8879 Form

(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

Internal Revenue Service Control of the latest mornitation.		
Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
SHRAVAN GAVVA	742-98-	7391
Spouse's name		al security number
, , ,	ter year you ar	e 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.		4 00 262
1 Adjusted gross income	1	1 98,263. 2 8,357.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		
4 Amount you want refunded to you	ŀ	3 12,060. 4 3,703.
5 Amount you owe	1	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a copy	-
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	rejection of the tra U.S. Treasury an indicated in the ta ution to debit the ate the authorizal equests must be the processing of a payment. I furth	ansmission, (b) the reason of its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general	te my PIN	7 3 9 1 as my
ERO firm name	Ento	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	i t enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.		
Your signature ▶ Date ▶		
Spouse's PIN: check one box only		
I authorize to enter or general		as my
signature on the income tax return (original or amended) I am now authorizing.		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 am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.		
Spouse's signature ▶ Date ▶		
Practitioner PIN Method Returns Only—continue belo	w	
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 4 9 6 Don't ente	5 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sul requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for PIN method	bmitting this retur	rn in accordance with the
ERO's signature ▶ Date ▶		
ERO Must Retain This Form — See Instructions		

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

20**23** OMB No. 1545-0074

						01112 1101 1010			70 1101 111	no or orapio iii a	no opaco.
For the year Jan	1-Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ing		, 20	s	ee sep	oarate instruc	ctions.
Your first name	and mi	ddle initial	Last na	me				Y	our so	cial security r	number
SHRAVAN			GAVV	'A					742	98 739	∂ 1
If joint return, sp	ouse's	first name and middle initial	Last na	me				S	pouse's	s social secur	ity number
									129	08 525	54
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	P	resider	ntial Election	Campaign
_108 BROC	K Al	LDER TRL								nere if you, or	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP code			if filing jointly, this fund. Ch	
HOLLY SP		GS			NO		27540	b	ox belo	ow will not ch	
Foreign country	name			Foreign province/state/o	coun	ty	Foreign postal	code y	our tax	or refund.	\neg
		1								You	Spouse
Filing Status		Single					ousehold (HO	H)			
Check only	Married filing jointly (even if only or	ne had i	ncome)								
one box.		Married filing separately (MFS)					surviving spo				
		ou checked the MFS box, enter the					or QSS box,	enter t	he chil	d's name if t	the
	qu	alifying person is a child but not you	ır deper	ident. SWATHI N	IAN	DALA					
Digital		ny time during 2023, did you: (a) rece	•				•				_
Assets	exch	ange, or otherwise dispose of a digi	ital asse				et)? (See instru	ictions.)	☐ Yes	X No
Standard	_	eone can claim: You as a de	•	•		a dependent					
Deduction		Spouse itemizes on a separate return	n or you	ı were a dual-status a	alien	1					
Age/Blindness	You:	☐ Were born before January 2, 1	959	Are blind Spo	use	: Was bor	rn before Janu	ary 2, 1	1959	☐ Is blind	t
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	(4) Check	the box	if qualif	fies for (see ins	structions):
If more		rst name Last name		number		to you		tax cred	lit	Credit for other	dependents
than four	VIS	SHWAKSENA GAVVA		707-85-6528	8	Son		X			
dependents, see instructions	AASH	RITH VIHAARI GAVVA		787-24-339	4	Son		X			
and check	·										
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)					1a	90	,000.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2					1b		
W-2 here. Also	С	Tip income not reported on line 1a							1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep		()	nstru	uctions)			1d		
1099-R if tax	е	Taxable dependent care benefits f							1e		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29					1f		
If you did not get a Form	g	•							1g		
W-2, see	h	Other earned income (see instructi	,						1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see ınstı	ructions)		<u>1</u> i			-		000
		Add lines 1a through 1h	· i	<u>.</u> .					1z		,000.
Attach Sch. B if required.	2a	'	2a	0.1.6		axable interes			2b		417. 221.
	3a		3a			Ordinary divide			3b		
Standard	4a		4a			axable amoun axable amoun			4b		
Deduction for—	5a		5a 6a			axable amoun			5b 6b		
Single or Married filing	6а с	Social security benefits (OD		
separately, \$13,850	7	Capital gain or (loss). Attach Sched			•	•		. 📙	7	23	,111.
Married filing	8	Additional income from Schedule						. ⊔	8		,486.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9		,263.
surviving spouse, \$27,700	10	Adjustments to income from Sche							10		, = 00.
Head of household,	11	Subtract line 10 from line 9. This is							11		,263.
\$20,800	12	Standard deduction or itemized	-	-					12		,850.
If you checked any box under	13	Qualified business income deducti)5-A .			13		,
Standard Deduction,	14	Add lines 12 and 13							14	+	,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our '	taxable incom	ne		15		,413.

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	ı(s): 1 881	4 2 \square 4972 3 \square		16	12,357.
Credits	17	•		-		17	<u> </u>
	18	Add lines 16 and 17				18	12,357.
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812		19	4,000.
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	4,000.
	22	Subtract line 21 from line 18. If zero or less,	enter -0			22	8,357.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax				24	8,357.
Payments	25	Federal income tax withheld from:					
•	а	Form(s) W-2		25a	12,060).	
	b	Form(s) 1099		25b			
	С	Other forms (see instructions)		25 c			
	d	Add lines 25a through 25c				25d	12,060.
f you have a	26	2023 estimated tax payments and amount a	pplied from 20	22 return		26	
qualifying child,	27	Earned income credit (EIC)		27			
attach Sch. EIC.	28	Additional child tax credit from 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, line 15		31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refundable c	redits	32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments			33	12,060.
Refund	34	If line 33 is more than line 24, subtract line 24	4 from line 33.	This is the amount you ove	erpaid	34	3,703.
	35a	Amount of line 34 you want refunded to you	յ . If Form 8888	is attached, check here	[35a	3,703.
Direct deposit?	b	Routing number 0 6 4 0 0 0 0	2 0	c Type: X Checking	g Saving	s	
See instructions.	d	Account number 4 4 4 0 1 6 4	2 2 4 0) 3			
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax 36			
Amount	37	Subtract line 33 from line 24. This is the amo				0.7	
You Owe	20	For details on how to pay, go to www.irs.gov				37	
	38	Estimated tax penalty (see instructions) .					
Third Party Designee		you want to allow another person to disc structions			Yes. Complet	e helow	⊠ No
Designee		signee's	Phone	<u>—</u>	Personal ide		<u></u>
		me	no.		number (PIN		
Sign		der penalties of perjury, I declare that I have examined					
Here	bel	lief, they are true, correct, and complete. Declaration of	ot preparer (other	r than taxpayer) is based on all i	ntormation of wh	nich prepare	er has any knowledge.
	Yo	ur signature	Date	Your occupation			nt you an Identity N, enter it here

Keep a copy for your records.	Spouse 3 signature. If a joint retain, 20		our mast sign.	Buto	opouse s occupation	511		ection PIN, enter it here
	Phone no. (270)799-891	4	Email address	SHRAVANGAV	VA@GMAIL.CC	M	
Daid	Preparer's name		Preparer's signa	ture		Date	PTIN	Check if:
Paid	SYAM PRIYA RA	M SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/14/2024	P02082703	Self-employed
Preparer	Firm's name	GLOBAL TAX	XES LLC				Phone no.	(678) 965-9522
Use Only	Firm's address	245 ROONE	Y CT E BRU	JNSWICK N	J 08816		Firm's EIN	84-3171965

Date

Spouse's signature. If a joint return, \boldsymbol{both} must sign.

Joint return?

See instructions.

HEALTHCARE ANALYST

Spouse's occupation

(see inst.)

If the IRS sent your spouse an Identity Protection PIN, enter it here

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

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

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

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

Your social security number
742-98-7391

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		5	-15,486.
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 (<u>)</u>	
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			4
	1040, 1040-SR, or 1040-NR, line 8		10	-15 , 486.

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-basis govern	ment		
	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:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	-		
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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 here are			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

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.

Sequence No. 12

Name(s) shown on return Your social security number 742-98-7391 SHRAVAN GAVVA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 532,594. 532,129. 1,025. 1,490. Totals for all transactions reported on Form(s) 8949 with Box B checked 1,028. 1,004. 24. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 1,514. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 74,247. 53,992. 1,342. 21,597. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

15

21,597.

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	23,111.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7.		20,111.
	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?		
	✓ 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.		
	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.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

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.

Attachment Sequence No. 12A

OMB No. 1545-0074

ivame(s) snow	n on return
CHDVIVVI	$C \lambda 1 1 1 1 \lambda$

Social security number or taxpayer identification number 742-98-7391

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

Part I

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

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

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

★ (A) Short-term transactions★ (B) Short-term transactions★ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•	e)
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	ljustment, if any, to gain or loss ou enter an amount in column (g), enter a code in column (f). See the separate instructions.	
(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	01/01/23	12/31/23	518,274.	517,537.	EW	1,022.	1 , 759.
Wealthfront Brokerage LLC	01/01/23	12/31/23	14,320.	14,592.	W	3.	-269.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your ne 2 (if Box B	532,594.	532,129.		1,025.	1,490.

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 2

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

Social security number or taxpayer identification number 742-98-7391

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	Form(s) 1099	-B showing bas	•			e)
(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds S				(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	74,247.	53,992.	₩	1,342.	21,597.
2 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 D above is checked).	al here and ince is checked), lir	lude on your ne 9 (if Box E	74,247.	53,992.		1,342.	21,597.

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.

BAA REV 03/07/24 PRO Form **8949** (2023)

8949

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

SHRAVAN GAVVA

742-98-7391

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.

D۵	4	Г
Γа		ı

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

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

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

☐ (A) Short-term transactions☑ (B) Short-term transactions☐ (C) Short-term transactions	s reported on	Form(s) 1099	9-B showing bas				?)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	Proceeds Se	old or Proceeds Se		See the separate instructions.		Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.) (see instructions) in the separate instructions. (f) (g) (Code(s) from Amount of	(g) Amount of adjustment	from column (d) and combine the result with column (g).				
ROBINHOOD CRYPRO LLC	01/01/23	12/31/23	1,028.	1,004.			24.	
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 inc e is checked), li i	lude on your ne 2 (if Box B	1,028.	1,004.			24.	

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.

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.

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

OMB No. 1545-0074

2023

Attachment Sequence No. 13

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

Your social security number

-	RAVAN GAVVA					742-98-7391						
Part	Note: If you are rental income	re in the business or loss from Form	ental Real Estate an of renting personal proper 4835 on page 2, line 40.	ty, use	Schedule							
			that would require you									
			ired Form(s) 1099? .							. 🗀 Үе	es No	
1a	,		y (street, city, state, ZIF		<u> </u>							
Α			RYAPET TELANGANA									
B	PLOT-8, MYPI	LUSH GREE	N, DUNDIGAL HYDE	IRAB <i>P</i>	AD, TEI	ANGA	NA II	1 500043				
C	<u> </u>		above, report the number of fair rental and Days				T I					
1b	Type of Property (from list below)								Personal Use Days		QJV	
Α	3							365	D.	()		
	3	if you me	et the requirements to f	ile as	as a		365		0			
C		qualified j	oint venture. See instru	ctions	3.	C		303				
Type	of Property:	L										
1	Single Family Resident		cation/Short-Term Ren mmercial	tal	5 Land 6 Roya			Self-Rental Other (descr				
l						A		Properti	es:	T	^	
Incon 3				3		A 7	48.	В	854.		С	
4				4			10.		034.			
Expe				T								
5				5								
6				6								
7	,			7		8	54.					
8	Commissions .			8								
9	Insurance			9								
10				10								
11	•			11								
12		•	etc. (see instructions)	12								
13				13		4,000.		9	9,420.			
14	•			14			24.					
15	Tavaa			15 16		1,7	90.					
16 17				17								
18			 1	18								
19	Other (list)	·		19								
20	(' /		7,6	68.	68. 9,420.							
21	result is a (loss), s	see instructions t	and/or 4 (royalties). If to find out if you must	01		-6 , 9		_0	,566.			
22	file Form 6198			21	(566.)	(
23a	·	•	ne 3 for all rental prope		1,		23a		,602.		/	
b		•	ne 4 for all royalty prop				23b		· ·			
С		•	ne 12 for all properties				23c					
d		•	ne 18 for all properties				23d					
е	Total of all amoun	ts reported on li	ne 20 for all properties				23e	17	,088.			
24	·		own on line 21. Do not		-				. 24			
25						15,486.)						
26		-	alty income or (loss). (ne 40 on page 2 do no									

-15,486.

26

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

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

2023

Attachment Sequence No. 47

Department of the Treasury Internal Revenue Service

13

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return Your social security number SHRAVAN GAVVA 742-98-7391 **Child Tax Credit and Credit for Other Dependents** Part I Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 98,263. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b Enter the amount from line 15 of your Form 4563 **2c** Add lines 2a through 2c 2d98,263. 3 3 4 2 Number of qualifying children under age 17 with the required social security number 5 5 4,000. Number of other dependents, including any qualifying children who are not under age 6 Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 8 8 Add lines 5 and 7 4,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 200,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. Is the amount on line 8 more than the amount on line 11? 4,000. 12 12

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.

Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents

Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.

Xes. Subtract line 11 from line 8. Enter the result.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

Enter the amount from Credit Limit Worksheet A

12,357.

4,000.

13

Schedule 8812 (Form 1040) 2023 Page **2**

Part	II-A Additional Child Tax Credit for All Filers					
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.					
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .				
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A					
	and II-B. Enter -0- on line 27	16a	0.			
b	Number of qualifying children under 17 with the required social security number: x \$1,600.					
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.					
	Enter -0- on line 27	16b				
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.					
17	Enter the smaller of line 16a or line 16b	17				
18a	Earned income (see instructions)					
b	Nontaxable combat pay (see instructions)					
19	Is the amount on line 18a more than \$2,500?					
	No. Leave line 19 blank and enter -0- on line 20.					
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19					
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20				
	Next. On line 16b, is the amount \$4,800 or more?					
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the					
	smaller of line 17 or line 20 on line 27.					
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.					
	Otherwise, go to line 21.					
Part	, ,	s of F	uerto Rico			
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,					
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If					
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or					
	if you are a bona fide resident of Puerto Rico, see instructions					
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form					
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22					
23	Add lines 21 and 22					
24	1040 and					
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.					
25	,	25				
25 26	Subtract line 24 from line 23. If zero or less, enter -0	25				
20	Next, enter the smaller of line 26 on line 27.	20				
Part	II-C Additional Child Tax Credit					
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27				
	2 John Mariania was crous. Enter this universe out 1 vin 10 in 10					

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment Sequence No. 70

SHRA	AVAN GAVVA	742-98-7393	1		
Preparer's name Preparer tax iden			ition numb	per	
SYAM PRIYA RAM SAGAR GUPTA P02082703					
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rela		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer				N/A
	or reasonably obtained by you?	X			
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 				
	 Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s) 	X			
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		V	
•	Did you make reasonable inquiries to determine the correct, complete, and consistent inf			×	
a					
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the		П	
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	nent, you must , a copy of any o prepare Form rovided by the			
	the amount(s) of the credit(s)		X		
	List those documents provided by the taxpayer, if any, that you relied on:				
_					
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X	\Box	
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a		_		
	correct Schedule C (Form 1040)?				

orm 8	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
Part		cao to	 Part \	/\ /\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua	alified	Yes	No
В.	tuition and related expenses for the claimed AOTC?		<u> </u>	
Part	- J			
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part		• •		
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses or s) and/d	the retor HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ises, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	-	Yes	No