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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

laxpayer's name	Social security number
VIKAS YASALA	469-87-3658
Spouse's name	Spouse's social security number
SANTOSHI SHAMBU	186-29-6224
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r 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	1 77,487.
2 Total tax	2 5,533.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 16,026.
4 Amount you want refunded to you	4 10,493.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	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

	1 ddthonzo			ERO firm name	to enter or generate my r m	Er	Π
X	I authorize	GLOBAL	TAXES	T.T.C	to enter or generate my PIN		_

Ent don	er fiv I't er	/e dig	gits, all ze	but	as my
7	3	6	5	8	

19/02/2024

6

2 2

don't enter all zeros

4

as mv

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

Y.Vikas

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 9 to enter or generate my PIN ERO firm name Enter five digits, but

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 🕨	Date 🕨
Practitioner PIN Method Returns Only	y—continue below
Part III Certification and Authentication – Practitioner PIN Met	thod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-seled	ected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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 🕨						
	his Form — See Instructions the IRS Unless Requested To Do So						
E. D		Fam. 9970 (Days 01 0001)					

Date 🕨

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-	-0074	IRS Use Only	–Do not w	rite or sta	ole in this space.
For the year Jan	. 1–Dec	e. 31, 2023, or other tax year beginning			, 2023, end	ing	I		, 20	See se	oarate ii	nstructions.
Your first name	and mi	 iddle initial	Last na	me						Your so	cial sec	urity number
VIKAS			YASA	T.A						469	87	3658
	oouse's	s first name and middle initial	Last na									security number
SANTOSHI			SHAM	IRII							29	-
		er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign
1824 GI <i>A</i>												ou, or your
		ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co	ode			ointly, want \$3
MONROE			-	-		NC		281	12			d. Checking a lot change
Foreign country	name		1	Foreign p	rovince/state/o	-		Foreig	n postal code	your tax		0
											Yo	u 🗌 Spouse
Filing Status		Single					Head of ho	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had i	ncome)					ι, γ			
one box.		Married filing separately (MFS)		,			Qualifying	surviv	ving spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name o	of your s	pouse. If you	ı che	ecked the HOH	l or QS	SS box, ente	er the chi	ld's nar	ne if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rec	aiva (as	a rowar	h award or	navn	ment for prope	tuor	services): or	(b) sell		
Digital Assets		ange, or otherwise dispose of a dig	•					•	,	. ,	∏Ye	s 🛛 No
Standard		eone can claim: You as a de		<u> </u>			a dependent			,		
Deduction	_	Spouse itemizes on a separate retur			-							
		Were born before January 2, 1		Are b		ouse		n hefc	ore January 2	2 1959		blind
Dependents	-		000 [T	Social security		(3) Relationshi	14				see instructions):
-		irst name Last name		(2)	number		to you	ip	Child tax c		-	other dependents
lf more than four	.,											
dependents,												
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a		98,955.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2 .					. 1b		
W-2 here. Also	с	Tip income not reported on line 1a (see instructions)							. 1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	rm 2441	line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)			•		· ·		. <u>1h</u>		0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)		• •	1 i					
	Z	Add lines 1a through 1h	• •		· · · ·	•				. 1z		98,955.
Attach Sch. B	2a	•	2a		1		axable interest			. 2b		
if required.	<u>3a</u>		3a		1.		ordinary divider			. 3b		1.
Standard	4a		4a				axable amount			. 4b		
Deduction for—	5a		5a				axable amount			. 5b		
 Single or Married filing 	6a	, _	6a				axable amount	t		. 6b	-	
separately,	c	If you elect to use the lump-sum e				`	,	• •	L	-		2 2 2 2
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche						· ·	L		_	-3,000.
jointly or Qualifying	8	Additional income from Schedule	,					· ·		. 8		-18,469.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-				· ·		. 9		77,487.
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		
household, [\$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11	-	77,487.
If you checked	12	Standard deduction or itemized						· ·		. 12	-	27,700.
any box under <i>Standard</i>	13	Qualified business income deduct		ı ⊢orm 8	995 or Form	899	5-A	• •		. 13		07 700
Deduction, see instructions.	14 15	Add lines 12 and 13		· · ·				• •		. 14		27,700.
	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-u This is y	our t	axable incom	е.		. 15		49,787.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	5,533.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	5,533.
	19	Child tax credit or credit for	other dependent	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	5,533.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	5,533.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 16	,026.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	16,026.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return			26	i
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	16,026.
Refund	34	If line 33 is more than line 24						34	10,493.
	35a	Amount of line 34 you want				•	. 🗆 🖪	85a	10,493.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5			Savings		
See instructions.	d	Account number 4 8 8					-		
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			
Designee		structions	•				omplete belo	ow.	🗙 No
		signee's		Phone			onal identifica	tion	
<u></u>	nai			no.			per (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation			•	it you an Identity
	10	ul signature		Date					N, enter it here
Joint return?					SOFTWARE I	DEVELOPER	(see inst	i.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			t your spouse an
Keep a copy for your records.						_	Identity (see inst		ction PIN, enter it here
,			•		HOME MAKEI		,	-)	
		one no. (510) 565-679	8 Preparer's signat	Email address	YASALA.VIK	AS@GMAIL.CC			Check if:
Paid		eparer's name				Date	PTIN		
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/17/2024	P020827		Self-employed
Use Only		m's name GLOBAL TAX			T 00016				678)965-9522
			Y CT E BRU	NSWICK N			Firm's E	.IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

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 2023

Attachment Sequence No. **01** Your social security number 469-87-3658

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

VIKAS YASALA & SANTOSHI SHAMBU

Department of the Treasury

Par	t I 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	ach Schedule E .	5	-18,469.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see	_		
	,	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form	0- (
		<u>8s (</u>	4	
τ	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
u z	Other income. List type and amount:	ou	-	
2		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			
	1040, 1040-SR, or 1040-NR, line 8		10	-18,469.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	basis	governmei	nt	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				1
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
		24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f		24f			
g		24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful				
		24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	
26	Add lines 11 through 23 and 25. These are your adjustments to income.			n	
	Form 1040, 1040-SR, or 1040-NR, line 10		<u></u>	. 26	
	BAA	REV 02	/11/24 PRO	Sched	ule 1 (Form 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.

Attachment Sequence No. **12**

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VIKAS YASALA & SANTOSHI SHAMBU

Your social security number

469-87-3658

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)

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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) 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 Box A checked	60,915.	66,357.	1,8	15.	-3,627.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
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			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-3,627.

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.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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 Box D checked	7,291.	15,197.			-7,906.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F 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	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13	13 Capital gain distributions. See the instructions					
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	-7,906.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-11,533.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ 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 02/11/24 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 return
 Social security number or taxpayer identification number

 VIKAS YASALA & SANTOSHI SHAMBU
 469-87-3658

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	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.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	60,743.	66,178.	W	1,815.	-3,620.	
APEX CLEARING	01/01/23	12/31/23	172.	179.			-7.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	60,915.	66,357.		1,815.	-3,627.			

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VIKAS YASALA & SANTOSHI SHAMBU

Social security number or taxpayer identification number 469-87-3658

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) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	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.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	7,291.	15,197.			-7,906.	
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	lude on your ne 9 (if Box E	7,291.	15,197.			-7,906.		

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.

Normality Control of the transmitter and the set of the set		CHEDULE E Supplemental Income and Loss orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										OMB No. 1545-0074		
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VIKAS YARALA 5 SARVIOSHI SIMABU 469-57-3638 Partial Increme or Loss From Renat Real Extate and Royalties Mote: Iyou are an individual, report farm mental increme or loss from Form 4893 or gaze 2, line 40. Vikas form Constant Simple				do to www.ns	gov/Scheduler Iol	i ilistru			itest in		Yourso			
Income or Loss From Rental Real Estate and Royalties metal income or loss from Form 495 on page 2, line 40. Second Require you to file Form(\$) 1099? Image: Rest of the second require you to file Form(\$) 1099? 1a Physical address of each property (street, city, state, ZIP code) Image: Rest of the second require you to file Form(\$) 1099? Image: Rest of the second require you to file Form(\$) 1099? Image: Rest of the second require you to file Form(\$) 1099? Image: Rest of the second require you to file Form(\$) 1099? Image: Rest of the second rest of the second require you to file Form(\$) 1099? Image: Rest of the second	. ,		SANTO	SHT SHAMBU								-	lamber	
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A Did you make any payments in 2023 that would require you to file Form(s) 10997 See instructions . Yes No 18 Prysecal address of each property (street, city, state, ZIP code) Yes No 8 Yes Yes No 8 Yes Yes No 8 Yes Yes No 1 Single Family Residence 2 For each rental real estate property listed above, report the number of fair rental and qualified joint venture. See instructions. A 3 3 3 3 3 3 3 3 3 3 3 1		Note: If yo	ou are in th	ne business of ren	ting personal proper	ty, use	Schedule	c . See	e instru	ctions. If you a	re an in	dividual, rep	ort farm	
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A 1-5-949/1 VISHNUS OM SHANT HYDERABAD TELANGANA IN 500060 B C												te	S [] NO	
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d Total of all amounts reported on line 18 for all properties 23d 3,789. e Total of all amounts reported on line 20 for all properties 23e 19,268. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2. 26 -18,469.									-					
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Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -18, 469.	26													
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For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

D-40 < Stap				16-23 our	Individ							2023 Revenue	Use				
Retu	urn ar	d W-2	2s Hei	re					ended				Only				
		r year	2023,	-	ear beginning	1			and er	nding			Are you a ve				
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	PRIYA		SAGAR	GUPT	02	17 Date	24	(678) 965–9522 Preparer's Contact Phone Number (Include area code)	P02082703 Preparer's FEIN, SSN, or PTIN
Paid Preparer's Signature Date Preparer's Contact Phone Number (Include area code)									

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 2023 Page 2 (50)

Last Name (First 10 Characters)	YASALA
	111011011

Your Social Security Number

469873658

6.	Federal Adjusted Gross Income	6.	95956
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	95956
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	Ν
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	70456
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	70456
15.	N.C. Income Tax	15.	3347
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	3347
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3347
North	Carolina Income Tay Withhold		
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	4219
20b.	Spouse's tax withheld	20b.	0
	Tax Payments		
21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	4219
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	4219
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU			
00-	Exception to Underpayment of Estimated Tax	EU	0
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Interest on the Underpayment of Estimated Income Tax Pay this Amount	26e. 27.	0
	Interest on the Underpayment of Estimated Income Tax	26e.	-
27. 28.	Interest on the Underpayment of Estimated Income Tax Pay this Amount	26e. 27.	0
27. 28. <u>Amol</u>	Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment nt of Refund to Apply to:	26e. 27. 28.	0 872
27. 28. <u>Amou</u> 29.	Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax	26e. 27. 28. 29.	0
27. 28. <u>Amou</u> 29. 30.	Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	26e. 27. 28.	0 872
27. 28. <u>Amou</u> 29.	Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	26e. 27. 28. 29. 30.	0 872 0 0
27. 28. <u>Amou</u> 29. 30. 31.	Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund N.C. Breast and Cervical Cancer Control Program	26e. 27. 28. 29. 30. 31.	0 872 0 0 0
27. 28. <u>Amot</u> 29. 30. 31. 32.	Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2024 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	26e. 27. 28. 29. 30. 31. 32.	0 872 0 0 0 0

D-400 Line-by-Line Information