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 | write or staple in this space. | |
|--|---------------|--|----------|-----------|-----------------|--------|------------------|------------------|---------------|-----------------------------------|--|----------|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, endi | ing | | | , 20 | See se | parate instructions. | |
| Your first name | iddle initial | Last na | ame | | | | | | Your so | ocial security number | _ | |
| AKHIL V | ARMA | | PENU | JMATCH | ΗA | | | | | 889 | 81 4172 | |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | | | Spouse | 's social security numb | е |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | | A | Apt. no. | Preside | ential Election Campai | _ gr |
| _1125 RUS | SKWA | Y | | | | | | | | | here if you, or your | |
| | | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | te | ZIP c | ode | | if filing jointly, want \$ | |
| LEWISVI | LLE | | | | | TX | ζ | 750 | 77 | | o this fund. Checking a low will not change | 1 |
| Foreign country | y name | | | Foreign p | rovince/state/o | count | ty | Foreig | n postal code | | x or refund. | |
| | | | | | | | | | | | You Spou | se |
| Filing Status | s X | Single | ' | | | | ☐ Head of ho | useh | old (HOH) | • | | |
| Check only | | Married filing jointly (even if only or | ne had | income) | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | Qualifying | surviv | ing spouse | (QSS) | | |
| | If y | ou checked the MFS box, enter the | name | of your s | pouse. If you | ı che | ecked the HOH | or Q | SS box, ente | er the ch | ild's name if the | |
| | qu | alifying person is a child but not you | ır depe | ndent: | | | | | | | | |
| Digital | Δtar | ny time during 2023, did you: (a) rec | oiva (as | a rewar | d award or i | navr | ment for proper | ty or | sarvicas): or | (h) sell | | _ |
| Digital Assets | | ange, or otherwise dispose of a digital | | | | - | | - | | | Yes X No | |
| Standard | | eone can claim: You as a de | | | | | a dependent | , , | | , | | _ |
| Deduction | | Spouse itemizes on a separate retur | n or yo | u were a | dual-status a | alien | 1 | | | | | |
| Age/Blindnes | s You: | : Were born before January 2, 1 | 959 | Are b | lind Spo | use | : Was born | n befo | ore January 2 | 2, 1959 | ☐ Is blind | |
| Dependent | s (see | instructions): | | (2) | Social security | | (3) Relationshi | p (4 |) Check the b | ox if qual | ifies for (see instruction | s) |
| If more | (1) F | (1) First name Last name | | number | | to you | | Child tax credit | | Credit for other depender | nts | |
| than four | | | | | | | | | | | | |
| dependents, see instruction | s —— | | | | | | | | | | | |
| and check | . — | | | | | | | | | | | |
| here | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | | | | | | | | . 18 | 81,060 | • |
| Attach Form(s) | b | Household employee wages not re | eported | on Form | n(s) W-2 | | | | | . 1k |) | _ |
| 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 | ictions) | | | . 10 | d | _ |
| 1099-R if tax | е | Taxable dependent care benefits f | | | | | | | | . 16 | | _ |
| was withheld. | f | Employer-provided adoption bene | fits fro | m Form 8 | 3839, line 29 | | | | | . 11 | | _ |
| If you did not get a Form | g | Wages from Form 8919, line 6 . | | | | | | | | . 10 | | _ |
| W-2, see | h | Other earned income (see instruct | , | | | | | · · | | . 1h | 0 | <u>-</u> |
| instructions. | i | Nontaxable combat pay election (s | see inst | ructions) |) | • | <u>li</u> | | | | 01 060 | |
| | <u>z</u> | Add lines 1a through 1h | | | · · · · | | | | | . 12 | - | _ |
| Attach Sch. B if required. | 2a | ' | 2a | | | | axable interest | | | . 2k | | <u>.</u> |
| | 3a | | 3a | | | | ordinary dividen | | | . 3k | | _ |
| Standard | 4a | - | 4a | | | | axable amount | | | . 4k | | _ |
| Deduction for— | 5a | | 5a | | | | axable amount | | | . 5k | | _ |
| Single or Married filing | 6a | , | 6a | moth | | | axable amount | | | . 6k |) | _ |
| separately, \$13,850 | C 7 | If you elect to use the lump-sum e | | | | | | | L | ╡┞ | _1 400 | |
| Married filing | 7 | Capital gain or (loss). Attach Sche | | | • | | • | | L | - 7 0 0 | 1 | |
| jointly or Qualifying | 8 9 | Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | | . 8 . 9 | | |
| surviving spouse, \$27,700 | 10 | | | - | | | | | | . <u>9</u> . 10 | | <u>.</u> |
| Head of | | Adjustments to income from Sche Subtract line 10 from line 9. This is | | | | | | | | . 11 | | _ |
| household, \$20,800 | 11 | Standard deduction or itemized | - | | | | | | | . 12 | | |
| If you checked any box under | 12 13 | Qualified business income deduction | | | | | | | | . 13 | | • |
| Standard | 14 | A 111 40 140 | | | | 000 | υ Λ | | | . 14 | | _ |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | our I | taxable income | е | | - | | |
| | | | | ., | | | | | | | | |

| Form 1040 (2023 | 3) | | | | | | | | Page Z | |
|---------------------------------------|------|--|-------------------------|----------------------|---------------------|-----------------------|-----------|--|--|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | з 🗌 | | 16 | 6,599. | |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 6,599. | |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | ne 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | 3. If zero or less, | enter -0 | | | | 22 | 6,599. | |
| | 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 | 6,599. | |
| Payments | 25 | Federal income tax withheld | I from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 11 | .,395. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 11,395. | |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 |)22 return | | | 26 | | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | No . | 27 | | | | |
| allacii Scii. ElC. | 28 | Additional child tax credit from | m Schedule 8812 | 2 | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | ndable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 11,395. | |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amoun | t you overpaid | | 34 | 4,796. | |
| | 35a | Amount of line 34 you want | | | is attached, chec | k here | . 🗆 | 35a | 4,796. | |
| Direct deposit? | b | Routing number 1 1 1 | | | c Type: | Checking | Savings | | | |
| See instructions. | d | Account number 5 9 1 | 8 2 2 3 | 5 5 | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | _ | - | | 38 | | | | |
| Third Party | Do | you want to allow another | | | | See | | | | |
| Designee | | , | • | | | | omplete | below. | ⋈ No | |
| J | | esignee's | | Phone | | onal ident | ification | | | |
| | | me | | no. | | | ber (PIN) | | | |
| Sign | | der penalties of perjury, I declare t lief, they are true, correct, and com | | | | | | | | |
| Here | | | | | , , , I | | | | nt you an Identity | |
| | YO | ur signature | | Date Your occupation | | | | | nt you an identity 'IN, enter it here | |
| Joint return? | | | | | SOFTWARE DEVELOPER | | | inst.) | , | |
| See instructions. | | ouse's signature. If a joint return, | both must sign. | Date | Spouse's occupation | on | | | nt your spouse an | |
| Keep a copy for your records. | | <u> </u> | | | | | | Identity Protection PIN, enter it here (see inst.) | | |
| | Ph | one no. (210) 396-282 | 5 | Email address | AKHILPVZM@ | GMAIL.COM | | | | |
| Poid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| Paid | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/16/2024 | P0208 | 2703 | Self-employed | |
| Preparer | Fir | m's name GLOBAL TA | XES LLC | | | | Pho | ne no. | (678) 965-9522 | |
| Use Only | | | | | | | | n's EIN | 84-3171965 | |
| | | | | | | | | | | |

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

AKHIL VARMA PENUMATCHA

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.

Attachment Sequence No. 01 Your social security number

889-81-4172

| 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. Att | | 5 | -14,381. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (| _) | |
| 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 . Ente | r here and on Form | | 1 |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -14,381. |

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-basis government | nent | |
| | 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 | | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | |
| 17 | Self-employed health insurance deduction | . 17 | |
| 18 | Penalty on early withdrawal of savings | | |
| 19a | Alimony paid | | a |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions): | | |
| 20 | IRA deduction | | |
| 21 | Student loan interest deduction | | |
| 22 | Reserved for future use | | |
| 23 | Archer MSA deduction | . 23 | |
| 24 | Other adjustments: | | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8l from the | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | | |
| d | Reforestation amortization and expenses | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | |
| _ | 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 | | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | . 26 | |

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

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**

| | Name(s) shown on return AKHIL VARMA PENUMATCHA 889-8 | | | | | | | |
|---|---|----------------------------------|--|---------------------------------------|------------------------|---|--|--|
| - | you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona | _ | - | | | | | |
| Pa | Short-Term Capital Gains and Losses—Ge | nerally Assets I | Held One Year | or Less (s | see ins | tructions) | | |
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustm to gain or lo Form(s) 894 | ss from 9, 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 | | | | | | | |
| 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 (le | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | | | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | • | estates, and tr | rusts from | 5 | | | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | y, from line 8 of y | | _ | . 6 | (| | |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | | | 7 | | | |
| Pa | t II Long-Term Capital Gains and Losses—Ger | nerally Assets H | leld More Than | One Yea | r (see i | 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) Adju Cost to gain (or other basis) Form(s) | | ss from 9, Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) | | |
| | 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. | | | iiile 2, coit | iiiii (g) | with column (g) | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | 620. | 2,109. | | | -1,489. | | |
| 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 | | | | | | | |
| | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | | | 11 | | | |
| | Net long-term gain or (loss) from partnerships, S corporat | | | ٠,, | 12 | | | |
| | Capital gain distributions. See the instructions | | | | 13 | | | |
| | 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 | through 14 in co | lumn (h). Then, go | o to Part II | | | | |

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,489.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ 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 1,489.) • (\$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 (2023) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AKHIL VARMA PENUMATCHA

Social security number or taxpayer identification number 889-81-4172

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.

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

| ☐ (E) Long-term transactions☐ (F) Long-term transactions 1 (a) Description of property | • | . , | • | (e) Cost or other basis See the Note below | Adjustment, i | (h) Gain or (loss) Subtract column | | |
|---|-----------------|--------------------------------|-------------------------------------|--|-------------------------------------|--|--|--|
| (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 | (g) Amount of adjustment | from column (d) combine the res with column (g | |
| Robinhood Securities LLC | 01/01/23 | 12/31/23 | 620. | 2,109. | | | -1,489 | |
| | | | | | | | | |

| Robinhood Securities LLC | 01/01/23 | 12/31/23 | 620. | 2,109. | | -1,489. |
|---|---|--------------------------------|------|--------|--|---------|
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| | | | | | | |
| 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 I | I here and inc is checked), lir | lude on your ne 9 (if Box E | 620. | 2,109. | | -1,489. |

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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number 000 01 /170

| AKH. | LL VARMA PENUMATCHA | | | | | 88 | 9-81-4. | L / Z | |
|------|--|------------|----------------------|---------------------|-------------------|--------------------|----------------|-------------|-------|
| Par | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper | nd Roya | alties Schedule C | See in | estructions If vo | ou are ai | n individual | report fa | rm |
| | rental income or loss from Form 4835 on page 2, line 40. | rty, doc C | Jonedale C | J. 000 II | ou douono. Il ye | ou alo al | ii iiiaiviaaai | , roport ia | |
| | Did you make any payments in 2023 that would require you | | | | | | | | No |
| В | If "Yes," did you or will you file required Form(s) 1099? . | | | | | | [| Yes | No |
| 1a | Physical address of each property (street, city, state, ZIF | P code) | | | | | | | |
| Α | PLOT NO 28, SAI BABA NAGAR VIZIANAGARAN | M ANDH | HRA PRA | DESH | IN 53500 |)3 | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair | rental a | ind | Fair Rental Days | Pe | ersonal Us Days | se (| QJV | |
| Α | personal use days. Check the Q | | | Α | 365 | | 0 | | |
| В | if you meet the requirements to find a qualified joint venture. See instru | | | В | | | | | |
| С | quained joint venture. See institu | actions. | | С | | | | | |
| Гуре | of Property: | | | | | | | | |
| 1 | Single Family Residence 3 Vacation/Short-Term Ren | ntal | 5 Land | | 7 Self-Rent | | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Royalti | ies | 8 Other (de | scribe) | | | |
| | | | | | | erties: | | | |
| ncor | ne. | | Δ | ` | Пор | B | | С | |
| 3 | Rents received | 3 | | 64 | 8 | | | | |
| 4 | Royalties received | 4 | | 0 1 | - | | | | |
| | nses: | + • + | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 2,16 | 5. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 2,23 | 1. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | · | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 2,73 | 3. | | | | |
| 15 | Supplies | 15 | | 2,89 | 0. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 2,51 | 8. | | | | |
| 18 | Depreciation expense or depletion | 18 | | 2,49 | 2. | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 1 | 15,02 | 9. | | | | |
| 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 | -1 | 4,38 | 1. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (| 14 | 4 , 381 | .)(| |)(| |) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | _ | .3a | 64 | 48. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 3b | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | _ | .3c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | _ | 3d | 2,49 | | | |
| е | Total of all amounts reported on line 20 for all properties | | | _ | :3e | 15,02 | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | • | | | | 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | | | | | | 25 (| 14,3 | 381.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no | | | | | | | | 2.01 |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this at | inount ir | n the total | i on line | 41 on page 2 | ∠ . | 26 | -14 | ,381. |