| Form 8879 |
|----------------------------|
| (Rev. January 2021) |
| Department of the Treesury |

Department of the Treasury 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)

| Taxpay | er's name | | Social | security | y numb | er |
|--------|--|---------------------------------|---------------|----------|--------|-------------|
| AKS | HAY REDDY AKKATI | | 656 | -99- | -1944 | 1 |
| Spouse | 's name | Spouse's social security number | | | | rity number |
| Par | t I Tax Return Information – Tax Year Ending December 31, 202 | 3 (Ente | ı r year y | ou ar | re aut | horizing.) |
| 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 | 110,729. |
| 2 | Total tax | | | | 2 | 16,645. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | 3 | 22,478. |
| 4 | Amount you want refunded to you | | | | 4 | 5,833. |
| 5 | Amount you owe | | | | 5 | |

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

| ~ ~ ~ ~ ~ ~ ~ | | | | |
|---------------|-------|-----|-------------------------|-------|
| GLOBAL | TAXES | LГС | to enter or generate my | ' PIN |

| 9 | 1 | 9 | 4 | 4 | |
|---|------------------|-------|---|---|--|
| | er fiv n't er | as 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

X 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 signature ► | Date 🕨 |
|--|---|
| Practitioner PIN Me | thod Returns Only—continue below |
| Part III Certification and Authentication – Pra | ctitioner PIN Method Only |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo | ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros |

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 Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | | | | | | | | |
| | | | | | | | | |
| For Denemicarly Deduction Act Nation and vourt | v veture instructions | | Form 8879 (Pov. 01 2021) | | | | | |

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

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use Only | /—Do not w | /rite or sta | aple in this space. |
|--|-----------------|--|--|-----------|-----------------|------------|-----------------|---------|---------------------|---------------------|--------------|-------------------------------|
| For the year Jan | . 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | See se | parate | instructions. |
| Your first name | and m | iddle initial | Last r | name | | | | | | Your so | cial sec | curity number |
| AKSHAY F | REDD | Y | AKK | ATI | | | | | | 656 | 99 | 1944 |
| If joint return, s | pouse's | s first name and middle initial | Last r | name | | | | | | Spouse | 's social | I security number |
| | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | | A | pt. no. | | | ection Campaigr |
| <u>1117 LAC</u> | | | | | 1 | 0. | | | l - | | | ou, or your jointly, want \$3 |
| | | ce. If you have a foreign address, also co | mplete | spaces be | elow. | Sta | | ZIP co | | to go to | this fu | nd. Checking a |
| INDIAN T | | | | Foroign n | vrovince/state/ | | - | 280 | /9 n postal code | | | not change |
| r oreign country | / name | | | roreigirp | IOVINCE/State/ | courn | ıy | i oreig | n postal coue | your ta | | _ |
| Filing Status | | Single | | | | | Head of h | ouseh | old (HOH) | | | |
| - | , _ | Married filing jointly (even if only o | ne hac | l income) | | | | oucon | | | | |
| Check only one box. | |] Married filing separately (MFS) | | | | | Qualifying | surviv | ing spouse | (QSS) | | |
| | lf y | you checked the MFS box, enter the | name | of your s | pouse. If you | u che | | | - · | | ild's na | me if the |
| | | alifying person is a child but not you | | | | | | | | | | |
| Digital | Δt ar | ny time during 2023, did you: (a) rec | oivo (a | s a rowar | d award or | navr | ment for prope | rty or | services): or | (b) sell | | |
| Digital Assets | | hange, or otherwise dispose of a dig | | | | | | - | , | . , | | es 🛛 No |
| Standard | | neone can claim: 🗌 You as a de | | | | | a dependent | , , | | , | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | ou were a | dual-status | alien | 1 | | | | | |
| Age/Blindness | s You | : Were born before January 2, 1 | 959 | Are b | lind Spa | ouse | : 🗌 Was bor | n befc | ore January | 2, 1959 | | s blind |
| Dependents | | | | <u> </u> | Social security | | (3) Relationsh | 14 | | | | (see instructions): |
| If more | | irst name Last name | | (| number | | to you | | Child tax credi | | Credit fo | or other dependents |
| than four | | | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | | | |
| and check | > | | | | | | | | | | | |
| here | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | | | , | | | | | | - | 121,097. |
| Attach Form(s) | b | Household employee wages not reported on Form(s) W-2 | | | | | | | . 1b | | | |
| W-2 here. Also | C | Tip income not reported on line 1a | • | | • | | | | | . 10 | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | , , | | | • • | | . 1d | | |
| 1099-R if tax | e | Taxable dependent care benefits f | | | | | | • • | · · · | . 1e | | |
| was withheld. | f | Employer-provided adoption bene | | | | | | • • | | . 1f . 1g | | |
| get a Form | y h | Wages from Form 8919, line 6 . | | | | • • | | • • | • • • | · <u>ry</u> . 1h | | 0. |
| W-2, see instructions. | i | · · | Other earned income (see instructions) | | | | | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | . 1z | | 121,097. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | bТ | axable interest | t. | | . 2b | | |
| if required. | 3a | | 3a | | 44. | bС | Drdinary divide | nds . | | . 3b |) | 44. |
| | 4a | IRA distributions | 4a | | | bΤ | axable amoun | t | | . 4b |) | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | bΤ | axable amoun | t | | . 5b |) | |
| Single or | 6a | Social security benefits | 6a | | | bΤ | axable amoun | t | | . 6b |) | |
| Married filing separately, | С | If you elect to use the lump-sum e | lectior | n method, | check here | (see | instructions) | | [| | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | • | • | | - | | [| 7 | | 1,254. |
| jointly or Qualifying | 8 | Additional income from Schedule | , | | | | | | | . 8 | _ | -11,666. |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | • • | | . 9 | | 110,729. |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | • • | | . 10 | | 110 500 |
| household, [\$20,800 | 11 | Subtract line 10 from line 9. This is | • | - | - | | | • • | | . 11 | - | 110,729. |
| If you checked any box under | <u>12</u> 13 | Standard deduction or itemized Qualified business income deduct | | | | | | • • | · · · | . <u>12</u> . 13 | _ | 13,850. |
| Standard | 13 14 | | | | อออ บเ คบเก | 099 | J-A | • • | | . 13 | | 13,850. |
| Deduction, see instructions. | 14 | Add lines 12 and 13 Subtract line 14 from line 11. If zer | | ss. enter | -0 This is v | 'Our f | taxable incom | Ie | · · · | . 15 | | 96,879. |
| | | | 5 51 10 | | 5 . 1115 13 y | Juil | | | | . 10 | | |

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

Form **1040** (2023)

| Form 1040 (2023 | 3) | | | | | | | Page 2 |
|----------------------------------|---------|--|--------------------|---------------------|------------------|------------------|--------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | 16 | 6 16,645. |
| Credits | 17 | Amount from Schedule 2, lir | ne3 | | | | 17 | 7 |
| | 18 | Add lines 16 and 17 | | | | | 18 | B 16,645. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | 19 | 9 |
| | 20 | Amount from Schedule 3, lir | ne8 | | | | 20 | 0 |
| | 21 | Add lines 19 and 20 | | | | | 2 | 1 |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | 22 | 2 16,645. |
| | 23 | Other taxes, including self-e | | | | | 23 | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | 24 | |
| Payments | 25 | Federal income tax withheld | | | | | | |
| , , | а | Form(s) W-2 | | | | 25a 22 | ,478. | |
| | b | Form(s) 1099 | | | | 25b | | |
| | с | Other forms (see instruction | s) | | | 25c | | |
| | d | Add lines 25a through 25c | <i>.</i> | | | | 25 | d 22,478. |
| If you have a | 26 | 2023 estimated tax payment | ts and amount a | pplied from 20 | 22 return . | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No | 27 | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | |
| | 29 | American opportunity credit | | | | 29 | | |
| | 30 | Reserved for future use . | | · | | 30 | | |
| | 31 | Amount from Schedule 3, lir | | | | 31 | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | undable credits | 32 | 2 |
| | 33 | Add lines 25d, 26, and 32. T | , | • | • | | | |
| Refund | 34 | If line 33 is more than line 24 | | | | | 34 | 4 5,833. |
| norunu | 35a | Amount of line 34 you want | - | | | , . | . 🗌 35 | a 5,833. |
| Direct deposit? | b | Routing number $0 5 2 0 0 1 6 3 3 $ c Type: X Checking Savings | | | | | | |
| See instructions. | d | Account number 4 4 6 0 4 4 1 6 2 2 7 0 | | | | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | |
| You Owe | 01 | For details on how to pay, g | | | | | 37 | 7 |
| | 38 | Estimated tax penalty (see in | | | | 38 | | |
| Third Party | Do | you want to allow another | | | | See | | |
| Designee | | tructions | • | | | | omplete belov | v. 🗙 No |
| U | De | signee's | | Phone | | | onal identificatio | on |
| | nai | | | no. | | | ber (PIN) | |
| Sign | | der penalties of perjury, I declare tl ief, they are true, correct, and com | | | | | | |
| Here | | | piete. Deciaration | 、 | , | | | , 0 |
| | Yo | ur signature | | Date | Your occupation | | | sent you an Identity n PIN, enter it here |
| Joint return? | | | | | SOFTWARE I | ENGINEER | (see inst.) | |
| See instructions. | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's occupat | | If the IRS | sent your spouse an |
| Keep a copy for your records. | - | | - | | | | | rotection PIN, enter it here |
| your records. | | | | | | | (see inst.) | |
| | | one no. | | Email address | AKSHAYREDDYA | KKATI@GMAIL.CO | | |
| Paid | | eparer's name | Preparer's signat | | | Date | PTIN | Check if: |
| Preparer | SYA | M PRIYA RAM SAGAR GUPTA | SYAM PRIY | A RAM SAG | GAR GUPTA | 03/17/2024 | P0208270 | |
| Use Only | Fir | n's name GLOBAL TA | XES LLC | | | | Phone no | . (678)965-9522 |
| | Firi | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's EIN | |
| Go to www.irs.go | ov/Form | n1040 for instructions and the late | st information. | | 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.

OMB No. 1545-0074 20 23

| 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 Form 1040, 1040-SR, or 1040-NR | | | Your social security number | | |
| AKSHAY REDDY A | KKATI | 656-99 | -1944 | | |
| Part I Additio | onal Income | | | | |

| Par | 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 | -11,666. |
| 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 | | |
| I | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | - (| | |
| | 1040, line 1a or 1d | 8s (| | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | _ | |
| u | Wages earned while incarcerated | 8u | - | |
| z | Other income. List type and amount: | | | |
| ~ | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040, SP, or 1040, NP, line 8 | r nere and on Form | | 11 666 |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -11,666. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedule | e 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 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.

20Attachment Sequence No. 12

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

AKSHAY REDDY AKKATI

Your social security number 656-99-1944

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × 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 | instructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | (g) Adjustments 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, P line 2, column | | 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 | 7,998. | 6,462. | 1 | 04. | 1,640. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 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 | | | usts from | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | y, from line 8 of y | - | - | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | 0 | () | , , | 7 | 1,640. |

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

| | instructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | (g) Adjustmen 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, I line 2, colum | Part II, | 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 | 89. | 475. | | | -386. |
| 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. | | | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | | | 11 | |
| 12 | Net long-term gain or (loss) from partnerships, S corporat | ions, estates, and | trusts from Sched | dule(s) K-1 | 12 | |
| 13 | Capital gain distributions. See the instructions | | | | 13 | |
| 14 | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | | - | - | 14 | () |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back . | • | | | 15 | -386. |

| Part | III Summary | |
|------|--|------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 1,254. |
| | • 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 () |
| | 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**

Department of the Treasury

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.



Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

| AKSHAY REDDY AKKATI | 656-99-1944 |
|---------------------|-------------|
|---------------------|-------------|

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

| 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 c | 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 | 2 Co.) (I | [Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see <i>Column</i> (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | |
| Robinhood Securities | s LLC 0 | 1/01/23 | 12/31/23 | 7,998. | 6,462. | W | 104. | 1,640. | |
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| 2 Totals. Add the amounts in negative amounts). Enter e Schedule D, line 1b (if Box above is checked), or line 3 | each total h A above is | here and incluction checked), lin | ude on your e 2 (if Box B | 7,998. | 6,462. | | 104. | 1,640. | |

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

|--|

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AKSHAY REDDY AKKATI

Social security number or taxpayer identification number 656-99-1944

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

| 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 c | 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.) | (Example: 100 sh. XYZ Co.) Date acquired disposed of (Mo., day, yr.) | | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | |
| Robinhood Securities LLC | 01/01/22 | 12/31/23 | 89. | 475. | | | -386. |
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| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I | I here and inc is checked), lir | lude on your 1e 9 (if Box E | 89. | 475. | | | -386. |

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.

REV 03/07/24 PRO

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

Department of the Treasury

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

| 2023 |
|--------------------------------------|
| Attachment Sequence No. 13 |

au/CahadulaEfax instructions and the latest infe

| Internal | Revenue Service | do to www.irs.gov/ScheduleE to | minsur | uctions an | | itest in | iormation. | | | ce No. IJ |
|----------|---------------------------------------|---|-----------|-------------|------------------|-----------|-------------------|--------------|----------------|-----------|
| . , | shown on return | | | | | | | | ial security i | |
| | AY REDDY AKKA | | | | | | | 656-9 | 9-1944 | |
| Part | Note: If you a | Loss From Rental Real Estate and re in the business of renting personal proper or loss from Form 4835 on page 2, line 40. | | | e C . See | e instrue | ctions. If you | are an indi | vidual, rep | ort farm |
| A | | ayments in 2023 that would require you | ı to file | Form(s) 1 | 099? 8 | See ins | tructions . | | . 🗌 Ye | s 🛛 No |
| | f "Yes," did you or | will you file required Form(s) 1099? | | | | | | | | |
| 1a | Physical address | s of each property (street, city, state, ZI | P cod | e) | | | | | | |
| Α | ADVOCATES CO | OLONY, HANAMKOND WARANGAL | TELAI | NGANA I | IN 50 | 6001 | | | | |
| В | | | | | | | | | | |
| С | | 1 | | | | 1 | | 1 | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate proper above, report the number of fair | rental | and | | Fa | ir Rental Days | | nal Use ays | QJV |
| Α | 3 | personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | | if you meet the requirements to qualified joint venture. See instru | | | В | | | | | |
| С | | | | 5. | С | | | | | |
| | of Property: | | | | | | | | | |
| | Single Family Resid | | ntal | 5 Land | | | Self-Rental | | | |
| 2 | Multi-Family Reside | ence 4 Commercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | | | | | Propert | ies: | | |
| ncom | ie: | | | | Α | | B | | | С |
| 3 | Rents received . | | 3 | | 5 | 84. | | | | |
| 4 | Royalties received | | 4 | | | | | | | |
| Expen | ises: | | | | | | | | | |
| 5 | Advertising | | 5 | | | | | | | |
| 6 | | ee instructions) | 6 | | | | | | | |
| 7 | | ntenance | 7 | | 1,3 | 84. | | | | |
| 8 | Commissions . | | 8 | | | | | | | |
| 9 | Insurance | | 9 | | | | | | | |
| 10 | | rofessional fees | 10 | | | | | | | |
| 11 | | 8 | 11 | | 8 | 17. | | | | |
| 12 | | paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | | | 13 | | | | | | | |
| 14 | | | 14 | | | 79. | | | ļ | |
| 15 | | | 15 | | 2,0 | 16. | | | | |
| 16 | | | 16 | | 0 0 | 1.0 | | | | |
| 17 | | · · · · · · · · · · · · · · · · · · · | 17 | | | 18. | | | | |
| 18 19 | | ense or depletion | 18 19 | | 3,8 | 36. | | | | |
| 20 | Other (list) | Add lines 5 through 19 | 20 | | 12,2 | 50 | | | | |
| 20 | • | rom line 3 (rents) and/or 4 (royalties). If | 20 | | 12,2 | 50. | | | | |
| 21 | result is a (loss), s | see instructions to find out if you must | 21 | | -11,6 | 66 | | | | |
| 22 | Deductible rental | real estate loss after limitation, if any, e instructions) . | 22 | | 11,60 | | (|) | (| |
| 23a | | its reported on line 3 for all rental prope | | | | 23a | \ | 584. | N | |
| b | | its reported on line 4 for all royalty prop | | | | 23b | | | | |
| c | | its reported on line 12 for all properties | | | | 23c | | | | |
| d | | its reported on line 18 for all properties | | | | 23d | | 3,836. | | |
| е | | its reported on line 20 for all properties | | | | 23e | | 2,250. | | |
| 24 | | itive amounts shown on line 21. Do no | | | | · · · | | . 24 | | |
| 25 | Losses. Add royalt | ty losses from line 21 and rental real estat | te loss | es from lin | e 22. E | nter to | tal losses he | re 25 | (| 11,666. |
| 26 | | estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, II | I, and IV, and line 40 on page 2 do no | ot app | ly to you, | also e | nter th | nis amount (| on | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-11,666.

26

| Departn | B582 ment of the Treasury Revenue Service | Passive Activity Loss Limitations See separate instructions. Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest int | | ation. |
|---------|--|---|-------|-----------------------|
| Name(s | s) shown on return | | | lde |
| AKSI | HAY REDDY A | KKATI | | 6! |
| | | ctivities With Active Participation (For the definition of active participal Real Estate Activities in the instructions.) | ation | , see Specia l |
| 1a | Activities with | net income (enter the amount from Part IV, column (a)) 1a | | 0. |
| b | | net loss (enter the amount from Part IV, column (b)) | (| 11,666. |
| С | Prior years' una | allowed losses (enter the amount from Part IV, column (c)) 1c | (| |
| d | Combine lines | 1a, 1b, and 1c | | |
| All Ot | ther Passive Act | tivities | | |
| 2a | Activities with | net income (enter the amount from Part V. column (a)) | | |

| 2a | Activities with net income (enter the amount from Part V, column (a)) | 2a | | | | |
|----|--|----|---|---|----|----------|
| b | Activities with net loss (enter the amount from Part V, column (b)) | 2b | (|) | | |
| С | Prior years' unallowed losses (enter the amount from Part V, column (c)) | 2c | (|) | | |
| d | Combine lines 2a, 2b, and 2c | | | | 2d | |
| 3 | Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instr zero or more, stop here and include this form with your return; all losses are a prior year unallowed losses entered on line 1c or 2c. Report the losses on the | | | | | |
| | normally used | | | | 3 | -11,666. |

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 . . 4 11,666. 5 5 Enter \$150,000. If married filing separately, see instructions 150,000. 6 Enter modified adjusted gross income, but not less than zero. See instructions 6 122,395. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 7 27,605. Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 8 8 13,803. 9 9 11,666. **Total Losses Allowed** Part III 10 10 0. 11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 11 11,666. Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| | Currer | nt year | Prior years | Overall ga | l gain or loss | |
|--|-----------------------------|----------------------------------|---------------------------------|-----------------|----------------|--|
| Name of activity | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss | |
| ADVOCATES COLONY, HANAMKOND | 0. | 11,666. | | | 11,666. | |
| | | | | | | |
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| | | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0. | 11,666. | | | | |

For Paperwork Reduction Act Notice, see instructions.

REV 03/07/24 PRO

Form 8582 (2023)

OMB No. 1545-1008 20

-11,666.

Attachment Sequence No. 858

Identifying number 656-99-1944

1d

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Part V Complete This Part Belo | | a, 20, | anu 20. 0 | | JUONS. | | | | |
|--|--|---|-----------|---------------------------------|--------|------------------------------|---------------------|---|--|
| Name of activity | Current year | | | Prior years | | Overall gain or loss | | | |
| Name of activity | (a) Net income (line 2a) | (b) Net loss (line 2b) | | (c) Unallowed loss (line 2c) | | | | (e) Loss | |
| | (| (| 10 2.0) | | 0 20) | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | | | | | | | | |
| Part VI Use This Part if an Amou | Int Is Shown on F | Part II, | Line 9. S | l See instruc | tions. | | | | |
| Name of activity | Form or schedule and line number to be reported on (see instructions) | and line number o be reported on (a | | (b) Ratio | | (c) Special allowance | | (d) Subtract column (c) from column (a). | |
| ADVOCATES COLONY, HANAMKOND | E Ln 22 | E Ln 22 11,666. | | 1.00000000 | | 11,666. | | 0. | |
| | | | | | | | _ | | |
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| | | | | | | | | | |
| Total | | | 11,666. | 1.0 | 0 | 11,66 | 6. | 0. | |
| Part VII Allocation of Unallowed | | | S. | | | | - | | |
| Name of activity | Form or sche and line nur to be reporte (see instruct | imber ted on (a) L | | Loss | | (b) Ratio (| | (c) Unallowed loss | |
| | | | | | | | | | |
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| | | | | | | 1.00 | | | |
| Part VIII Allowed Losses. See inst | | | 1 | | | | - | | |
| Name of activity | Form or sche and line nur to be reporte (see instruct | nber ed on | (a) l | i) Loss (b) Unall | | nallowed loss | oss (c) Allowed los | | |
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| Total | | | | | | | | | |

REV 03/07/24 PRO

Form **8582** (2023)