(Rev. January 2021)

Department of the Treasury

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

OMB No. 1545-0074

Internal R	evenue Service	Go to www.irs.gov/Form8879 for the latest	i information.				
Submis	ssion Identification Number (SID						
Taxpayer	's name			Social securit	ty numbe	er	
PRAJ	AKTA ARUNKUMAR KAMER			044-59	-3497	,	
Spouse's				Spouse's soc			r
Part	Tay Return Informatio	n – Tax Year Ending December 31,	2023 (Enter	Vear voll a	re aut	horizina	1
	hole dollars only on lines 1 thro	<u> </u>	2023 (Linter	year you a	ie auti	nonzing.	•)
	-	nly. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income				1	98	,415.
2	Total tax				2	13	,899.
3	Federal income tax withheld from	m Form(s) W-2 and Form(s) 1099			3	19	,318.
4	Amount you want refunded to y	ou			4		,419.
5	Amount you owe				5		<u> </u>
Part I	Taxpayer Declaration	and Signature Authorization (Be sure	you get and k	eep a cop	y of y	our retu	rn)
return (c to send for any c Agent to paymen authoriz paymen business taxes to persona Electron	original or amended) I am now author my return to the IRS and to receive delay in processing the return or retorinitate an ACH electronic funds with the folial taxes owed on this reation is to remain in full force and to the total taxes owed on the attention is to remain in full force and total taxes of the U.S. Treasures days prior to the payment (settler or receive confidential information in I identification number (PIN) below in Funds Withdrawal Consent.	ct, and complete. I further declare that the amountaing. I consent to allow my intermediate service from the IRS (a) an acknowledgement of receip fund, and (c) the date of any refund. If applicable ithdrawal (direct debit) entry to the financial institueturn and/or a payment of estimated tax, and the effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of the income tax return (original my signature for the income tax return (original my signature for the income tax return (original prize and text).	e provider, transmi t or reason for reje , I authorize the U. tution account indice e financial institutio Agent to terminate t cancellation requens involved in the s related to the page	tter, or electroction of the tr S. Treasury a cated in the tr n to debit the the authorizatests must be processing of ayment. I furl	onic returnation of its deax preparently to attend to at	urn origina sion, (b) the esignated aration sofo this according revoke (ed no late extronic paknowledge	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
Taxpay	er's PIN: check one box only			9	3 4	9 7	
X	I authorize GLOBAL TAXE	S LLC to er	nter or generate r	nv PIN 🖳			as my
	signature on the income tax re	ERO firm name eturn (original or amended) I am now author	izing.			digits, but all zeros	
	if you are entering your own below.	nature on the income tax return (original or a PIN <b>and</b> your return is filed using the Practi	itioner PIN metho				
Your si	gnature ► <u></u>		Date ▶ _	03/09/2024			
Spous	e's PIN: check one box only						
	I authorize		nter or generate r				as my
	signature on the income toy r	ERO firm name	izina			digits, but all zeros	
	•	eturn (original or amended) I am now author	•				aav <b>aab</b>
		eature on the income tax return (original or a PIN and your return is filed using the Practi					
Spouse	e's signature ►		Date ►				
	Pı	ractitioner PIN Method Returns Only—c	ontinue below				
Part I	Certification and Auth	entication — Practitioner PIN Method	d Only				
ERO's	EFIN/PIN. Enter your six-digit E	EFIN followed by your five-digit self-selected	2 2	2 4 9 Don't ente	6 0 er all zer	8 2 7	1
authoriz	ed to file for tax year indicated ab	PIN, which is my signature for the electronic in ove for the taxpayer(s) indicated above. I confird and <b>Pub. 1345,</b> Handbook for Authorized IRS e	m that I am submi	tting this retu	ırn in ad	ccordance	
ERO's	signature ►		Date ►				
		ERO Must Retain This Form - See I					
	Don't S	Submit This Form to the IRS Unless R	equested To D	o So			

# Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan	ı. 1–D	ec. 31, 2023, or other tax year beginnin	g	, 2	20	See separate instructions.			
Your first name	and r	niddle initial	_ast na	ame		ntifying number			
								(see instr	uctions)
PRAJAKTA			KAME					044-5	59-3497
		per and street). If you have a P.O. box, s	see ins	tructions.					Apt. no.
6463 TRAN							<u> </u>		3075
	ost of	fice. If you have a foreign address, also	comp	lete spaces below.			State		IP code
IRVING							TX		75039
Foreign country	папп	,	-oreigi	n province/state/cou	irity		Foreign p	ostal code	Đ
Eiling									
Filing Status	X	Single	ately (N	∕IFS) ☐ Qua	alifying	surviving spouse (	QSS)	Esta	ite 🗌 Trust
Check only	lf y	ou checked the QSS box, enter the ch	ild's na	ame if the qualifying	person	is a child but not	your depe	ndent:	
one box.									
Digital Assets	At a	ny time during 2023, did you: (a) receive	e (as a	reward, award, or p	ayment	for property or se	rvices); or	(b) sell, e	xchange, or
Dependents							(4) Che	ck the box i	f qualifies for (see inst.):
(see instructions):		(1) First name Last name		(2) Dependent's identifying numbe	r   1	3) Relationship to yo	Child	d tax credit	Credit for other dependents
		(I) Hot Hamo		,g	S) Holdstorionip to yo	-			
If more than four									
dependents, see instructions and									
check here									
Income	1a	Total amount from Form(s) W-2, box 1	(see i	nstructions)				. 1a	109,241.
Effectively	b	Household employee wages not report	. 1b						
Connected	С	Tip income not reported on line 1a (se	. 1c						
With U.S.	d	Medicaid waiver payments not reporte	ed on F	Form(s) W-2 (see ins	truction	ns)		. 1d	
Trade or	е	Taxable dependent care benefits from		•				. 1e	
Business	f	Employer-provided adoption benefits		•				. 1f	
Attach	g	Wages from Form 8919, line 6	1g						
Form(s) W-2,	h	Other earned income (see instructions	. 1h						
1042-S, SSA-1042-S,	i :	Reserved for future use	4:						
RRB-1042-S,	J I-	Reserved for future use	. 1j						
and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		•	in), iteri	1 L,   1k			
attach	z	Add lines 1a through 1h						. 1z	109,241.
Form(s)	2a	Tax-exempt interest 2a	ĺ	b	Taxab	le interest		2b	76.
1099-R if tax was	За	Qualified dividends 3a		b	Ordina	ary dividends		. 3b	
withheld.	4a	IRA distributions 4a		b	Taxab	le amount		. 4b	
If you did not	5a	Pensions and annuities 5a		b	Taxab	le amount		. 5b	
get a Form W-2, see	6	Reserved for future use						. 6	
instructions.	7	Capital gain or (loss). Attach Schedule	•			•			117.
	8	Additional income from Schedule 1 (Fo							-11,019.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8.		•	-				98,415.
	10	Adjustments to income from Schedul income	,	, ·					
	11	Subtract line 10 from line 9. This is you	ur <b>adju</b>	usted gross income				. 11	98,415.
	rd aty <b>12</b>	13,850.							
	13a	Qualified business income deduction				1 1			
	b	Exemptions for estates and trusts only	/ (see i	instructions)		. 13b			
	С	Add lines 13a and 13b	13c						
	14								13,850.
	15	Subtract line 14 from line 11. If zero or	r less, o	enter -0 This is you	ır <b>taxa</b> l	ole income		. 15	84,565.

Form 1040-NR (2	2023)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 88	314 <b>2</b>	2 3		16		13,899.
Credits	17	Amount from Schedule 2 (Form 1040), line	. ,	<del></del>		·	. 17		0.
	18	Add lines 16 and 17							13,899.
	19	Child tax credit or credit for other depende							<u> </u>
	20	Amount from Schedule 3 (Form 1040), line					. 20		
	21	Add lines 19 and 20					. 21		
	22	Subtract line 21 from line 18. If zero or less					. 22		13,899.
	23a	Tax on income not effectively connected w	ith a U.S. trade	or business from					
		Schedule NEC (Form 1040-NR), line 15 .			23a		_		
	b	Other taxes, including self-employment tax	•	,	001-				
	_	line 21			23b				
	C	Transportation tax (see instructions)			23c				
	d	Add lines 23a through 23c							12 000
	24	Add lines 22 and 23d. This is your total tax	<b>(</b>	<u></u>	<del></del>		. 24	-	13,899.
Payments	25	Federal income tax withheld from:			05-	10 2	10		
	a	Form(s) W-2			25a	19,3	18.		
	b	Form(s) 1099			25b				
	C	Other forms (see instructions)			25c		05-		10 210
	d	Add lines 25a through 25c							19,318.
	e	Form(s) 8805							
	f	Form(s) 8288-A							
	g	Form(s) 1042-S					. 25g		
	26	2023 estimated tax payments and amount					. 26	-	
	27	Reserved for future use			27				
	28	Additional child tax credit from Schedule 8	•	,	28				
	29	Credit for amount paid with Form 1040-C			29		_		
	30	Reserved for future use			30				
	31	Amount from Schedule 3 (Form 1040), line			31	_			
	32	Add lines 28, 29, and 31. These are your to							10 210
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. T							19,318.
Refund	34	If line 33 is more than line 24, subtract line			-	-	_		5,419.
	35a	Amount of line 34 you want <b>refunded to y</b>						1	5,419.
Direct deposit? See instructions.	b	Routing number 1 1 1 0 0 0 0		<b>c</b> Type: ⊠	Checking	∷ ∐ Saviı :	ngs		
see mandenona.	d	Account number 5 2 6 6 7 3							
	е	If you want your refund check mailed to ar	n address outsic	le the United State	es not sho	wn on pag	e 1,		
	00	enter it here.							
	36	Amount of line 34 you want applied to you			36				
Amount	37	Subtract line 33 from line 24. This is the <b>an</b> For details on how to pay, go to <i>www.irs.g</i>					0.7		
You Owe	20		-		1 1		. 37		
-1	38	Estimated tax penalty (see instructions) .			38			-1	⊠ No
Third		u want to allow another person to discuss the				∐ Yes. C			△ NO
Party Designee	Desig name		Phone			Personal id number (Pl		n	
Besignee	Under	penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of	this return and a		les and stat	ements, and	to the best		
Sign		signature	Date	Your occupation		1			an Identity
Here	i oui i	orginator C	Date	1 Juli Jocupation		•	nter it here		
				CLOUD SUPPOR	RT ENGIN	EER- I	(see inst.)	-	
Ī	Phone	2 no	Fmail address						

Preparer's signature

245 ROONEY CT E BRUNSWICK NJ 08816

SYAM PRIYA RAM SAGAR GUPTA TALLAM

GLOBAL TAXES LLC

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Preparer's name

Firm's name

Firm's address

Paid

**Preparer** 

**Use Only** 

03/09/2024

Date

PTIN

P02082703

Firm's EIN

84-3171965

Self-employed

Check if:

Phone no. (678)965-9522

# 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

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

PRAJAKTA ARUNKUMAR KAMER

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

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

Your social security number 044-59-3497

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	-11,019.
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 <b>additional income</b> . Enter 1040 1040-SR or 1040-NR line 8	r here and on Form	10	_11.019.

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-ba	sis 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:		- 1		
а	Jury duty pay (see instructions)	3	-		
b	Deductible expenses related to income reported on line 8l from the		- 1		
	rental of personal property engaged in for profit	)	-		
С	Nontaxable amount of the value of Olympic and Paralympic medals		- 1		
	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	f			
g	Contributions by certain chaplains to section 403(b) plans 249	3	$\neg$		
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	า			
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	į			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	<			
Z	Other adjustments. List type and amount:				
	242				
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Er				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

### **SCHEDULE NEC** (Form 1040-NR)

## Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number PRAJAKTA ARUNKUMAR KAMER 044-59-3497 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a)	(a) 10%	<b>(b)</b> 15%	(c) 30%	(d) Other	(specify)		
		Nature of income			(a) 10%	(b) 13%	(6) 30%	%	%
1	Dividends and divide	nd equivalents:							
а	Dividends paid by U.	S. corporations	[	1a					
b	Dividends paid by fo	reign corporations		1b					
С	Dividend equivalent p	ayments received with respect to section 871(m) tran	nsactions	1c					
2	Interest:		Ī						
а	Mortgage			2a					
b	Paid by foreign corpo	orations	[	2b					
С	Other		[	2c					
3	Industrial royalties (p	atents, trademarks, etc.)	[	3					
4	Motion picture or TV	copyright royalties	[	4					
5	Other royalties (copy	rights, recording, publishing, etc.)	[	5					
6	Real property income	e and natural resources royalties	[	6					
7	Pensions and annuit	es	[	7					
8	Social security benef	its	[	8					
9	Capital gain from line	e 18 below	[	9					
10	Gambling—Resident If zero or less, ente								
а	Winnings								
b	Losses	<u> </u>	[	10c					
11	Note: Enter winnings	s of countries other than Canada. only. Losses aren't allowed		11					
12	Other (specify):								
				12					
13	•	12 in columns (a) through (d)		13					
14		ate of tax at top of each column		14					
15	Tax on income not e	fectively connected with a U.S. trade or business.						NR, line 23a   <b>15</b>	
		Capital Gains and L	Losses F	rom	Sales or Excha	nges of Propert	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	( <b>b)</b> Date acqu mm/dd/yyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S. ss. Do not include a gain								
or loss	on disposing of a U.S. real								
gains a	nd losses on Schedule D								
(Form 1	•								
exchan	property sales or ges that are effectively								
	ted with a U.S. business edule D (Form 1040),	17 Add columns (f) and (g) of line 16					17		
Form 4	797, or both.	18 Capital gain. Combine columns (f) and (g)	of line 17.	Ente	r the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0   <b>18</b>	

#### SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

044-59-3497 PRAJAKTA ARUNKUMAR KAMER Α Of what country or countries were you a citizen or national during the tax year? INDIA In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . . . X No Were you ever: ☐ Yes X No 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . . . . . . . . . Yes If you answered "Yes," indicate the date and nature of the change: G List all dates you entered and left the United States during 2023. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date departed United States Date entered United States **Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 \_\_\_\_\_\_, 2022 \_\_\_\_\_\_, and 2023 \_\_\_\_\_\_365 \_\_\_. Did you file a U.S. income tax return for any prior year? . . . . . . . . . . . . . . . X Yes ☐ No ı If "Yes," give the latest year and form number you filed: 1040NR X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a □ No Yes ⊠ No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? . . . . . . . . . . . . Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United 

#### 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** 

Name(s) shown on return Your social security number 044-59-3497 PRAJAKTA ARUNKUMAR KAMER 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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I 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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) 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 . . . . . . . . . . . . . . . . . . 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 . . . . . . . . . . . . . . . . . . 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 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 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 (h) Gain or (loss) (g) 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 450. 333. 117. 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

117.

15

Schedule D (Form 1040) 2023 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 117. • 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. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 gualified 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.

Form 8949 (2023) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRAJAKTA ARUNKUMAR KAMER

Social security number or taxpayer identification number 044-59-3497

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

#### Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li></ul>	•		•	•	•		e)
(F) Long-term transactions				·			
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/23	450.	333.			117.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	450.	333.			117.

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.

### **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 909

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

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

Your soci	Your social security number											
	Attachment Sequence No. <b>13</b>											
	<u> </u>											

PRAJ	JAKTA ARUNKUMAR KAMER									044-59-3497			
Part	Note: If you a	re in the busi	n Rental Real Esta ness of renting personal Form 4835 on page 2, li	l property			C. See	instru	ctions. If you a	re an ind	lividual, rep	ort farm	
Α [			2023 that would requi		file	Form(s) 1	0992.5	See ins	tructions		□ Ve	s X No	
			required Form(s) 1099										
1a			operty (street, city, sta										
	-	· .											
A_	MEHEZBIN HE	IGHTS,S.	M.D ROA MUMBAI	MAHAR	ASH	TRA IN	1 400	037					
В													
C	T of D							_					
1b	Type of Property (from list below)		each rental real estate re, report the number					Fa	ir Rental Days		nal Use ays	QJV	
Α	3		onal use days. Check				Α		365		0		
В	3	if you	u meet the requiremer	nts to file	as a	a	В		303		0		
C		quali	fied joint venture. See	e instruct	tions		C						
	of Property:	l						<u> </u>					
	Single Family Resid	dence	3 Vacation/Short-Ten	m Renta	I	5 Land		7	Self-Rental				
2	Multi-Family Resid	ence	4 Commercial			6 Roya	ılties	8	Other (descr	ibe)			
					1				Properti				
Incom	10'				ł		Α		В	<i>-</i> 5.		С	
3					3			84.					
4					4			• • •					
Exper				-	-								
5				.	5								
6	_		ons)		6								
7	•			7		1,4	68.						
8					8								
9	Insurance				9								
10			fees		10								
11					906.								
12		•	nks, etc. (see instructi	· · -	12								
13				_	13								
14				_	14			27.					
15				-	15 16		1,7	93.					
16 17				-	17		2 2	16.					
18			letion		18			93.					
19					19		370	,,,,					
20	Total expenses. A	Add lines 5 t	hrough 19	····	20		11,6	03.					
21	•		ents) and/or 4 (royalti				, -	-					
		`	ons to find out if you	,									
				_	21		-11,0	19.					
22			loss after limitation, if										
	•		ns)		22	( -	11,01	9.)	(		)(	)	
23a			on line 3 for all rental					23a		584.	_		
b			on line 4 for all royalt					23b					
C			on line 12 for all prop					23c	2	602			
d			on line 18 for all prop					23d		,693.	-		
e 24			on line 20 for all prop ts shown on line 21.					23e	11	,603. . <b>24</b>			
24 25	•		n line 21 and rental rea			-		· ·	tal losses how		(	11,019.	
26	•	•	royalty income or (I								(	<u> </u>	
20			nd line 40 on page 2										
			5. Otherwise, include							. 26		-11.019.	

**Passive Activity Loss Limitations** 

See separate instructions.

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

Identifying number

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

Attachment Sequence No. **858** 

OMB No. 1545-1008

PRA	JAKTA ARUNKUMAR KAMER				044	-59-	-3497
Pa	rt I 2023 Passive Activity Loss						
	Caution: Complete Parts IV an	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amou				11,019.)		
С	Prior years' unallowed losses (enter th				)		
d	Combine lines 1a, 1b, and 1c					1d	-11,019.
All O	her Passive Activities						
2a	Activities with net income (enter the a						
b	Activities with net loss (enter the amount				)		
С	Prior years' unallowed losses (enter the				)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d and subtraction or more, stop here and include prior year unallowed losses entered of the company of t	this form with you on line 1c or 2c. F	ır return; all losse	s are allowed, inc	luding any		11 010
	normally used				[	3	-11,019.
Part I	Ine 2d is a I     on: If your filing status is married filing     Instead, go to line 10.     Special Allowance for Rer     Note: Enter all numbers in Par	ntal Real Estate	Activities With	spouse at any tim	ne during the	year,	do not complete
4		4	11,019.				
5	Enter \$150,000. If married filing separa	ately, see instructi	ons	5   1	50,000.		•
6	Enter modified adjusted gross income	-			09,434.		
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	40,566.		
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	20,283.
9	Enter the <b>smaller</b> of line 4 or line 8. If	line 3 includes any	CRD, see instruc	tions		9	11,019.
Par	t III Total Losses Allowed						
10	Add the income, if any, on lines 1a an	d 2a and enter the	total		[	10	0.
11	Total losses allowed from all passiv out how to report the losses on your to	ax return				11	11,019.
Par	t IV Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Over	all ga	in or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
MEH	EZBIN HEIGHTS,S.M.D ROA	0.	11,019.				11,019.
	·		•				•
Total	. Enter on Part I, lines 1a, 1b, and 1c	0.	11,019.				

Form 8582 (2023) Page **2** 

Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•
	Name of activity		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss
	Name of activity	(a	Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
<b>Total.</b> Enter o	on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	<b>Line 9.</b> S	ee instruc	tions.			
	Name of activity	For an to	rm or schedule ad line number be reported on se instructions)		) Loss	<b>(b)</b> Ra		(c) Special allowance		(d) Subtract column (c) from column (a).
MEHEZBIN	HEIGHTS, S.M.D ROA		E Ln 22		11,019.	1.0000	0000	11,019.		0.
					•					
Total Part VII	Allocation of Unallowed L		 See See instr		11,019.	1.00	)	11,01	9.	0.
T are vii	Allocation of Orlanowed E	03.			J.					
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_OSS	(	(b) Ratio		) Unallowed loss
Total								1.00		
Part VIII	Allowed Losses. See instru				1				l	
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss
Total										