), lir	lude on your ne 2 (if Box B	A 518	1 219			269		

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 $\texttt{RAJASHEKAR} \quad \texttt{KASULA} \quad \& \quad \texttt{VANI} \quad \texttt{THANDA}$

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 899-11-1449

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.

reported on l	Form(s) 1099	-B showing bas)
(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	If you enter an enter a c See the sep	amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
01/01/23	12/31/22	8.	3.			5.
	reported on not reported (b) Date acquired (Mo., day, yr.)	reported on Form(s) 1099 not reported to you on Fo (b) Date acquired (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.)	reported on Form(s) 1099-B showing bas not reported to you on Form 1099-B (b) Date acquired (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (d) Proceeds (sales price) (see instructions)	reported on Form(s) 1099-B showing basis wasn't reported to you on Form 1099-B (b) Date acquired (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (mo., day, yr.) (mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (mo., day, yr.) (mo., day, yr.)	reported on Form(s) 1099-B showing basis wasn't reported to the IF not reported to you on Form 1099-B (b) Date acquired (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (see instructions) (d) Proceeds (sales price) (Cost or other basis See the Note below and see Column (e) in the separate instructions. (f) Code(s) from instructions	(b) Date sold or disposed of (Mo., day, yr.) (Mo., day, yr.) (b) Date sold or disposed of (Mo., day, yr.) (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (d) Proceeds (sales price) (see instructions) (see instructions) (e) Cost or other basis See the Note below and see Column (e) in the separate instructions. (f) Code(s) from Amount of adjustment

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** (2023)

8

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(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. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number RAJASHEKAR KASULA & VANI THANDA 899 - 11 - 1449Income or Loss From Rental Real Estate and Royalties

	Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rty, use	e Schedule	c . See	instru	ctions. If you a	are an indivi	dual, repo	ort farm
Α [Did you make any payments in 2023 that would require you	to file	Form(s) 1	1099? S	See ins	structions.		☐ Ye	s 🛛 N
	f "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZI								
Α	H NO 3-40/64 VANKAMAMIDI NALGONDA TEL		<u> </u>	508284	4				
В				, , , , ,					
c									
1b	Type of Property 2 For each rental real estate property	ertv lis	ted		Fa	ir Rental	Persona	LUse	
	(from list below) above, report the number of fair					Days	Day		QΊΛ
Α	personal use days. Check the Q			Α		365	_	0	
В	if you meet the requirements to			В					
С	qualified joint venture. See instru	uctions	S.	С					
ype	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Land	I	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
			,						
						Propert	ies:		
ncom				<u>A</u>		В			С
3	Rents received	3		- 6	00.				
4	Royalties received	4							
-	nses:	_							
5	Advertising	5							
6	Auto and travel (see instructions)	7		1 0	0.0				
7	Cleaning and maintenance			1,8	90.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		1 0	20				
11	Management fees	11		1,2	30.				
12	Mortgage interest paid to banks, etc. (see instructions)	13							
13	Other interest	14		6,1	20				
14 15	Repairs	15		5,8					
16	Supplies	16		J, 0	90.				
16 17	Taxes	17		4,2	20				
1 <i>1</i> 18	Utilities	18		4,2	30.				
19									
20	Other (list)	20		19,3	60				
20 21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		10,0	00.				
4 I	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	_	-18 , 7	60.				
22	Deductible rental real estate loss after limitation, if any,				-				
	on Form 8582 (see instructions)	22	(18,76	50.)	()(
23a	Total of all amounts reported on line 3 for all rental proper				23a	\	600.		
b	Total of all amounts reported on line 4 for all royalty prop				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				
е	Total of all amounts reported on line 20 for all properties				23e	19	,360.		
24	Income. Add positive amounts shown on line 21. Do no						. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses he		-	18,760
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 a						. 26	-	-18,76

NPA

Arizona Form

E-file Signature Authorization

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** 899 | 11 | RAJASHEKAR KASULA your Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s) THANDA PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. **PART 2 – TAX RETURN INFORMATION** PART 3 – FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 1 Arizona Adjusted Gross Income 00 Foreign Account Deposit/Debit: See instructions below. 1,846 00 TYPE OF ACCOUNT 2 Balance Of Tax ROUTING NUMBER 4,679 00 1 0 0 0 6 1 4 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: |7|6|0|3|1|1|1|0|5 **4 REFUND**: Enter the amount of refund..... 2,833|00 DIRECT DEBIT REQUEST DATE **5** ■ **AMOUNT YOU OWE:** Enter the amount owed....... 00 DIRECT DEBIT PAYMENT AMOUNT \$ Box 4 Checkbox – Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the account. If you are due a refund, we will send you a check instead. If you information provided on your tax return. You have elected to direct debit owe tax, you must mail a check to the Arizona Department of Revenue, for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return. whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return 6a X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending resolve issues related to the payment. December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

RETURN.			Arizona Form 140	Resident	Personal Inc	ome Tax	Return	FOF	CALENDAR YEAR 2023
戶	82F		Check box 82F	OR FISCAL YEAR BEGI	NINING	12 0 2 3	I AND ENDING I		
			f filing under extension First Name and Middle Initial	ON FISCAL TEAN BEGI	Last Name	12101210	AND LINDING		ocial Security Number
TO THE	1		JASHEKAR		KASULA		Enter	899	•
	_		se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		your		's Social Security No.
ИS	1	VA	NI		THANDA		SSN(s).	188	ı 37 ı 5884
ANY ITEMS		Curre	nt Home Address - number and	street, rural route	1	Apt. No.	Daytime		vith area code)
\geq	2	20	244 N 31ST AVE			#2103		0)676 -	
\forall	$\overline{}$	-	Town or Post Office	State	ZIP Code	•	Last Names Used in L	ast Four P	Prior Year(s) (if different)
빌.	3	PH	OENIX	AZ	85027				97
¥	STATUS	4	Married filing joint return			verpayment	REVENUE USE ONLY	. DO NOT	MARK IN THIS AREA.
S	ΣŢ	5	Head of household. Enter	name of qualifying child or d	ependent on next line.				
DO NOT STAPLE									
0	FILING	6	✓ Married filing separate ret✓ Single	urn. Enter spouse's name a	nd Social Security Num	ber above.			
Ω		7	✓ Single✓ Enter the number claims	d Do not put a check n	nark				
	EXEMPTIONS	8	Age 65 or over (you and/o			mnlete lines 38			
	PT	9	Blind (you and/or spouse)	' ' '	ines 10a and 10b, also cor		81 PM		80 RCVD
	Œ	10a	Dependents: Under age of		pendents: Age 17 and	d over.		[
	Image: Control of the	11a	Qualifying parents and gra						
			(Box 10a and 10b): Depende	ent Information. See instr		pace, check t		plete paç	
			(a) FIRST AND LAS	TNAME	(b) SOCIAL SECURITY	(c) RELATIONSHIF	(d) P NO. OF MONTHS ✓ D	(e) ependent Ag	e (f) ✓ if you did not claim
	nts		(Do not list yourself		NUMBER	RELATIONSHIP	LIVED IN YOUR'	nduded III.	this person on your federal return due to
	nde						HOME IN 2023 (Box	1 2 10a) (Box 1	educational credits
	Dependents	10c						$\Box \downarrow \Box$	
	_	10d						ᆗ부	
		10e							
0	- I		(Box 11a): Qualifying parents	and grandparents. See		1			
140	ıtsan ts		(a) FIRST AND LAS	T NAME	(b) SOCIAL SECURITY	(c) RELATIONSHI	(d) P NO. OF MONTHS ✓ IF	(e) AGE 65 C	OR (f) ✓ IF DIED
Ē	ng Parentsand		(Do not list yourself	or spouse.)	NUMBER		LIVED IN YOUR HOME IN 2023	OVER	IN 2023
6	fying								
ţe	Qualifying Grandp	11b						- H	<u> </u>
s af	- 1	11c		/5				40	101,533 00
			Federal adjusted gross incom Small Business Income: 135 ch						00
schedules or other docume			Modified federal adjusted gross					1	101,533 00
noc	"		Non-Arizona municipal interest.						00
rd	tions		Partnership Income adjustment						00
the	۱ddi		Total federal depreciation						00
r o	1		Other Additions to Income: Cor	•			. •		00
S O			Subtotal: Add lines 14 through 18					19 1 00	101 , 533 00
음			Total net capital gain or (loss). Total net short-term capital gain					9 00	
eq			Total net long-term capital gain					5 00	
Sch			Net long-term capital gain from					00	
Ķ			Multiply line 23 by 25% (.25) an						0 00
þ			Net capital gain derived from in					1	00
a	SL	26	Recalculated Arizona depreciat	on				26	00
ig	Subtractions	27	Partnership Income adjustment	See instructions				27	00
ede	btra		Interest on U.S. obligations suc						00
d f	Su		Exclusion for federal, Arizona st						00
ë.			Exclusion for benefits, annuities					I	00
nbe			U.S. Social Security or Railroad			=			00
y re			Certain wages of American Indi Pay received for active service						00
an			Net operating loss adjustment.		_				00
Place any required federal and AZ			Contributions to: 34a 529 College						00
P			Subtract lines 24 through 34c fr					1	101,533 00

- 1	Your	Name (as shown on page 1)	Your Social Security Number	
	RAJ	JASHEKAR KASULA & VANI THANDA	899-11-1449	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched	· =	101 522
	37	Subtract line 36 from line 35. Enter the difference		101,533
Suc	38	Age 65 or over: Multiply the number in box 8 by \$2,100		
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500		
kem	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		
Ĥ	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		101 522
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"		101,533 c
	43	Deductions: Check box and enter amount. See instructions		27,700 c
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in		72 022
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		73,833 0
а×	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result,		1,846
of	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		1 0 4 6 7
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total		1,846
alaı	49	Dependent Tax Credit. See instructions	49	C
20	50	Family income tax credit (from the worksheet - see instructions)	50	C
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62		C
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than		1,846 C
	53	2023 AZ income tax withheld		4,679 c
	54	2023 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b . 54c	
and	55	2023 AZ extension payment (Form 204)		C
lotal Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)		C
yme able	57	Property Tax Credit from Arizona Form 140PTC		C
al Pa	58	Other refundable credits: Check the box(es) and enter the total amount		C
Ref	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		4,679C
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6		C
ent	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment		2,833 C
ayme	62	Amount of line 61 to be applied to 2024 estimated tax		C
overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		2,833 C
ő	64	- 74 Voluntary Gifts to: Assigned to Schools64 UU Arizona Wildlife		
ts		Child Abuse Prevention		
Ğif		Neighbors Helping Neighbors 69 O Special Olympics 70 Veterans' Donations Full Parks		
ntan		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Animal		
Voluntary Gifts	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	•	I I-
	76	Estimated payment penalty	76	
<u>£</u>	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		 -
Penalty	78	Add lines 64 through 74 and 76; enter the total		
Δ.	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		2,833 c
Amount Owed		CM Checking or ROUTING NUMBER ACCOUNT NUMBER	ilistructions. 79A	
Š Š		98 S Savings 1 1 1 0 0 0 6 1 4 7 6 0 3 1 1 1 0 5		
oun	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you	our SSN on payment:	
Αm		and include with your return		
	u	Inder penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my knowled	ge and belief, they
	tr	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	n of which preparer has a	ny knowledge.
Щ	→			
띪	_		OFTWARE ENGINEE	R
王	Y	OUR SIGNATURE DATE OCC	CUPATION	
X	→	C		7
SIGN HERE	_		ORTATION ASSOCI.	WIL
S		VENKATA SAI PAVAN KUMAR DUDIPALLI DATE GLOBAL TAXES LI AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF:		
ΕĀ		245 ROONEY CT	88-2145487	
PLEASE	_	AID PREPARER'S STREET ADDRESS	PAID PREPARER'S TIN	
		E BRUNSWICK NJ 08816	(678) 965-9	
	_	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S PHO	

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10413 (23) 1555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6