## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
PRANAY KAMMARI	752-31-	-8557
Spouse's name	Spouse's soci	al security number
Part I Tax Return Information — Tax Year Ending December 31, 2023 (I	 Enter year you aı	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 63,262.
2 Total tax		<b>2</b> 6,168.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 10,298.
4 Amount you want refunded to you		4 4,130.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame		·
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoun payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terr payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	ransmitter, or electro or rejection of the trathe U.S. Treasury are nt indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furti	nic return originator (ERO) ansmission, <b>(b)</b> the reason of its designated Financial expreparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general authorize to enter or general author	erate my PIN	8 5 5 7 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Date	e <b>-</b>	
Spouse's PIN: check one box only		
I authorize to enter or gene	vrata my DINI	ac my
ERO firm name		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		i't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date	•	
Practitioner PIN Method Returns Only—continue be	elow	
Part III 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 6  Don't ente	6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provider	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	<b>.</b>	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So

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



<b>1040</b>		artment of the Treasury—Internal Revenue Servi		urn	20 <b>2</b>	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space	e.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	oarate i	instructions.	
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number	
PRANAY			KAMM	IARI							752	31	8557	
	pouse's	s first name and middle initial	Last na										security num	ıbeı
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.	- 1			ection Campa	aign
3033 OH						۵.			2097				ou, or your jointly, want :	\$3
	oost offi	ice. If you have a foreign address, also co	mplete s <sub>l</sub>	paces belo	w.	Sta		ZIP c				•	nd. Checking	
FRISCO						TX		750					not change	
Foreign country	y name			-oreign pro	vince/state/	count	У	Foreig	n postal c	ode	your tax	or retu	_	use
Filing Status	×	Single					Head of he	ouseh	old (HOF	 				
_		☐ Married filing jointly (even if only o	ne had i	ncome)						,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)			
0.10 2011	lf y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ır depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward,	award, or	payn	nent for prope	rty or	services)	); or (	b) sell,			
Assets		nange, or otherwise dispose of a dig											es 🛛 No	
Standard	Son	neone can claim: 🔲 You as a de	pendent	t 🗌 \	our spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status	alien								
Age/Blindness	s You	: Were born before January 2, 1	959	Are blir	nd <b>Spo</b>	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) So	ocial security	,	(3) Relationsh	ip (4	) Check tl	he bo	x if quali	fies for (	see instruction	ns):
If more		First name Last name		number to you				Child to	ax cre	edit	Credit fo	r other depende	ents	
than four									[					
dependents,									[					
see instruction and check	5								[					
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions) .						1a		73,384	ł.
Attach Form(s)	b	Household employee wages not re	•		•						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						10			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					· ·			1h			).
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>li</u>						E2 204	
	<b>Z</b>	Add lines 1a through 1h									1z		73,384	ł .
Attach Sch. B if required.	2a	· –	2a		122		axable interest				2b			
ii required.	3a_	· · ·	3a	-	132.		rdinary divide				3b		134	ł .
Standard	4a	<del>-</del>	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			_
Single or Married filing	6a	,	6a		la a a la la		axable amoun	τ			6b			
separately, \$13,850	C -	If you elect to use the lump-sum e		,		`	,				1 -		A ~	2
Married filing	7	Capital gain or (loss). Attach Sche		•	•					. L	7		-43	
jointly or Qualifying	8	Additional income from Schedule	•								8		-10,213	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		63,262	<u>.</u>
\$27,700 Head of	10	Adjustments to income from Sche									10		<u> </u>	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-							11		63,262	
If you checked	12	Standard deduction or itemized				-					12		13,850	١.
any box under Standard	13	Qualified business income deduct									13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13			 This is w						14		13,850	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	6,168.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	6,168.
	19	Child tax credit or credit for	other dependent	ts from Schedi	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,168.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	6,168.
<b>Payments</b>	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				<b>25a</b> 10	,298.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	10,298.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	10,298.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	4,130.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	4,130.
Direct deposit?	b	Routing number 1 0 1							
See instructions.	d	Account number 5 1 8	0 0 9 4	0 3 5 7	7 2				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party	Do	you want to allow another				See			
Designee		,	•				omplete	below.	<b>⋈</b> No
•		esignee's		Phone		onal iden	tification		
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,
Here		•	protor Bookaration	· · · · ·	, , ,				nt you an Identity
	YC	our signature		Date	Your occupation				PIN, enter it here
Joint return?					DATA ENGIN	IEER		e inst.)	,
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.							ntity Prote inst.)	ection PIN, enter it here	
	Ph	one no. (316)200-252	4	Email address	KPRANAY230	@GMAIL.COM	4		
Paid	Pr	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P0247	70833	Self-employed
Preparer Use Only	Fir							one no. (	(678)965-9522
————	Fir	m's address 245 ROONE	n's EIN	88-2145487					

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

PRANAY KAMMARI

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.

Your social security number 752-31-8557

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	-10,213.
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		
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 (	2	
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:			
0	Total other income. Add lines to through to	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8	nere and on Form	10	-10,213.
	10-10, 10-10 OII, OI 10-10 IIII O		l IU	10,413.

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				
	<del>-</del>	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 <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, IIIIC 10	• •		.   20	

# SCHEDULE D (Form 1040)

Department of the Treasury

### **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

intern	al Revenue Service	GO to www.iis.gov/scrieddieD to	or mistructions and	the latest illiorillati	OII.		-   `	sequence No. 12
	e(s) shown on return ANAY KAMMAR I	[						ecurity number 8557
-		y investment(s) in a qualified opportunity 8949 and see its instructions for additiona	•	•		No loss.		
Pa	rt I Short-T	erm Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Le	ss (se	e ins	tructions)
lines This	below.	ow to figure the amounts to enter on the ier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to ga Form	(g) djustmen in or loss (s) 8949, 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	1099-B for which which you have However, if you	ort-term transactions reported on Form h basis was reported to the IRS and for e no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 1b.						
1b	Totals for all tran	nsactions reported on Form(s) 8949 with	407.	442.				-35.
2	Totals for all tran	nsactions reported on Form(s) 8949 with						
3	Totals for all trar	nsactions reported on Form(s) 8949 with						
4	Short-term gain	from Form 6252 and short-term gain or (le	oss) from Forms 4	684 6781 and 88	24		4	
5	Net short-term	gain or (loss) from partnerships, S	S corporations,	estates, and tr	usts		5	
6		al loss carryover. Enter the amount, if an	y, from line 8 of y		Carr	yover	6	(
7	Net short-term	capital gain or (loss). Combine lines 1ans or losses, go to Part II below. Otherwise	through 6 in colu	ımn (h). If you have	any	long-	7	-35.
Pa	rt II Long-Te	erm Capital Gains and Losses—Ger	nerally Assets H	Held More Than	One	Year	(see i	instructions)
See	instructions for he below.	ow to figure the amounts to enter on the	(d) Proceeds	(e) Cost		<b>(g)</b> djustmen in or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be eas le dollars.	ier to complete if you round off cents to	(sales price)	(or other basis)	Form(	s) 8949, l 2, colum	Part II,	combine the result with column (g)
8a	1099-B for which which you have However, if you	ng-term transactions reported on Form h basis was reported to the IRS and for re no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 8b.						
8b	Totals for all tran	nsactions reported on Form(s) 8949 with	12.	20.				-8.
9	Totals for all tran	nsactions reported on Form(s) 8949 with						
10		nsactions reported on Form(s) 8949 with						
11	Gain from Form	4797, Part I; long-term gain from Forms 4, 6781, and 8824				(loss)	11	
12		ain or (loss) from partnerships, S corporat				K-1	12	
		ributions. See the instructions					13	
		al loss carryover. Enter the amount, if any			Carr	over/		

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-8.

14

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -43. • 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 43.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 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.

2023 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return
PRANAY KAMMARI

Department of the Treasury

Social security number or taxpayer identification number

752-31-8557

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 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	s not reported	to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis See the <b>Note</b> below and see Column (e)	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			(f) Code(s) from instructions		<b>(g)</b> Amount of adjustment
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	407.	442.			-35.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box	al here and ince is checked), <b>lir</b>	lude on your ne 2 (if Box B	407	442			_35

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

Form 8949 (2023) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRANAY KAMMARI

Social security number or taxpayer identification number 752-31-8557

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.

<ul><li>☒ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas	•		•	e)
☐ (F) Long-term transactions	not reported	to you on Fo	orm 1099-B	(e)	If you enter an	f any, to gain or loss amount in column (g),	(h)
(a)  Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)	enter a c See the sep	Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 Sti. X12 GG.)	(wo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	12.	20.			-8.
Totals. Add the amounts in columns negative amounts). Enter each total.							
Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	is checked), <b>lir</b>	ne 9 (if Box E	12.	20.			-8.

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.

above is checked), or line 10 (if Box F above is checked) .

20.

#### **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.

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 Your social security number

OMB No. 1545-0074

PRAN	NAY KAMMARI						752-3	1-8557	
Part									
	Note: If you are in the business of renting personal proper	rty, use	Schedule	<b>c</b> . See	instru	ctions. If you a	are an indiv	/idual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.		- ()						571.11
	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>	s U No
1a	Physical address of each property (street, city, state, ZII	P code	<del>)</del> )						
Α	LINGOJIGUDA, SAROORNAGAR HYDERABAD TELA	ANGAN	IA IN 5	50003!	5				
В									
С									
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair			Fair Rental Days			Person Da	QJV	
Α	personal use days. Check the Q	JV box	only	Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	uctions		С					
Tvpe	of Property:				<u>I</u>	l			
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land	l	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desci	ribe)		
	·								
		-				Properti	es:		
Incon				Α	0.0	В			С
3 4	Rents received	3		4	80.				
Exper	Royalties received	4							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	5.0				
8	Commissions	8		1,5	50.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		a	80.				
12	Mortgage interest paid to banks, etc. (see instructions)	12			00.				
13	Other interest	13							
14	Repairs	14		3,1	2.4				
15	Supplies	15		2,5					
16	Taxes	16							
17	Utilities	17							
18	Depreciation expense or depletion	18		2,6	53.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,6	93.				
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								
	file Form 6198	21		-10,2	13.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(	10,21	3.)	(	)	(	,
23a	Total of all amounts reported on line 3 for all rental prope				23a		480.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d		,653.		
е	Total of all amounts reported on line 20 for all properties				23e	10	,693.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		-				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estat							(	10,213.
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						)I)		_10 212