Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

IIILEIIIAI	heverlue del vice										
Subm	ission Identification Number (SID)										
Taxpaye	er's name			Social	securit	y numb	er				
ISH	AN SANTOSH KEMBHAVI			806-45-5142							
	's name			Spouse	's soc	ial secu	ırity nı	ımber			
Part	Tax Return Information — Tax Year Ending December 31,	2023 (E	nte	r year y	ou a	re aut	horiz	zing.)			
	whole 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			090.		
2	Total tax					2			854.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					3			035.		
4 5	Amount you want refunded to you		•			5		2,	181.		
Part	,					_	our	retur	n)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (origin								<u> </u>		
to send for any Agent to payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service production of the IRS and to receive from the IRS (a) an acknowledgement of receipt or delay in processing the return or refund, and (c) the date of any refund. If applicable, I atto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and the finization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cases days prior to the payment (settlement) date. I also authorize the financial institutions to receive confidential information necessary to answer inquiries and resolve issues real identification number (PIN) below is my signature for the income tax return (original or the payment Withdrawal Consent.	r reason for authorize to on accoun nancial instent to termancellation involved in elated to the	or rejoint the Ut ind titution in the required the part of the par	ection of .S. Treas icated in on to del e the aut uests mu process payment.	the trace the table table the table table the table table the table table table the table tabl	ansmised and its control to the cont	sion, design aration to this o revolved no ved no knowl	(b) the ated For soft account oke (contact of the later account oke (contact of the later account oke (contact of the later account of	e reason Financial ware for unt. This ancel) a than 2 ment of that the		
	onic Funds Withdrawal Consent.										
	ayer's PIN: check one box only			511.1	5	5 1	4	2			
×	I authorize GLOBAL TAXES LLC to enter	r or genei	rate	my PIN		er five			as my		
	signature on the income tax return (original or amended) I am now authorizing	ng.			doı	n't ente	r all ze	ros			
	I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practitio below.										
Yours	signature ►	Date	\ _	03/09/20	24						
Snous	se's PIN: check one box only										
Spous	-	r or genei	rata	my DIN					ac my		
	ERO firm name	i oi genei	ale	IIIy I IIN	Ent	er five	diaits.	but	as my		
	signature on the income tax return (original or amended) I am now authorizing	ng.				n't ente					
	I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practitio below.	,				_			-		
Spous	se's signature ▶	Date	•								
	Practitioner PIN Method Returns Only—con		low								
Part	Certification and Authentication — Practitioner PIN Method C	nly									
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected Pl	IN. 2	2	2 4	9	6 0	8 2	2 7	1		
				Dor	n't ente	er all ze	ros				
authori	y that the above numeric entry is my PIN, which is my signature for the electronic indivized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm tements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	that I am s	subm	nitting thi	is retu	ırn in a	ccord	lance '			
ERO's	s signature ▶	Date	•								
	ERO Must Retain This Form — See Ins										
	Don't Submit This Form to the IRS Unless Req			Do So							

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



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding			, 20		See se	parate ins	structions.
Your first name	and m	iddle initial	Last na	ame						Your so	cial secur	rity number
ISHAN SA	чито:	SH	KEME	BHAVI						806	45 !	5142
		s first name and middle initial	Last na									ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			1	Apt. no.		Preside	ntial Elec	tion Campaign
6463 TR	ANQU:	ILO						3075		Check I	here if you	u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	State	Э	ZIP c	ode				intly, want \$3 d. Checking a
IRVING					TX		750	39		-	ow will no	U
Foreign country	y name			Foreign province/state/o	county	'	Forei	ın postal c	ode	your tax	x or refund	
											You	Spouse
Filing Status	, X	Single				Head of ho	ouseh	old (HOF	- I)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (Q										
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	u chec	cked the HOH	d or Q	SS box,	enter	the ch	ild's nam	e if the
	qu	alifying person is a child but not you	ır depei	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavm	ent for prope	rtv or	services): or (b) sell.		
Assets		nange, or otherwise dispose of a digi									☐ Yes	s ⊠ No
Standard	Som	neone can claim:	penden	t Your spouse	e as a	dependent						
Deduction		Spouse itemizes on a separate returi	n or you	u were a dual-status	alien							
Age/Blindness	. Vou	: Were born before January 2, 1	050 [Are blind Spo	ouse:	☐ Was bor	rn haf	ore Janus	ary 2	1050		blind
	_		333 <u>[</u>	-			1					ee instructions):
Dependent		irst name Last name		(2) Social security number	′	(3) Relationsh to you	ip (Child t			. `	other dependents
If more than four	(1)	Last name		112111221		,						
dependents,									=			-
see instruction	s							[_			H
and check here	1							[_			Ħ
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)						1a	\Box	98,974.
	b	Household employee wages not re	,	,						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							10	;		
attach Forms	d	Medicaid waiver payments not rep	orted c	on Form(s) W-2 (see ir	nstruc	ctions)				1d	ı	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26 .						1e	,	
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								19	j	
get a Form W-2, see	h	Other earned income (see instructi	ions)							1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1</u> i						
	z	Add lines 1a through 1h	. ;							1z	:	98,974.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest	t.			2b	,	65.
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds .			3b	,	
Standard	4a	IRA distributions	4a			xable amount				4b	,	
Deduction for—	5a		5a			xable amount				5b	,	
Single or Married filing	6a	,	6a			xable amount	t		٠ _	6b)	
separately,	С	If you elect to use the lump-sum el		,	`	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched			-				. L	7		55.
jointly or Qualifying	8	Additional income from Schedule								8	 	-10,004.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	+	89,090.
\$27,700 Head of	10	Adjustments to income from Sche								10	_	00 000
household, \$20,800	11	Subtract line 10 from line 9. This is								11		89,090.
If you checked	12	Standard deduction or itemized		•	,					12		13,850.
any box under Standard	13	Qualified business income deducti			เ ชษษ5	P-A				13		12 050
Deduction, see instructions.	14	Add lines 12 and 13 Subtract line 14 from line 11. If zer								14		13,850. 75,240.
	15	Subtract line 14 HOTH line 11. If Zer	o or ies	oo, enter -u This is y	our ta	avanie iiicow				15	/	10,440.

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	3 🗌			16	11,854.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
Tax and Credits Payments If you have a qualifying child, attach Sch. EIC. Refund Direct deposit? See instruction Amount You Owe Third Part Designee Sign Here Joint return? See instructions Keep a copy for your records.	18	Add lines 16 and 17							18	11,854.
	19	Child tax credit or credit for	other dependen	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	B. If zero or less,	enter -0					22	11,854.
	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	11,854.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	14	,035.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	14,035.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	14,035.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	2,181.
	35a	Amount of line 34 you want	refunded to you	ار. If Form 8888	3 is attached, che	ck here			35a	2,181.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛] Checki	ng 🗌 S	Savings		
See instructions.	d	Account number 5 2 2	8 9 5 1	8 1						
	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	ount you owe	•					
You Owe		For details on how to pay, g	o to www.irs.go	v/Payments or	see instructions				37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				[Yes. Co	mplete	below.	X No
		Designee's Phone Personal iden no. number (PIN)							ification	
0:		der penalties of perjury, I declare t	hat I have examined	no.	accompanying scho	dulos and			the best	of my knowledge and
_		lief, they are true, correct, and com								,
Here	Vο	ur signature		Date	Your occupation			lf the	· · · e IRS se	nt vou an Identity
	10	ur signature		Date	Tour occupation					IN, enter it here
Joint return?					SOFTWARE 1	ENGIN	EER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
									itity Prote inst.)	ection PIN, enter it here
•		(072)720 (40		Farail adduses			WATE GO			
-		one no. (972)730-648 eparer's name	Preparer's signat	Email address	ISHANKEMBHA	V129@G Date	MAIL.CO	M PTIN		Check if:
Paid		·	'		CIIDMA MATTAN		/2024		2702	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPTA TALLAM	103/09	9/2024	P0208		
Use Only		m's name GLOBAL TA		MODITOR N	T 00016					(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	INSWICK N	η ηαατρ			Firm	i'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

ISHAN SANTOSH KEMBHAVI

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 soc	ial security number
806-45	-5142

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-10,004.
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:			
_	Total discourse Addition On the section	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter		40	10 004
	1040, 1040-SR, or 1040-NR, line 8	<u> </u>	10	-10,004.

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

Par	t II Adjustments to Income					
11	Educator expenses			. 11	1	_
12	Certain business expenses of reservists, performing artists, and fee-					
	officials. Attach Form 2106			. 12	2	
13	Health savings account deduction. Attach Form 8889			. 13	3	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	4	
15	Deductible part of self-employment tax. Attach Schedule SE				5	
16	Self-employed SEP, SIMPLE, and qualified plans			. 16	6	
17	Self-employed health insurance deduction			. 17	7	
18	Penalty on early withdrawal of savings				3	
19a	Alimony paid				a	
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				_	
21	Student loan interest deduction					_
22	Reserved for future use					
23	Archer MSA deduction			. 23	3	
24	Other adjustments:					
а	,	24a				
b	Deductible expenses related to income reported on line 8l from the					
	, , , , , , , , , , , , , , , , , , , ,	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	· · · · · · · · · · · · · · · · · · ·	24c				
d		24d		_		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
f		24f				
g		24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	-	24i				
j	•	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				5	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26		
	1 OHH 1070, 1070-011, 01 1070-1111, IIIIC 10			. 20	י ע	

SCHEDULE D (Form 1040)

Department of the Treasury

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**

Interna	al Revenue Service	Go to www.irs.gov/ScheduleD fo	or instructions and	the latest informati	ion.		{	Sequence No. 12
	(s) shown on return	KEMBHAVI				Your so		ecurity number 5142
_	•	y investment(s) in a qualified opportunity 8949 and see its instructions for additiona	_	-		No oss.		
Pa	rt I Short-To	erm Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Les	ss (see	e ins	tructions)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.			(d) Proceeds (sales price)	(e) Adjustr Cost to gain or (or other basis) Form(s) 89 line 2, co			from art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	1099-B for which which you have However, if you	ort-term transactions reported on Form h basis was reported to the IRS and for re no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 1b.						
1b	Totals for all tran	nsactions reported on Form(s) 8949 with						
2	Totals for all tran	nsactions reported on Form(s) 8949 with						
3	Totals for all tran	nsactions reported on Form(s) 8949 with						
4	Short-term gain	from Form 6252 and short-term gain or (lo	oss) from Forms 4	1684, 6781, and 88	24	[4	
5	Net short-term	gain or (loss) from partnerships, S	S corporations,			from	5	
6	` ,	tal loss carryover. Enter the amount, if an	y, from line 8 of y	-	_	over	6	(
7	Net short-term	capital gain or (loss). Combine lines 1a as or losses, go to Part II below. Otherwise	through 6 in colu	ımn (h). If you have	e any I		7	
Par		erm Capital Gains and Losses – Ger						instructions)
lines This	below.	ow to figure the amounts to enter on the ier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gai	(g) justment n or loss) 8949, P	from art II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	1099-B for which which you hav However, if you	ng-term transactions reported on Form h basis was reported to the IRS and for re no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 8b.						
8b	Totals for all tran	nsactions reported on Form(s) 8949 with	214.	159.				55.
9	Totals for all tran	nsactions reported on Form(s) 8949 with						
10		nsactions reported on Form(s) 8949 with						
	Gain from Form from Forms 4684	4797, Part I; long-term gain from Forms 4, 6781, and 8824				[11	
		ain or (loss) from partnerships, S corporati	ions, estates, and	trusts from Scheo	lule(s)	K-1	12	
	. •					+	13	
14	Long-term capital Worksheet in the	al loss carryover. Enter the amount, if any	, from line 13 of y	our Capital Loss	Carry	over	14	

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

55.

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 55. • 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 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? 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 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** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ISHAN SANTOSH KEMBHAVI

Social security number or taxpayer identification number $8\,0\,6-4\,5-5\,1\,4\,2$

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	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/23	214.	159.			55.
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) .

214.

159.

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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

ISH	AN SANTOSH KEMBHAVI						806-4	5-5142		
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you are	an indi	ividual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	10002	See in	etructions		□ Ve	e X No	_
				• •	• •		• •		,	
1a	Physical address of each property (street, city, state, ZIF									
Α	MAHAVISHNU APTS. S.NO: 27, KOTHRUD, PUN	IE MA	HARASI	ITRA	IN 4	11038				
В										
С					1					
1b	Type of Property 2 For each rental real estate prope				Fa			nal Use	QJV	
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Da	ays		
A	gersonal use days. Check the Quite if you meet the requirements to f			A		365		0		
B C	qualified joint venture. See instru			B						
	of Duomouthy			C						
	of Property: Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	ı	7	Self-Rental				
	Multi-Family Residence 4 Commercial	lai	6 Roya				20)			
	Width-Family Residence 4 Commercial		о поус	aities	0	Other (describ	·			
						Propertie	s:			
Incor	ne:			Α		В			С	
3	Rents received	3		5	12.					
4	Royalties received	4								
Expe										
5	Advertising	5								
6	Auto and travel (see instructions)	6		1 0						
7	Cleaning and maintenance	7		1,3	57.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10		0	112					
11 12	Management fees	12			12.					_
13	Other interest	13								
14	Repairs	14		1 3	64.					_
15	Supplies	15			98.					
16	Taxes	16		1,5	.,,,,,					
17	Utilities	17		1,9	13.					
18	Depreciation expense or depletion	18			72.					_
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,5	16.					
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	•	-10,0	04.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(10,00)4.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		512.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b					
C	Total of all amounts reported on line 12 for all properties				23c	_	470			
d	Total of all amounts reported on line 18 for all properties				23d		472.			
е	Total of all amounts reported on line 20 for all properties				23e	10,	516.			
24	Income. Add positive amounts shown on line 21. Do not		-				24	/	10 004	
25	Losses. Add royalty losses from line 21 and rental real estate						25	(10,004	•)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-10-004	1 .