Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submissio	on Identification Number (SID)			
Taxpayer's na	ame	Social securit	y number	
RAJASH	EKAR REDDY JANKI	797-49-	-4526	
Spouse's nar	me	Spouse's soc	ial security number	
	RI REDDY GUDA	988-92		
	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re authorizing.)	
	le dollars only on lines 1 through 5.			
	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1	
-	justed gross income			737.
	tal tax			563.
	deral income tax withheld from Form(s) W-2 and Form(s) 1099			341.
	nount you want refunded to you		5 1,	778.
Part II	nount you owe		-	۵)
	alties of perjury, I declare that I have examined a copy of the income tax return (original or amended)		-	
to send my for any dela Agent to ini payment of authorizatio payment, I business da taxes to re- personal ide	inal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject ay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. itiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicing federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requays prior to the payment (settlement) date. I also authorize the financial institutions involved in the pacetification number (PIN) below is my signature for the income tax return (original or amended) I am Funds Withdrawal Consent.	ction of the tr S. Treasury are tated in the ta to debit the the authoriza ests must be processing of syment. I furt	ansmission, (b) the nd its designated Fi to preparation softwhen the entry to this accountion. To revoke (case received no later the electronic payrher acknowledge the soft its designation of the electronic payrher acknowledge	reason inancial vare for nt. This ancel) a than 2 ment of that the
	's PIN: check one box only			
	authorize GLOBAL TAXES LLC to enter or generate n	ov DINI 9	4 5 2 6	as my
_	ERO firm name ignature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but n't enter all zeros	as my
	, ,		01 1 11 1	
if	will enter my PIN as my signature on the income tax return (original or amended) I am no you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Your signa	ature ▶ Date ▶			
-	PIN: check one box only			
XI	authorize GLOBAL TAXES LLC to enter or generate n	_		as my
e	ignature on the income tax return (original or amended) I am now authorizing.		er five digits, but n't enter all zeros	
	will enter my PIN as my signature on the income tax return (original or amended) I am no	w authorizir	na Check this ho	v only
if	is you are entering your own PIN and your return is filed using the Practitioner PIN method relow.			
Spouse's	signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part III	Certification and Authentication — Practitioner PIN Method Only			
ERO's EF	IN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 0 8 2 7 er all zeros	1
authorized	It the above numeric entry is my PIN, which is my signature for the electronic individual income tax to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submits of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Ind	tting this retu	rn in accordance v	
ERO's sign	nature ▶ Date ▶			
Li to a aigi	ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or staple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instructions.
Your first name	and mi	iddle initial	Last na	ame						Your so	ocial security number
RAJASHE	KAR I	REDDY	JANE	ΚI						797	49 4526
		s first name and middle initial	Last na							Spouse	's social security numbe
TEJASRI	REDI	DY	A						988	92 7155	
		er and street). If you have a P.O. box, see						A	pt. no.		ential Election Campaign
9400 WAI	DE BI	LVD						4	24	ı	here if you, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c		spouse	if filing jointly, want \$3
FRISCO						TX	ζ	750	35		this fund. Checking a low will not change
Foreign countr	y name			Foreign p	rovince/state/o				n postal code		x or refund.
										*	You Spouse
Filing Status	. [Single					Head of ho	ouseh	old (HOH)		
_		Married filing jointly (even if only or	ne had	income)					0.0 ()		
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(OSS)	
one box.	If v	ou checked the MFS box, enter the	name	of vour s	nouse If you	ı che					ild's name if the
		alifying person is a child but not you			podoc. II you	1 0110		01 00	oo box, onto	71 ti 10 011	na s name ii tile
Digital		ny time during 2023, did you: (a) rec						-			
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial intere	est ir	n a digital asset	t)? (Se	ee instruction	ns.)	X Yes ☐ No
Standard	Som	eone can claim: You as a de	pender	nt 🗌	Your spouse	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	<u> </u>				
Age/Blindnes	s You:	: Were born before January 2, 1	959 [Are b	lind Spo	use	: Was bori	n befo	ore January 2	2. 1959	Is blind
Dependent				T	•		(3) Relationshi				ifies for (see instructions)
•		(1) First name Last name		(2) Social security number (3) Relationship to you			p	Child tax c	-	Credit for other dependents	
If more than four	()										Π .
dependents,											
see instruction	s —										
and check here	1 —										
	1a	Total amount from Form(s) W-2, b	ov 1 (se	a instruc	rtions)					. 1a	116,899.
Income	b	Household employee wages not re								. 16	
Attach Form(s)		Tip income not reported on line 1a								. 10	
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep	,		•					. 10	
W-2G and		Taxable dependent care benefits f				istru				. 16	
1099-R if tax	e	Employer-provided adoption bene			-	•				. 16	
was withheld. If you did not	f		ills iroi	II FOIIII d	5639, III le 29	•					_
get a Form	g	Wages from Form 8919, line 6 .				•				. 10	
W-2, see	h :	Other earned income (see instruction (see instruction)				•	٠	i .		. <u>1</u> h	· ·
instructions.	i -	Nontaxable combat pay election (s	see msi	ructions)		•	<u>li</u>				116,899.
All 1 C : 5		Add lines 1a through 1h	2a		· · · ·		axable interest			. 1z	<u> </u>
Attach Sch. B if required.	2a	'								. 2b	
	3a		3a				ordinary divider			. 3b	
Standard	4a	-	4a				axable amount			. 4b	
Deduction for—	5a		5a				axable amount			. 5b	
 Single or Married filing 	6a	,	6a				axable amount			. 6b)
separately, \$13,850	C	If you elect to use the lump-sum e							L	╣┞ <u>.</u>	2 000
 Married filing 	7	Capital gain or (loss). Attach Sche					•		L	- 7 - 0	<u> </u>
jointly or Qualifying	8	Additional income from Schedule								. 8	· ·
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9	
\$27,700 • Head of	10	Adjustments to income from Sche								. 10	
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11	<u> </u>
If you checked	12	Standard deduction or itemized								. 12	· ·
any box under Standard	13	Qualified business income deducti	on fron	n Form 8	995 or Form	899	5-A			. 13	
Deduction,	14		٠.							. 14	'
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter	-0 This is ye	our t	taxable incom	е.		. 15	75,037.

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	8,563.		
Credits	17	Amount from Schedule 2, line	3					17			
	18	Add lines 16 and 17						18	8,563.		
	19	Child tax credit or credit for o	ther dependent	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	8,563.		
	23	Other taxes, including self-em	nployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is ye	our total tax					24	8,563.		
Payments	25	Federal income tax withheld f	rom:								
-	а	Form(s) W-2				25a 10	,341.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						25d	10,341.		
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20)22 return			26			
qualifying child,	27	Earned income credit (EIC) .				27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit for	rom Form 8863	, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line									
	32	Add lines 27, 28, 29, and 31.	32								
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				33	10,341.		
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	1,778.		
	35a	Amount of line 34 you want re			is attached, chec	k here	. 🗆	35a	1,778.		
Direct deposit?	b	Routing number 3 2 2			c Type:	Checking	Savings				
See instructions.	d	Account number 7 1 1 6 3 8 5 5 6									
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24.									
You Owe	00	For details on how to pay, go	_	-		1 1		37			
	38	Estimated tax penalty (see ins				38					
Third Party Designee		you want to allow another structions	•				omolete	helow	⊠ No		
Designee		esignee's		Phone			onal ident		IN NO		
		me		no.		ber (PIN)					
Sign		der penalties of perjury, I declare that lief, they are true, correct, and comp									
Here				Date	Your occupation	1		nt you an Identity			
	10	Your signature		Date	Tour occupation				IN, enter it here		
Joint return?					SOFTWARE D	EVELOPER	(see	e inst.)			
See instructions. Keep a copy for		ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupati	on			nt your spouse an		
your records.				HOME MAKEF		Identity Protection PIN, enter it here (see inst.)					
	Ph	Phone no. (210) 997-2177 Email address SHEKARREDDY264@GMAIL.COM				MC					
D.:.I	Pre		Preparer's signat	ure		Date	PTIN		Check if:		
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/08/2024	P0208	32703	Self-employed		
Preparer									Phone no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			n's EIN	84-3171965		
<u> </u>		4040 ()							- 1040		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

uon.		Sequence No. 01
	Your soc	ial security number
	797-49	-4526

R JA	NKI & T GUDA			797-49-4	526				
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								
4	Other gains or (losses). Attach Form 4797			4					
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach S	chedule E	. 5	-11,162.				
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								
h	Jury duty pay								
i	Prizes and awards	8i							
j	Activity not engaged in for profit income								
k	Stock options	8j 8k							
ı	Income from the rental of personal property if you engaged in the rental								
	for profit but were not in the business of renting such property	81							
m	Olympic and Paralympic medals and USOC prize money (see								
	instructions)	8m							
n	Section 951(a) inclusion (see instructions)	8n							
0	Section 951A(a) inclusion (see instructions)	80							
р	Section 461(I) excess business loss adjustment	8p							
q	Taxable distributions from an ABLE account (see instructions)	8q							
r	Scholarship and fellowship grants not reported on Form W-2	8r							
s	Nontaxable amount of Medicaid waiver payments included on Form								
	1040, line 1a or 1d	8s	()					
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 F	orm =					
	1040, 1040-SR, or 1040-NR, line 8			10	-11,162.				

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			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	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	' ' '	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g		24g			
_	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10			26	

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Interna	al Revenue Service	Go to www.irs.gov/ScneauleD to	or instructions and	tne latest informati	on.		3	sequence No. 12
	e(s) shown on return JANKI & T GU	DA						curity number
		v investment(s) in a qualified opportunity	fund during the ta	x year?	XN			
If "Y	es," attach Form 8	949 and see its instructions for additiona	al requirements for	reporting your ga	in or los	ss.		
Pa	rt I Short-Te	erm Capital Gains and Losses—Gei	nerally Assets I	Held One Year o	r Less	s (see	e ins	tructions)
lines This	below.	w to figure the amounts to enter on the er to complete if you round off cents to	(d) Proceeds (sales price)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)			(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a	1099-B for which which you have However, if you	rt-term transactions reported on Form basis was reported to the IRS and for e no adjustments (see instructions). Choose to report all these transactions ave this line blank and go to line 1b.						
1b	Totals for all trans Box A checked	sactions reported on Form(s) 8949 with	55 , 966.	70 , 489.		7,2	08.	-7 , 315.
2	Totals for all trans Box B checked	sactions reported on Form(s) 8949 with						
3	Totals for all trans Box C checked	sactions reported on Form(s) 8949 with						
4	Short-term gain f	rom Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	24 .		4	
5		gain or (loss) from partnerships, S	S corporations,	estates, and tru		om	5	
6	` '	al loss carryover. Enter the amount, if an	y, from line 8 of y	our Capital Loss	_		6	(24,797.
7	Net short-term	capital gain or (loss). Combine lines 1as or losses, go to Part II below. Otherwise	through 6 in colu	mn (h). If you have	any loi	ng-	7	-32,112.
Par		rm Capital Gains and Losses—Ger						
See lines	instructions for ho	w to figure the amounts to enter on the	(d)	(e)		(g) stment	s	(h) Gain or (loss) Subtract column (e)
This		er to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)			from column (d) and combine the result with column (g)
8a	1099-B for which which you have However, if you	g-term transactions reported on Form basis was reported to the IRS and for e no adjustments (see instructions). Choose to report all these transactions ave this line blank and go to line 8b.						
8b	Totals for all trans Box D checked	sactions reported on Form(s) 8949 with						
9	Totals for all trans Box E checked	sactions reported on Form(s) 8949 with						
10	Totals for all trans Box F checked.	sactions reported on Form(s) 8949 with						
11		4797, Part I; long-term gain from Forms		and long-term gai	n or (lo	ss)	4.4	
10		, 6781, and 8824		truete from Sobod	· · ·	.	11 12	
			ons, estates, and		uic(S) N	~'	13	
		I loss carryover. Enter the amount, if any		our Capital Loss	Carryo	ver		
• •	Workshoot in the		,		, 0		44	,

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

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -32,112. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

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

R JANKI & T GUDA

Social security number or taxpayer identification number

797-49-4526

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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)

) Short-term transactions) Short-term transactions				sis wasn't report	ed to the If	RS	
1	(a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	Adjustment, if you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
Robinh	ood Securities LLC	01/01/23	12/12/23	55,966.	70,489.	W	7,208.	-7, 315.
negat Sched	s. Add the amounts in column: ive amounts). Enter each tota dule D, line 1b (if Box A above is checked), or line 3 (if Box	lude on your ne 2 (if Box B	55,966.	70,489.		7,208.	-7,315.	

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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

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

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

R J	ANKI & T GUDA						797-4	9-4526	
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use S	Schedule	C. See	instru	ctions. If you	are an indi	vidual, rep	ort farm
		4 - 61 - F	· /- \ d	0000.0	\ !	4			es 🗵 No
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions								
В								. ∐ Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ode)							
Α	HNO:1-91, RAMCHANDRAPOR KARIMNAGAR TEI	LANGAI	NI AV	505	531				
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair real estate.						Persor Da	QJV	
Α	g personal use days. Check the Q			Α		290		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quaimed joint venture. See instru	ictions.		С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
						Propert			
Incon	ne.			A		В	103.		С
3	Rents received	3			19.				
4	Royalties received	4			1).				
Expe	neae:	+ + +							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	24.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,7	85.				
12	Mortgage interest paid to banks, etc. (see instructions)	12			•••				
13	Other interest	13							
14	Repairs	14		3,2	84.				
15	Supplies	15	3,748.						
16	Taxes	16							
17	Utilities	17		2,1	40.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,8	81.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must								
	file Form 6198	21	_	11,1	62.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (-	11,16	i2.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		719.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	11	1,881.		
24	Income. Add positive amounts shown on line 21. Do not		e any los	ses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses he	re 25	(11,162.
26	Total rental real estate and royalty income or (loss).	Combin	e lines 2	24 and	25. E	nter the resi	ult		
	here. If Parts II, III, and IV, and line 40 on page 2 do no	t apply	to you,	also e	nter th	nis amount o			
	Schedule 1 (Form 10/10) line 5. Otherwise include this ar	mount i	n the tot	al on li	na /11	on nage 2	00		_11 162