Form <b>8879</b>
(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.

Submission Identification Number (SID)

l axpayer's name	Social security number
ADARSH SOMIREDDYGARI	804-39-6335
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 152,834.
<b>2</b> Total tax	<b>2</b> 26,756.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 32,381.
4 Amount you want refunded to you	<b>4</b> 5,625.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

X	I authorize	GLOBAL TAXES		to enter or generate my PIN
			ERO firm name	

9	6	3	3	5	
Ent don	er fiv i't er	/e di nter a	gits, all ze	but ros	as my

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

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

Your signature

Date

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

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature	► Da	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III Certific	ication and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨						
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Deperture Reduction Act Notice, and your tax	REV 03/07/24 DBC	Eorm <b>8879</b> (Pov. 01 2021)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	rite or st	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
ADARSH				IIREDDY	CART							6335
	pouse's	s first name and middle initial	Last		UARL					-		security number
											1	-
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
20664 AC	ADI	АСТ										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3
CUPERTIN	10					CA	ł	950	14			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code			0
											<b>Y</b>	ou 🗌 Spouse
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne hac	d income)								
one box.		] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); o	r (b) sell,		
Assets		ange, or otherwise dispose of a digi									<b>Y</b>	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı					
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befc	ore January	2. 1959		s blind
Dependents				(2) 5	Social security		(3) Relationsh	14			ifies for	(see instructions):
If more	•	irst name Last name		(2)	number		to you		Child tax of	credit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	ı 📃	170,888.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	)	
W-2 here. Also	С	Tip income not reported on line 1a	•							. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	uctions)			. 10	1	
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 get a Form	g	Wages from Form 8919, line 6 .			· · ·			• •		. 10		
W-2, see	h	Other earned income (see instructi	,	· · ·	· · ·	• •		· ·		. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	<b>1</b> i			_		170 000
		Add lines 1a through 1h	 0-		· · · ·	 ь <del>.</del>	• • • •			. 1z	-	170,888.
Attach Sch. B if required.	2a	•	2a				axable interest		· · ·	. 2b	-	0.
	<u>3a</u>		3a 4a				ordinary divider axable amount			. 3b . 4b	-	0.
Standard	4a 5a		ча 5а				axable amoun			. 40	-	
Deduction for –	5a 6a		5a 6a				axable amoun		•••	. <u>50</u>	-	
<ul> <li>Single or Married filing</li> </ul>	C	If you elect to use the lump-sum e		method	check here			ι			,	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,	• •		7		-3,000.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•	•		·			. 8	-	-15,335.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9	1	152,834.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	-	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		152,834.
\$20,800	12	Standard deduction or itemized								. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti		•		,	5-A			. 13		· •
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our	taxable incom	<u>ie .</u>	<u> </u>	. 15	5	138,984.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	26,756.
Credits	17	Amount from Schedule 2, line 3					[	17	
	18	Add lines 16 and 17					[	18	26,756.
	19	Child tax credit or credit for othe	er dependen <sup>.</sup>	ts from Sched	ule 8812		🗌	19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If :	zero or less,	enter -0				22	26,756.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	2, line 21 .		🗆	23	0.
	24	Add lines 22 and 23. This is you	ir total tax					24	26,756.
Payments	25	Federal income tax withheld fro							•
	а	Form(s) W-2				<b>25a</b> 32	,381.		
	b	Form(s) 1099				25b	·		
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .					2	25d	32,381.
15	26	2023 estimated tax payments a						26	- <b>,</b> ·
If you have a L qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from S			-	28			
	29	American opportunity credit from				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3. line 1				31	_		
	32	Add lines 27, 28, 29, and 31. Th				_		32	
	33	Add lines 25d, 26, and 32. Thes	,	•	-			33	32,381.
Defined	34	If line 33 is more than line 24, su	-					34	5,625.
Refund	35a	Amount of line 34 you want refu				, ,		34 35a	5,625.
Direct deposit?	b	Routing number 0 2 1 2			_		Savings	Ja	5,025.
See instructions.	b	Account number 3 8 1 0					Savings		
	36	· · · · · · · · · · · · · · · · · · ·				36			
A		Amount of line 34 you want app				30	_		
Amount You Owe	37	Subtract line 33 from line 24. Th For details on how to pay, go to							
rou Owe	00					1 1	· · ·	37	
	38	Estimated tax penalty (see instr				38			
Third Party		you want to allow another pe			n with the IRS?		mplete belo	014/	XNo
Designee		signee's		Phone			onal identifica		
	nai			no.			ber (PIN)	lion	
Sign	Un	der penalties of perjury, I declare that I	have examined	d this return and	accompanying sche	edules and statement	s, and to the	best o	f my knowledge and
Here	bel	ief, they are true, correct, and complet	e. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informatio	n of which pr	eparer	has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the IR	S sent	t you an Identity
									I, enter it here
Joint return?					SOFTWARE		(see ins		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b>	n must sign.	Date	Spouse's occupat	tion			your spouse an tion PIN, enter it here
your records.							(see inst		cion Fin, enter it here
	Ph	one no. (201)948-8566		Email address	ספגחג עחחפס	SH17@GMAIL.CC	,		
		(===)====	eparer's signat		ADDI.ADARS		PTIN		Check if:
Paid					גיייריזי) סגי				Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA SY		A RAM SAC	JAR GUPIA	04/16/2024	P020827		
Use Only		n's name GLOBAL TAXES		NOWT OF M	T 00016		Phone r		578)965-9522
		m's address 245 ROONEY		INSWICK NO			Firm's E	.IN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest in	ntormation.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
ADARSH SOMIRED	DYGARI	804-39	-6335

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-15,335.
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		
ĥ	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	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	8р		
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 <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-15,335.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	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	s 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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO	)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

#### 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

Department of the Treasury Internal Revenue Service Name(s) shown on return

ADARSH SOMIREDDYGARI

Your social security number

804-39-6335

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	<b>(g)</b> Adjustment		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, columr	Part I,	from column (d) and combine the result 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	264,795.	215,974.	5,8	78.	54,699.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	303.	381.			-78.
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	324	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	( 238,609.)			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	-183,988.			

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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.	23.		11.	-11.
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.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11				
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	12 13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	Carryover	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15	-11.			

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		183,999.
	• 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?			
	<b>No.</b> Skip lines 18 through 21, and go to line 22.			
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** 

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



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

Name(s) shown on returnSocial security number or taxpayer identification numberADARSH SOMIREDDYGARI804-39-6335

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

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

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

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

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

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

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	Date acquired Date :		(c) (d) C Date sold or Proceeds So		If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(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.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	264,795.	215,974.	W	5,878.	54,699.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			264,795.	215,974.		5,878.	54,699.	

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

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 ADARSH SOMIREDDYGARI

Social security number or taxpayer identification number 804-39-6335

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

1 (a) Description of property	(b) (c) Date sold or disposed of		<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)	If you enter an enter a c See the sep	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	1.	23.	W	11.	-11.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	1.	23.		11.	-11.			

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.

Form **8949** 

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Sequence No. 12A

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

Name(s) shown on return	Social security number or taxpayer identification number
ADARSH SOMIREDDYGARI	804-39-6335

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

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

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

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

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

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

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	(b) (c) Date acquired		<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	<b>(h)</b> 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 CRYPTO LLC	01/01/23	12/31/23	303.	381.			-78.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			303.	381.			-78.	

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

SCHEDULE	Ε
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

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

Department of the Treasury

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

2023
Attachment

:----

	Revenue Service		Go to www.irs.gov/ScheduleE to	or mstr			itest in				nce No. IJ
	) shown on return	a								al security	
	SH SOMIREDDY								804-3	9-6335	)
Pari	Note: If you a	are in t	s From Rental Real Estate at the business of renting personal properties from Form 4835 on page 2, line 40	ertv. use		l <b>e C</b> . See	instrue	ctions. If you ar	e an indi	vidual, rep	oort farm
	Did you make any p	bayme	ents in 2023 that would require you	u to file							
<u>ь</u> 1а			ou file required Form(s) 1099? ach property (street, city, state, Z							. 🗆 t	
A			NJARA HILLS IN 500034								
B			MOAIA IIIIIIS III 500034								
c											
1b	Type of Property (from list below)	2	For each rental real estate prop above, report the number of fair				Fa	ir Rental Days		nal Use iys	QJV
Α	3	1	personal use days. Check the C	JV bo	x only	Α		365		0	
В		1	if you meet the requirements to			В				-	
С		1	qualified joint venture. See instr	uctions	5.	С					
уре	of Property:	•									•
1	Single Family Resi	dence	e 3 Vacation/Short-Term Rel	ntal	5 Lan	d		Self-Rental			
2	Multi-Family Resid	lence	4 Commercial		6 Roy	alties	8	Other (descri	be)		
								Propertie			
ncon	ne:					Α		B			С
3				3			00.				•
4				4							
xper											
5				5							
6			structions)	6							
7	Cleaning and mai	intena	ince	7		1,8	24.				
8	Commissions .			8							
9	Insurance			9							
10			sional fees	10							
11				11		1,4	00.				
12			to banks, etc. (see instructions)	12							
13				13							
14	-			14		3,1					
15				15		2,8	75.				
16 17				16 17		3,7	12				
17 18	Depreciation ever	 	or depletion	17		2,9					
19				10		4,7	05.				
20		Add lir	nes 5 through 19	20		15,9	35.				
21	•		ne 3 (rents) and/or 4 (royalties). If			,,					
			structions to find out if you must								
				21		-15,3	35.				
22			estate loss after limitation, if any, tructions) .	22	(	15,33	35.)	(	)	(	
23a	Total of all amour	nts rej	ported on line 3 for all rental prop	erties			23a		600.		
b			ported on line 4 for all royalty pro	-			23b				
С			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d		,969.		
е			ported on line 20 for all properties				23e	15	,935.		
24			amounts shown on line 21. Do no				•••		24		
25		•	ses from line 21 and rental real esta							(	15,335.
26			te and royalty income or (loss).								
			d IV, and line 40 on page 2 do n )), line 5. Otherwise, include this a						ו 26		-15,335.

-15,335.

Form <b>4952</b>
Department of the Treasury

## **Investment Interest Expense Deduction**

OMB No. 1545-0191

Attach to your tax return.

Go to www.irs.gov/Form4952 for the latest information.

20**23** Attachment Sequence No. **51** 

Identifying number

804-39-6335

Internal Revenue Service Name(s) shown on return

ADARSH SOMIREDDYGARI

## Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2023 (see instructions)	1	3,356.
2	Disallowed investment interest expense from 2022 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	3,356.

#### Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from		
	the disposition of property held for investment)		
b	Qualified dividends included on line 4a		
С	Subtract line 4b from line 4a	4c	281.
d	Net gain from the disposition of property held for investment 4d		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions4e		
f	Subtract line 4e from line 4d	4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	281.
5	Investment expenses (see instructions)	5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	6	281.
Part	III Investment Interest Expense Deduction		
7	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line		
	3. If zero or less, enter -0	7	3,075.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	281.
			- 4050

For Paperwork Reduction Act Notice, see page 4. BAA

REV 03/07/24 PRO

Form **4952** (2023)

Form <b>4562</b>	Depreciatio
	(Including Infor
Department of the Treasury	Attac
Internal Revenue Service	Go to www.irs.gov/Form4562

Name(s) shown on return

### **Depreciation and Amortization**

ncluding Information on Listed Property)

2023
Attachment Sequence No. <b>179</b>

OMB No. 1545-0172

Attach to your tax return.

rm4562 for	r instructions	and the	latest	information
rm4562 for	rinstructions	and the	latest	information

Business or activity to which this form relates

Identifying number 804-39-6335

Part I	Election To Expense Certain Proper				
ADARSH	SOMIREDDYGARI	Sch	Е	INDIRA	NAGAR

**Note:** If you have any listed property, complete Part V before you complete Part I.

	Note: If you have any listed property, complete Part V before you complete Part I.		
1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing		
	separately, see instructions	5	
6	(a) Description of property (b) Cost (business use only) (c) Elected cost		
7	Listed property. Enter the amount from line 29		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . 13		
Note	e: Don't use Part II or Part III below for listed property. Instead, use Part V.		
Ра	rt II Special Depreciation Allowance and Other Depreciation (Don't include listed property.	See	instructions.)
14	Special depreciation allowance for qualified property (other than listed property) placed in service		
	during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
	Other depreciation (including ACRS)	16	

Section A

17

Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation Sys	tem

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
<b>b</b> 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental	01/23	85,211.	27.5 yrs.	MM	S/L	2,969.
property			27.5 yrs.	MM	S/L	
i Nonresidential real			39 yrs.	MM	S/L	
property				MM	S/L	
Section C-	-Assets Place	d in Service During	2023 Tax Ye	ar Using the Alt	ernative Deprecia	tion System
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	
Part IV Summary	See instructio	ons.)	•			
21 Listed property. En	ter amount fror	m line 28				21
00 Total Add amoun	to from line 10	lines 14 through 17	lines 10 and	00 in column (a)	and line O1 Ente	

22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column	(g), a	nd line 21. Er	nter		
	here and on the appropriate lines of your return. Partnerships and S corporations – see instructions				22	2,969.
	For assets shown above and placed in service during the current year, enter the					
	portion of the basis attributable to section 263A costs	23				

For Paperwork Reduction Act Notice, see separate instructions.

Form <b>8582</b>		Pa	assive Activi	ity Loss Lin	nitations		ON	/IB No. 1545-1008
		See sepa	arate instructions.				2023	
			1040, 1040-SR, or			At	tachment	
	Revenue Service	Go to www.	irs.gov/Form8582 fo	r instructions and	the latest information		_	equence No. 858
	) shown on return						fying nu	
	RSH SOMIRED					804	-39-	6335
Par		Passive Activity Los n: Complete Parts IV a		ting Port I				
						<b>a</b>		
		ctivities With Active P I Real Estate Activities	- ·		tive participation, so	ee <b>Spec</b> ial		
1a	Activities with	net income (enter the a	amount from Part IV	/, column (a)) .	1a			
b		net loss (enter the amo				)		
С	Prior years' un	allowed losses (enter the	he amount from Pa	rt IV, column (c))	<b>1c</b> (	)		
d	Combine lines	1a, 1b, and 1c					1d	
All Ot	her Passive Ac	tivities						
2a	Activities with	net income (enter the a	amount from Part V	, column (a))	<b>2</b> a	0.		
b		net loss (enter the amo				0.)		
с		allowed losses (enter t				10,350.)		
d	-						2d	-10,350.
3	Combine lines	1d and 2d and subtra						
•		stop here and include						
		llowed losses entered						
	normally used						3	-10,350.
	If line 3 is a los	ss and: • Line 1d is a	loss, go to Part II.					
		<ul> <li>Line 2d is a</li> </ul>	loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
		status is married filing	separately and yo	u lived with your	spouse at any tim	e during the	year, e	do not comple
	. Instead, go to							
Par		al Allowance for Re			-			
		Enter all numbers in Par	•		tions for an examp	le.		
4		ller of the loss on line 1					4	
5		0. If married filing separ	-					
6		adjusted gross incom						
		is greater than or equa	I to line 5, skip line	s / and 8 and en	ter -0-			
7	Subtract line 6	erwise, go to line 7.			7			
7		by 50% (0.50). <b>Do not</b> e		000 If marriad fili		notructiona	0	
8		<b>ller</b> of line 4 or line 8. If					8 9	0
Par		Losses Allowed	line 3 includes any				9	0.
10		ne, if any, on lines 1a ar	nd 2a and enter the	total			10	0.
11		allowed from all passiv				1		0.
••		port the losses on your t					11	0.
Par		lete This Part Befor						
				· ·		Ove		n or loop
	Namo	of activity	Curren	it year	Prior years	Over	all gai	n or loss
	Name	JI ACTIVILY	(a) Net income	(b) Net loss	(c) Unallowed	<b>(d)</b> Gain		(e) Loss
			(line 1a)	(line 1b)	loss (line 1c)			
		lines 1a, 1b, and 1c						
	norwork Doduct	ion Act Notico, coo instr	untions					Farma 8582 (00)

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2023)

Form 8582 (2023)									Page 2
Part V Complete This Part Befo	ore P			and 2c. S					
Name of activity		Current year			Prior years		Overall gain or loss		
		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		<b>(d)</b> Gain		<b>(e)</b> Loss
INDIRA NAGAR		0.		0.	10,350.				10,350.
Total. Enter on Part I, lines 2a, 2b, and 2c	<u> </u>	0.		0.		350.			
Part VI Use This Part if an Amou	int Is	s Shown on F	Part II,	Line 9. S	ee instruc	tions.			
Name of activity to		rm or schedule d line number be reported on ee instructions)	<b>(a)</b> Loss		<b>(b)</b> Ratio		<b>(c)</b> Special allowance		<b>(d)</b> Subtract column (c) from column (a).
Total					1.00	<u> </u>			
Part VII Allocation of Unallowed	Loss	ses. See instru	uction	S.	1.00	J			<u> </u>
Name of activity	Form or sch and line nur to be reporte (see instruct		edule nber ed on	(a) L	_OSS	<b>(b)</b> Ratio		(c) Unallowed loss	
NDIRA NAGAR		E Ln 2	2	10,350.		1.00000000		10,350.	
Total       Allowed Losses.       See instructions.				10,350.		1.00		10,350.	
Part VIII Allowed Losses. See inst	ructi								
Name of activity	Form or sci and line nu to be repor (see instruc		nber ed on	<b>(a)</b> L	LOSS	(b) Unallowed lo		(c) Allowed loss	
INDIRA NAGAR		E Ln 22	2	1	10,350.		10,350.		0.
Total				1	10,350.		10,350.		0.

REV 03/07/24 PRO

Form **8582** (2023)