Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social accurity number

| ~ | ERO must obtain a    |
|---|----------------------|
| у | Go to www.irs.gov/Fe |

nd retain completed Form 8879. orm8879 for the latest information.

Submission Identification Number (SID)

Taypayar'a nama

| талраз |  | Social Security number |          |                  |  |  |  |
|--------|--|------------------------|----------|------------------|--|--|--|
| SRU    | SRUTHI VANGARA 306-73-3663   |                        |          |                  |  |  |  |
| Spouse | e's name   | Spouse's soc           | ial secu | urity number     |  |  |  |
| Par    | t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter  | r year you a           | re au    | thorizing.)      |  |  |  |
| 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  |                        | 1        | 60 <b>,</b> 575. |  |  |  |
| 2      | Total tax  |                        | 2        | 5,587.           |  |  |  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          |                        | 3        | 8,320.           |  |  |  |
| 4      | Amount you want refunded to you  |                        | 4        | 2,733.           |  |  |  |
| 5      | Amount you owe   |                        | 5        |                  |  |  |  |
|        |  |                        |          |                  |  |  |  |

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) 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. This 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) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries 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, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

| X lauthorize GLOBAL TAXES | LLC | to enter or generate my PIN |
|---------------------------|-----|-----------------------------|
|---------------------------|-----|-----------------------------|

| Ent<br>don | as my |   |   |   |  |
|------------|-------|---|---|---|--|
| 3          | 3     | 6 | 6 | 3 |  |

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

I authorize

to enter or generate my PIN

as mv 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.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature                                  |   |   | • |  |                 |  |   |   |   |
|---|---|---|---|--|-----------------|--|---|---|---|
| Practitioner PIN Method Returns Only—continue below |   |   |   |  |                 |  |   |   |   |
| Part III C  | Certification and Authentication – Practitioner PIN Method Only               |   |   |  |                 |  |   |   |   |
| ERO's EFIN/P  | PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 |  | <br>6<br>nter a |  | 2 | 7 | 1 |

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 now 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 Date   |     |                  |                          |  |  |
|---|-----|------------------|--------------------------|--|--|
| ERO Must Retain This F<br>Don't Submit This Form to the               |     |                  |                          |  |  |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 02/16/24 PRO | Form 8879 (Rev. 01-2021) |  |  |

| Status       If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:       If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       (d) Check the box if qualifies for (see instructions.)         Dependents       (i) First name       Last name       (2) Dependent's identifying number       (a) Relationship to you       (b) Child tax credit       Credit for other dependents, see instructions and check here         If more than four dependents, see       (1) First name       Last name       (a) Relationship to you       (b) It ax credit       Credit for other dependents, see instructions and check here         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       73, 000.         Effectively       b       Household employee wages not reported on Form(s) W-2 (see instructions)       1d         Trade or       Taxable dependent care benefits from Form 2441, line 26 es instructions)       1d         Trade or       Taxable dependent care benefits from Form 8839, line 29       1f         g       Wages from Form 8919, line 6       1g         Attach       Pensions and annuities       2a<   | <b>1040</b>   | )-       | VR Department of the Treasury-Inte<br>U.S. Nonresident Al                          | rnal Reven              | ue Service<br>come Tax Returr | 2023  | OMB No             | . 1545-0074       | ors          | se Only-Do not write<br>staple in this space. |
|--|---|----------|--|-------------------------|-------------------------------|---|--------------------|-------------------|--------------|---|
| Your first name and middle initial       Last name       Vol000000000000000000000000000000000000   | For the year Jan. 1-Dec. 31, 2023, or other tax year beginn |          |  | ning                    | , 2023,                       | ending                                      |                    | , 20              |              |   |
| SRUTHI     VANGARA     306-73-3663       Home address (number and street), if you have a P.O. box, see instructions.     Apt. no.       1399 S WOLF RGAD     Apt. no.       CRV, town, or post office, if you have a foreign address, also complete spaces below.     State       PROSPECT REARD     Tit.       Convertige country name     Foreign province/state/county     Foreign postal code       Filing     Single     Married fling separately (MFS)     Qualifying surviving spouse (QSS)     Estate       Trust     Trust     Trust     Check only     Trust       Objects     At any time during 2023, did you: (a) receive (as a reward, avard, or payment for property or service); or (b) sell, exchange, or otherwise dispose of a digital asset (r a financial interest in a digital asset? (See instructions)     (4) Check there is no for dependents, generaters is a digital asset? (See instructions)     (4) Check there is no for dependents, generaters is a digital asset? (See instructions)       If more than four dependents, generaters is a digital asset?     (a) Relationship to you     Child that or other dependents, generaters is a digital asset? (See instructions)     (b) Check there is no for dependents, generaters is a digital asset? (See instructions)     (b) Check there is no for dependent is dee instructions)     (c)   | Your first name   | and      | middle initial   | Last na                 | ame                           |   |                    |                   |              | ying number                                   |
| Hone address (number and street). If you have a P.O. box, see instructions.         Apt. no. 107         D159 S NOULF ROAD       IIL         City, town, or post office. If you have a foreign address, also complete spaces below.       State       21P code         PROSPECT INITIS       Foreign province/state/county       Foreign postal code       60770         Filing       Single       Married filing separately (MFS)       Qualifying surviving spouse (QSS)       Estate       IT.st.         One box       Intervine dispose of a diptal asset (or a financial interest in a diptal asset)? (See instructions)       IVes No       No         Dependents       (i) First name       Last name       (2) Depondent's destription number       (2) Relationship to you       (4) Check the box if callings or fores instructions         Income       1a       Total amount from Form(9) W-2.box 1 (see instructions)       1a       73,000.         Connected       1b       Connected       1b       Connected       1b         With U.S.       1a       Total amount from Form(9) W-2.box 1 (see instructions)       1a       73,000.         Connected       1a       Total amount from Form(9) W-2.box 1 (see instructions)       1b       1c         With U.S.       1a       Total moore destription       1a       73,000.         Connected       1a </td <td>SRUTHI</td> <td></td> <td></td> <td>VANG</td> <td>ARA</td> <td></td> <td></td> <td></td> <td></td> <td>,</td>   | SRUTHI  |          |  | VANG                    | ARA                           |   |                    |                   |              | ,   |
| 1599     S WOLF     ROAD     107       PROSPECT     HEIGHTS     State     ZPe ode       FORSPECT     HEIGHTS     Foreign postal code     11     60070       Filing     X Single     Manied filing separately (MFS)     Qualifying surviving spouse (QSS)     Estate     Trust       Filing     X Single     Manied filing separately (MFS)     Qualifying surviving spouse (QSS)     Estate     Trust       Digital Assets     At any time during 2023, diry our (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or or box.     (b) Sell, exchange, or   |   | nun      | ber and street). If you have a P.O. box  |                         |                               |   |                    |                   |              |   |
| City. town, or post office, if you have a foreign address, also complete spaces below.       State       ZIP code         PROSPECT_HEIGHTS       Foreign province/state/county       Foreign postal code         Filing       Single       Manied filing separately (MFS)       Qualifying surviving spoces (QSS)       Estate       Instate         Digital Assets       At any time during 2023, dd you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions)       Image: Context (Context   |   | •        | , <b>.</b>   | ,                       |                               |   |                    |                   |              |   |
| PROSPECT       HETCHTS       II.       60070         Foreign postal code       Foreign postal code         Filing       Status       Foreign postal code         Status       If you checked the QS box, enter the child's name if the qualifying surviving spouse (QSS)       Estate       I'' rust         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or service); or (b) sell, exchange, or otherwise dispose of a digital asset (or a finalcal interst in a digital asset)? (See instructions)       (a) Relationship to you       (b) Release (b) Relationship to you       (c) Relationship to you  |   |          |  | lso comp                | lete spaces below.            |   | State              |                   | ZIP          | code  |
| Foreign country name       Foreign postal code         Filing<br>Status       Marine filing separately (MFS)       Qualifying surviving spouse (QSS)       Estate       Trust         Check only<br>one box.       Any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or<br>otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       (b) sell, exchange, or<br>otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       (c) (b) sell, exchange, or<br>otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       (c) (b) sell, exchange, or<br>otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       (c) (b) sell, exchange, or<br>otherwise disposed (c) a digital asset)?       (c) (b) sell, exchange, or<br>otherwise disposed (c) a digital asset (or a financial interest in a digital asset)?       (c) (b) sell, exchange, or<br>otherwise disposed (c) a digital asset (or a financial interest in a digital asset)?       (c) (b) sell, exchange, or<br>otherwise disposed (c) a digital asset (or a financial interest in a digital asset)?       (c)  |   |          |  | ·                       |                               |   | IL                 |                   | 60           | 070   |
| Status       A single       If where time services is a child but not your dependent.         Check only       If you checked the CSS box, enter the child's name if the qualifying person is a child but not your dependent.         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital saset)? (see instructions).       Image: Comparison of the CSS box, enter the child's name is child but not your dependent.         (gen entertuctions;       (f) First name       Last name       (g) Dependent's (gen instructions).       Image: Comparison of the CSS box, enter the child's name is child but not your dependent.         (gen entertuctions;       (f) First name       Last name       (g) Dependent's (gen instructions).       Image: Comparison of the CSS box, enter the child's name is child but not your dependent.         (gen entertuctions;       (f) First name       Last name       (g) Dependent's (gen entertuctions).       Image: Comparison of the CSS box, enter the child's name for more of the CSS box of the CSS   | Foreign country   | nar      | ne   | Foreigr                 | n province/state/county       |   | Foreig             | n postal o        |              |   |
| Status       A single       Indirect ling separately (Wr.9)       Codallying sourwing spuse (sos)       Easter       Instructions         Check only       Ifyou checked the OSS box, enter the child's name (if the qualifying parson is a child but not your dependent:       If is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (see instructions).       If is a child but not your dependent:         (gen entational interest in a digital asset)? (see instructions).       (1) First name       Last name       (2) Dependent's (if is a credit for other dependent:         (gen instructions)       (1) First name       Last name       (2) Dependent's (if is a credit for other dependent's (if or other dependent's (if or other dependent);       If is a credit for other dependent care benerity or services);       If is a credit for other dependent care benerity for form(s) W-2, box 1 (see instructions).       If is a credit for other dependent care benerity for form (s) W-2, box 1 (see instructions).       If is a credit for other dependent care benerity for form (s) W-2, box 1 (see instructions).       If is a credit dependent care benerity for form (s) W-2, box 1 (see instructions).       If is a credit dependent care benerity for form (s) W-2, cos instructions).       If is a credit dependent care benerity for form (s) W-2, cos instructions).       If is a credit dependent care benerity for form (s) W-2, cos instructions).       If is credit dependent care   |   |          |  |                         |                               |   |                    |                   |              |   |
| otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Control of the set o | Check only one box.   |          | you checked the QSS box, enter the   | child's na              | ame if the qualifying pers    | son is a child but n                        | ot your d          | ependent:         |              |   |
| (a) Period       (a) Period       (b) First name       (c) Period       (c) Perio   | Digital Assets  | At a oth | any time during 2023, did you: (a) rece<br>erwise dispose of a digital asset (or a | eive (as a<br>financial | reward, award, or payme       | ent for property or<br>)? (See instruction: | services)<br>s.) . | ); or (b) sel<br> | l, exch<br>[ | ange, or<br><b>Yes 🔀 No</b>                   |
| (see instructions):       (1) First name       Last name       (2) Dependent's<br>identifying number       (3) Relationship to you       Child tax credit<br>Condit for other<br>dependents.<br>see<br>instructions and<br>check here       Condit for other<br>dependents.<br>see<br>instructions and<br>check here       Condit for other<br>dependents.<br>see<br>instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       73,000.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       73,000.         Connected       0       Household employee wages not reported on Form(s) W-2.       1b       1c         Connected       0       Taxable dependent care benefits from Form 2441, line 26       1c       1d         With U.S.       f       Employer-provided adoption benefits from Form 839, line 29       1f       1g         Attach       f       Chages from Form 8919, line 6       1h       1g       1g         Attach       f       Reserved for future use       1g       1g       1g         Attach       f       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L       1g       1g       1g <t< td=""><td>Dependents</td><td></td><td></td><td></td><td></td><td></td><td>(4)</td><td>Check the b</td><td>box if qu</td><td>alifies for (see inst.):</td></t<>  | Dependents  |          |  |                         |                               |   | (4)                | Check the b       | box if qu    | alifies for (see inst.):                      |
| If more than four       Image in the second se | -   |          | (1) First name   |                         |                               | (3) Polationship to                         |                    | Child tax cr      | edit         |   |
| dependents, see<br>instructions and<br>check here       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       7.3,000.         Income<br>Effectively       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       7.3,000.         Income<br>Effectively       1       Household employee wages not reported on Form(s) W-2.       1       1       1       1         Connected       c       Tip income not reported on line 1a (see instructions)       1       1       1       1         Connected       c       Tip income not reported on line 1a (see instructions)       1       1       1       1         With U.S.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1       1       1       1         Business       f       Employer-provided adoption benefits from Form 839, line 29       1  |   |          |  |                         |                               | (S) Relationship to                         | you                |                   |              |   |
| instructions and check here       Image: Constructions and check here       Image: Construction and check here   |   |          |  |                         |                               |   |                    |                   |              |   |
| check here       Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       73,000.         Effectively       Household employee wages not reported on Form(s) W-2.       1b       1c       1c         Connected       Tip income not reported on Form(s) W-2.       1d       1c       1c         With U.S.       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         Trade or       Taxable dependent care benefits from Form 8839, line 29       1f       1d         Business       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Pattach       p       Wages from Form 8919, line 6       1a       1g         Reserved for future use       1i       1f       1g         RB: 1042-S, and 8288-A       p       Reserved for future use       1i       1g         RB: 1042-S, and 8288-A       ine 1(e)       1       1k       1z       73,000.         2a       Tax-exempt interest       2a       b       Taxable interest       2b         1099-Bit       2a       Tax-exempt interest       5a       b       Taxable amount       4b         1099-Bit       3a       Qualified dividends       3a       b       Tax-exempt interest </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>_</u></td>   |   |          |  |                         |                               |   |                    |                   |              | <u>_</u>                                      |
| Effectively       b       Household employee wages not reported on Form(s) W-2       1b         Connected       Tip income not reported on line 1a (see instructions)       1c         With U.S.       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         Trade or       Taxable dependent care benefits from Form 8839, line 29       1f         Business       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Attach       N       Other earned income (see instructions)       1a         Form(s) W-2, iterative for future use       1i       iterative for future use       1j         RBE-1042-5, iterative for future use       1i       iterative for future use       1j         RBE-1042-5, iterative for future use       1a       1z       73,000.         Zassa A       Reserved for future use       1a       1z       73,000.         Zassa A       Add lines 1a through 1h       1z       73,000.       2b         Tax-exempt Interest       2a       b       b       1a       73,000.         Zassa attach       za       b       Taxable amount       4b       4b         Hyou did not get a form       Ga Qualified dividends       3a       b       Taxable amount       4b  |   |          |  |                         |                               |   |                    |                   |              | <u>_</u>                                      |
| Effectively       b       Household employee wages not reported on Form(s) W-2       1b         Connected       Tip income not reported on line 1a (see instructions)       1c         With U.S.       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         Trade or       Taxable dependent care benefits from Form 8839, line 29       1f         Business       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Attach       n       Other earned income (see instructions)       1n         Form(s) W-2, iterative for future use       1i       iterative for future use       1j         RBE-1042-5, iterative for future use       Reserved for future use       1j       73,000.         RBR-1042-5, iterative for future use       a       1k       1z       73,000.         Za       Add lines 1a through 1h       1k       1z       73,000.         Za       Qualified dividends       3a       b       b       Taxable amount       4b         Hyou did not get a form       Sa       1a       Sa       1a       5b       6         We2, see       Gapital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here .       7       6       11       60, 575.       6         We2,  |   | 1a       | Total amount from Form(s) W-2. bo  | x 1 (see i              | nstructions)                  |   |                    | 1                 | a            | 73,000.                                       |
| Connected with U.S.       c       Tip income not reported on line 1a (see instructions)       1c         With U.S.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         Trade or       e       Taxable dependent care benefits from Form 2441, line 26       1e         Business       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Attach       f       Other earned income (see instructions)       1n         Form(s) W-2, in Reserved for future use       1i       1g         Attach       i       Reserved for future use       1j         RB-1042-S, and 8288.A       k       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k       1g         attach       z       Add lines 1a through 1h       1z       73,000.         Form(s)       2a       Tax-exempt interest       2a       b       Taxable interest       2b         attach       Gualified dividends       3a       b       Taxable amount       4b       1d         form(s)       2a       Tax-exempt interest       3a       b       Taxable amount       4b       1d         form(s)       2a       Gualified dividends       3a       b       Taxable amount   |   |          |  | `                       | ,                             |   |                    |                   | b            | ,   |
| With U.S.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         Trade or       e       Taxable dependent care benefits from Form 2441, line 26.       1e         Business       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Attach       p       Wages from Form 8919, line 6.       1g         Form(s) W-2, 1042-S, 1042  | •   | с        |  |                         |                               |   |                    |                   | с            |   |
| Business<br>Attach<br>Form(s) W-2,<br>in Reserved for future use       1f         9 Wages from Form 8919, line 6       1g         9 Wages from Form 8919, line 6       1g         1042-5,<br>in Reserved for future use       1i         9 SA-1042-5,<br>in Reserved for future use       1i         9 Add zers-A<br>here. Also<br>attach<br>Form(s)       1a         2 Add lines 1a through 1h       1a         1099-R if<br>form(s)       2a         1099-R if<br>form(s)       2a         1099-R if<br>form(s)       2a         1099-R if<br>form(s)       2a         12       73,000.         13a       1a         14b       1a         15a       Pensions and annuities         15a       Pensions and annuities         15a       Pensions and annuities         16a       Reserved for future use         17ax-exempt interest       1a         18v ditional income from Schedule D (Form 1040) if required. If not required, check here       1a         17axeble amount       1b         18v ditional income from Schedule 1 (Form 1040), line 10       1a         19       Add lines 12, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income         10       11         11       60, 575.   | With U.S.   | d        | Medicaid waiver payments not repo  | orted on F              | Form(s) W-2 (see instruct     | ions)                                       |                    | 1                 | d            |   |
| Attach<br>Form(s) W-2,<br>1042-S,<br>SSA-1042-S,<br>and 828-A<br>here. Also       Wages from Form 8919, line 6       1g         K       Other earned income (see instructions)       1i         K       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,<br>line 1(e)       1i         K       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,<br>line 1(e)       1k         1099-R if<br>tax was<br>withheld.       2a       b         Gualified dividends       3a       b         If you did not<br>get a Form<br>withheld.       5a       b         Form(s)       2a       b         Tax-exempt interest       2a       b         If you did not<br>get a Form<br>witheld.       5a       Pensions and annuities       5a         7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       5b       6         7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       5b       6         8       Additional income from Schedule 1 (Form 1040), line 26. These are your total adjustments to<br>income       11       60, 575.         10       Adjustments to income from Schedule 1 (Form 1040-NR)) or, for certain residents of India, standard<br>deduction (see instructions)       13a       13a         11       Subtract line 10 from line 9. This is your adjusted gross income       11       60, 575. <td>Trade or</td> <td>е</td> <td>Taxable dependent care benefits fro</td> <td>om Form</td> <td>2441, line 26</td> <td></td> <td></td> <td> 📘</td> <td>е</td> <td></td>  | Trade or  | е        | Taxable dependent care benefits fro  | om Form                 | 2441, line 26                 |   |                    | 📘                 | е            |   |
| Attach       h       Other eamed income (see instructions)       1         form(s) W.2,<br>i       Reserved for future use       1i         1042-S,<br>and 8288-A       i       Reserved for future use       1i         frem(s) W.2,<br>i       Reserved for future use       1i       1i         reme, Also<br>attach       z       Add lines 1a through 1h       1k       1k         rom(s)       2a       Tax-exempt interest       2a       b       Taxable interest       2b         1099-R if<br>1099-R if<br>1099-R if<br>1099-R if<br>1099-R if       2a       Tax-exempt interest       2a       b       Taxable interest       2b         1099-R if<br>1099-R if<br>1099-R if       2a       Tax-exempt interest       2a       b       Taxable interest       2b         1099-R if<br>1099-R if       2a       Tax-exempt interest       2a       b       Taxable amount       4b         116       Form(s)       2a       Tax-exempt interest       5a       b       Taxable amount       4b         117       Subtract for future use       5a       b       Taxable amount       5b       6         118       Reserved for future use       5a       b       Taxable amount       5b       6       7         118       Additi   | Business  | f        | Employer-provided adoption benefi  | its from F              | orm 8839, line 29 .           |   |                    | 📘                 | f            |   |
| Form(s) W-2, inspective of the series of instructions)       inspective of inspective o  | A 44 1-   | g        | Wages from Form 8919, line 6 .   |                         |                               |   |                    | 1                 | g            |   |
| 1042-S,       i       Reserved for future use       1i       ii         SSA-1042-S,       j       Reserved for future use       1j         RB-1042-S,       and 8288-A       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,       1k       1i         here. Also       attach       z       Add lines 1 a through 1h       1k       1k       1z       73,000.         1099-R if       2a       Tax-exempt interest       2a       b       Taxable interest       2b       2b         1099-R if       2a       Tax-exempt interest       3a       b       Ordinary dividends       3b       3b         withheld.       4a       IPA distributions       4a       b       Taxable amount       4b       5b         1fyou did not       5a       b       Taxable amount       5b       5b       5b         1get a Form       6       Reserved for future use       5a       b       Taxable amount       5b         1get a Form       6       Reserved for future use       16       Reserved for future use       17         1get a Form       6       Reserved for future use       16       Reserved for future use       16         1get a Form       6       Reserved for futu   |   | h        |  |                         |                               |   |                    | 1                 | h            |   |
| RRB-1042-S, and 8288-A here. Also attach bree. Also attach       rotal income exempt by a treaty from Schedule OI (Form 1040-NR), item L, itk       1k         Pres. Also attach       z       Add lines 1a through 1h       1z       73,000.         Form(s)       2a       Tax-exempt interest       2a       b       Dordinary dividends       2b         1099-R if       2a       Tax-exempt interest       2a       b       Ordinary dividends       2b         11       Gualified dividends       3a       b       Ordinary dividends       3b       3b         withheld.       4a       b       Taxable amount       4b       5b       6         17 void not get a Form W-2, see       7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       5b       6       -12,425.         9       Additional income from Schedule 1 (Form 1040), line 20       State are your total adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       9       60,575.         10       Adjustments to income from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       11       60,575.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13,850.         13a   | 1042-S,   | i        | Reserved for future use  |                         |                               | <b>1i</b>                                   |                    |                   |              |   |
| and 8288-A<br>here. Also       k       Iotal income exempt by a treaty from Schedule OI (Form 1040-NR), item L,<br>line 1(e)       1k       1k         attach<br>Form(s)       z       Add lines 1a through 1h.       1z       73,000.         1099-R if<br>tax was       a       b       Taxable interest       2b         1099-R if<br>tax was       a       ualified dividends       3a       b       Ordinary dividends       3b         11x       was       a       b       Taxable interest       2b       3b         11x ax was       a       ualified dividends       3a       b       Ordinary dividends       3b         11x ax was       a       la       b       Taxable amount       4b       5b         11you did not<br>get a Form       5a       Pensions and annuities       5a       b       Taxable amount       5b         6       Reserved for future use       5a       b       Taxable amount       5b       5b         7       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here       7       7         8       Additional income from Schedule 1 (Form 1040), line 10       1       6       -12, 425.         9       Add lines 12, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income   |   | j        |  |                         |                               | 1 1   |                    | · · 🖵             | lj           |   |
| attach<br>Form(s)       z       Add lines 1a through 1h.       1z       73,000.         1099-R if<br>tax was       2a       Tax-exempt interest.       2a       b       Taxable interest.       2b         1099-R if<br>tax was       3a       3a       b       Taxable interest.       2b       2b         109 register       3a       3a       b       D ordinary dividends       3b       3b         withheld.       4a       4a       b       D ordinary dividends       3b       3b         If you did not<br>get a Form       5a       Pensions and annuities       5a       b       Taxable amount       5b         6       Reserved for future use       5a       b       Taxable amount       5b       6         7       Capital gain or (loss). Attach Schedule D (Form 1040), line required, check here       7       7       6         8       Additional income from Schedule 1 (Form 1040), line 10      12,425.       9       60,575.         9       Add lines 12, 2b, 3b, 4b, 5b, 7, and 8. This is your adjusted gross income       10       11       60,575.         10       Adjustments to income from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       13a       12       13,850.         13a <td>,</td> <td>k</td> <td>Total income exempt by a treaty fro</td> <td>m Sched</td> <td>ule OI (Form 1040-NR), it</td> <td></td> <td></td> <td></td> <td></td> <td></td>  | ,   | k        | Total income exempt by a treaty fro  | m Sched                 | ule OI (Form 1040-NR), it     |   |                    |                   |              |   |
| Form(s)<br>1099-R if<br>tax was<br>withheld.       2a       2a       b       Taxable interest       2b         a       Qualified dividends       3a       b       Ordinary dividends       3b         withheld.       4a       3a       b       Draxable amount       3b         fy ou did not<br>get a Form<br>W-2, see<br>instructions.       5a       5a       b       Taxable amount       5b         6       Reserved for future use       5a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here       7         8       Additional income from Schedule 1 (Form 1040), line 10       7         9       Add lines 12, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       60, 575.         10       Addustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to<br>income       11       60, 575.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       60, 575.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard<br>deduction (see instructions).       11       60, 575.         13a       Qualified business income deduction from Form 8995 or Form 8995.A       13a       13a       13a </td <td></td> <td></td> <td></td> <td></td> <td></td> <td> <b>1k</b></td> <td></td> <td></td> <td></td> <td></td>  |   |          |  |                         |                               | <b>1k</b>                                   |                    |                   |              |   |
| 1099-R if tax was       2a       2a       b       b       at a tax be interest       3b         a       Qualified dividends       3a       3a       b       Ordinary dividends       3b         if you did not       fax       Pensions and annuities       fax       fax       b       Ordinary dividends       fax       fax         if you did not       fax       Pensions and annuities       fax   |   |          |  |                         | 1                             |   |                    |                   |              | /3,000.                                       |
| withheld.       4a       b       Taxable amount       4b         If you did not<br>get a Form<br>W-2, see<br>instructions.       5a       b       Taxable amount       5b         6       Reserved for future use       5a       b       Taxable amount       5b         W-2, see<br>instructions.       6       Reserved for future use       6       6         7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       6       7         8       Additional income from Schedule 1 (Form 1040), line 10       7       8       -12,425.         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       60,575.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to<br>income       11       60,575.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       60,575.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard<br>deduction (see instructions).       11       60,575.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       12       13,850.         14       Add lines 12 and 13c       Add lines 12 and 13c       14       13,850.       14       13,850.  | 1099-R if   |          |  |                         |                               |   |                    |                   | -            |   |
| If you did not get a Form W-2, see instructions.       Sa       D       Taxable amount.       Sa       Sb         W-2, see instructions.       Reserved for future use .       Sa       b       Taxable amount.       Sb       Sb         W-2, see instructions.       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here .       T       Sb       Sb         8       Additional income from Schedule 1 (Form 1040), line 10       .       Sb       Sb       Sb         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income .       9       60, 575.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income .       11       60, 575.         11       Subtract line 10 from line 9. This is your adjusted gross income .       Std Pedn US/India Treaty       12         13       Qualified business income deduction from Form 8995 or Form 8995-A .       I3a       I3a       I3a         14       Add lines 12 and 13c .       .       .       13c       14       13, 850.         14       Add lines 12 and 13c .       .       .       14       13, 850.       15         15       Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income .       15       46, 725.  |   |          |  |                         |                               | -   |                    |                   | -            |   |
| get a Form<br>W-2, see<br>instructions.       6         6       7         7       6         7       7         8       Additional income from Schedule 1 (Form 1040), line 10         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income         10       8         11       Subtract line 10 from line 9. This is your adjusted gross income         11       Subtract line 10 from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)         13a       Qualified business income deduction from Form 8995 or Form 8995-A         13a       Qualified business income deduction from Form 8995 or Form 8995-A         13a       13a         14       Add lines 12 and 13c         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income  |   |          |  |                         |                               |   |                    |                   | -            |   |
| <ul> <li>W-2, see instructions.</li> <li>7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here</li></ul>  |   |          |  |                         |                               |   |                    |                   |              |   |
| 8       Additional income from Schedule 1 (Form 1040), line 10       8       -12,425.         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       60,575.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       9       60,575.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       60,575.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       11       60,575.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       12       13,850.         14       Add lines 12 and 13c       Add lines 12 and 13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       46,725.  | W-2, see  |          |  |                         |                               |   |                    |                   |              |   |
| 9Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income960, 575.10Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to<br>income1011Subtract line 10 from line 9. This is your adjusted gross income1160, 575.12Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard<br>deduction (see instructions)1213, 850.13aQualified business income deduction from Form 8995 or Form 8995-A13a13abExemptions for estates and trusts only (see instructions)13b13c14Add lines 12 and 13c11. If zero or less, enter -0 This is your taxable income1546, 725.   | instructions.   |          |  |                         | , ,                           |   |                    |                   |              | -12 425                                       |
| 10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       60,575.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13,850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A.       13a       12         14       Add lines 13a and 13b       13c       13c         14       Add lines 12 and 13c       11. If zero or less, enter -0 This is your taxable income       15       46,725.  |   |          |  |                         |                               |   |                    |                   | -            |   |
| income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       60,575.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       11       60,575.         13a       Qualified business income deduction from Form 8995 or Form 8995-A.       13a       12       13,850.         14       Add lines 13a and 13b       13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       46,725.  |   |          |  |                         |                               |   |                    |                   |              |   |
| 11       Subtract line 10 from line 9. This is your adjusted gross income       11       60,575.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13,850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A.       13a       12       13,850.         b       Exemptions for estates and trusts only (see instructions)       13b       13c       13c         14       Add lines 13a and 13b       13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       46,725.  |   | 10       |  | `                       | ,.                            |   | -                  |                   | 0            |   |
| 12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13,850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A.       13a       12       13,850.         b       Exemptions for estates and trusts only (see instructions)       13b       13b       13c         c       Add lines 13a and 13b       13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       46,725.  |   | 11       |  |                         |                               |   |                    |                   | 1            | 60,575.                                       |
| deduction (see instructions)       Std Dedn US/India Treaty       12       13,850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a         b       Exemptions for estates and trusts only (see instructions)       13b       13b         c       Add lines 13a and 13b       13c       13c         14       Add lines 12 and 13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       46,725.   |   |          |  | -                       |                               |   |                    |                   |              |   |
| 13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a         b       Exemptions for estates and trusts only (see instructions)       13b       13b         c       Add lines 13a and 13b       13c       13c       13c         14       Add lines 12 and 13c       13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       15   |   |          |  |                         |                               |   |                    |                   | 2            | 13,850.                                       |
| c       Add lines 13a and 13b       13c         14       Add lines 12 and 13c       14         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15  |   | 13a      |  |                         |                               |   |                    |                   |              |   |
| 14       Add lines 12 and 13c       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       46,725.   |   | b        | Exemptions for estates and trusts of   | only (see i             | nstructions)                  | 13b   |                    |                   |              |   |
| 15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income1546, 725.   |   | С        | Add lines 13a and 13b  |                         |                               |   |                    | 1                 | 3c           |   |
|  |   | 14       |  |                         |                               |   |                    |                   | 4            | 13,850.                                       |
|  |   | 15       |  |                         |                               |   |                    | 1                 | 5            |   |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| orm 1040-NR (     | 2023)  |   |  |                     |                 |            |           | Page <b>2</b>       |
|-------------------|--------|---|--|---------------------|-----------------|------------|-----------|---------------------|
| ax and            | 16     | Tax (see instructions). Check if any f      | from Form(s): 1 🗌 8                            | 814 <b>2</b> 🗌 497  | 2 3 🗌           |            | 16        | 5,587.              |
| redits            | 17     | Amount from Schedule 2 (Form 10-            | 040), line 3                                   |                     |                 |            | 17        | 0.                  |
|                   | 18     | Add lines 16 and 17                         |  |                     |                 |            | 18        | 5,587.              |
|                   | 19     | Child tax credit or credit for other of     | dependents from Sched                          | lule 8812 (Form 104 | 40)             |            | 19        |                     |
|                   | 20     | Amount from Schedule 3 (Form 10             | 040), line 8                                   |                     |                 |            | 20        |                     |
|                   | 21     | Add lines 19 and 20                         |  |                     |                 |            | 21        |                     |
|                   | 22     | Subtract line 21 from line 18. If zero      | o or less, enter -0                            |                     |                 |            | 22        | 5,587.              |
|                   | 23a    | Tax on income not effectively conn          |  |                     |                 |            |           | · · · · ·           |
|                   |        | Schedule NEC (Form 1040-NR), line           |  |                     | 23a             |            |           |                     |
|                   | b      | Other taxes, including self-employ          |  |                     |                 |            |           |                     |
|                   |        | line 21                                     |  |                     | 23b             |            |           |                     |
|                   | с      | Transportation tax (see instructions        |  |                     | 23c             |            |           |                     |
|                   | d      | Add lines 23a through 23c                   | ,  |                     |                 |            | 23d       |                     |
|                   | 24     | Add lines 22 and 23d. This is your          |  |                     |                 |            | 24        | 5,587.              |
| yments            | 25     | Federal income tax withheld from:           |  |                     |                 |            |           |                     |
| lyments           | a      | Form(s) W-2                                 |  |                     | 25a             | 8,320      |           |                     |
|                   | b      | Form(s) 1099                                |  |                     | 25b             | 01020      | -         |                     |
|                   | c      | Other forms (see instructions)              |  |                     | 25c             |            |           |                     |
|                   | d      | Add lines 25a through 25c                   |  |                     |                 |            | 25d       | 8,320.              |
|                   | e      | Form(s) 8805                                |  |                     |                 |            | 25u       | 0, 320.             |
|                   | f      | Form(s) 8288-A                              |  |                     |                 |            | 25e       |                     |
|                   |        |   |  |                     |                 |            |           |                     |
|                   | g      | Form(s) 1042-S                              |  |                     |                 |            | 25g       |                     |
|                   | 26     | 2023 estimated tax payments and             |  |                     |                 |            | 26        |                     |
|                   | 27     | Reserved for future use                     |  |                     | 27              |            | -         |                     |
|                   | 28     | Additional child tax credit from Sch        |  |                     | 28              |            | -         |                     |
|                   | 29     | Credit for amount paid with Form 1          |  |                     | 29              |            | _         |                     |
|                   | 30     | Reserved for future use                     |  |                     | 30              |            | -         |                     |
|                   | 31     | Amount from Schedule 3 (Form 10-            | <i>,</i> · · · · · · · · · · · · · · · · · · · |                     | 31              |            | -         |                     |
|                   | 32     | Add lines 28, 29, and 31. These are         |  |                     |                 |            | 32        |                     |
|                   | 33     | Add lines 25d, 25e, 25f, 25g, 26, an        |  |                     |                 |            | 33        | 8,320.              |
| efund             | 34     | If line 33 is more than line 24, subtr      |  |                     | -               |            | 34        | 2,733.              |
|                   | 35a    | Amount of line 34 you want refund           |  |                     |                 |            | 35a       | 2,733.              |
| ect deposit?      | b      | Routing number 0 8 1 9                      |  |                     | Checking        | Savings    |           |                     |
|                   | d      | Account number 2 9 1 0                      |  |                     |                 |            |           |                     |
|                   | е      | If you want your refund check mail          | iled to an address outsid                      | de the United State | es not shown on | page 1,    |           |                     |
|                   |        | enter it here.                              |  |                     | ,               |            |           |                     |
|                   | 36     | Amount of line 34 you want applie           | ed to your 2024 estimat                        | ted tax             | 36              |            |           |                     |
| nount             | 37     | Subtract line 33 from line 24. This i       | •  |                     |                 |            |           |                     |
| ou Owe            |        | For details on how to pay, go to wi         | ww.irs.gov/Payments or                         | see instructions.   |                 |            | 37        |                     |
|                   | 38     | Estimated tax penalty (see instruct         | ,  |                     | 38              |            |           |                     |
| nird              | Do yo  | u want to allow another person to d         | liscuss this return with t                     | he IRS? See instruc | ctions.         | es. Com    | olete bel | low. 🛛 No           |
| arty              | Desig  | nee's                                       | Phone  | 9                   | Persor          | nal identi | fication  |                     |
| esignee           | name   |   | no.  |                     | numbe           | er (PIN)   |           |                     |
|                   |        | penalties of perjury, I declare that I have |  |                     |                 |            |           |                     |
| an                |        | they are true, correct, and complete. Dec   |  |                     |                 |            | • •       | , ,                 |
| gn                | Yours  | signature                                   | Date   | Your occupation     |                 |            |           | ent you an Identity |
| ere               |        |   |  |                     |                 |            |           | PIN, enter it here  |
|                   |        |   |  | STUDENT             |                 | (se        | e inst.)  |                     |
|                   | Phone  |   | Email address                                  |                     | Dete            |            |           |                     |
| nid               | •      |   | Preparer's signature                           |                     | Date            | PTIN       |           | Check if:           |
|                   |        |   | SYAM PRIYA RAM SAGA                            | R GUPTA TALLAM      | 02/29/2024      | P0208      |           | Self-employed       |
| eparer            |        | name GLOBAL TAXES LI                        | L.C  |                     |                 | Phone      | no. (6'   | 78)965-9522         |
| eparer<br>se Only | Firm's |   | ' E BRUNSWICK N                                |                     |                 | Firm's I   |           | 4-3171965           |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2 23

| Department of the Treasury<br>Internal Revenue Service | Attachment<br>Sequence No. <b>01</b> |        |       |  |
|--|--------------------------------------|--------|-------|--|
| Name(s) shown on Fo                                    | Your social security numbe           |        |       |  |
| SRUTHI VANGARA   |                                      | 306-73 | -3663 |  |
|  |                                      |        |       |  |

| 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        | -12,425.           |
| 6      | Farm income or (loss). Attach Schedule F.                                      |   | 6        |                    |
| 7      | Unemployment compensation  |   | 7        |                    |
| 8      | Other income:  |   |          |                    |
| а      | Net operating loss   | 8a (  | )        |                    |
| b      | Gambling   | 8b  |          |                    |
| С      | Cancellation of debt   | 8c  |          |                    |
| d      | Foreign earned income exclusion from Form 2555                                 | 8d (  | )        |                    |
| е      | Income from Form 8853  | 8e  |          |                    |
| f      | Income from Form 8889  | 8f  |          |                    |
| g      | Alaska Permanent Fund dividends  | 8g  |          |                    |
| h      | Jury duty pay  | 8h  |          |                    |
| i      | Prizes and awards  | 8i  |          |                    |
| j      | Activity not engaged in for profit income                                      | 8j  |          |                    |
| k      | Stock options  | 8k  |          |                    |
| I      | Income from the rental of personal property if you engaged in the rental       |   |          |                    |
|        | for profit but were not in the business of renting such property               | 81  |          |                    |
| m      | Olympic and Paralympic medals and USOC prize money (see                        |   |          |                    |
|        | ,  | 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      |  | 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 | here and on Form                              |          | 10 405             |
|        | 1040, 1040-SR, or 1040-NR, line 8  | <u>· · · · · · · · · · · · · · · · · · · </u> | 10       | -12,425.           |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.                |   | Schedule | 1 (Form 1040) 2023 |

| 1  | Educator expenses   |       |      |      |      | 11  |  |
|----|---|-------|------|------|------|-----|--|
| 2  | Certain business expenses of reservists, performing artists, and fee        |       |      |      | nont |     |  |
| 2  | officials. Attach Form 2106   | -Dasi | s yu | venn | nem  | 12  |  |
| 3  | Health savings account deduction. Attach Form 8889                          | • •   | • •  | •••  | •••  | 13  |  |
| 4  | Moving expenses for members of the Armed Forces. Attach Form 3903           |       |      |      |      | 14  |  |
| 5  | Deductible part of self-employment tax. Attach Schedule SE                  |       |      |      |      | 15  |  |
| 6  | Self-employed SEP, SIMPLE, and qualified plans                              |       |      |      |      | 16  |  |
| 7  | Self-employed health insurance deduction                                    |       |      |      |      | 17  |  |
| 8  | Penalty on early withdrawal of savings                                      |       |      |      |      | 18  |  |
| 9a |   |       |      |      |      | 19a |  |
| b  |   |       |      |      |      | 19a |  |
|    | Recipient's SSN   |       |      |      |      |     |  |
| C  | Date of original divorce or separation agreement (see instructions):        |       |      |      |      | 20  |  |
| 20 |   |       |      |      |      |     |  |
| 21 | Student loan interest deduction   |       |      |      |      | 21  |  |
| 22 | Reserved for future use   |       |      |      |      | 22  |  |
| 23 | Archer MSA deduction  | • •   | •    | •••  | •••  | 23  |  |
| 24 | Other adjustments:  |       |      |      |      |     |  |
| а  |   | 24a   |      |      |      |     |  |
| b  | Deductible expenses related to income reported on line 8I 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             |       |      |      |      |     |  |
|    |   | 24e   |      |      |      |     |  |
| f  | Contributions to section 501(c)(18)(D) pension plans                        | 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        |       |      |      |      |     |  |
|    | tax law violations  | 24i   |      |      |      |     |  |
| j  | Housing deduction from Form 2555  | 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                          |       |      |      |      | 25  |  |
| 26 | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> |       |      |      | d on |     |  |
|    | Form 1040, 1040-SR, or 1040-NR, line 10                                     |       |      |      |      | 26  |  |

| SCHEDULE NEC   |
|----------------|
| (Form 1040-NR) |

Department of the Treasury

Internal Revenue Service

Form 4797, or both.

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

OMB No. 1545-0074

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

2023 Attachment Sequence No. 7B

%

Your identifying number

|  | THI VANGARA   |  |                          |     |                             |                        |                         | 306-73-36  | 563  |
|--|---|--|--------------------------|-----|-----------------------------|------------------------|-------------------------|--|--|
| Enter a  | amount of income und                                    | er the appropriate rate of tax. See instructions.                          |                          |     |                             |                        |                         |  |  |
|  |   | Nature of Income   |                          |     | <b>(a)</b> 10%              | <b>(b)</b> 15%         | (c) 30%                 |  | (specify)  |
|  |   |  |                          | _   | .,                          | .,                     | .,                      | %  | %  |
| 1  | Dividends and divide                                    | -  |                          |     |                             |                        |                         |  |  |
| а  | Dividends paid by U.                                    | •  |                          | 1a  |                             |                        |                         |  |  |
| b  |   | reign corporations   |                          | 1b  |                             |                        |                         |  |  |
| С  | Dividend equivalent p                                   | ayments received with respect to section 871(m) tra                        | ansactions               | 1c  |                             |                        |                         |  |  |
| 2  | Interest:   |  |                          |     |                             |                        |                         |  |  |
| а  | Mortgage  |  |                          | 2a  |                             |                        |                         |  |  |
| b  | Paid by foreign corp                                    | 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 incom                                     | e and natural resources royalties  |                          | 6   |                             |                        |                         |  |  |
| 7  | Pensions and annuit                                     | es   |                          | 7   |                             |                        |                         |  |  |
| 8  |   | fits   |                          | 8   |                             |                        |                         |  |  |
| 9  | -   | e 18 below   |                          | 9   |                             |                        |                         |  |  |
| 10   | Gambling – Resident                                     | s of Canada only. Enter net income in column (c).                          |                          |     |                             |                        |                         |  |  |
| а  | Winnings  |  |                          |     |                             |                        |                         |  |  |
| b  | Losses  |  |                          | 10c |                             |                        |                         |  |  |
| 11   | Note: Enter winnings                                    | s of countries other than Canada.  |                          | 11  |                             |                        |                         |  |  |
| 12   | Other (specify):  |  |                          | 12  |                             |                        |                         |  |  |
| 13   |   | 12 in columns (a) through (d)  |                          | 13  |                             |                        |                         |  |  |
| 14   | •   | ate of tax at top of each column   |                          | 14  |                             |                        |                         |  |  |
| 15   |   | ffectively connected with a U.S. trade or business                         |                          |     | brough (d) of line 1        | / Enter the total here | and on Form 1040-       | NR. line 23a <b>15</b>                             |  |
| 15   | Tax on income not e                                     | Capital Gains and  |                          |     |                             |                        |                         |  |  |
| Enter o  | nly the capital gains and                               | 16 (a) Kind of property and description                                    |                          |     |                             |                        | -                       | (f) LOSS   | (g) GAIN   |
| losses from property sales or<br>exchanges that are from sources<br>within the United States and not |   | (if necessary, attach statement of<br>descriptive details not shown below) | (b) Date acq<br>mm/dd/yy |     | (c) Date sold<br>mm/dd/yyyy | (d) Sales price        | (e) Cost or other basis | If (e) is more than (d),<br>subtract (d) from (e). | If (d) is more than (e),<br>subtract (e) from (d). |
| effectiv   | vely connected with a U.S.<br>ss. Do not include a gain |  |                          |     |                             |                        |                         |  |  |
| or loss  | on disposing of a U.S. real                             |  |                          |     |                             |                        |                         |  |  |
| gains a  | ty interest; report these<br>nd losses on Schedule D    |  |                          |     |                             |                        |                         |  |  |
| (Form 1  |   |  |                          |     |                             |                        |                         |  |  |
|  | property sales or<br>ges that are effectively           |  |                          |     |                             |                        |                         |  |  |
| connec   | ted with a U.S. business                                | 17 Add columns (f) and (g) of line 16                                      |                          |     |                             |                        | 17                      | ( )  |  |
| ULI SCH  | edule D (Form 1040),                                    |  |                          |     |                             |                        |                         |  | İ  |

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- . . 18

### SCHEDULE OI (Form 1040-NR)

## **Other Information**

Attach to Form 1040-NR.

OMB No. 1545-0074 2023

|          | ent of the Treasury<br>Revenue Service  | Go t   | o www.irs.gov/Form1040N                                       | <i>R</i> for instructions and wer all questions. | the latest information. |               | Attachment<br>Sequence N |            |  |  |  |  |
|----------|---|--|---|--|-------------------------|---------------|--------------------------|------------|--|--|--|--|
|          | hown on Form 1040-  | NB   |   |  |                         | Your identify |                          | 0.70       |  |  |  |  |
|          | HI VANGARA  |  |   |  |                         | 306-73-       | -                        |            |  |  |  |  |
| <b>A</b> |   | country or countries were you a citizen or national during the tax year? INDIA |   |  |                         |               |                          |            |  |  |  |  |
| В        | In what country   | did you claim  | residence for tax purpose                                     | a during the tax year?                           | United States           |               |                          |            |  |  |  |  |
| c        |   |  | green card holder (lawful p                                   |  |                         |               |                          |            |  |  |  |  |
| D        | Were you ever:  |  | groon oald holdor (lamarp                                     |  |                         |               |                          |            |  |  |  |  |
| - 1.     | A U.S. citizen?   |  |   |  |                         |               | . 🗌 Yes                  | 🗙 No       |  |  |  |  |
| 2.       | A green card ho   |  | rmanent resident) of the Ur                                   |  |                         |               |                          | No         |  |  |  |  |
|          | If you answer "Y  |  |   |  |                         |               |                          |            |  |  |  |  |
| Е        |   |  | day of the tax year, enter y<br>day of the tax year. $F1$     |  |                         | -             |                          |            |  |  |  |  |
| F        |   |  | risa type (nonimmigrant sta                                   |  | n status?               |               |                          | 🔀 No       |  |  |  |  |
| •        | If you answered   | "Yes." indicat   | e the date and nature of th                                   | e change:  |                         |               |                          |            |  |  |  |  |
| G        | List all dates voi  | u entered and  | left the United States durin                                  | a 2023. See instructio                           | <br>ns.                 |               |                          |            |  |  |  |  |
|          |   |  | anada or Mexico AND cor                                       | •  |                         | ent interval  | S,                       |            |  |  |  |  |
|          |   |  | Mexico and skip to item H                                     |  |                         | Mexic         |                          |            |  |  |  |  |
|          | Date entered L  | Jnited States  | Date departed United Stat                                     | es Da  | te entered United State | s Date d      | eparted Unite            | d States   |  |  |  |  |
|          | mm/d  | d/yy   | mm/dd/yy  |  | mm/dd/yy                |               | mm/dd/yy                 |            |  |  |  |  |
|          |   |  |   |  |                         |               |                          |            |  |  |  |  |
|          |   |  |   |  |                         |               |                          |            |  |  |  |  |
|          |   |  |   |  |                         |               |                          |            |  |  |  |  |
|          |   |  |   |  |                         |               |                          |            |  |  |  |  |
| н        |   |  | vacation, nonworkdays, and                                    |  |                         |               | <b>j</b> :               |            |  |  |  |  |
|          |   |  | , 2022 3  |  |                         |               | $\nabla$                 |            |  |  |  |  |
| I        |   |  | return for any prior year? .<br>nd form number you filed:     |  |                         |               |                          | 🗌 No       |  |  |  |  |
| J        | Are you filing a r  | return for a true  | st?   | 104  |                         |               | . 🗌 Yes                  | 🔀 No       |  |  |  |  |
| •        | Are you filing a return for a trust?  |  |   |  |                         |               |                          |            |  |  |  |  |
|          |   |  | ribution from a U.S. person                                   |  |                         |               |                          | 🗌 No       |  |  |  |  |
| κ        | Did you receive   | total compens  | ation of \$250,000 or more                                    | during the tax year? .                           |                         |               | . 🗌 Yes                  | 🛛 No       |  |  |  |  |
|          | If "Yes," did you   | use an alterna   | ative method to determine                                     | the source of this com                           | pensation?              |               | . 🗌 Yes                  | 🗌 No       |  |  |  |  |
| L        |   |  | you are claiming exempt<br>. See Pub. 901 for more in         |  |                         | tax treaty v  | vith a foreign           | ı country, |  |  |  |  |
| 1.       | 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 exem  | pt income in th  | e columns below. Attach Fo                                    | orm 8833 if required. S                          | ee instructions.        |               |                          |            |  |  |  |  |
|          |   | <b>(a)</b> Cou   | ntry  | (b) Tax treaty article                           |                         |               | Amount of exempt         |            |  |  |  |  |
|          |   |  |   |  | claimed in prior tax ye | ars incon     | ne in current ta         | ax year    |  |  |  |  |
|          |   |  |   |  |                         |               |                          |            |  |  |  |  |
|          |   |  |   |  |                         |               |                          |            |  |  |  |  |
|          |   |  |   |  |                         |               |                          |            |  |  |  |  |
|          |   |  |   |  |                         |               |                          |            |  |  |  |  |
|          |   |  |   |  |                         |               |                          |            |  |  |  |  |
|          | (e) Total. Enter  | this amount o  | n Form 1040-NR, line 1k. D                                    | o not enter it anywher                           | e else on line 1        |               |                          |            |  |  |  |  |
| 2.       |   |  | reign country on any of the                                   |  |                         |               | . 🗌 Yes                  | No         |  |  |  |  |
|          |   |  | s pursuant to a Competent                                     |  |                         |               | . 🗌 Yes                  | 🔀 No       |  |  |  |  |
|          | If "Yes," attach a  | a copy of the C  | Competent Authority deterr                                    | nination letter to your                          | return.                 |               |                          |            |  |  |  |  |
| М        | Check the appli   |  |   |  |                         |               |                          |            |  |  |  |  |
| 1.       |   |  | aking an election to treat ir<br>under section 871(d). See ir |  |                         |               |                          |            |  |  |  |  |
| 2.       | You have made   | an election ir   | n a previous year that has                                    | not been revoked, to                             | treat income from re    | al property   | located in th            | he United  |  |  |  |  |
|          |   |  | d with a U.S. trade or busir                                  |  |                         |               |                          |            |  |  |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

BAA

|          | CHEDULE E Supplemental Income and Loss   |            |   |           |         |                           |   |                       | OMB No. 1545-007 |              |          |  |
|----------|--|------------|---|-----------|---------|---------------------------|---|-----------------------|------------------|--------------|----------|--|
| (Form    | m 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc. |            |   |           |         |                           |   |                       | ICs, etc.)       | 2023         |          |  |
|          |  |            |   |           |         | 940-SR, 1040-NR, or 1041. |   |                       |                  |              |          |  |
|          | Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.        |            |   |           |         |                           |   |                       |                  | Sequence No. |          |  |
|          | shown on return  |            |   |           |         |                           | Your social security number 306-73-3663 |                       |                  |              |          |  |
| Par      | THI VANGARA  | <u></u>    | - Exam Dantal Deal Estate                                   | and D     |         |                           |   |                       | 306-7            | 3-3663       | )        |  |
| Par      |  |            | the business of renting personal pro                        |           |         | e C. See                  | e instru                                | ictions. If you       | are an indi      | vidual, rer  | ort farm |  |
|          | rental inco  | ome or lo  | ss from Form 4835 on page 2, line 4                         | 40.       |         |                           |   | -                     |                  | -            |          |  |
|          |  |            | ents in 2023 that would require y                           |           |         |                           |   |                       |                  |              | es 🛛 N   |  |
| B        | f "Yes," did you   | or will y  | ou file required Form(s) 1099?                              |           |         |                           |   |                       |                  | . 🗌 Ye       | es 🗌 N   |  |
| 1a       | Physical add   | ress of e  | each property (street, city, state,                         | ZIP coo   | de)     |                           |   |                       |                  |              |          |  |
| Α        | D.NO.1-15  | 7,LAKS     | SHMI WEAVERS COLONY,CH                                      | IERUKU    | JPALLI, | GUNT                      | UR,                                     | ANDHRA P              | RADESH           | IN 5         | 22309    |  |
| В        |  |            |   |           |         |                           |   |                       |                  |              |          |  |
| С        |  |            |   |           |         |                           |   |                       |                  |              |          |  |
| 1b       | Type of Prope  |            |   | perty lis | sted    |                           | Fa                                      | air Rental            |                  | nal Use      | se QJV   |  |
|          | (from list below   | N)         | above, report the number of fa personal use days. Check the |           |         |                           |   | Days                  | Da               | ays          |          |  |
|          | 3  |            | if you meet the requirements t                              |           |         | ·                         |   | 310                   |                  | 0            |          |  |
|          |  |            | qualified joint venture. See ins                            |           |         | B                         |   |                       |                  |              |          |  |
| <u> </u> | of Property:   |            |   |           |         | С                         |   |                       |                  |              |          |  |
|          |  |            |   |           |         |                           |   | Other (deso<br>Proper |                  |              |          |  |
| Incon    | ne:  |            |   |           |         | Α                         |   | B                     |                  |              | С        |  |
| 3        | Rents received   | t          |   | 3         |         | 7                         | 10.                                     |                       |                  |              |          |  |
| 4        | Royalties rece   | ived.      |   | 4         |         |                           |   |                       |                  |              |          |  |
| Expe     |  |            |   |           |         |                           |   |                       |                  |              |          |  |
| 5        | Advertising  |            |   | 5         |         |                           |   |                       |                  |              |          |  |
| 6        |  |            | structions)   | 6         |         |                           |   |                       |                  |              |          |  |
| 7        |  |            | ance  | 7         |         | 8                         | 90.                                     |                       |                  |              |          |  |
| 8        |  |            |   | 8         |         |                           |   |                       |                  |              |          |  |
| 9        |  |            |   | 9         |         |                           |   |                       |                  |              |          |  |
| 10       |  |            | ssional fees  | 10        |         |                           |   |                       |                  |              |          |  |
| 11       |  |            |   | 11        |         | ⊥,/                       | 48.                                     |                       |                  | <u> </u>     |          |  |
| 12<br>13 |  |            | to banks, etc. (see instructions)                           | ) 12      |         |                           |   |                       |                  |              |          |  |
| 13<br>14 | Benairs  | • •        |   | 13        | -       | 3 8                       | 94.                                     |                       |                  |              |          |  |
| 15       | - · ··   |            |   | 15        | _       |                           | 58.                                     |                       |                  |              |          |  |
| 16       |  |            |   | 16        | _       | -,,                       |   |                       |                  |              |          |  |
| 17       |  |            |   | 17        | _       | 1,8                       | 45.                                     |                       |                  |              |          |  |
| 18       |  |            | or depletion  | 18        |         | , -                       |   |                       |                  |              |          |  |
| 19       | Other (liet)   | •          |   | 10        |         |                           |   |                       |                  |              |          |  |
| 20       | · · ·  |            | nes 5 through 19  | 20        |         | 13,1                      | 35.                                     |                       |                  |              |          |  |
| 21       | Subtract line 2  | 0 from I   | ine 3 (rents) and/or 4 (royalties).                         | If        |         |                           |   |                       |                  |              |          |  |
|          | result is a (los   | s), see ir | nstructions to find out if you must                         |           |         |                           |   |                       |                  |              |          |  |
|          |  |            |   | 21        |         | -12,4                     | 25.                                     |                       |                  | L            |          |  |
| 22       |  |            | estate loss after limitation, if any                        |           |         |                           |   |                       |                  |              |          |  |
| •        |  | -          | structions)   | 22        |         | -12,42                    | -                                       | (                     | )                | (            |          |  |
| 23a      | I otal of all am   | ounts re   | ported on line 3 for all rental pro                         | perties   |         |                           | 23a                                     |                       | 710.             |              |          |  |

-12,425. 26

**b** Total of all amounts reported on line 4 for all royalty properties

d Total of all amounts reported on line 18 for all properties

Total of all amounts reported on line 20 for all properties

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24

25

26

Total of all amounts reported on line 12 for all properties . .

Income. Add positive amounts shown on line 21. Do not include any losses

SCHEDULE E

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Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

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23b

23c

23d

23e

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13,135.

24

25

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Schedule E (Form 1040) 2023

12,425.