(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

	1.07.07.00						
Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social securi	ty numb	per			
MIHI	R BHARAT POTDAR	026-55	-381	2			
Spouse's			Spouse's social security number				
Doub	Toy Detrive Information Toy Very Ending December 24 0000 /Fate			به میاساند ما	<u> </u>		
Part		r year you a	re au	tnorizing.	.)		
	vhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	74	,222.		
2	Total tax		2		,547.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,700.		
4	Amount you want refunded to you		4		,153.		
-	Amount you owe		5		,133.		
Part		keep a cop		our retu	rn)		
Under pmy kno return (cto send for any Agent to paymer busines taxes to persona Electror	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wildge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about project and belief, it is true, correct, and complete. I further declare that the amounts in Part I about project and belief, it is true, correct, and complete. I further declare that the amounts in Part I about project and belief, it is true, correct, and complete. I further declare that the amounts in Part I about project and belief. I authorize the I also an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the I or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incomplete that an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incomplete that it of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account incomplete that the incomplete that it is true, and the financial institution account incomplete that the I notify the U.S. Treasury Financial Agent to terminate that I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receive days prior to the payment (settlement) date. I also authorize the financial institutions involved in the project confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I amic Funds Withdrawal Consent. I authorize GLOBAL TAXES LLC to enter or generate ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN methodology.	d) I am now autive are the amnitter, or electron of the trans. Treasury a licated in the trans to debit the entry and the trans to debit the entry and the e	horizin bunts for the control of the	g, and to the from the intern original sistent, (b) the designated to this according to the certonic packnowledge and, if applied a large and the certonic packnowledge and, if applied a large all zeros and to the certonic packnowledge and a large and large	ne best of come tax ttor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of e that the cable, my		
Your s	ignature ► Date ► _						
Spous	e's PIN: check one box only						
	I authorize to enter or generate	my PIN			as my		
	ERO firm name			digits, but			
	signature on the income tax return (original or amended) I am now authorizing.						
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN metl below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below	ī					
Part I	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 0	8 2 7	1		
		Don't ent					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments 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 Pinch	ax return (origi nitting this retu	nal or urn in a	amended) accordance			
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



1040		artment of the Treasury—Internal Revenue Servi		ırn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.
Your first name	and m	niddle initial	Last nan	ame					,	Your social security number			
MIHIR B	HARA	т	POTDA	OTDAR						026	55	3812	
		s first name and middle initial	Last nan										security number
Llama addresa	/m	arrand atreat) If you have a D.O. have an	inaturatio						\mat ===				
6823 LUC	,	er and street). If you have a P.O. box, see	Instructio	oris.				'	Apt. no.	- 1			ection Campaign ou, or your
		ice. If you have a foreign address, also co	mplete sp	paces below. State ZIP of			ode				jointly, want \$3		
MASON		,				OH		450			•		nd. Checking a
Foreign country	y name		F	oreign pro	vince/state/			_	n postal c		your tax		not change ınd.
							•	,	,		,		_
Filing Status	s 🗵	Single	•				Head of he	ouseh	old (HOF				
Check only		Married filing jointly (even if only o	ne had ir	ncome)			_						
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ring spou	use (C	QSS)		
		you checked the MFS box, enter the			ouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ur depend	dent:									
Digital		ny time during 2023, did you: (a) rec											
Assets	excl	nange, or otherwise dispose of a dig	ital asset					et)? (Se	ee instru	ctions	s.)	☐ Ye	es 🗵 No
Standard		neone can claim: 🔲 You as a de	pendent		our spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a d	lual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd Sp	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) So	ocial security	,	(3) Relationsh	3) Relationship		he box	x if quali	fies for ((see instructions):
If more	(1) F	(1) First name Last name		number to you		to you	ı Ch		ax cre	dit	Credit fo	or other dependents	
than four													
dependents, see instruction	s —												
and check	. —												
here L												_	
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		83,833.
Attach Form(s)	b	Household employee wages not re	•	•	,						1b		
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
1099-R if tax	e	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	etits 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	,					i.			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)			<u>1i</u>				-		02 022
	<u>z</u>	Add lines 1a through 1h	 o-		· · · i	 L T					1z		83,833.
Attach Sch. B if required.	2a	· –	2a				axable interest				2b		
	3a	· · ·	3a				rdinary divide				3b		
Standard	4a		4a 5a				axable amoun axable amoun				4b 5b		
Deduction for—	5a 6a	_	6a				axable amoun			-	6b		
Single or Married filing		If you elect to use the lump-sum e		nethod o	hack hara			٠		· .	1 00		
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,				7		595.
Married filing	8	. • ,		•	•					٠ ـ	8		-10,206.
jointly or Qualifying	9		ome from Schedule 1, line 10						9	+	74,222.		
surviving spouse, \$27,700	10	Adjustments to income from Sche		•							10	_	
Head of household,	11	Subtract line 10 from line 9. This is									11	_	74,222.
\$20,800	12	Standard deduction or itemized	-								12		13,850.
If you checked any box under	13	Qualified business income deduct				-					13		
Standard Deduction,	14										14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer							=		15		60 372

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	8,547.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	8,547.	
	19	Child tax credit or credit for	other dependent	ts from Sched	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	8,547.	
	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	8,547.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 10	700.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	10,700.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 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	2		28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	30 Reserved for future use								
	31	Amount from Schedule 3, line 15								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,700.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,153.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	B is attached, chec	k here		35a	2,153.	
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 5 3 1 3 2 0 7 9 1								
	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		you want to allow another								
Designee		,	•				omplete l	below.	⋈ No	
J		esignee's		Phone		onal identi	ification			
		name no. number (PIN Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t								
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,	
Here		•	protor Bookaration						nt you an Identity	
	YC	Your signature		Date Your occupation					PIN, enter it here	
Joint return?				CONTROL PROJECT ENGINEER				(see inst.)		
See instructions.		ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			nt your spouse an	
Keep a copy for your records.							I .	itity Proti inst.)	ection PIN, enter it here	
	Phone no. (817)703-5436 Email address POTDARMIHIR10@GMAIL.COM						OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/29/2024	P0208	2703	Self-employed	
Preparer	Fir	Firm's name GLOBAL TAXES LLC						ne no. ((678)965-9522	
Use Only								ı's EIN	84-3171965	

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

MIHIR BHARAT POTDAR

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 social security number
026-55-3812

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-10,206.
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	4	
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 (4	
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:			
_	Total ather income. Add lines On the	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 1040, 1040-SR, or 1040-NR, line 8			-10,206.
	1040, 1040-011, 01 1040-1110, 11116 0		10	-10,200.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN	· <u> </u>			
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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/	16/24 PRO	Schedu	le 1 (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

	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.									
	(s) shown on return							al security number		
	HIR BHARAT PO					026-	55-	3812		
		rinvestment(s) in a qualified opportunity 949 and see its instructions for additiona	•	•		No oss.				
Pa	rt I Short-Te	rm Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Le	ss (se	e ins	tructions)		
lines This	below.	w to figure the amounts to enter on the er to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gai	(g) djustment in or loss s) 8949, F 2, columr	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 of	rt-term transactions reported on Form basis was reported to the IRS and for no adjustments (see instructions). choose to report all these transactions ave this line blank and go to line 1b.					(6)	(O)		
1b	Totals for all trans Box A checked	sactions reported on Form(s) 8949 with	8.	5.				3.		
2	Totals for all trans Box B checked	sactions reported on Form(s) 8949 with								
3	Totals for all trans Box C checked	sactions reported on Form(s) 8949 with								
4	Short-term gain fi	rom Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324		4			
5		gain or (loss) from partnerships, S			usts 	from	5			
6	Short-term capital Worksheet in the	al loss carryover. Enter the amount, if an	•	our Capital Loss	-		6	()		
7		capital gain or (loss). Combine lines 1a s or losses, go to Part II below. Otherwise					7	3.		
Pa	rt II Long-Te	rm Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One	Year (see i	instructions)		
lines This	below.	w to figure the amounts to enter on the er to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fror Form(s) 8949, Part line 2, column (g)			(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a	1099-B for which which you have However, if you of	g-term transactions reported on Form basis was reported to the IRS and for e no adjustments (see instructions), choose to report all these transactions ave this line blank and go to line 8b.								
8b	Totals for all trans Box D checked	sactions reported on Form(s) 8949 with	1,650.	1,058.				592.		
9	Totals for all trans Box E checked	sactions reported on Form(s) 8949 with								
10		sactions reported on Form(s) 8949 with								
	from Forms 4684	4797, Part I; long-term gain from Forms , 6781, and 8824					11			
		n or (loss) from partnerships, S corporat					12 13			
13	Capital gain distri	butions. See the instructions					13			

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

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

592.

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 595. • 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? X 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 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? X 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 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 ☐ 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.

8949

Sales and Other Dispositions of Capital Assets

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

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

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

Social security number or taxpayer identification number

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

MIHIR BHARAT POTDAR 026-55-3812 broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (g). instructions 01/01/23 12/31/23 8. 5.

ROBINHOODE SECURITIES LLC 3. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 8. 5 . above is checked), or line 3 (if Box C above is checked) . 3.

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 MIHIR BHARAT POTDAR

Social security number or taxpayer identification number 026-55-3812

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	•		`	?)	
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	if any, to gain or loss amount in column (g), code in column (f).	if any, to gain or loss a mount in column (g), code in column (f). parate instructions. (h) Gain or (los Subtract column	
(Example: 100 sh. XYZ Ćo.)	(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	Amount of	from column (d) and combine the result with column (g).	
ROBINHOODE SECURITIES LLC	01/01/22	12/31/23	1,650.	1,058.			592.	
2 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) .

1,650.

1,058.

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,

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Name(s) shown on return Your social security number MIHIR BHARAT POTDAR 026-55-3812 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) MUMBAI A-001 PANDURANG WADI GOREGAON IN 400063 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 600. Rents received . 4 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 1,325. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,857. 14 Repairs 14 15 Supplies 15 2,496. 16 16 Taxes 17 Utilities 17 3,128. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 10,806. 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 -10,206. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 10,206.) 600. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 10,806. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,206.

26

-10,206.

26

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2