#### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

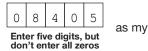
| Taxpayer's name  | Social security number          |
|--|---------------------------------|
| PAVAN SUREDDI  | 875-10-8405                     |
| Spouse's name  | Spouse's social security number |
| POOJA PALADUGU   | 700-13-8509                     |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (E         | nter year you are authorizing.) |
| Enter whole dollars only on lines 1 through 5.                               |                                 |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. |                                 |
| 1 Adjusted gross income  | <b>1</b> 109,858.               |
| <b>2</b> Total tax   | <b>2</b> 9,415.                 |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099       | <b>3</b> 18,876.                |
| 4 Amount you want refunded to you  | <b>4</b> 9,461.                 |
| <b>5</b> 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

|   |             |        |       | EBO firm name |                             | Ē | ſ      |
|---|-------------|--------|-------|---------------|-----------------------------|---|--------|
| X | l authorize | GLOBAL | TAXES | LLC           | to enter or generate my PIN |   | )<br>- |



5 8

Enter five digits, but don't enter all zeros

0 9

as mv

3

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

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 🕨                                  | Da                                  | te 🕨 | • |  |                 |  |   |   |  |
|---|-------------------------------------|------|---|--|-----------------|--|---|---|--|
|   | Method Returns Only—continue        | belo | w |  |                 |  |   |   |  |
| Part III Certification and Authentication –           | Practitioner PIN Method Only        |      |   |  |                 |  |   |   |  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by | vyour five-digit self-selected PIN. | 2    | 2 |  | 6 (<br>nter all |  | 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 🕨   |                    |
|--|--|--------------------|
|  | tain This Form — See Instructions<br>rm to the IRS Unless Requested To Do So |                    |
| Experience of Bod offer Ast Methods and a state of the |  | E 9970 (D 01 0001) |

Date

| <b>1040</b>                                      |                  | artment of the Treasury—Internal Revenue Servi<br><b>S. Individual Income Ta</b> |         | turn        | 202             | 3     | OMB No. 1545     | -0074    | IRS Use Or   | nly—Do not w | /rite or stap | ple in this space.        |
|--|------------------|--|---------|-------------|-----------------|-------|------------------|----------|--------------|--------------|---------------|---------------------------|
| For the year Jan                                 | . 1–Dec          | . 31, 2023, or other tax year beginning  |         |             | , 2023, en      | ding  |                  |          | , 20         | See se       | parate ir     | nstructions.              |
| Your first name                                  | and mi           | iddle initial  | Last r  | name        |                 |       |                  |          |              | Your so      | cial secu     | urity number              |
| PAVAN  |                  |  | SUR     | EDDI        |                 |       |                  |          |              | 875          | 10            | 8405                      |
|  | oouse's          | s first name and middle initial  | Last r  |             |                 |       |                  |          |              |              |               | security number           |
| POOJA  |                  |  | PAL     | ADUGU       |                 |       |                  |          |              | 700          | 13            | 8509                      |
|  | (numbe           | er and street). If you have a P.O. box, see                                      |         |             |                 |       |                  | A        | pt. no.      |              |               | ction Campaigr            |
| 647 STRA   | SSL              | E WAY  |         |             |                 |       |                  |          |              | Check        | here if yo    | ou, or your               |
|  |                  | ce. If you have a foreign address, also co                                       | mplete  | spaces be   | low.            | Sta   | ite              | ZIP co   | ode          |              |               | ointly, want \$3          |
| SOUTH PI   | SOUTH PLAINFIELD |  |         |             |                 | NJ    | J                | 070      | 80           |              |               | nd. Checking a not change |
| Foreign country                                  |                  |  |         | Foreign p   | rovince/state/  | coun  | ty               |          | n postal cod |              | k or refur    | 0                         |
|  |                  |  |         |             |                 |       |                  |          |              |              |               | u 🗌 Spouse                |
| Filing Status                                    |                  | Single   |         |             |                 |       | Head of h        | ouseho   | old (HOH)    | _            |               |                           |
| Check only                                       |                  | Married filing jointly (even if only o   | ne had  | l income)   |                 |       |                  |          | ( )          |              |               |                           |
| one box.   |                  | Married filing separately (MFS)  |         | ,           |                 |       | Qualifying       | surviv   | ing spouse   | e (QSS)      |               |                           |
|  | lf y             | ou checked the MFS box, enter the  | name    | of your s   | pouse. If yo    | u che |                  |          |              |              | ild's nar     | ne if the                 |
|  |                  | alifying person is a child but not you   |         |             |                 |       |                  |          |              |              |               |                           |
|  | • •              |  | • •     |             |                 |       |                  |          |              |              |               |                           |
| Digital<br>Assets                                |                  | ny time during 2023, did you: (a) rec<br>ange, or otherwise dispose of a dig     |         |             |                 |       |                  | -        |              |              | ∏Ye           | s 🛛 No                    |
|  |                  |  |         |             |                 |       |                  | i) i (Se |              | 0115.)       |               |                           |
| Standard<br>Deduction                            | _                |  | •       |             |                 |       | a dependent      |          |              |              |               |                           |
| Deduction  |                  | Spouse itemizes on a separate retur  | noryc   |             | uuai-status     | allel | I                |          |              |              |               |                           |
| Age/Blindness                                    | You              | Were born before January 2, 1  | 959     | Are b       | lind <b>Sp</b>  | ouse  | : 🗌 Was bor      | n befo   | re January   | / 2, 1959    | 🗌 Is          | blind                     |
| Dependents                                       | s (see           | instructions):   |         | (2) \$      | Social securit  | /     | (3) Relationsh   | ip (4    |              |              |               | see instructions):        |
| If more  | <b>(1)</b> F     | irst name Last name  |         |             | number          |       | to you           |          | Child tax    | credit       | Credit for    | r other dependents        |
| than four  |                  |  |         |             |                 |       |                  |          |              |              |               |                           |
| dependents,<br>see instructions                  | s ——             |  |         |             |                 |       |                  |          |              |              |               |                           |
| and check  |                  |  |         |             |                 |       |                  |          |              |              |               |                           |
| here   |                  |  |         |             |                 |       |                  |          |              |              |               |                           |
| Income   | 1a               | Total amount from Form(s) W-2, b   | •       |             | ,               |       |                  |          |              |              |               | 124,335.                  |
| Attach Form(s)                                   | b                | Household employee wages not re  | •       |             | .,              |       |                  |          |              |              |               |                           |
| W-2 here. Also                                   | С                | Tip income not reported on line 1a   | •       |             |                 |       |                  |          |              |              |               |                           |
| attach Forms<br>W-2G and                         | d                | Medicaid waiver payments not rep   |         |             | , ,             | nstru | uctions)         | • •      |              | . 10         | _             |                           |
| 1099-R if tax                                    | е                | Taxable dependent care benefits f  |         |             | -               | · ·   |                  | • •      |              | . 1e         | •             |                           |
| was withheld.                                    | f                | Employer-provided adoption bene  |         |             |                 |       |                  | • •      |              | . <u>1</u> f |               |                           |
| lf you did not<br>get a Form                     | g                | Wages from Form 8919, line 6 .   |         |             |                 | · ·   |                  | • •      |              | . <u>1</u> g |               |                           |
| W-2, see   | h                | Other earned income (see instruct  | ,       |             |                 | · ·   | · · · ·          | ···      |              | . <u>1</u> h |               | 0.                        |
| instructions.                                    | i                | Nontaxable combat pay election (s  | see ins | structions) | )               | • •   | <b>1</b> i       |          |              |              |               | 104 005                   |
|  |                  | Add lines 1a through 1h  | · ·     |             | · · ·           | · ·   |                  |          |              | . 1z         |               | 124,335.                  |
| Attach Sch. B<br>if required.                    | 2a               |  | 2a      |             | 52.             |       | axable interest  |          |              | . 2b         |               | E O                       |
|  | <u>3a</u>        |  | 3a      |             | JZ .            |       | Ordinary divider |          |              | . 3b         |               | 52.                       |
| Standard   | 4a               |  | 4a      |             |                 |       | axable amoun     |          |              | . 4b         |               |                           |
| Deduction for—                                   | 5a               |  | 5a      |             |                 |       | axable amoun     |          |              | . 5b         |               |                           |
| <ul> <li>Single or<br/>Married filing</li> </ul> | 6a               | , _  | 6a      |             | ahash ki        |       | axable amoun     | ι        |              | . 6b         | ·             |                           |
| separately,<br>\$13,850                          | с<br>_           | If you elect to use the lump-sum e   |         |             |                 | •     | ,                | • •      |              |              |               | 2 0 0 0                   |
| <ul> <li>Married filing</li> </ul>               | 7                | Capital gain or (loss). Attach Sche  |         |             |                 |       |                  | • •      |              |              |               | -3,000.                   |
| jointly or<br>Qualifying                         | 8                | Additional income from Schedule  |         |             |                 |       |                  | • •      |              | . 8          |               | -11,529.                  |
| surviving spouse,<br>\$27,700                    | 9                | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  |         | •           |                 |       |                  | • •      |              | . 9          |               | 109,858.                  |
| <ul> <li>Head of</li> </ul>                      | 10               | Adjustments to income from Sche  |         |             |                 |       |                  |          | . 10         | -            | 100 050       |                           |
| household, [<br>\$20,800                         | 11               | Subtract line 10 from line 9. This is  | •       | -           | -               |       |                  | • •      |              | . 11         |               | 109,858.                  |
| • If you checked                                 | 12               |  |         |             |                 |       |                  |          |              | 27,700.      |               |                           |
| any box under<br>Standard                        | 13               | Qualified business income deduct   | ion tro | III Form 8  | aas or form     | 1 899 | ъ-А              | • •      |              | . 13         |               | 27 700                    |
| Deduction, see instructions.                     | 14<br>15         | Add lines 12 and 13  | ••••    | · · ·       | <br>0 Thin in . | · ·   |                  |          |              | . 14         |               | 27,700.                   |
|  | 15               | Subtract line 14 from line 11. If zer  | U Ur Ie | ss, enter   | -u I HIS IS     | our   | taxable incom    | IC .     |              | . 15         | 2             | 82,158.                   |

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

Form 1040 (2023)

| Form 1040 (2023                      | )          |   |                       |                     |                       |                      |                          |           | 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        | 9,415.   |
| Credits                              | 17         | Amount from Schedule 2, lin                                   | e3                    |                     |                       |                      |                          | 17        |  |
|                                      | 18         | Add lines 16 and 17   |                       |                     |                       |                      |                          | 18        | 9,415.   |
|                                      | 19         | Child tax credit or credit for                                | other dependen        | ts from Sched       | ule 8812              |                      |                          | 19        |  |
|                                      | 20         | Amount from Schedule 3, lin                                   | e8                    |                     |                       |                      |                          | 20        |  |
|                                      | 21         | Add lines 19 and 20   |                       |                     |                       |                      |                          | 21        |  |
|                                      | 22         | Subtract line 21 from line 18                                 | . If zero or less,    | enter -0            |                       |                      |                          | 22        | 9,415.   |
|                                      | 23         | Other taxes, including self-e                                 |                       |                     |                       |                      |                          | 23        | 0.   |
|                                      | 24         | Add lines 22 and 23. This is                                  |                       |                     |                       |                      |                          | 24        | 9,415.   |
| Payments                             | 25         | Federal income tax withheld                                   |                       |                     |                       |                      |                          |           | ,  |
| . aymente                            | а          | Form(s) W-2   |                       |                     |                       | <b>25a</b> 18        | 3,876.                   |           |  |
|                                      | b          | Form(s) 1099  |                       |                     |                       | 25b                  |                          | 1         |  |
|                                      | c          | Other forms (see instructions                                 |                       |                     |                       | 25c                  |                          | 1         |  |
|                                      | d          | Add lines 25a through 25c                                     | ,                     |                     |                       |                      |                          | 25d       | 18,876.  |
|                                      | 26         | 2023 estimated tax payment                                    |                       |                     |                       |                      |                          | 26        |  |
| If you have a<br>qualifying child,   | 27         | Earned income credit (EIC)                                    |                       |                     |                       | 27                   |                          |           |  |
| attach Sch. EIC.                     | 28         | Additional child tax credit from                              |                       |                     |                       | 28                   |                          | -         |  |
|                                      | 29         | American opportunity credit                                   |                       |                     |                       | 29                   |                          | -         |  |
|                                      | 30         | Reserved for future use .                                     |                       | -                   |                       | 30                   |                          |           |  |
|                                      | 31         | Amount from Schedule 3, lin                                   |                       |                     |                       | 31                   |                          | 1         |  |
|                                      | 32         | Add lines 27, 28, 29, and 31                                  |                       |                     |                       | -                    |                          | 32        | 4  |
|                                      | 33         | Add lines 25d, 26, and 32. T                                  | ,                     | •                   | •                     |                      | • •                      | 33        | 18,876.  |
| Defined                              | 34         | If line 33 is more than line 24                               |                       |                     |                       |                      |                          | 34        | 9,461.   |
| Refund                               | 34<br>35a  | Amount of line 34 you want                                    |                       |                     |                       |                      |                          | 34<br>35a | 9,461.   |
| Direct deposit?                      | b soa      | Routing number 0 6 3  |                       |                     |                       | Checking             |                          | 30a       | 5,101.   |
| See instructions.                    |            | Account number 8 8 2  |                       |                     |                       |                      | Savings                  |           |  |
|                                      | d          |   |                       |                     |                       |                      |                          |           |  |
|                                      | 36         | Amount of line 34 you want a                                  |                       |                     |                       | 36                   |                          | -         |  |
| Amount<br>You Owe                    | 37         | Subtract line 33 from line 24<br>For details on how to pay, g |                       |                     |                       |                      |                          | 07        |  |
| rou Owe                              | <b>a</b> a |   |                       |                     |                       | 1 1                  |                          | 37        |  |
|                                      | 38         | Estimated tax penalty (see in                                 | *                     |                     |                       | 38                   |                          |           |  |
| Third Party                          |            | you want to allow another                                     |                       |                     |                       |                      | omplete k                | alow      | × No   |
| Designee                             |            |   |                       |                     |                       |                      | •                        |           | INO NO   |
|                                      | nai        | signee's<br>ne  |                       | Phone no.           |                       |                      | onal identi<br>ber (PIN) | Ication   |  |
| Sign                                 | Un         | der penalties of perjury, I declare tl                        | nat I have examined   | d this return and   | accompanying sche     | edules and statemer  | its, and to t            | he best   | of my knowledge and                            |
| Here                                 | bel        | ief, they are true, correct, and com                          | plete. Declaration of | of preparer (othe   | r than taxpayer) is b | ased on all informat | on of which              | n prepar  | er has any knowledge.                          |
| пеге                                 | Yo         | ur signature  |                       | Date                | Your occupation       |                      | If the                   | IRS se    | nt you an Identity                             |
|                                      |            |   |                       |                     |                       |                      |                          |           | PIN, enter it here                             |
| Joint return?                        |            |   |                       |                     | SOFTWARE              |                      | <b>(</b>                 | inst.)    |  |
| See instructions.<br>Keep a copy for | Sp         | ouse's signature. If a joint return, I                        | ooth must sign.       | Date                | Spouse's occupat      | tion                 |                          |           | nt your spouse an<br>ection PIN, enter it here |
| your records.                        |            |   |                       |                     | STUDENT               |                      |                          | inst.)    | ection r inv, enter it here                    |
|                                      | Ph         | one no. (860) 772-938   | 9                     | Email address       |                       | DI@GMAIL.CO          | MC                       |           |  |
|                                      |            | eparer's name   | Preparer's signat     |                     | TAVANOUKEL            | Diegmail.co.         |                          |           | Check if:                                      |
| Paid                                 |            | M PRIYA RAM SAGAR GUPTA                                       |                       |                     | CAR CIIDWA            | 04/11/2024           | P02082                   | 2703      | Self-employed                                  |
| Preparer                             | -          | m's name GLOBAL TAX   |                       | A TATA DAG          | JUIL OUL IN           | 101/11/2024          | · · · ·                  |           |  |
| Use Only                             |            |   | Y CT E BRU            | NOWICK N            | J 08816               |                      |                          | 's EIN    | (678) 965-9522                                 |
| Go to warne in an                    |            | n1040 for instructions and the late                           |                       | TIONICI IN          |                       |                      | ן רווווו                 | 3 LIN     | 84-3171965<br>Form <b>1040</b> (2023)          |
| GO IO WWW.IIS.go                     | wrom       | and the late  | st mornation.         |                     | BAA                   | REV 03/07/24 PRO     |                          |           | Form IUHU (2023)                               |

REV 03/07/24 PRO

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. **01** 

Your social security number

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

| PAVA   | N SUREDDI & POOJA PALADUGU  |               | 875-10- | -840  | 5                  |
|--------|---|---------------|---------|-------|--------------------|
| Par    | t I Additional Income   |               |         |       |                    |
| 1      | Taxable refunds, credits, or offsets of state and local income taxes          |               | •       | 1     |                    |
| 2a     | Alimony received  |               | 2       | a     |                    |
| 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     | -11,529.           |
| 6      | Farm income or (loss). Attach Schedule F.                                     |               |         | 6     |                    |
| 7      | Unemployment compensation   |               |         | 7     |                    |
| 8      | Other income:   |               |         |       |                    |
| a      | Net operating loss  | 8a (          | )       |       |                    |
| b      | Gambling  | 8b            | /       |       |                    |
| c      | Cancellation of debt  | 8c            |         |       |                    |
| d      | Foreign earned income exclusion from Form 2555                                | 8d (          | )       |       |                    |
| e      | Income from Form 8853   | 8e            | /       |       |                    |
| f      | Income from Form 8889   | 8f            |         |       |                    |
| g      | Alaska Permanent Fund dividends   | 8g            |         |       |                    |
| h      |   | 8h            |         |       |                    |
| i      | Prizes and awards   | 8i            |         |       |                    |
| i      | Activity not engaged in for profit income                                     | 8j            |         |       |                    |
| ķ      | 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                       |               |         |       |                    |
|        | instructions)   | 8m            |         |       |                    |
| n      | Section 951(a) inclusion (see instructions)                                   | 8n            |         |       |                    |
| 0      | Section 951A(a) inclusion (see instructions)                                  | 80            |         |       |                    |
| p      | Section 461(I) excess business loss adjustment                                | 8p            |         |       |                    |
| q      | Taxable distributions from an ABLE account (see instructions)                 | 8q            |         |       |                    |
| r      | Scholarship and fellowship grants not reported on Form W-2                    | 8r            |         |       |                    |
| S      | Nontaxable amount of Medicaid waiver payments included on Form                |               |         |       |                    |
|        | 1040, line 1a or 1d   | 8s (          | )       |       |                    |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or           |               |         |       |                    |
|        | a nongovernmental section 457 plan  | 8t            |         |       |                    |
| u      | Wages earned while incarcerated   | 8u            |         |       |                    |
| z      | Other income. List type and amount:   |               |         |       |                    |
|        |   | 8z            |         |       |                    |
| 9      | Total other income. Add lines 8a through 8z                                   |               |         | 9     |                    |
| 10     | Combine lines 1 through 7 and 9. This is your additional income. Enter        | r here and on | Form    |       |                    |
|        | 1040, 1040-SR, or 1040-NR, line 8   |               | · ·   1 | 0     | -11,529.           |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.               |               | Sch     | edule | 1 (Form 1040) 2023 |

| Par      | t II Adjustments to Income  |          |                    |
|----------|---|----------|--------------------|
| 11       | Educator expenses   | 11       |                    |
| 12       | Certain business expenses of reservists, performing artists, and fee-basis government   |          |                    |
|          | officials. Attach Form 2106   | 12       |                    |
| 13       | Health savings account deduction. Attach Form 8889  | 13       |                    |
| 14       | Moving expenses for members of the Armed Forces. Attach Form 3903   | 14       |                    |
| 15       | Deductible part of self-employment tax. Attach Schedule SE  | 15       |                    |
| 16       | Self-employed SEP, SIMPLE, and qualified plans  | 16       |                    |
| 17       | Self-employed health insurance deduction  | 17       |                    |
| 18       | Penalty on early withdrawal of savings  | 18       |                    |
| 19a      | Alimony paid  | 19a      |                    |
| b        | Recipient's SSN   |          |                    |
| С        | Date of original divorce or separation agreement (see instructions):  |          |                    |
| 20       | IRA deduction   | 20       |                    |
| 21       | Student loan interest deduction   | 21       |                    |
| 22       | Reserved for future use   | 22       |                    |
| 23       | Archer MSA deduction  | 23       |                    |
| 24       | Other adjustments:  |          |                    |
| а        | Jury duty pay (see instructions)  |          |                    |
| b        | Deductible expenses related to income reported on line 8I from the  |          |                    |
|          | rental of personal property engaged in for profit   |          |                    |
| С        | Nontaxable amount of the value of Olympic and Paralympic medals   |          |                    |
|          | and USOC prize money reported on line 8m  | _        |                    |
| d        | Reforestation amortization and expenses    24d  |          |                    |
| е        | Repayment of supplemental unemployment benefits under the Trade   |          |                    |
|          | Act of 1974   | _        |                    |
| f        | Contributions to section 501(c)(18)(D) pension plans  | -        |                    |
| 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)  | -        |                    |
| 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  | -        |                    |
| j        | Housing deduction from Form 2555  | -        |                    |
| K        | Excess deductions of section 67(e) expenses from Schedule K-1 (Form   |          |                    |
|          | 1041)   | -        |                    |
| Z        | Other adjustments. List type and amount:  |          |                    |
| 05       | Tatal athen adjustments. Add lines 04a through 04a  | 05       |                    |
| 25<br>06 | 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> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | 06       |                    |
|          |   | 26       |                    |
|          | <b>BAA</b> REV 03/07/24 PRO   | Schedule | 1 (Form 1040) 2023 |

### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

PAVAN SUREDDI & POOJA PALADUGU

Your social security number 875 - 10 - 8405

| Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?    | Yes         | 🗙 No     |  |
|--|-------------|----------|--|
| If "Yes," attach Form 8949 and see its instructions for additional requirements for reportin | a vour aain | or loss. |  |

### Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions)

| lines<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>e dollars.  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | <b>(g)</b><br>Adjustment<br>to gain or loss<br>Form(s) 8949, F<br>line 2, columr | from<br>Part I, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|---|---|--|--|-----------------|---|
| 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 <b>Box A</b> checked  |   |  |  |                 |   |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |   |  |  |                 |   |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |   |  |  |                 |   |
| 4             | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4                       | 684, 6781, and 88                      | 24   | 4               |   |
| 5             | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |   |  |  | 5               |   |
| 6             | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   |   | •                                      | -  | 6               | ()  |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  | •                                       | ., .                                   |  | 7               |   |

## 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 lines below.<br>This form may be easier to complete if you round off cents to whole dollars. |  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustmen<br>to gain or loss<br>Form(s) 8949, l<br>line 2, colum | s from<br>Part II, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|--|---|--------------------|---|
| 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 <b>Box D</b> checked   | 1,471.                                  | 5,286.                                 |   |                    | -3,815.   |
| 9   | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |   |  |   |                    |   |
| 10  | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |   |  |   |                    |   |
| 11  | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |   |  |   | 11                 |   |
| 12  | Net long-term gain or (loss) from partnerships, S corporat   |   |  | .,  | 12                 |   |
| 13  | Capital gain distributions. See the instructions   |   |  |   | 13                 |   |
| 14  | Long-term capital loss carryover. Enter the amount, if any   | , from line 13 of y                     | our Capital Loss                       | Carryover   |                    |   |
|   | Worksheet in the instructions  |   |  |   | 14                 | ( 5,893.)   |
| 15  | Net long-term capital gain or (loss). Combine lines 8a on the back   | •                                       | .,                                     |   | 15                 | -9,708.   |

| Part | III Summary  |    |   |         |
|------|--|----|---|---------|
| 16   | Combine lines 7 and 15 and enter the result  | 16 |   | -9,708. |
|      | • If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.   |    |   |         |
|      | • If line 16 is <b>zero</b> , 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 <b>both</b> gains?   |    |   |         |
|      | <ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>  |    |   |         |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet   | 18 |   |         |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet   | 19 |   |         |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul> |    |   |         |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.   |    |   |         |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:  |    |   |         |
|      | The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)  | 21 | ( | 3,000.) |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.   |    |   |         |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  |    |   |         |
|      | 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.   |    |   |         |

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

| Form 8949 (2023) |  | Attachment Sequence No. 12A | Page <b>2</b> |
|------------------|--|-----------------------------|---------------|
|                  |  |                             |               |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PAVAN SUREDDI & POOJA PALADUGU

Social security number or taxpayer identification number 875-10-8405

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property   |  | Date sold or                   | (d)<br>Proceeds                     | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | If you enter an enter a co                 | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | <b>(h)</b><br><b>Gain or (loss)</b><br>Subtract column (e)    |
|--|--|--------------------------------|-------------------------------------|--|--|--|---|
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)  | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.         | <b>(f)</b><br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment  | from column (d) and<br>combine the result<br>with column (g). |
| ROBINHOOD SECURITIES LLC   | 01/01/23   | 12/31/23                       | 1,471.                              | 5,286.   |  |  | -3,815.   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
|  |  |                                |                                     |  |  |  |   |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 8b (if Box D above<br>above is checked), or line 10 (if Box D | I here and inclusion in the inclusion in the interval interval in the interval interval in the interval interval in the interval interva | lude on your<br>le 9 (if Box E | 1,471.                              | 5,286.   |  |  | -3,815.   |

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

|          | DULE E   | Supplemental Income and Loss  |                     |  |          |             |          |         | OMB No              | OMB No. 1545-0074 |                          |          |
|----------|--|---|---------------------|--|----------|-------------|----------|---------|---------------------|-------------------|--------------------------|----------|
| (Form    | 1040)  | (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) |                     |  |          |             |          |         | 2023                |                   |                          |          |
|          | Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information. |   |                     |  |          |             |          |         |                     | Attachn<br>Sequen | nent<br>ce No. <b>13</b> |          |
| Name(s)  |  |   |                     |  |          |             |          |         |                     |                   | al security              | number   |
|          |  |   | OOJA PALADU         |  |          |             |          |         | 8                   | 75-1              | 0-8405                   |          |
| Part     |  |   |                     | ntal Real Estate an  |          |             |          |         |                     |                   |                          |          |
|          | Note: If yo  | ou are  | e in the business o | f renting personal proper<br><b>4835</b> on page 2, line 40. | ty, use  | Schedule    | C. See   | instru  | ctions. If you are  | an indiv          | /idual, rep              | ort farm |
| Α        |  |   |                     | that would require you                                       | to file  | Form(s) 1   | 0992 5   | See ins | structions          |                   |                          | s X No   |
|          |  |   |                     | red Form(s) 1099?  |          |             |          |         |                     |                   |                          |          |
| 1a       |  |   |                     | (street, city, state, ZIF                                    |          |             |          |         |                     |                   |                          |          |
|          |  |   |                     |  |          | ,           |          |         |                     |                   |                          |          |
|          | 9-42-23/1  | , BA.   | LAJI NAGAR          | VISAKHAPATNAM A  | NDHE     | RA PRAD     | ESH      | IN 5    | 30003               |                   |                          |          |
|          |  |   |                     |  |          |             |          |         |                     |                   |                          |          |
| <u>C</u> | Turner of Durane   |   |                     |  |          |             |          | -       |                     |                   |                          |          |
| 1b       | Type of Prope<br>(from list below  |   |                     | ental real estate prope<br>ort the number of fair r          |          |             |          | ⊢a      | ir Rental I<br>Days | erson<br>Da       | al Use                   | QJV      |
| A        | 3  | <i>(v</i> )   |                     | se days. Check the QJ  |          |             | Α        |         | 365                 | Da                | 0                        |          |
| B        | 5  |   | if you mee          | t the requirements to f                                      | ile as   | a           | <br>B    |         | 303                 |                   | 0                        |          |
| - C      |  | _   | qualified jo        | int venture. See instru                                      | ctions   | s           | C        |         |                     |                   |                          |          |
|          | of Property:   |   |                     |  |          |             | •        |         |                     |                   |                          |          |
|          | Single Family R  | esid  | ence 3 Vac          | ation/Short-Term Rent  | tal      | 5 Land      |          | 7       | Self-Rental         |                   |                          |          |
|          | Multi-Family Re  |   |                     | nmercial   |          | 6 Roya      |          |         | Other (describ      | e)                |                          |          |
|          |  |   |                     |  |          |             |          | 0       |                     |                   |                          |          |
| _        |  |   |                     |  |          |             |          |         | Properties          | :                 |                          |          |
| Incom    |  |   |                     |  |          |             | A        | - 0     | В                   |                   |                          | С        |
| 3        |  |   |                     |  | 3        |             | 1        | 50.     |                     |                   |                          |          |
| 4        |  | ived  |                     |  | 4        |             |          |         |                     |                   |                          |          |
| Expen    |  |   |                     |  | -        |             |          |         |                     |                   |                          |          |
| 5        |  |   |                     |  | 5        |             |          |         |                     |                   |                          |          |
| 6        |  |   |                     |  | 6        |             |          |         |                     |                   |                          |          |
|          | 7         Cleaning and maintenance         7         1,256.           8         Commissions         8         8  |   |                     |  |          |             |          |         |                     |                   |                          |          |
| 8        |  |   |                     |  | 8        |             |          |         |                     |                   |                          |          |
| 9        |  |   |                     |  | 9        |             |          |         |                     |                   |                          |          |
| 10       |  |   |                     |  | 10       |             | 1 0      | 0.5     |                     |                   |                          |          |
| 11       |  |   |                     |  | 11       |             | 1,6      | 95.     |                     |                   |                          |          |
| 12       |  |   |                     | c. (see instructions)  | 12       |             |          |         |                     |                   |                          |          |
| 13       | Other Interest   | ·   |                     |  | 13       |             | 2 4      | C E     |                     |                   |                          |          |
| 14<br>15 |  |   |                     |  | 14       |             | 2,4      |         |                     |                   |                          |          |
| 15<br>16 |  |   |                     |  | 15<br>16 |             | ۷,0      | 65.     |                     |                   |                          |          |
| 17       |  |   |                     |  | 17       |             | 3,9      | 98      |                     |                   |                          |          |
| 18       |  |   |                     |  | 18       |             | 5,9      | 90.     |                     |                   |                          |          |
| 19       | Other (list)   |   |                     |  | 19       |             |          |         |                     |                   |                          |          |
| 20       |  |   |                     | h 19   | 20       |             | 12,2     | 79      |                     |                   |                          |          |
| 21       |  |   | •                   | and/or 4 (royalties). If                                     |          |             | /-       | , , , , |                     |                   |                          |          |
| 21       |  |   | ( /                 | find out if you must   |          |             |          |         |                     |                   |                          |          |
|          |  |   |                     |  | 21       | -           | -11,5    | 29.     |                     |                   |                          |          |
| 22       | Deductible rer   | tal r   | eal estate loss a   | fter limitation, if any,                                     |          |             |          |         |                     |                   |                          |          |
|          | on Form 8582   | (see  | e instructions) .   |  | 22       | (           | 11,52    | 29.)    | (                   | )                 | (                        |          |
| 23a      | Total of all am  | ount  | s reported on lin   | e 3 for all rental prope                                     | rties    |             |          | 23a     |                     | 750.              |                          |          |
| b        |  |   |                     | e 4 for all royalty prop                                     |          |             |          | 23b     |                     |                   |                          |          |
| с        |  |   |                     | e 12 for all properties                                      |          |             |          | 23c     |                     |                   |                          |          |
| d        | Total of all am  | ount  | s reported on lin   | e 18 for all properties                                      |          |             |          | 23d     |                     |                   |                          |          |
| е        | Total of all am  | ount  | s reported on lin   | e 20 for all properties                                      |          |             |          | 23e     | 12,2                | 279.              |                          |          |
| 24       | Income. Add  | oosit   | tive amounts sho    | own on line 21. <b>Do not</b>                                | inclu    | de any los  | sses     |         |                     | 24                |                          |          |
| 25       | Losses. Add ro   | yalty   | losses from line    | 21 and rental real estate                                    | e losse  | es from lin | e 22. E  | nter to | tal losses here     | 25                | (                        | 11,529.  |
| 26       |  |   |                     | ty income or (loss).   |          |             |          |         |                     |                   |                          |          |
|          |  |   |                     | e 40 on page 2 do not  |          |             |          |         |                     |                   |                          |          |
|          | Schedule 1 (Fo   | orm <sup>-</sup>  | 1040), line 5. Oth  | erwise, include this ar                                      | nount    | in the tot  | al on li | ne 41   | on page 2 .         | 26                |                          | -11,529. |

For Paperwork Reduction Act Notice, see the separate instructions.

| <b>B582</b> Passive Activity Loss Limitations         partment of the Treasury       See separate instructions.         partment of the Treasury       Attach to Form 1040, 1040-SR, or 1041.         Go to www.irs.gov/Form8582 for instructions and the latest information. |   |                         |                    |                      |                   |           | OMB No. 1545-1008   |  |  |
|---|---|-------------------------|--------------------|----------------------|-------------------|-----------|---------------------|--|--|
| Name(s) shown on return   |   |                         |                    |                      |                   |           |                     |  |  |
| PAVAN SUREDDI & POOJA PALADUGU 875-   |   |                         |                    |                      |                   |           |                     |  |  |
|   | assive Activity Los   |                         |                    |                      |                   |           |                     |  |  |
| Cautio  | n: Complete Parts IV a  | nd V before comple      | eting Part I.      |                      |                   |           |                     |  |  |
|   | ctivities With Active P<br>Real Estate Activities   |                         |                    | ive participation, s | ee <b>Special</b> |           |                     |  |  |
| 1a Activities with  | net income (enter the a   | mount from Part IV      | , column (a))      | <b>  1a  </b>        | 0.                |           |                     |  |  |
|   |   |                         |                    |                      |                   |           |                     |  |  |
|   | allowed losses (enter th  |                         |                    |                      | )                 |           |                     |  |  |
| d Combine lines   | 1a, 1b, and 1c  |                         |                    |                      |                   | 1d        | -11,529             |  |  |
| Il Other Passive Ac   | tivities  |                         |                    |                      |                   |           |                     |  |  |
| 2a Activities with  | net income (enter the a   | mount from Part V       | column (a))        | 2a                   |                   |           |                     |  |  |
|   | net loss (enter the amo   |                         |                    |                      | )                 | -         |                     |  |  |
|   | allowed losses (enter th  |                         |                    |                      | )                 |           |                     |  |  |
| •   | 2a, 2b, and 2c  |                         |                    | · · ·                | ,                 | 2d        |                     |  |  |
|   | 1d and 2d and subtra  |                         |                    |                      |                   |           |                     |  |  |
|   | stop here and include   |                         |                    |                      |                   |           |                     |  |  |
|   | lowed losses entered  |                         |                    |                      |                   |           |                     |  |  |
| normally used   |   |                         |                    |                      |                   | 3         | -11,529             |  |  |
| If line 3 is a los  | s and: • Line 1d is a   | loss, go to Part II.    |                    |                      |                   |           |                     |  |  |
| art II. Instead, go to  | status is married filing<br>ine 10.<br>Il Allowance for Rei   |                         | -                  |                      | Ũ                 | e year, o | <b>do not</b> compl |  |  |
| Note: E   | inter all numbers in Par  | t II as positive amo    | ounts. See instruc | tions for an examp   | ole.              |           |                     |  |  |
| 4 Enter the smal  | ler of the loss on line 1   | d or the loss on lin    | e3                 |                      |                   | 4         | 11 <b>,</b> 529     |  |  |
| 5 Enter \$150,000   | ). If married filing separ  | rately, see instruction | ons                | 5 1                  | 50,000.           |           |                     |  |  |
| 6 Enter modified  | adjusted gross income   | e, but not less than    | zero. See instruc  | tions 6 1            | 21,387.           |           |                     |  |  |
|   | s greater than or equa  | l to line 5, skip line  | s 7 and 8 and ent  | er -0-               |                   |           |                     |  |  |
|   | rwise, go to line 7.  |                         |                    |                      |                   |           |                     |  |  |
| 7 Subtract line 6   |   |                         |                    |                      | 28,613.           |           |                     |  |  |
|   | oy 50% (0.50). <b>Do not</b> e  |                         |                    |                      |                   | 8         | 14,307              |  |  |
|   | ler of line 4 or line 8. If   | line 3 includes any     | CRD, see instruc   | ctions               |                   | 9         | 11,529              |  |  |
|   | osses Allowed   |                         | 4-4-1              |                      |                   | 40        | -                   |  |  |
|   | e, if any, on lines 1a an   |                         |                    |                      |                   | 10        | 0                   |  |  |
|   | <b>llowed from all passiv</b><br>ort the losses on your t   |                         |                    |                      |                   |           | 11 500              |  |  |
|   | ete This Part Befor   |                         | <br>a 1b and 1c 9  | <u> </u>             |                   | 11        | 11,529              |  |  |
|   |   |                         | a, 10, and 10. C   |                      |                   |           |                     |  |  |
|   |   | Curren                  | it year            | Prior years          | Ove               | erall gai | n or loss           |  |  |
| Name o  | Name of activity(a) Net income<br>(line 1a)(b) Net loss<br>(line 1b)(c) Unallowed<br>loss (line 1c)(d) Gain |                         |                    |                      |                   |           | (e) Loss            |  |  |
| 9-42-23/1,BALA  | IT NAGAR  | 0.                      | 11,529.            |                      |                   |           | 11,529              |  |  |
| J TZ ZJ/I,DALA  | UI NAGAN  | 0.                      | 11,J29.            |                      |                   |           | ,JZ3                |  |  |
|   |   |                         |                    |                      |                   |           |                     |  |  |
|   |   |                         |                    |                      |                   |           |                     |  |  |
|   |   |                         |                    |                      |                   |           |                     |  |  |
|   |   |                         |                    |                      |                   |           |                     |  |  |
| Total. Enter on Part I,   | lines 1a 1b and 1c  | 0.                      | 11,529.            |                      |                   |           |                     |  |  |

For Paperwork Reduction Act Notice, see instructions.

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Form **8582** (2023)

| Form 8582 (2023) Part V Complete This Part Befor   | e Part I, Lines 2  | a, 2b,              | and 2c. S          | ee instru                       | ctions.            |              |   | Page <b>2</b>              |  |
|--|--|---------------------|--------------------|---------------------------------|--------------------|--------------|---|----------------------------|--|
|  | Current year Prior years   |                     |                    |                                 | Overa              | in or loss   |   |                            |  |
| Name of activity   | (a) Net income<br>(line 2a)  | <b>(b)</b><br>(li   | Net loss<br>ne 2b) | (c) Unallowed<br>loss (line 2c) |                    |              |   | (e) Loss                   |  |
|  |  |                     |                    |                                 |                    |              |   |                            |  |
|  |  |                     |                    |                                 | _                  |              |   |                            |  |
| Total. Enter on Part I, lines 2a, 2b, and 2c         Part VI       Use This Part if an Amoundation | at la Shawa an F   | Dort II             | Line 0             |                                 |                    |              |   |                            |  |
| Part VI Use This Part II an Amou   | nt is Shown on P   | art II,             | , Line 9. 3        |                                 | Juons.             |              |   |                            |  |
| Name of activity   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a                  | ) Loss             | (b) Ratio (c) Special allowance |                    |              | <b>(d)</b> Subtract<br>column (c) from<br>column (a). |                            |  |
| 9-42-23/1,BALAJI NAGAR   | E Ln 22  | 11,529.             |                    | 1.00000000                      |                    | 11,529.      |   | 0.                         |  |
|  |  |                     |                    |                                 |                    |              |   |                            |  |
| <br>Total  |  |                     | 11,529.            | 1.0                             | 0                  | 11,52        | .9.   | 0.                         |  |
| Part VII Allocation of Unallowed L   | .osses. See instr  | uction              | S.                 | •                               |                    |              |   |                            |  |
| Name of activity   | Form or sche<br>and line nun<br>to be reporte<br>(see instruct                 | mber<br>ed on (a) L |                    | Loss (                          |                    | (b) Ratio (c |   | ( <b>c)</b> Unallowed loss |  |
|  |  |                     |                    |                                 |                    |              |   |                            |  |
|  |  |                     |                    |                                 |                    |              |   |                            |  |
|  |  |                     |                    |                                 |                    | 1.00         |   |                            |  |
| Part VIII Allowed Losses. See instr  | uctions.   |                     |                    |                                 |                    |              | 1   |                            |  |
| Name of activity   | Form or sche<br>and line nun<br>to be reporte<br>(see instruct                 | nber<br>ed on       | (a)                | _oss                            | (b) Unallowed loss |              | (4  | (c) Allowed loss           |  |
|  |  |                     |                    |                                 |                    |              |   |                            |  |
|  |  |                     |                    |                                 |                    |              |   |                            |  |
| <br>Total  | I  |                     |                    |                                 |                    |              |   |                            |  |

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