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

	10101100 0011100							
Submi	ssion Identification Numbe	er (SID)						
Taxpaye	r's name			Social secu	ity num	ber		
PRA	NAY KAMMARI			752-31	-855	7		
Spouse				Spouse's so			er	
Part	Tax Return Inform	nation – Tax Year Ending Dec	ember 31. 202	 	are au	thorizina	a)	
	whole dollars only on lines		202.	Certor your you	410 44	110112111	9./	
		ne 4 only. Leave lines 1, 2, 3, and 5	blank.					
1					1	6	3,2	62.
2	Total tax				2		6,1	
3	Federal income tax withhe	eld from Form(s) W-2 and Form(s) 10	99		3		0,2	
4	Amount you want refunde	ed to you			4		4,1	
5	•				5			
Part	II Taxpayer Declara	ation and Signature Authorizat	ion (Be sure you ge	et and keep a co	by of y	our ret	urn)	
my knoreturn (to send for any Agent t paymen authori paymen busines taxes t person Electro	owledge and belief, it is true, original or amended) I am now I my return to the IRS and to delay in processing the return o initiate an ACH electronic furt of my federal taxes owed o exation is to remain in full force, I must contact the U.S. as days prior to the payment or receive confidential informations.		e that the amounts in Permediate service provide ement of receipt or reasond. If applicable, I authorie financial institution acreted tax, and the financial issury Financial Agent to 4537. Payment cancellinancial institutions involved resolve issues related	art I above are the an er, transmitter, or elect on for rejection of the rize the U.S. Treasury count indicated in the il institution to debit the terminate the authorization requests must be ed in the processing of to the payment. I funded) I am now author	nounts ronic retransmi and its tax pree entry zation. The receipt the erther acrizing a	from the i turn origin ssion, (b) designate paration s to this acc To revoke ved no la ectronic p cknowledond, if app	incomnator (the red d Fina oftwa count e (cane ater the payme ge tha licable	ne tax (ERO) eason ancial are for This cel) a nan 2 ent of at the
-		•		1	. 8	5 5 7		
×	I authorize GLOBAL		to enter or g	enerate my PIN E	nter five	digits, but	das ∷	s my
	signature on the income	ERO firm name e tax return (original or amended) I a	m now authorizing.			er all zeros		
		y signature on the income tax retur own PIN and your return is filed us						
Your s	ignature ▶	yh. Barang)ate ▶				
Spous	se's PIN: check one box o	only		_			_	
	I authorize	·	to enter or a	enerate my PIN			as	s my
		ERO firm name		E		digits, but		,
	signature on the income	e tax return (original or amended) I a	m now authorizing.	d	on't ente	er all zeros		
		y signature on the income tax retur own PIN and your return is filed us						
Spous	e's signature ►		Г	Date ►				
		Practitioner PIN Method Ret	-	e below				
Part	Certification and	Authentication — Practitioner	PIN Method Only					
ERO's	EFIN/PIN. Enter your six-	digit EFIN followed by your five-digi	t self-selected PIN.	2 2 2 4 9 Don't er	6 6 iter all z		8 9	•
authori	zed to file for tax year indica	y is my PIN, which is my signature for t ted above for the taxpayer(s) indicated method and Pub. 1345, Handbook for A	above. I confirm that I	am submitting this re	turn in	accordand		
ERO's	signature ►		Г	Date ►				
	-	ERO Must Retain This Fo	orm - See Instruct	tions				
	Do	on't Submit This Form to the IF						

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



£1040		eartment of the Treasury—Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	Do not w	rite or sta	ple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		<u>'</u>	, 2023, end	ling			, 20		See sep	oarate i	nstructions.
Your first name	and m	niddle initial	Last nar	me	<u>-</u>					,	Your so	cial sec	urity number
PRANAY			KAMM	ARI							752	31	8557
	pouse'	s first name and middle initial	Last nar								Spouse'	s social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.		Preside	ntial Ele	ection Campaig
3033 OH:										- 1			ou, or your
		ice. If you have a foreign address, also co	mplete s	paces belov	w.	Sta	te	ZIP co			•	٠.	jointly, want \$3
FRISCO						ТХ	[750	35		•		nd. Checking a not change
Foreign countr	y name		F	oreign pro	vince/state/	count	у	Foreig	n postal c		your tax		nd.
Filing Status Check only one box.	If y	Single Married filing jointly (even if only o Married filing separately (MFS) you checked the MFS box, enter the ualifying person is a child but not you	name o ur depen	of your spo dent:				surviv	ring spou	use (C enter	the chi		
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig											es 🗵 No
Standard Deduction	_	neone can claim:	•				a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	nd Spc	ouse	: Was bor	n befo	re Janua	ary 2,	1959	ls	s blind
Dependent	s (see	instructions):		(2) So	cial security	,	(3) Relationsh	_{ip} (4) Check th	ne box	c if qualit	fies for (see instructions
If more	(1) F	First name Last name		r	number		to you		Child to	ax cre	dit	Credit fo	r other dependent
than four													
dependents, see instruction	s												
and check here	, 1								L	<u> </u>			
-	1a	Total amount from Form(s) W-2, b	nx 1 (se	e instructi	ons)				L		1a	1	73,384.
Income	b	Household employee wages not re	•		,						1b		,0,0011
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	•		•						1c		
attach Forms	d	Medicaid waiver payments not rep	•								1d		
W-2G and	e	Taxable dependent care benefits f					3.13.13, 1				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f		
If you did not	g g	Wages from Form 8919, line 6.			00, 1110 20	•					1g		
get a Form	h	Other earned income (see instruct	ions) .								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i	i.					
	z	Add lines 1a through 1h		20110110)		• •					1z		73,384.
Attach Sch. B	<u>-</u> 2a		2a		i	 h Ta	axable interest				2b		,
if required.	3a	· –	3a		132.		rdinary divide			• •	3b	+	134.
	4a	· –	4a				axable amoun				4b		
Standard	5a		5a				axable amoun				5b		
Deduction for— Single or	6a		6a				axable amoun				6b		
Married filing	C	If you elect to use the lump-sum e		method d	heck here					· ·			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		-		•	,				7		-43.
Married filing jointly or	8	Additional income from Schedule		•	•						8	+	-10,213.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9	+	63,262.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•							10	+	
Head of	11	Subtract line 10 from line 9. This is									11	+	63,262.
household, \$20,800	12	Standard deduction or itemized	-	-						• •	12	+	13,850.
If you checked any box under	13	Qualified business income deduct									13	+	
Standard	14										14	+	13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15	+	19,030.

Form 1040 (2023)									Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	3 🗌			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 dependen	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lin	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	e 2, line 21 .				23	0.		
	24	Add lines 22 and 23. This is	your total tax						24	6,168.		
Payments	25	Federal income tax withheld	from:									
-	а	Form(s) W-2				25a	10	,298	3.			
	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						
attach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin	ne 15			31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	10,298.		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you c	overpaid		34	4,130.		
	35a	Amount of line 34 you want			is attached, che	ck here			35a	4,130.		
Direct deposit?	b	Routing number 1 0 1] Check	ing 🗌	Saving	s			
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	nstructions) .			38						
Third Party Designee		you want to allow another	•		n with the IRS?	r	Yes. C	omplet	e below.	X No		
Doolgiloo	De	signee's							ntification			
	nar	me		no. number (l)			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and com								, ,		
TICIC	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here		
Joint return?					DATA ENGI	NEER		(s	ee inst.)			
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date						the IRS sent your spouse an lentity Protection PIN, enter it here see inst.)		
	Ph	one no. (316)200-252	4	Email address	KPRANAY23	0@GMA	IL.CON	1				
Paid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:		
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	PAVAN KUMAR DUDIPALLI F				70833	Self-employed		
Use Only	Fire	m's name GLOBAL TA				Р	hone no.	(678)965-9522				
USE UIIIY									Firm's EIN 88-2145487			

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

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.

	Sequence No. 01
Your soci	ial 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. Att	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 ()	
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 . Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-10,213.

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

Par	t II Adjustments to Income					
11	Educator expenses			. 11	1	_
12	Certain business expenses of reservists, performing artists, and fee-					
	officials. Attach Form 2106			. 12	2	
13	Health savings account deduction. Attach Form 8889			. 13	3	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	4	
15	Deductible part of self-employment tax. Attach Schedule SE				5	
16	Self-employed SEP, SIMPLE, and qualified plans			. 16	6	
17	Self-employed health insurance deduction			. 17	7	
18	Penalty on early withdrawal of savings				3	
19a	Alimony paid				a	
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				_	
21	Student loan interest deduction					_
22	Reserved for future use					
23	Archer MSA deduction			. 23	3	
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		24d		_		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
f		24f				
g		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				
25	Total other adjustments. Add lines 24a through 24z				5	
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 OHH 1070, 1070-011, 01 1070-1111, IIIIC 10			. 20	י ע	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

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**

	(s) shown on return ANAY KAMMARI				our social se 52-31-	ecurity number 8557	
	you dispose of any investment(s) in a qualified opportunity	fund during the ta	x year?			0337	
	es," attach Form 8949 and see its instructions for additiona	•	-				
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less	(see ins	tructions)	
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjus to gain of Form(s) 8	tments r loss from 949, Part I, olumn (g)	(h) Gain or (loss) Subtract column (e) from column (d) and 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	407.	442.			-35.	
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 (le	· ·			. 4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				om . 5		
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	•	our Capital Loss	-	er 6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise					-35.	
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Ye	ear (see i	instructions)	
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjus to gain of Form(s) 89	tments r loss from 949, Part II, olumn (q)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (a)	
	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.			mie z, c	Oldmin (g)	with column (g)	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	12.	20.			-8.	
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			ain or (los	ss) . 11		
	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-			
	Capital gain distributions. See the instructions				. 13		
	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	through 14 in co	lumn (h). Then, go	o to Part	III		

-8.

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 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.

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

Name(s) shown on return PRANAY KAMMARI

Department of the Treasury

Internal Revenue Service

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.

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 transaction	ons not reported	d 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	Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)		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).
ROBINHOOD SECURITIES L	LC 01/01/23	12/31/23	407.	442.			-35.
2 Totals. Add the amounts in colungative amounts). Enter each Schedule D, line 1b (if Box A at above is checked) or line 3 (if Box	total here and incove is checked), lin	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 Page

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.

∑ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on l	Form(s) 1099	-B showing bas	•	,	•	7)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(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	12.	20.			-8.
Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above).	al here and inc	lude on your					

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.

12.

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

Name(s)) shown on return								Your so	cial secur	ity nu	mber
PRAN	IAY KAMMARI								752-	31-85	57	
Part		Los	s From Rental Real Estate an	nd Ro	yalties							
	Note: If you ar rental income	re in t	he business of renting personal properss from Form 4835 on page 2, line 40.	rty, use	e Schedule	e C . See	instru	ctions. If you a	are an in	dividual,	report	farm
A [ents in 2023 that would require you	to file	Form(s)	1099? 5	See ins	tructions .		. 🗆	Yes	X No
			ou file required Form(s) 1099? .								Yes	□ No
			ach property (street, city, state, ZII									
						- 0 0 0 2						
_ <u>A</u>	LINGOJIGUDA,	SAF	ROORNAGAR HYDERABAD TELA	ANGAI	NA IN :	50003	5					
B C												
	Tune of Due nowby	_	F		4I		-	in Donatal	D			
ID	Type of Property (from list below)	2	For each rental real estate proper above, report the number of fair				га	ir Rental Days		onal Use Days	•	QJV
A	3		personal use days. Check the Q			Α		365		0		
B	3			if you meet the requirements to file as a				303				
			qualified joint venture. See instru	uctions	S.	В						\Box
	of Property:											
	Single Family Resid	denc	e 3 Vacation/Short-Term Ren	ıtal	5 Land	d	7	Self-Rental				
	Multi-Family Reside				6 Roya		8	Other (desc	ribe)			
					,							
						_		Propert	es:			
Incom 3				2		Α	80.	В			С	,
3 4				3		4	80.					
Exper		4 .		+								
5				5			1					
6	•		structions)	6								
7	Cleaning and mair	7		1.3	50.							
8	Commissions .	8		-,,	300							
9				9								
10			sional fees	10								
11				11		9	80.					
12	_		to banks, etc. (see instructions)	12								
13		-		13								
14				14		3,1	24.					
15				15		2,5	86.					
16	Taxes			16								
17	Utilities			17								
18	Depreciation expe	ense	or depletion	18		2,6	53.					
19	Other (list)			19								
20	·		nes 5 through 19	20		10,6	93.					
21			ine 3 (rents) and/or 4 (royalties). If									
			structions to find out if you must			10 2	12					
00	file Form 6198 .			21		- 10,2	13.					
22			estate loss after limitation, if any, tructions)	22	,	10,21	2 \	(\(
23a			ported on line 3 for all rental prope		I(10,21	23a	(480.	1		
23a b			ported on line 4 for all royalty prope			•	23b		100			
C			ported on line 12 for all properties				23c					
d			ported on line 18 for all properties				23d	2	653.			
e			ported on line 20 for all properties				23e		,693.			
24			amounts shown on line 21. Do no t		de any lo	sses			. 24	_		
25	•		ses from line 21 and rental real estat		-		nter to	tal losses her	-		10	,213.
26	•	-	te and royalty income or (loss).									
			d IV, and line 40 on page 2 do no									

-10,213.

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