Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)			•		
Taxpayer's name		Social secur	ity num	ber	
HARI PRANAY KRISHNA YENUGANTI		696-04	-102	6	
Spouse's name		Spouse's so	cial sec	urity numb	er
Part I Tax Return Information — Tax Ye	ar Ending December 31, 202	3 (Enter year you a	are au	thorizing	g.)
Enter whole dollars only on lines 1 through 5.	,	, , , , ,		`	<u> </u>
Note: Form 1040-SS filers use line 4 only. Leave lin	es 1, 2, 3, and 5 blank.				
1 Adjusted gross income			1		0,410.
2 Total tax			2		6,578.
3 Federal income tax withheld from Form(s) W-	` '		3		2,225.
4 Amount you want refunded to you 5 Amount you owe			5		5,647.
Part II Taxpayer Declaration and Signate	ure Authorization (Be sure vou q	et and keep a cor		vour ret	urn)
Under penalties of perjury, I declare that I have examined my knowledge and belief, it is true, correct, and comple return (original or amended) I am now authorizing. I conset to send my return to the IRS and to receive from the IRS for any delay in processing the return or refund, and (c) the Agent to initiate an ACH electronic funds withdrawal (direpayment of my federal taxes owed on this return and/or a authorization is to remain in full force and effect until I repayment, I must contact the U.S. Treasury Financial Activations and the payment (settlement) date. I all taxes to receive confidential information necessary to a personal identification number (PIN) below is my signature. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm no signature on the income tax return (origina). I will enter my PIN as my signature on the if you are entering your own PIN and your below.	te. I further declare that the amounts in First to allow my intermediate service provide (a) an acknowledgement of receipt or reast e date of any refund. If applicable, I authors to debit) entry to the financial institution ac payment of estimated tax, and the financial otify the U.S. Treasury Financial Agent to tent at 1-888-353-4537. Payment cancells a authorize the financial institutions involves were inquiries and resolve issues related for the income tax return (original or amount or amended) I am now authorizing. Income tax return (original or amended return is filed using the Practitioner Financial service for the income tax return (original or amended return is filed using the Practitioner Financial service for the income tax return (original or amended return is filed using the Practitioner Financial service for the income tax return (original or amended return is filed using the Practitioner Financial service for the income tax return (original or amended return is filed using the Practitioner Financial service for the income tax return (original or amended return is filed using the Practitioner Financial service for the income tax return (original or amended return is filed using the Practitioner Financial service for the income tax return (original or amended return is filed using the Practitioner Financial service for the income tax return (original or amended return is filed using the Practitioner Financial service for the income tax return (original or amended return is filed using the practitioner filed tax return (original or amended return is filed using the Practitioner filed tax return (original or amended return is filed using the practitioner filed tax return (original or amended return is filed using the practitioner filed tax return (original or amended return is filed using the practical service filed tax return (original or amended tax return (original or amen	Part I above are the amer, transmitter, or electron for rejection of the income for rejection to debit the income for requests must be used in the processing of the income for the payment. I full income for the payment. I full income for the payment of the payment. I full income for the payment of	rounts ronic recransmi and its cax prepared entry tation. The receif the earther acrizing a street entry tation.	from the inturn original ssion, (b) designate paration so to this according to the control of th	ncome tax nator (ERO) the reason of definancial oftware for count. This (cancel) a ster than 2 payment of the period of the the licable, my as my box only
Your signature ▶		Date ►			
Spouse's PIN: check one box only					1
I authorize		generate my PIN			as my
ERO firm no				digits, but	
signature on the income tax return (origina I will enter my PIN as my signature on the if you are entering your own PIN and your below.	income tax return (original or amende				
Spouse's signature ▶		Date ►			
	IN Method Returns Only—continu	e below			
Part III Certification and Authentication	 Practitioner PIN Method Only 				
ERO's EFIN/PIN. Enter your six-digit EFIN followed	by your five-digit self-selected PIN.	2 2 2 4 9 Don't en	6 0 ter all z	-	7 1
I certify that the above numeric entry is my PIN, which is authorized to file for tax year indicated above for the tax requirements of the Practitioner PIN method and Pub. 13 4	payer(s) indicated above. I confirm that I	am submitting this ret	urn in	accordand	
ERO's signature ▶	I	Date ►			
	Retain This Form — See Instruction Form to the IRS Unless Request				

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



£1040				$ \mathbf{rn} = 2$	023	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 20	023, ending	<u>'</u>		, 20		See separate instructions.		
Your first name	and m	niddle initial	Last nan	ne					,	Your so	cial sec	curity number
HARI PR	YANA	KRISHNA	YENU	GANTI						696	04	1026
										Spouse'	s socia	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			Α	Apt. no.		Preside	ntial Ele	ection Campaigr
4704 LY	NN L	EE CIR							- 1			
			mplete sp	aces below.	Sta	ate	ZIP c	ode		•	_	
CHARLOT'	ΓE				N	C	282	69		•		•
Foreign countr	y name		F	oreign provinc	e/state/coun	nty	Foreig	n postal c			or refu	und.
Filing Status	s 🗵	Single				Head of ho	ouseh	old (HOF	 1)			
_		Married filing jointly (even if only o	ne had in	icome)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviv	ing spou	use (C	QSS)		
	If y	you checked the MFS box, enter the	name of	your spouse	e. If you ch	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	ıme if the
	qu	ıalifying person is a child but not you	ır depend	dent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward awa	ard or pay	ment for prope	rty or	services)). or (h) sell		
											XY	es 🗌 No
							, ,					
			•									
Ago/Blindnes		• Word born before January 2 1	050	1 Are blind	Spous	Nas bor	n hofe	oro Janua	n, 2	1050		e blind
			333 _	_	-		14					
-					-	1 ' '	ib (,			1		or other dependents
Home address (number and street 4704 LYNN LEE CITY City, town, or post office. If you CHARLOTTE Foreign country name Filing Status Check only one box. Check only one box. Digital Assets Someone can can street and four dependents, see instructions and check here					-							
	s							[
								[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)					1a		133,952.
	b	Household employee wages not re	eported o	on Form(s) W	'-2					1b		
	С	Tip income not reported on line 1a	a (see ins	tructions)						1c		
	d			` ,	•	uctions)				1d		
	е	Taxable dependent care benefits f	rom Forn	n 2441, line 2	26					1e		
	f		fits from	Form 8839,	line 29 .							
	g											
		`	,							1h	-	0.
instructions.			see ınstru	uctions) .		<u>l 1i</u>						122 050
					 							133,952.
		· —		1								
	Apt. no. Apt. no.	1.										
	1											
		_			_							
Married filing		,		nethod chec]		
		·		•	,	,			. F	7		-3,000.
		. • ,		•	•	· ·						-20,556.
Qualifying			•							-		110,410.
\$27,700				-						10		
 Head of household, 	11	•			s income					11		110,410.
For the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other tax year begand for the year Jan. 1–Dec. 31, 2023, or other wise a P.C. 4704 LYNN LEE CIR City, town, or post office. If you have a P.C. 4704 LYNN LEE CIR City, town, or post office. If you have a foreign addrest protein and street). If you have a foreign addrest protein and street). If you have a P.C. 4704 LYNN LEE CIR City, town, or post office. If you have a P.C. 4704 LYNN LEE CIR City, town, or post office. If you have a P.C. 4704 LYNN LEE CIR City, town, or post office. If you have a P.C. 4704 LYNN LEE CIR City, town, or post office. If you have a foreign addrest protein and street). If you have a foreign addrest protein and street). If you have a P.C. 4704 LYNN LEE CIR City, town, or post office. If you have a foreign addrest protein and street). If you have a P.C. 4704 LYNN LEE CIR City, town, or post office. If you have a P.C. 4704 LYNN LEE CIR City, town, or post office. If you have a foreign addrest protein and street). If you checked dividends protein and street protein and street). If you elect to use the lun street protein and street protein an	Standard deduction or itemized	deduction	ons (from Sc	hedule A)					12		13,850.	
	Qualified business income deduct	ion from	Form 8995 c	or Form 899	95-A				13			
Deduction,	14									14		13,850.
see instructions.	15	Subtract line 14 from line 11 If zon	o or less	ontor 0 T	hic ic vour	tavable incom				15		96 560

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	16,578.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	16,578.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	16,578.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0
	24	Add lines 22 and 23. This is	your total tax					24	16,578.
Payments	25	Federal income tax withheld	I from:						
-	а	Form(s) W-2				25a 22	2,225		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	22,225.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	22,225.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	5,647.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	🗆	35a	5,647.
Direct deposit?	b	Routing number 0 1 1							
See instructions.	d	Account number 3 8 5	0 2 6 8	1 2 4 4	4 7				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38		J.	
Third Party		you want to allow another							
Designee		,	•				omplete	below.	⋈ No
Ü	De	esignee's		Phone			onal iden	tification	
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com							, ,
Here			ipiete. Deciaration		 I	sea on an imormati			, ,
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				SOFTWARE E	NGINEER		e inst.)	,	
Joint return? See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.								ection PIN, enter it here	
	Ph	one no. (201)281-347	6	Email address	HARIPRANAY(07@GMAIL.CO	OM		
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/15/2024	P0208	3 <u>27</u> 03	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no. (678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

lame((s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity number
HARI	PRANAY KRISHNA YENUGANTI		696-0	4-10	26
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	0.
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. Attac	ch Schedule	Ε.	5	-20,557.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	- · · · · · · · · · · · · · · · · · · ·	8b			
С	<u>-</u>	8c			
d	<u> </u>	Bd ()		
е		8e			
f		8f			
g		8g			
h	· ',' ',	8h			
i	<u>-</u>	8i			
j	, , ,	8j			
k	· • • • • • • • • • • • • • • • • • • •	8k			
ı	Income from the rental of personal property if you engaged in the rental				
		81			
m	Olympic and Paralympic medals and USOC prize money (see				
		3m			
n	·	8n			
0	`	Во			
р	•	Вр			
q	` ' '	Bq .			
r	· · · · · · · · · · · · · · · · · · ·	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form	0- /	١		
	•	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	01			
	a nongovernmental section 457 plan	8t			

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

8u

8z

Other Income from box 3 of 1099-Misc

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

1040, 1040-SR, or 1040-NR, line 8

1.

-20,556.

9

10

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

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889			. 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 696-04-1026 HARI PRANAY KRISHNA YENUGANTI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 9,760. 15,275. -5,515. Totals for all transactions reported on Form(s) 8949 with Box B checked 2. 2. 0. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -5,515. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -5,515. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074 Attachment

Sequence No. 12A

Internal Revenue Service	
Name(s) shown on return	_

Department of the Treasury

HARI PRANAY KRISHNA YENUGANTI Social security number or taxpayer identification number

696-04-1026

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	to you on F	orm 1099-B						
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	or other basis enter a code in colun see the separate instru		(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	n amount in column (g), code in column (f). parate instructions. (g) Amount of	from column (d) and combine the result with column (g).		
Robinhood Securities LLC	04/15/23	12/31/23	9,760.	15,275.			-5,515.		
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	9,760.	15,275.			-5,515.		

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

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074 Attachment

Sequence No. 12A

Name(s) shown on return

HARI PRANAY KRISHNA YENUGANTI Social security number or taxpayer identification number

696-04-1026

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	d to you on F	orm 1099-B	·						
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	amount in column (g), ode in column (f).	(h) Gain or (loss) Subtract column (e)			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions		from column (d) and combine the result with column (g).			
Robinhood Crypto LLC	10/14/23	12/31/23	2.	2.			0.			
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), li i	lude on your ne 2 (if Box B	2.	2.			0.			

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

Department of the Treasury

nternal	Revenue Service		Go to www.irs.gov/ScheduleE to	r instri	uctions ar	na the la	itest i	ntormation.		Sequenc	e No. 13
lame(s)) shown on return								Your soc	ial security r	number
IARI	PRANAY KRISI	AME	YENUGANTI						696-0	4-1026	
Part			s From Rental Real Estate ar								
	Note: If you a	re in t	he business of renting personal prope s from Form 4835 on page 2, line 40.	rty, use	Schedul	e C. See	instru	ictions. If you	are an ind	ividual, repo	ort farm
A [ents in 2023 that would require you	to file	Form(s)	10992.5	See in	structions		☐ Ye	s X No
			ou file required Form(s) 1099? .								
1a			ach property (street, city, state, ZI								
			* * * * * * * * * * * * * * * * * * * *						D. 1 D. 1 C. 1	T.T. F.O.O	000
A	FLAT NO 502,	, VAI	BHAV RESIDE 2ND BHAVAN	LNAGA	AR LAN	E GUN	TUR,	ANDHRA P	RADESH	IN 522	002
В											
С	T (D)	_					_		Τ_		
1b	Type of Property (from list below)	2	For each rental real estate properabove, report the number of fair				Fa	air Rental Days		nal Use	QJV
Α	3		personal use days. Check the Q			Λ		365		0	
В	3		if you meet the requirements to			B		305		U	
C			qualified joint venture. See instru	uctions	S.	C					
	of Property:	<u> </u>					<u> </u>				
	Single Family Resid	donce	e 3 Vacation/Short-Term Ren	tal	5 Land	4	7	Self-Rental			
	Multi-Family Resident		4 Commercial	ııaı	6 Roya	-					
	Multi-Family nesiti	ence	4 Commercial		о поу	ailles	0	Other (desc			
								Propert	ies:		
ncom						Α		В			С
3				3		6	70.				
4	Royalties received	1		4							
Exper	nses:										
5	•			5							
6	,		structions)	6			00.				
7	-		ince	7		2,1	48.				
8				8							
9				9							
10	-		sional fees	10							
11				11		1,5	60.				
12			to banks, etc. (see instructions)	12							
13	Other interest .			13							
14				14			11.				
15				15		5,6	36.				
16				16							
17				17		5,8	72.				
18		ense (or depletion	18							
19	Other (list)		nes 5 through 19	19							
20	Total expenses. A	dd Iir	nes 5 through 19	20		21,2	27.				
21			ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
				21		-20,5	57.				
22			estate loss after limitation, if any, tructions)	22	(20.55	57	(,	(

670. Total of all amounts reported on line 3 for all rental properties 23a b Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d Total of all amounts reported on line 20 for all properties 23e 21,227. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24

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

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

-20,557. -20,557. Schedule E (Form 1040) 2023

20,557.

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NPA

BAA