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

Submission Identification Number (SID)
Submission dentineation Number (SID)
Taxpayer's name Social security number
ABHINAV CHAMALLAMUDI 805-57-3607
Spouse's name Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.
1 Adjusted gross income
2 Total tax
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099
4 Amount you want refunded to you
5 Amount you owe
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)
refurn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ER to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. The authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than business days prior to the payment (settlement) date. I also authorize and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, n Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only Agent to enter or generate my PIN Enter five digits, but don't enter all zeros ERO firm name Signature on the income tax return (original or amended) I am now authorizing. Check this box on
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part below.
Your signature ▶ Date ▶
Spouse's PIN: check one box only
☐ I authorize to enter or generate my PIN as m
ERO firm name Enter five 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 now authorizing. Check this box on if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part below.
Spouse's signature ▶ Date ▶
Practitioner PIN Method Returns Only—continue below
Part III Certification and Authentication — Practitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am no authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶ Date ▶
ERO Must Retain This Form — See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling _			, 20		See se	parate ins	structions.	
Your first name	and m	iddle initial	Last n	ame						Your so	cial secur	ity number	
ABHINAV			CHAI	CHAMALLAMUDI							805 57 3607		
	pouse's	s first name and middle initial	Last n							Spouse's social security number			
-										-		-	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.		Preside	ntial Elect	tion Campaign	
2301 W V	JH T T	F. AVE						416	İ		here if you		
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP c					ntly, want \$3	
MCKINNE					T	X	750	71		-		. Checking a	
Foreign country				Foreign province/state/	_			gn postal o	code	box below will not change le your tax or refund.			
											You	Spouse	
Filing Status	· X	Single				☐ Head of h	ouseh	old (HOI	— Н)				
-		Married filing jointly (even if only o	ne had	income)					,				
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	survi	ving spo	use (QSS)			
0.10 20/11	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che						ild's name	e if the	
	-	, ialifying person is a child but not you		ndont									
			. ,										
Digital		ny time during 2023, did you: (a) reco			-		-				_	⊠ No	
Assets		nange, or otherwise dispose of a digi					el) ? (S	ee mstru	CHOI	S.)	∐ Yes		
Standard		neone can claim: You as a de	•	•		•							
Deduction	Ш;	Spouse itemizes on a separate retur	n or yo	u were a dual-status	aller	1							
Age/Blindness	You	: Uwere born before January 2, 1	959	Are blind Spo	ouse	: Uwas bor	rn bef	ore Janu	ary 2	, 1959	☐ Is b	olind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4	4) Check t	the bo	x if qual	ifies for (se	e instructions):	
If more		First name Last name		number		to you		Child tax credit			Credit for o	ther dependents	
than four													
dependents,	,												
see instructions and check	`												
here											<u> </u>		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions) .						1a	1 1	62,672.	
Attach Form(s)	b	Household employee wages not re	eportec	d on Form(s) W-2 .						1b	,		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							10	;			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							10	1			
1099-R if tax	е	Taxable dependent care benefits f	endent care benefits from Form 2441, line 26							16	,		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29						1f	:		
If you did not get a Form	g	Wages from Form 8919, line 6 .								10	<u>, </u>		
W-2, see	h	Other earned income (see instruction	ions)				ι, .			1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>li</u>							
	Z	Add lines 1a through 1h	· ;							12	<u>: </u>	62,672.	
Attach Sch. B	2a	•	2a			axable interest				2b)		
if required.	3a_		3a			Ordinary divide				3b			
Standard	4a		4a			axable amoun				4b			
Deduction for—	5a		5a			axable amoun				5b			
Single or Married filing	6a	,	6a			axable amoun	t		٠ _	6b)		
separately,	С	If you elect to use the lump-sum e		,	`	,				」] 7		0 500	
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										-2,500.	
jointly or Qualifying	8	Additional income from Schedule 1, line 10										14,910.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										45,262.	
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26)	45.000	
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income										45,262.	
If you checked	12	Standard deduction or itemized		,	,					12		13 , 850.	
any box under Standard	13	Qualified business income deducti	ion fror	11 Form 8995 or Form	899	15-A				13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13								14		13,850. 31,412.	
	15	Subtract line 14 from line 11. If zer	o or les	ss enter-U- INIS IS V	OH IT	taxable incom	ıe			1.5	• I I	31.41/	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	24,939.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	24,939.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20	21						
	22	Subtract line 21 from line 18	22	24,939.					
	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	24,939.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 24	1,775		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	24,775.
If you have a	26	2023 estimated tax paymen	s and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. Eic.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	352.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	25,127.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	188.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	188.
Direct deposit?	b	Routing number 0 7 1			c Type:	Checking	Savings	3	
See instructions.	d	Account number 9 3 3	5 6 8 9	5 3					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See		•	
Designee		structions				. 🗌 Yes. C	omplete	e below.	⋉ No
		esignee's			ntification				
		me der penalties of perjury, I declare t	ant I have aversing	no.			ber (PIN)		of my lenguiledge and
Sign		lief, they are true, correct, and com							
Here	Vo	ur signature		Date	Your occupation		l If t	 he IRS se	ent you an Identity
	10	di Signature		Date	Tour occupation				PIN, enter it here
Joint return?					SOFTWARE E	(se	e inst.)		
See instructions. Keep a copy for		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.				Identity Protection PIN, ent (see inst.)					
	Ph	one no. (469) 514-581	2	Email address	CHABHINAV.	95@GMAIL.CO	MC		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/13/2024						82703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC			Ph	one no.	(678) 965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

ABHINAV CHAMALLAMUDI 805-57-3607 Part Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . -14,910. 5 5 6 6 7 7 8 Other income: а 8a 8b 8c Foreign earned income exclusion from Form 2555 8d 8e 8f Alaska Permanent Fund dividends 8q 8i Activity not engaged in for profit income 8i 8k 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 8m 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8a Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t Wages earned while incarcerated 8u Other income. List type and amount: 9 9

10

-14,910.

10

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

Par	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				
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	041			
_	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA FINO	uu	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1040 to 1040 ADD

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

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

OMB No. 1545-0074

2023
Attachment Sequence No. 03

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

Your social security number 805-57-3607

ı aı	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, Form 2441	line 11. Attach	2	
3	Education credits from Form 8863, line 19	3		
4	Retirement savings contributions credit. Attach Form 8880	4		
5a	Residential clean energy credit from Form 5695, line 15	5a		
b	Energy efficient home improvement credit from Form 5695, line 32	5b		
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	Sa		
b	Credit for prior year minimum tax. Attach Form 8801 6	Sb		
С	Adoption credit. Attach Form 8839	ic		
d	Credit for the elderly or disabled. Attach Schedule R 6	id		
е	Reserved for future use	ie		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	ig		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6	6h		
i	Qualified electric vehicle credit. Attach Form 8834	Si Si		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912 6	6k		
ı	Amount on Form 8978, line 14. See instructions	3 1		
m	Credit for previously owned clean vehicles. Attach Form 8936.	m		
z	Other nonrefundable credits. List type and amount:			
		Sz		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 104	10, 1040-SR, or		
	1040-NR, line 20		8	

Schedule 3 (Form 1040) 2023 Page **2**

Par	t II Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962		9		
10	Amount paid with request for extension to file (see instructions) .		10		
11	Excess social security and tier 1 RRTA tax withheld		11	352.	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z .		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	·	15	352.

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

,	s) shown on return HINAV CHAMALLAMUDI				social se	ecurity number
Did y	ou dispose of any investment(s) in a qualified opportunity s," attach Form 8949 and see its instructions for additiona	_	•	s ⊠ No		
Par	t I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (s	ee ins	tructions)
lines This f	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8948 line 2, colu	ss from , Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.					
	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					
	Totals for all transactions reported on Form(s) 8949 with Box C checked	0.	2,500.			-2,500.
	Short-term gain from Form 6252 and short-term gain or (lo	•			4	
	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and to	rusts from	5	
	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-2,500.
Par	<u></u>	-			r (see	·
lines This f	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949 line 2, colu	ss from , Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.					
	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Schee	dule(s) K-1	12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a	ι through 14 in co	lumn (h). Then, g	o to Part III		

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -2,500. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. 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 2,500.<u>)</u> 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.

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return ABHINAV CHAMALLAMUDI Social security number or taxpayer identification number

805-57-3607

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was

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

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

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).

☐ (B) Short-term transactions☒ (C) Short-term transactions				sis wasn't report	ed to the IF	RS		
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and		
	(Mo., day, yr.)		(see instructions)	instructions.	(0)		with column (g).	
SOWMYA MIKKILINENI - bad debt statement attached	05/12/23	12/31/23	0.	2,500.			-2,500.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	0.	2,500.			-2,500.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074

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

Your social security number

ABH	INAV CHAMALLAMUDI					3	305-5	7-3607		
Par		nd Roya	alties							
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use S	Schedule							
Α	Did you make any payments in 2023 that would require you	to file F	orm(s) 1	099? S	See ins	structions		. 🗌 Ye	es 🛛 N	0
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 N	0
1a	Physical address of each property (street, city, state, ZIF									
Α	7-37/2 SS NAGAR ST NO 8 HABSIGUDA HYI	DERABA	AD. TEI	ANGAI	T AV	N 500007				
В	,									
c										
1b	Type of Property 2 For each rental real estate prope	orty lieto	nd.		E	ir Rental	Dorson	al Use		
	(from list below) above, report the number of fair	rental a	ind			Days	Da		QJV	1
Α	personal use days. Check the Q			Α		310		0		
В	if you meet the requirements to f			В		010				
C	qualified joint venture. See instru	uctions.		C						
	of Property:				<u> </u>					
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya			Other (describ	e)			
	Thata Farmy Hooderhoo F Commordia									
						Properties	:			
Inco				Α		В			С	
3	Rents received	3		6	90.					
4	Royalties received	4								
	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	90.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,4	25.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,8						
15	Supplies	15		4,8	50.					
16	Taxes	16								
17	Utilities	17		1,4						
18	Depreciation expense or depletion	18		3,0	95.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		15,6	00.					
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			1 1 0	1.0					
	file Form 6198	21		-14,9	10.					
22	Deductible rental real estate loss after limitation, if any,			1 1 0 1	o ,	,		,		,
00	on Form 8582 (see instructions)	22 (14,91)	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		690.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c		005			
d	Total of all amounts reported on line 18 for all properties				23d		095.			
e	Total of all amounts reported on line 20 for all properties				23e	15,	600.			
24	Income. Add positive amounts shown on line 21. Do not		•				24	/	14 010	
25	Losses. Add royalty losses from line 21 and rental real estat						25	(14,910).)
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 at						00		- 14 , 91	0
	- Concadie i (i oitii io i o), iile o. Otileiwise, iliciade tilis al	mount II	וו נוו ט נטנ	ai Oii II	11 0 1 1	on paye 4 .	26		14, JI	. ∪.

Nonbusiness Bad Debt Explanation Statement

2023

Name(s) ABHINAV CHAN	MALLAN	1UDI								- 1	Social Security Number	
	Form			D1 D	- 1					Lin	e 1	
Explanation of:		NONDUS	iness i	sad De	Jas							
Description		debt:	LOAN TO	O SOWI	AYN	MIK	KILINE	INI				
Amount: \$2												
Date debt	becan	ne due:	08/14	<u>/2023</u>								
Name of de	ebtor:	SOWMY.	A MIKK	ILINE	II							
Relationsh	nip to	debto	r: FRI	END								
Efforts to	coll	.ect:										
EFFORTS MA	EFFORTS MADE TO COLLECT THE DEBT											
Why decide	ed dek	t was	worthle	ess:								
SOWMYA MIR	KKILIN	ENI DE	CLARED	THAT	HE	IS	UNABLE	TO	PAY	THE	DEBT	