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

	5.5.1.00 55.1.1.00				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social securi	ty numl	per	
RAJ	PRAKASH SURVE	702-89	-091	7	
Spouse's	name	Spouse's soo	ial sec	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizina	.)
	hole dollars only on lines 1 through 5.	<i>y</i> • • • • • • • • • • • • • • • • • • •	0 0.0.		-,
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	114	,789.
2	Total tax		2	17	7,624.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	25	,104.
4	Amount you want refunded to you		4	7	,480.
	Amount you owe		5		
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retu	ırn)
return (o to send for any o Agent to paymen authoriz paymen business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the patch of the Information number (PIN) below is my signature for the income tax return (original or amended) I are a supplied to the Information or amended of the Information number (PIN) below is my signature for the income tax return (original or amended) I are a supplied to the Information or amended or amended or a supplied to the Information number (PIN) below is my signature for the income tax return (original or amended).	tter, or electrication of the t S. Treasury a cated in the t in to debit the the authorizatests must be processing of ayment. I fur	onic reransmised ax prepartion. The receiff the eland and the receifther acceiments.	turn origina ssion, (b) the designated paration so to this accor- To revoke ved no lat- ectronic parakinowledge	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	ic Funds Withdrawal Consent. /er's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to enter or generate	mv PIN 9	0 9	9 1 7	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ac,
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your si	gnature ▶ Date ▶				
Spous	e's PIN: check one box only	_			
	I authorize to enter or generate	mv PIN			as my
ш	ERO firm name	En		digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	II Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0 er all 76	8 2 7	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submenents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this reti	urn in a	accordance	
EBO's	signature ▶ Date ▶				
EnU S	<u> </u>				
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To D	o So			

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



£1040		artment of the Treasury-Internal Revenue Servi		ırn 20	23	OMB No. 1545-	-0074	IRS Use	Only—	Do not w	rite or sta	ple in this	s space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, ending , 20						See separate instructions.			ions.
Your first name	and m	niddle initial	Last nar	st name						Your social security number			
RAJ PRAI	KASH		SURV	E						702	89	0917	7
If joint return, s	pouse's	s first name and middle initial	Last nar						:	Spouse'			y number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Α	pt. no.		Preside	ntial Ele	ection C	ampaign
		ED PLACE						512	1	Check here if you, o			
		ice. If you have a foreign address, also co	mplete sp	paces below.	Sta	ate	ZIP co			•	٠.		want \$3
ADDISON					TΣ	K	750	01		•		nd. Cheo not char	•
Foreign countr	y name		F	oreign province/st	ate/coun	ty	Foreig	n postal co			or refu	nd	Spouse
Filing Status Check only one box. □ Married filing jointly (even if only one had income) □ Married filing separately (MFS) □ Qualifying survivir								QSS)					
	qu	you checked the MFS box, enter the allifying person is a child but not you	ır depen	dent:							ld's nai	ne if th	ie
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										s X	No
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur	•	•		a dependent 1							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was bor	n befo	re Janua	ary 2,	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) Social security (3) Relationship			(4) Check the bo			c if quali	fies for (see instr	ructions):
If more		First name Last name		number to you		to you	Child tax		ax cre	dit	Credit fo	r other de	ependents
than four													
dependents, see instruction	s —												
and check	, 1 —						+		<u> </u>			믐	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					- -	1a		131,	388.
	b	Household employee wages not re	eported (on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions) .						1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (se	ee instru	uctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e			
was withheld.	f	Employer-provided adoption bene			29 .					1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form	h	Other earned income (see instruct	ions) .							1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i							
	z	Add lines 1a through 1h					. .			1z		131,	388.
Attach Sch. B	2a		2a		b T	axable interest				2b			
if required.	3a	·	3a	15.		Ordinary divider				3b			15.
	4a	· · ·	4a			axable amount				4b			
Standard	5a	_	5a			axable amount				5b			
Deduction for— Single or	6a	_	6a			axable amount				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, check he					. \square				
\$13,850	7	Capital gain or (loss). Attach Sche		*	`	,			. 🗖	7		_	395.
 Married filing jointly or 	8	Additional income from Schedule		•	•	•				8			219.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•							9			789.
\$27,700	10	Adjustments to income from Sche		· ·						10			
 Head of household, 	11	Subtract line 10 from line 9. This is								11		114.	789.
\$20,800	12	Standard deduction or itemized	-	-						12			850.
If you checked any box under	13	Qualified business income deduct		,						13			
Standard Deduction,	14									14		13.	850.
see instructions.	15	Subtract line 14 from line 11. If zer					^			15		100	

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	з 🗌		16	17,624.		
Credits	17	Amount from Schedule 2, lin	ie3					17			
	18	Add lines 16 and 17						18	17,624.		
	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	17,624.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	17,624.		
Payments	25	Federal income tax withheld	from:								
•	а	Form(s) W-2				25a 24	4,488.				
	b	Form(s) 1099				25b	616.				
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	25,104.		
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	022 return			26			
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from									
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	25,104.		
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	7,480.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	🗌	35a	7,480.		
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛 🗙	Checking	Savings				
See instructions.	d	Account number 1 9 7 3 9 3 6 2 9									
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe							
You Owe		For details on how to pay, go	_	-				37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	•			_					
Designee						_	•		⊠ No		
		Designee's name		Phone no.		sonal iden ber (PIN)	tification				
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sched	dules and statemen	its, and to	the best	of my knowledge and		
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informati	on of whic	ch prepar	er has any knowledge.		
Here	Yo	ur signature		Date	Your occupation		If the IRS sent you an Identity				
						1	tection P e inst.)	IN, enter it here			
Joint return? See instructions.		avec's signature If a laint vature.	a a tha may not a imm	Dete	SOFTWARE E		`		mt		
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupati	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
-		one no	0	Email address	CIIDITED A TOC	1 2 A C M 7 T T C C					
		one no. (214)558-151 eparer's name	0 Preparer's signat	Email address	SURVERAJ06	12@GMA1L.CO Date)M PTIN		Check if:		
Paid					CIIDMA MATTAA			2772	Self-employed		
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/15/2024 P0208.									
Use Only									none no. (678)965-9522 m's EIN 84-3171965		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

RAJ PRAKASH SURVE

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

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

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

	Sequence No. 01
Your soc	ial security number
702-89	-0917

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	-16,219.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	4	
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	4	
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 (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	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	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Ente		9	
10	1040, 1040-SR, or 1040-NR, line 8	HEIE AND ON FUIII	10	-16,219.
	10.0, 10.0 01, 01 10.0 111, 111.0 0		10	1 2,21,

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

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
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	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

RAJ PRAKASH SURVE

702-89-0917

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 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 25. 0. -25. Totals for all transactions reported on Form(s) 8949 with Box B checked 6,355. 6,725. -370. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -395. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -395.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **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? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 395.) 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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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

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

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

Social security number or taxpayer identification number

702-89-0917

RAJ PRAKASH SURVE

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) S	Short-term transactions	not reported	to you on F	orm 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	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(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).
Robinhoo	od Securities LLC	01/01/23	12/31/23	0.	25.			-25.
negative Schedule	Add the amounts in columns amounts). Enter each tota e D, line 1b (if Box A above checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your ne 2 (if Box B	0.	25.			-25.

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.

8949

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074 Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

702-89-0917

RAJ PRAKASH SURVE

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

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions E*TRADE 01/01/23 12/31/23 6,355. 6,725. -370.

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) .

6,355. 6,725.

-370.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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

RAJ	PRAKASH SURVE						702-8	9-0917	<u>/ </u>		
Par											
	Note: If you are in the business of renting personal proper	rty, use	Schedule	C . See	instru	ctions. If you a	re an indi	vidual, rep	oort farm		
	rental income or loss from Form 4835 on page 2, line 40.		- /) 4	2000							
	Did you make any payments in 2023 that would require you										
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es		
1a	Physical address of each property (street, city, state, ZII	P code))								
A	HANSNIKETAN CHS, TILAK NAG CHEMBUR MUN	MBAI	IN 40	0089							
В											
С											
1b	Type of Property 2 For each rental real estate prope	erty list	ed		Fa	ir Rental	Persor	nal Use	0.11/		
	(from list below) above, report the number of fair					Days	Da	ıys	QJΛ		
Α	personal use days. Check the Q			Α		365		0			
В	if you meet the requirements to find qualified joint venture. See instru			В							
С	quaimed joint venture. See institu	actions).	С							
Туре	of Property:										
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (desci	ribe)				
						Properti					
Incon	יפי			Α		В			С		
3	Rents received	3			00.						
4	Royalties received	4									
Expe		1									
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,3	75.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,0	00.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		3,1	78.						
15	Supplies	15		3,8	97.						
16	Taxes	16									
17	Utilities	17		4,2							
18	Depreciation expense or depletion	18		3,0	76.						
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		16,8	19.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must			16.0	10						
	file Form 6198	21	-	-16,2	⊥9.						
22	Deductible rental real estate loss after limitation, if any,		,	1 6 0-	, ,	,		,	,		
	on Form 8582 (see instructions)	22		16,21		((00	(<u> </u>		
23a	Total of all amounts reported on line 3 for all rental prope				23a		600.				
b	Total of all amounts reported on line 4 for all royalty prop				23b						
C	Total of all amounts reported on line 12 for all properties				23c		076				
d	Total of all amounts reported on line 18 for all properties				23d		,076.				
e 24	Total of all amounts reported on line 20 for all properties				23e	Τ0	,819.				
24 25	Income. Add positive amounts shown on line 21. Do not Losses. Add royalty losses from line 21 and rental real estat		-		· ·	tal laccas har	. 24 e 25	(16 210		
25								(16,219.)		
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 10/0) line 5. Otherwise include this a						"		_16 210		