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.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
VINEET SUHAS SONI	663-33-6219
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are 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	1 144,076.
2 Total tax	2 24,642.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 29,700.
4 Amount you want refunded to you	4 5,058.
5 Amount you owe	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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	Ŀ
				ERO firm name		

3	6	2	1	9	
Ent don	as my				

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	mv	PIN
ιU	enter	UI.	generate	нну	1 11 1

Enter five digits, but don't enter all zeros

as mv

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

ERO firm name

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 signature 🕨	Date 🕨				
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication – I	ractitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	rour five-digit self-selected PIN. 2 2 2 4 9 6 0 8 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 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040	-	Department of the Treasury-Interr U.S. Nonresident Ali			Return	2023	OMB No. 1	545-0074		ly—Do not write in this space.	
For the year Jan	. 1–0	Dec. 31, 2023, or other tax year beginni	ng		, 2023, ei	nding		, 20		separate	
Your first name and middle initial				ame	-			Your id	four identifying number see instructions)		
VINEET SU	HAS	5	SONI					663-33-6219			
		ber and street). If you have a P.O. box,						1		Apt. no.	
4385 148T	ΗA	AVE NE							1	M207	
City, town, or po	ost o	ffice. If you have a foreign address, als	o comp	lete spaces belo	w.		State		ZIP code	э	
BELLEVUE							WA		98007	ı	
Foreign country	nam	e	Foreig	n province/state/	county		Foreign	postal co	ode		
Filing Status Check only one box.	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependence								Trust		
Digital Assets		ny time during 2023, did you: (a) receiver erwise dispose of a digital asset (or a fi									
Dependents							(4) Cł	neck the bo	ox if qualifie	s for (see inst.):	
(see instructions):		(1) First name Last name		(2) Depende identifying nu		(3) Relationship to	you Ch	ild tax cree	ו זור	edit for other ependents	
If more than four											
dependents, see										<u> </u>	
instructions and											
check here	4.0		1 (<u> </u>	
Income	1a b	Total amount from Form(s) W-2, box Household employee wages not repo	•	,						54,941.	
Effectively Connected	c	Tip income not reported on line 1a (s									
With U.S.	d	Medicaid waiver payments not report									
Trade or	e							. 16	-		
Business	e Taxable dependent care benefits from Form 2441, line 26						. 11	:			
•	g	Wages from Form 8919, line 6						. 1ç	1		
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .					. 11	1		
1042-S,	i	Reserved for future use									
SSA-1042-S, RRB-1042-S,	j	Reserved for future use				1 1		. <u>1</u> j			
and 8288-A	k	Total income exempt by a treaty fron		•							
here. Also attach	z	line 1(e)	• •					. 1z	. 1	54,941.	
Form(s)	2 2a	Tax-exempt interest	i .	· · · · ·		ble interest				20.	
1099-R if tax was	3a	Qualified dividends 3a	-	135.		ary dividends .				137.	
withheld.	4a	IRA distributions 4a	-			ble amount					
If you did not	5a	Pensions and annuities 5a			b Taxal	ble amount		. 5k			
get a Form W-2, see	6	Reserved for future use									
instructions.	7	Capital gain or (loss). Attach Schedu				•			-	-10.	
	8	Additional income from Schedule 1 (11,012.	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8							1	44,076.	
	10	Adjustments to income from Schedu	•				-				
	11	Subtract line 10 from line 9. This is y	our adjı	usted gross inc	ome.			. 11	1	.44,076.	
	12	Itemized deductions (from Schedul deduction (see instructions) .							2	13,850.	
	13a	Qualified business income deduction				1 1		0.			
	b	Exemptions for estates and trusts or									
	С	Add lines 13a and 13b		,				. 13	c	0.	
	14	Add lines 12 and 13c						. 14		13,850.	
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is	your taxa	ble income		. 15		30,226.	
For Disclosure,	Priva	cy Act, and Paperwork Reduction Act	Notice,	see separate ins	structions.				Form 10 4	40-NR (2023)	

orm 1040-NR (2	2023)								Page 2
Tax and	16	Tax (see instructions). Check if an	y from For	rm(s): 1 🗌 88	314 2 🗌 497	2 3		16	24,642.
Credits	17	Amount from Schedule 2 (Form 1						. 17	0.
	18	Add lines 16 and 17							24,642.
	19	Child tax credit or credit for othe	r depende	ents from Sched	ule 8812 (Form 10	40)		. 19	
	20	Amount from Schedule 3 (Form 1	040), line	8				. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0				. 22	24,642.
	23a	Tax on income not effectively cor	nnected w	vith a U.S. trade of	or business from				
		Schedule NEC (Form 1040-NR), I	ine 15 .			23a			
	b	Other taxes, including self-emplo	ovment ta	x, from Schedul	e 2 (Form 1040),				
		line 21	-			23b			
	с	Transportation tax (see instruction	ons)			23c			
	d	Add lines 23a through 23c						. 23d	
	24	Add lines 22 and 23d. This is you							24,642.
ayments	25	Federal income tax withheld from							<u> </u>
	а	Form(s) W-2				25a 2	9,70	0.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						. 25d	29,700.
	е	Form(s) 8805						. 25e	
	f	Form(s) 8288-A						. 25f	
	g	Form(s) 1042-S							
	26	2023 estimated tax payments an							
	27	Reserved for future use				27			
	28	Additional child tax credit from S				28			
	29	Credit for amount paid with Form				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3 (Form 1				31			
	32	Add lines 28, 29, and 31. These a						. 32	
	33	Add lines 25d, 25e, 25f, 25g, 26,							29,700.
efund	34	If line 33 is more than line 24, sul							5,058.
	35a	Amount of line 34 you want refu							5,058.
ect deposit?	b	Routing number 0 7 2 0	0 0	3 2 6	с Туре: 🛛 🛛	Checking	Savir	ngs	
e instructions.	d	Account number 7 5 8 6	16	988					
	е	If you want your refund check m	ailed to a	n address outsid	le the United State	es not shown on	page	e 1,	
		enter it here.							
	36	Amount of line 34 you want appl	ied to you	ur 2024 estimat	ed tax	36			
mount	37	Subtract line 33 from line 24. This							
ou Owe		For details on how to pay, go to	www.irs.g	ov/Payments or	see instructions .			. 37	
	38	Estimated tax penalty (see instru	ctions) .			38			
nird	Do yo	u want to allow another person to	discuss t	his return with th	ne IRS? See instru	ctions. 🗌 Ye	es. Co	omplete bel	ow. 🛛 No
arty	Desig	nee's		Phone		Perso	nal id	entification	
esignee	•	name no number (PIN)						N)	
		penalties of perjury, I declare that I hav							
	belief,	they are true, correct, and complete. D	eclaration of	of preparer (other t	han taxpayer) is base	ed on all informatio			, ,
ign	Your	signature		Date Your occupation					ent you an Identity
ere									PIN, enter it here
ŀ				Free all a status	SERVICE			(see inst.)	
	Phone		Droporer	Email address		Date	PTI		Chook if
aid	•	rer's name	•	•					Check if:
		PRIYA RAM SAGAR GUPTA		PRIIA RAM S	SAGAR GUPTA	04/04/2024		082703	Self-employed
reparer	Firm's name GLOBAL TAXES LLC Phone no							neno. (6'	78)965-9522
se Only		address 245 ROONEY C							4-3171965

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
VINEET SUHAS S	ONI	663-33	-6219
	••		

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. Attach Schedule E .	5	-11,012.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555 . . 8d)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options	_	
	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)	_	
	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions)	_	
р	Section 461(I) excess business loss adjustment	_	
q	Taxable distributions from an ABLE account (see instructions) 8q	_	
r	Scholarship and fellowship grants not reported on Form W-2 8r Nontaxable amount of Medicaid waiver payments included on Form	_	
S	1040, line 1a or 1d		
t	Pension or annuity from a nonqualifed deferred compensation plan or	4	
L	a nongovernmental section 457 plan		
u	Wages earned while incarcerated Standard	_	
z	Other income. List type and amount:	_	
2	0-		
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		
	1040, 1040-SR, or 1040-NR, line 8	10	-11,012.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		le 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s 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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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:			
	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	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

23

20

Attachment

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Internal Revenue Service Name shown on Form 1040-NR

Sequence No. 7B Your identifying number

663-33-6219

VINEET SUHAS SONI

Enter a	amount of income under the appropriate rate of tax. See instructions.						
	Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other	(specify)
			(a) 1070		(0) 50 70	%	%
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	. 1a					
b	Dividends paid by foreign corporations	. 1b					
С	Dividend equivalent payments received with respect to section 871(m) transactio	ns 1c					
2	Interest:						
а	Mortgage	. 2a					
b	Paid by foreign corporations	. 2b					
С	Other						
3	Industrial royalties (patents, trademarks, etc.)	. 3					
4	Motion picture or TV copyright royalties	. 4					
5	Other royalties (copyrights, recording, publishing, etc.)	. 5					
6	Real property income and natural resources royalties	. 6					
7	Pensions and annuities	. 7					
8	Social security benefits						
9	Capital gain from line 18 below	. 9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
а	Winnings						
b	Losses	. 10 c	:				
11	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed						
12	Other (specify):						
		12					
13	Add lines 1a through 12 in columns (a) through (d)	. 13					
14	Multiply line 13 by rate of tax at top of each column						
15	Tax on income not effectively connected with a U.S. trade or business. Add co	olumns (a)) through (d) of line 1	4. Enter the total here	e and on Form 1040	-NR, line 23a 15	
	Capital Gains and Losse	s From	Sales or Excha	anges of Proper	ty		
losses f exchan within t	Inly the capital gains and from property sales or ges that are from sources he United States and not ely connected with a U.S. I6 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) (b) Date mm/d		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
busines	on disposing of a U.S. real						
	y interest; report these						

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.

gains and losses on Schedule D

(Form 1040).

17 Add columns (f) and (g) of line 16

BAA

18

. .

17 (

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074 DMD3

	ent of the Treasury	Go t	o www.irs.gov/Form1040N		nd the latest information	-	Attachment	
	Revenue Service		Ans	wer all questions.		X	Sequence No	o. /C
	hown on Form 1040					Your identify	•	
	ET SUHAS S				0	663-33-	.6219	
A	Of what country	y or countries v	vere you a citizen or nation	al during the tax yea	ar? INDIA			
B	In what country	/ did you claim	residence for tax purpose	s during the tax yea	r? United States			
C	•	• •	green card holder (lawful p	ermanent resident)	of the United States? .		. 🗋 Yes	🗙 No
D	Were you ever:							
	A U.S. citizen?							X No
2.	-		rmanent resident) of the Ur				. 🗌 Yes	🗙 No
-	•	., .	2), see Pub. 519, chapter 4,					
E	immigration sta	tus on the last of	day of the tax year, enter the tax year. $F1$					
F			visa type (nonimmigrant sta te the date and nature of th		ation status?			🗙 No
G	List all dates yo	ou entered and	left the United States durin	g 2023. See instruc	tions.			
	Note: If you're	a resident of C	Canada or Mexico AND cor	mmute to work in th	ne United States at frequ	ent intervals	۵,	
	check the box	for Canada or	Mexico and skip to item I	<u>+.</u> <u>.</u>	🗌 Canada	Mexic	c	
	Date entered mm/c	United States dd/yy	Date departed United Stat mm/dd/yy	es	Date entered United State mm/dd/yy	es Date de	eparted United mm/dd/yy	d States
н	Give number of	days (including	vacation, nonworkdays, and	d partial days) you w	ere present in the United	States during	j:	
	2021	160	, 2022 3	38, and	2023 323			
I.	Did you file a U		return for any prior year? .				. 🛛 Yes	🗌 No
	If "Yes," give th	ne latest year ar	nd form number you filed:	1	040NR			
J	Are you filing a	return for a tru	st?				. 🗌 Yes	🗙 No
			U.S. or foreign owner unde					
			ribution from a U.S. person					🗌 No
κ			sation of \$250,000 or more					🛛 No
			ative method to determine		•			🗌 No
L			f you are claiming exempt v. See Pub. 901 for more in			tax treaty w	ith a foreign	country,
1.	Enter the name	of the country,	the applicable tax treaty art	icle, the number of r	months in prior years you	claimed the	treaty benefi	t, and the
	amount of exem	npt income in th	ne columns below. Attach Fo	orm 8833 if required	. See instructions.			
		(a) Cou	intry	(b) Tax treaty artic	e (c) Number of month		Amount of exe	
					claimed in prior tax ye	ars incom	ie in current ta	ax year
	(e) Total. Enter	r this amount o	n Form 1040-NR, line 1k. D	o not enter it anywi	nere else on line 1			
	Were you subje	ect to tax in a fo	preign country on any of the	e income shown in 1	(d) above?			No
3.	Are you claimin	g treaty benefit	ts pursuant to a Competen	t Authority determin	ation?		. 🗌 Yes	🛛 No

If "Yes," attach a copy of the Competent Authority determination letter to your return.

Check the applicable box if: Μ

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

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

REV 03/07/24 PRO Schedule OI (Form 1040-NR) 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

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

VINEET SUHAS SONI

Your social security number

663-33-6219

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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	1,329.	1,339.			-10.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-10.

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

lines This	ee instructions for how to figure the amounts to enter on the hes below. his form may be easier to complete if you round off cents to hole dollars. (d) Proceeds (sales price) (d) Proceeds (sales price) (d) Proceeds (or other basis) (e) Cost (or other basis) (g) Adjustmer to gain or loss Form(s) 8949, line 2, column				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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	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 Capital gain distributions. See the instructions				12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	/, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	-			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -10.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	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? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (10.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Form **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.aov/Form8949 for instructions and the latest information.



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

Social security number or taxpayer identification number

663-33-6219

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate 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 <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	1,329.	1,339.			-10.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (al here and inc is checked), lir	lude on your 1e 2 (if Box B	1,329.	1,339.			-10.

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

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury

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

2023
Attachment Seguence No. 13

nternal	Revenue Service	Go to www.irs.gov/ScheduleE	for instru	uctions a	nd the la	atest i	nformation.		Sequen	ce No. 13
lame(s) shown on return							Your socia	I security	number
VINE	ET SUHAS SON	I						663-33	3-6219	
Part		r Loss From Rental Real Estate a								
	rental income	are in the business of renting personal prop e or loss from Form 4835 on page 2, line 4	0.				-			
		payments in 2023 that would require yo	ou to file	Form(s)	1099? \$	See in	structions .		. 🗌 Ye	s 🛛 No
									. 🗌 Ye	s 🗌 No
1 a		s of each property (street, city, state, 2	ZIP code	e)						
Α	SURAT GUJAR	AT GUJARAT IN 395007								
B										
C 1b	Turne of Duomouth	0 Fan as also not all as to the new second		h a al			in Danstal	Develop		
a	Type of Property (from list below)	2 For each rental real estate pro above, report the number of fa				Fa	air Rental Days	Person Day		QJV
Α	3	personal use days. Check the			Α		365		0	
В		if you meet the requirements to			B					
C		qualified joint venture. See inst	tructions	5.	C					
vpe	of Property:				-				l	
	Single Family Res	idence 3 Vacation/Short-Term R	ental	5 Lan	d	7	Self-Rental			
	Multi-Family Resid			6 Roy	alties		Other (desc	ribe)		
	,, ,			,		_				
							Propert	ies:		
ncom					A		В			С
3			3		6	505.				
4		d	4							
•	1Ses:		E							
5	•		5							
6 7		see instructions)	7		1 2	225				
7 8		intenance	8		1,3	325.				
o 9			9							
9 10		professional fees	10							
11		S	11		8	346.				
12	-	t paid to banks, etc. (see instructions)				.010				
13			13							
14			14		1.5	547.				
15			15			391.				
16			16							
17			17		2,2	215.				
18	Depreciation exp	ense or depletion	18			/93.				
19		·	19							
20	Total expenses.	Add lines 5 through 19	20		11,6	517.				
21	Subtract line 20	rom line 3 (rents) and/or 4 (royalties).	If							
		see instructions to find out if you mus								
	file Form 6198		21		-11,0)12.				
22		real estate loss after limitation, if any e instructions)	/, 22	(-11,01	12)	((
23a		nts reported on line 3 for all rental pro				23a		605.		
20a b		nts reported on line 4 for all royalty pro				23b				
c		nts reported on line 12 for all propertie	•			23D				
d		nts reported on line 18 for all propertie				23d	-	3,793.		
e		nts reported on line 20 for all propertie				23e		L,617.		
24		sitive amounts shown on line 21. Do n						. 24		
25		Ity losses from line 21 and rental real est				inter to			-	11,012.
26	=	estate and royalty income or (loss							-	,
			,							

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

.

-11,012.

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-2294

Name(s) shown	on	return	

Your taxpayer identification number 663-33-6219

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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		(c) Qualified business income or (loss)	
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	6 2.		
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 2.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20) .		9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and	1	10	0.
11	Taxable income before qualified business income deduction (see instructions)	11 130,226.	-	
12	Enter your net capital gain, if any, increased by any qualified dividends			
	(see instructions)	12 135.	-	
13	Subtract line 12 from line 11. If zero or less, enter -0			06 010
14	Income limitation. Multiply line 13 by 20% (0.20)		14	26,018.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also	45	_	
40	the applicable line of your return (see instructions)		15	0.
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.)
For Pri		07/24 PRO		Form 8995 (2023)