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)

Тахрау	er's name		Social securit	y numbe	r		
HIN	DUJA PAMARTHI		798-78-	-1605			
Spouse	's name		Spouse's soc	ial securi	ty number		
Par	Tax Return Information – Tax Year Ending December 31, 20	23 (Enter	r year you a	re auth	orizing.)		
Enter	whole dollars only on lines 1 through 5.		<u> </u>				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income			1	74,359.		
2	Total tax			2	8,613.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	13,134.		
4	Amount you want refunded to you			4	4,521.		
5	Amount you owe			5			
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)						

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

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

X	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	L
X	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	

ĺ	Ent	er fiv I't er	/e di	gits, all ze	but	as
	8	1	6	0	5	

my

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

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

Your signature 🕨

Date

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

I authorize

to enter or generate my PIN

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

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

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

Spouse's signation	ature Da Da	ate 🕨	•						
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 6 nter a		2	7	1

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

ERO's signature >		Date 🕨	
Don't	ERO Must Retain This For t Submit This Form to the IF	 	
For Denergy Peduction Act Nation		 DEV 03/07/34 DDO	Earm 8879 (Payr 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Or	ly—Do not v	vrite or sta	aple in this space.	
For the year Jan	. 1-Dec	e. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.	
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number	
HINDUJA			PAM	ARTHI						798	78	1605	
	oouse's	s first name and middle initial	Last r									security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr	
3964 STA	TE H	HIGHWAY 121						5	041	Check	here if y	ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c			spouse if filing jointly, want \$ to go to this fund. Checking		
LEWISVII	ΓE					TΣ	X	750	56			not change	
Foreign country	name			Foreign p	rovince/state/o	count	ty	Foreig	n postal cod		x or refu	0	
											Yc	ou 🗌 Spouse	
Filing Status	X	Single					Head of he	ouseh	old (HOH)				
Check only		] Married filing jointly (even if only o	ne hac	l income)									
one box.		Married filing separately (MFS)					Qualifying						
		ou checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	l or Q	SS box, en	ter the ch	ild's na	me if the	
	qu	alifying person is a child but not you	ır depe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); c	or (b) sell,			
Assets		ange, or otherwise dispose of a dig						-			🗌 Ye	es 🛛 No	
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı						
Age/Blindness	You:	Were born before January 2, 1	959	Are bl	lind <b>Spc</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind	
Dependents			000				(3) Relationsh	14	,			see instructions):	
-		irst name Last name		(2) 3	Social security number		to you	ip (	Child tax	•		or other dependents	
lf more than four	.,												
dependents,												$\overline{\square}$	
see instructions and check	3												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a		86,279.	
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1k	)		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see i	nstruction	ıs)					. 10	;		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)			. 10	1		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26					. 16	•		
was withheld.	f	Employer-provided adoption bene								. 11	:		
If you did not	g	Wages from Form 8919, line 6 .								. 1g	,		
get a Form W-2, see	h	Other earned income (see instruct	ions)					· ·		. <b>1</b> ł	1	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					0.0 0 0 0 0	
	Z	Add lines 1a through 1h	· i		· · · ·			• •		. 12		86,279.	
Attach Sch. B	2a	· · -	2a				axable interest			. 2t		0.4	
if required.	<u>3a</u>		3a		83.		Ordinary divider			. 3k	-	84.	
Standard	4a		4a				axable amoun			. 4k			
Deduction for—	5a		5a				axable amoun			. 5k			
<ul> <li>Single or Married filing</li> </ul>	6a	···· , ··· ,	6a				axable amoun	t		. 6k	)		
separately, \$13,850	c 7	If you elect to use the lump-sum e				`	,	• •				2 0 0 0	
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Sche Additional income from Schedule		•				• •		□ <u>7</u> . 8		-3,000.	
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	,				• • • •	• •		. 8		74,359.	
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche		-		,0110	<b>c</b>	• •		· 9		, , , , , , , , , , , , , , , , , , ,	
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is			aross incor	 ne		• •		. 11		74,359.	
household, \$20,800	12	Standard deduction or itemized	-					• •		. 12		13,850.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct								. 13	-	±J,0J0.	
Standard Deduction,	14									. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	• •	ss. enter	-0 This is v	our f	taxable incom	е.		. 15		60,509.	
		2		, -, -, -, -, -, -, -, -, -, -, -, -,							<u> </u>		

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	8,613.
Credits	17	Amount from Schedule 2, lin	ie 3				[	17	
	18	Add lines 16 and 17					[	18	8,613.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ie 8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	8,613.
	23	Other taxes, including self-e					[	23	0.
	24	Add lines 22 and 23. This is					[	24	8,613.
Payments	25	Federal income tax withheld							<b>`</b>
. aj monto	а	Form(s) W-2				<b>25a</b> 13	,134.		
	b	Form(s) 1099				25b			1
	С	Other forms (see instructions				25c			1
	d	Add lines 25a through 25c	,					25d	13,134.
	26	2023 estimated tax payment						26	
If you have a L qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			1
	29	American opportunity credit				29			1
	30	Reserved for future use .		-		30			1
	31	Amount from Schedule 3, lin				31			1
	32	Add lines 27, 28, 29, and 31				-		32	1
	33	Add lines 25d, 26, and 32. T		-			· · ·	33	13,134.
Defined	34	If line 33 is more than line 24						34	4,521.
Refund	34 35a	Amount of line 34 you want	-			, .		35a	4,521.
Direct deposit?	b 35a	Routing number 0 3 1		1. 11 FOITH 6666				35a	4,521.
See instructions.		Account number 3 8 3					Savings		1
	d								1
<b>A</b>	36	Amount of line 34 you want a				36			1
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						~ 7	1
rou Owe						1 1		37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				omplete be		× No
Designee							•		
	nai	signee's ne		Phone no.			onal identific ber (PIN)	ation	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statement	ts, and to the	e best (	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all information	on of which p	orepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE		(see in	- /	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>ooth</b> must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in		cuont in, enter it here
	Ph	one no. (302)235-917	0	Email address	нтири.та рами	ARTHI@GMAIL.CO	M		
		eparer's name	Preparer's signat		III NDOUA . FAMA		PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CIIDWA	03/27/2024	P02082	702	Self-employed
Preparer		m's name GLOBAL TAX		A TATA DAG	JUN OULIA	00/2//2024			678)965-9522
Use Only			Y CT E BRU	NOWICK N	J 08816		Firm's		0101900-9022
Go to wave in a		1040 for instructions and the late		TIONICI IN			ן רוווו א		Form <b>1040</b> (2023)
ao to www.iis.go	JVITOIT	TO TO THE INSTRUCTIONS AND THE PALE	scinionnation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 6

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
HINDUJA PAMART	HI	798-78	-1605

#### Part I Additional Income 1 1 2a 2a **b** Date of original divorce or separation agreement (see instructions): 3 3 4 4 5 -9,014. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: 8a а 8b b Cancellation of debt 8c С d Foreign earned income exclusion from Form 2555 8d Income from Form 8853 8e е Income from Form 8889 . . . . . . . . . 8f f Alaska Permanent Fund dividends 8q g 8h h i Prizes and awards 8i i 8i 8k L 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 Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . . 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q a Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t a nongovernmental section 457 plan 8t **u** Wages earned while incarcerated 8u . . . . . . . . . . . . . **z** Other income. List type and amount: 10. Substitute Payment from 1099-Misc 8z 10. 9 10. 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -9,004.

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

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-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	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses    24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
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)	-	
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	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
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> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE	D
(Form 1040)	

## **Capital Gains and Losses**

OMB No. 1545-0074

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

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

20**23** Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

HINDUJA PAMARTHI

Your social security number

798-78-1605

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)

lines	nstructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	<b>(g)</b> 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, Part I, line 2, column (g)		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	330.	606.			-276.
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 (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( 4,302.)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-4,578.		

## Part II Long-Term Capital Gains and Losses—Generally Assets Held 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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (q)		(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.				(9)	
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	1,310.	1,261.			49.
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.					
	in or (loss)	11				
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	. ,	12 13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions		14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	49.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-4,529.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	<ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21	( 3,000.
	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.		
	<b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Form **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.



Sequence No. 12A

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

Name(s) shown on return	Social security number or taxpayer identification number
HINDUJA PAMARTHI	798-78-1605

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 Form 1099-B

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)		(b) Date acquired (Mo., day, yr.) (Ko., day, yr.)		(d) Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e)
				(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).
Robinhood Securitie	s LLC	01/01/23	12/31/23	330.	606.			-276.
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				330.	606.			-276.

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

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

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

Social security number or taxpayer identification number 798-78-1605

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	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.			from column (d) and combine the result with column (g).	
_Robinhood Securities LLC	01/01/22	12/31/23	1,310.	1,261.			49.	
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).			1,310.	1,261.			49.	

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.

SCHEDULE	Ε
(Form 1040)	

OMB No. 1545-0074

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.

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

	Revenue Service		Go to www.irs.gov/ScheduleE fo	r instru	uctions a	nd the la	itest ir	nformation.		Attachm Sequence	ent ce No. <b>13</b>
lame(s	) shown on return								Your soci	al security r	
HINE	UJA PAMARTHI								798-7	8-1605	
Part		Los	s From Rental Real Estate ar	nd Ro	yalties						
	Note: If you a	are in th	ne business of renting personal prope s from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedu	le C. See	instru	ctions. If you a	are an indi	vidual, repo	ort farm
<b>A</b> [			nts in 2023 that would require you	to file	Form(s)	10002 5	Soo in	structions			
			ou file required Form(s) 1099?								
			ach property (street, city, state, ZI								
1a					,						
<u>A</u>	VALANDAPALE	M MA	CHILIPATNAM ANDHRAPRAD	ESH 1	IN 521	002					
B											
C							_		-		
1b	Type of Property (from list below)						Fa	air Rental Days		nal Use	QJV
Α	3	-	personal use days. Check the Q			Α		365		0	
B	5	-	if you meet the requirements to	file as	a	B		303		0	
C		-	qualified joint venture. See instru	uctions	6.	C					
	of Property:	1				Ŭ					
	Single Family Resi	dence	e 3 Vacation/Short-Term Rer	ntal	5 Lan	d	7	Self-Rental			
	Multi-Family Resid		4 Commercial		6 Roy			Other (desc	ribe)		
					- · · · · · · · · ·						
								Properti	es:		
con				0				В			С
3				3		5	00.				
4		α		4							
-	ISES:			5							
5 6			· · · · · · · · · · · · · · · · · · ·	5 6							
6 7			structions)	7		1,2	0.0				
7 8	•		nce	8		±, ∠	00.				
9				9							
0			sional fees	10							
1	•			11		1 0	00.				
2	-		to banks, etc. (see instructions)	12		1/0					
3				13							
4				14		2,2	66.				
5				15			22.				
6	<b>T</b>			16		,					
7	Utilities			17		3,2	26.				
8	Depreciation exp	ense d	pr depletion	18							
9	Other (list)			19							
0	Total expenses. A	Add lir	nes 5 through 19	20		9,5	14.				
21	Subtract line 20 f	rom li	ne 3 (rents) and/or 4 (royalties). If								
	result is a (loss), s		structions to find out if you must								
	file Form 6198 .			21		-9,0	14.				
22			estate loss after limitation, if any,								
			tructions)	22	(	9,01	4.)	(	)	(	
3a			ported on line 3 for all rental prope				23a		500.		
b		-	ported on line 4 for all royalty prop				23b				
c			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d	-	1 - 1		
е			ported on line 20 for all properties		· ·		23e	<u> </u>	,514.		
24			amounts shown on line 21. <b>Do no</b>		-		• •	• • • • •	. 24	(	0 01 4
25			ses from line 21 and rental real estat							(	9,014.
6			<b>te and royalty income or (loss).</b> I IV, and line 40 on page 2 do no								
			), line 5. Otherwise, include this a						. 26		-9,014.
			,,						1 20	1	~, ~

-9,014.

Form	4952
Depar	tment of the Treasury

Internal Revenue Service

## **Investment Interest Expense Deduction**

OMB No. 1545-0191

Attach to your tax return.

Go to www.irs.gov/Form4952 for the latest information.



332.

332.

Identifying number

1

2

3

. .

798-78-1605

#### 

4a	Gross income from property held for investment (excluding any net gain from		
	the disposition of property held for investment)		
b	Qualified dividends included on line 4a		
С	Subtract line 4b from line 4a	4c	1.
d	Net gain from the disposition of property held for investment 4d		
е	Enter the smaller of line 4d or your net capital gain from the disposition		
	of property held for investment. See instructions		
f	Subtract line 4e from line 4d	4f	Ο.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	1.
5	Investment expenses (see instructions)	5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	6	1.
Part			
7	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line		
	3. If zero or less, enter -0	7	331.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	1.

For Paperwork Reduction Act Notice, see page 4. BAA

REV 03/07/24 PRO

Form 4952 (2023)