### 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 securit	Social security number						
SANTOSH ADHIKARI		672-93-	-7393						
Spouse's name		Spouse's soci	ial secui	rity number					
Part I Tax Return Information — Tax Yea	r Ending December 31, 2023 (Ente	⊥ er year you aı	re auth	norizing.)	)				
Enter whole dollars only on lines 1 through 5.				<i>,</i>					
Note: Form 1040-SS filers use line 4 only. Leave lines	s 1, 2, 3, and 5 blank.								
<b>1</b> Adjusted gross income			1	47	,881.				
2 Total tax			2	3	,851.				
3 Federal income tax withheld from Form(s) W-2	and Form(s) 1099		3	4	,374.				
,			4		523.				
5 Amount you owe			5						
Part II Taxpayer Declaration and Signatur	re Authorization (Be sure you get and	keep a copy	y of yo	our retui	n)				
return (original or amended) I am now authorizing. I consent to send my return to the IRS and to receive from the IRS (a for any delay in processing the return or refund, and (c) the Agent to initiate an ACH electronic funds withdrawal (direct payment of my federal taxes owed on this return and/or a pauthorization is to remain in full force and effect until I no payment, I must contact the U.S. Treasury Financial Age business days prior to the payment (settlement) date. I also taxes to receive confidential information necessary to ans personal identification number (PIN) below is my signature	an acknowledgement of receipt or reason for rejected of any refund. If applicable, I authorize the U debit) entry to the financial institution account incayment of estimated tax, and the financial institutify the U.S. Treasury Financial Agent to terminate at 1-888-353-4537. Payment cancellation reconstruction authorize the financial institutions involved in the swer inquiries and resolve issues related to the	ection of the tra J.S. Treasury are dicated in the taken in to debit the teethe authorizal quests must be processing of payment. I furti	ansmiss and its do ax preparation. To receive the ele her ack	sion, (b) the esignated la aration soft of this accoorded for the control of the	e reason Financial tware for unt. This cancel) a r than 2 yment of that the				
Electronic Funds Withdrawal Consent.									
Taxpayer's PIN: check one box only		3	7 3	9 3					
X I authorize GLOBAL TAXES LLC  ERO firm nan	to enter or generate	* Ent		igits, but	as my				
signature on the income tax return (original of		dor	rt enter	all zeros					
I will enter my PIN as my signature on the ir if you are entering your own PIN and your r below.	ncome tax return (original or amended) I am return is filed using the Practitioner PIN meth								
Your signature ▶	Date ▶ _								
Spouse's PIN: check one box only									
authorize	to enter or generate	my PIN			as my				
ERO firm nan			er five d	iaits. but	asiny				
signature on the income tax return (original of	or amended) I am now authorizing.	dor	ı't enter	all zeros					
I will enter my PIN as my signature on the ir if you are entering your own PIN and your r below.	ncome tax return (original or amended) I am return is filed using the Practitioner PIN meth								
Spouse's signature ▶	Date <b>▶</b>								
Practitioner PI	N Method Returns Only—continue below	7							
Part III Certification and Authentication —	Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	by your five-digit self-selected PIN. 2 2	2 4 9 6	6 0 er all zer	8 2 7 os	1				
I certify that the above numeric entry is my PIN, which is rauthorized to file for tax year indicated above for the taxp requirements of the Practitioner PIN method and <b>Pub. 1345</b>	payer(s) indicated above. I confirm that I am subr	nitting this retu	rn in ac	ccordance					
ERO's signature ▶	Date <b>▶</b>								
	Retain This Form — See Instructions								
Don't Submit This F	form to the IRS Unless Requested To	Do So							

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instruction	ns.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity numb	er
SANTOSH			ADHI	KARI							672	93	7393	
	pouse's	s first name and middle initial	Last nar										security nu	umbei
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ntial Ele	ection Cam	paign
5160 CH	EEK	ST						و	)		Check h	nere if y	ou, or your	r
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete sp	oaces belo	ow.	Sta	te	ZIP c	ode			_	jointly, war	
BEAUMONT	Γ					TX	Σ	777	05		•		nd. Checkir not change	_
Foreign country	y name		F	oreign pro	ovince/state/	count	ty	Foreig	ın postal c		your tax		ınd.	oouse
Filing Status	s ×	Single					Head of h	useh	old (HOH	 1)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ıalifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward.	. award. or	pavn	nent for prope	rtv or	services'	): or (	b) sell.			
Assets		nange, or otherwise dispose of a dig											es 🗵 No	0
Standard	Son	neone can claim:	pendent	: D	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you											
Age/Blindness	s You	: Were born before January 2, 1	959	Are bli	nd <b>Spc</b>	ouse	: Was bor	rn befo	ore Janua	arv 2	1959		s blind	
Dependent					ocial security		(3) Relationsh	14					see instruct	tions):
If more		(1) First name Last name		number to you			Child tax					r other depe		
than four									[					
dependents,														
see instruction	s —													
here	]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	cions) .						1a		54,37	76.
Attach Form(s)	b	Household employee wages not re	eported o	on Form(	s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									1c			
attach Forms W-2G and	d	. ,	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
1099-R if tax	е	Taxable dependent care benefits f	rom Form	m 2441, l	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .					, .			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1</u> i							
	z	Add lines 1a through 1h			· · · ·						1z		54,37	/6.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interes				2b			
if required.	3a		3a		121.		rdinary divide				3b		12	21.
Standard	4a	<del>-</del>	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	C	If you elect to use the lump-sum e		-		•	,						<b>^</b> -	1.0
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•					. L	7			10.
jointly or Qualifying	8	Additional income from Schedule	-								8		-7,52	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		47,88	3⊥.
\$27,700 • Head of	10	Adjustments to income from Sche									10		45 6	2.7
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		47,88	
If you checked	12	Standard deduction or itemized				-					12		13,85	<u>. U c</u>
any box under Standard	13	Qualified business income deduct									13		12 01	
Deduction, see instructions.	14	Add lines 12 and 13								14		13,85		

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	3,851.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	3,851.
	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	. If zero or less,	enter -0				22	3,851.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	3,851.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25a</b> 4	,374.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	4,374.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			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						32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	4,374.
Refund	34	If line 33 is more than line 24						34	523.
11010111	35a	Amount of line 34 you want				•	. □ ˈ	35a	523.
Direct deposit?	b	Routing number 1 1 1	Savings						
See instructions.		Account number 2 0 3							
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another							
Designee		structions	•				omplete be	elow.	<b>⋉</b> No
3	De	signee's		Phone		Pers	onal identifi	cation	
	naı			no.			oer (PIN)		
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com							, ,
Here			piete. Deciaration (	· · · · ·				, ,	
	Yo	ur signature		Date	Your occupation			nt you an Identity IN, enter it here	
Joint return?					DATA ANAL	YST	(see in		irt, criter it nore
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the	IRS ser	nt your spouse an
Keep a copy for		,	J				Identi	ty Prote	ection PIN, enter it here
your records.							(see ir	ıst.)	
	Ph	one no. $(903)426-253$	4	Email address	SANTOSHADHIK	ARI007@YAHOO.C	MC		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/03/2024	P02082	703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC				Phone	∍ no. (	678)965-9522
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	; EIN	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SANTOSH ADHIKARI

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

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

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

_		Sequence No. <b>01</b>
	Your soc	ial security number
	672-93	_7393

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. Att	ach Schedule E .	5	-7,526.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form		,	
	1040, line 1a or 1d	8s (	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	r here and on Form	_	
	1040, 1040-SR, or 1040-NR, line 8		10	-7,526.

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				
	<del>-</del>	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 <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	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 672-93-7393 SANTOSH ADHIKARI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . . . . 2,127. 910. 3,037. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 910. 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 

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

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

11

12

13

14

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 910. • 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), 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.

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.

OMB No. 1545-0074 Attachment

Go to www.irs.gov/Form8949 for instructions and the latest information.

Department of the Treasury Sequence No. 12A Social security number or taxpayer identification number Name(s) shown on return SANTOSH ADHIKARI 672-93-7393

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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 <b>Note</b> below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	05/17/23	12/31/23	3,037.	2,127.			910.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	3 037	2 127			910	

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.

REV 03/07/24 PRO

#### **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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return					Y	our socia	al security	number
SANT	OSH ADHIKARI					6	572-93	3-7393	;
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper	nd Roy	yalties Schedule	<b>C</b> . See	instru	ctions. If you are	an indiv	vidual. rec	oort farm
	rental income or loss from <b>Form 4835</b> on page 2, line 40.								
	Did you make any payments in 2023 that would require you								es 🛛 No
B I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
A	CHARGHARE 9 WARD NUMBER 9 NUWAKOT NP 4	44908	3						
В	CIMICOLINE S WIND NOTIBER S NOWINGT IN	11700	,						
1b	Type of Property 2 For each rental real estate prope	arty liet	ed.		Fa	ir Rental	Person	al Hea	
15	(from list below) above, report the number of fair				1 4	Days	Da		QJV
A	personal use days. Check the Q			Α		365		0	
B	if you meet the requirements to the			В		303			<del>                                     </del>
	qualified joint venture. See instru	uctions	S.	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Lanc	ı	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	-	-	Other (describ	e)		
						Properties	<b>S</b> :		
Incom				Α		В			С
3	Rents received	3		3	80.				
4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	70.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			11.				
15	Supplies	15		2,3	25.				
16	Taxes	16		1 4	0.0				
17	Utilities	17		⊥,4	00.				
18	Depreciation expense or depletion	18							
19	Other (list) Total expenses. Add lines 5 through 19	19		7 0	0.0				
20		20		7,9	06.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	21		-7,5	26				
22	Deductible rental real estate loss after limitation, if any,	21		,,,	20.				
22	on <b>Form 8582</b> (see instructions)	22	,	7 53	26.)	(	\	(	١
23a	Total of all amounts reported on line 3 for all rental prope		I/	1,52	23a		380.	(	)
b	Total of all amounts reported on line 4 for all royalty prop			•	23b		300.		
C	Total of all amounts reported on line 12 for all properties			•	23c				
d	Total of all amounts reported on line 18 for all properties			•	23d				
e	Total of all amounts reported on line 20 for all properties				23e	7	906.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>			-			24		
25	Losses. Add royalty losses from line 21 and rental real estat					tal losses here	25	(	7,526.)
26	Total rental real estate and royalty income or (loss).							\	,,520.)
20	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						26		-7,526.