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

Submission Identification Number (SID)				
Taxpayer's name	Social secu	rity numb	er	
ROMIL DOSHI	886-36	5-6072	2	
Spouse's name	Spouse's so	cial secu	ırity number	
Part I Tax Return Information — Tax Year Ending December 31,	2023 (Enter year you	are aut	horizing.)
Enter whole dollars only on lines 1 through 5.				<u>,</u>
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1		,948.
2 Total tax		2		<u>,</u> 509.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<u>,657.</u>
4 Amount you want refunded to you		4	2	,148.
5 Amount you owe		5 of v	our rotu	rn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (origin	<u> </u>			
return (original or amended) I am now authorizing. I consent to allow my intermediate service p to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finanthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment capayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment capayment says prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original of Electronic Funds Withdrawal Consent.	r reason for rejection of the authorize the U.S. Treasury on account indicated in the nancial institution to debit then to terminate the authoriancellation requests must linvolved in the processing elated to the payment. I further the authorian treasure in the processing the state of the payment.	transmis and its contact tax prepulse entry to the received of the electron and the race of the acceptance of the acceptance accepta	ssion, (b) the designated paration soft to this according revoke (oved no late ectronic parknowledge	ne reason Financial fitware for bunt. This cancel) a er than 2 syment of that the
Taxpayer's PIN: check one box only		$\overline{}$		
	r or generate my PIN	5 6 C	7 2	ac my
ERO firm name signature on the income tax return (original or amended) I am now authorizin	o E		digits, but r all zeros	as my
I will enter my PIN as my signature on the income tax return (original or and if you are entering your own PIN and your return is filed using the Practitio below. Your signature	ended) I am now authoriz			
Spouse's PIN: check one box only		\top		
to ente	r or generate my PIN		-1:-:4- 14	as my
signature on the income tax return (original or amended) I am now authorizir			digits, but r all zeros	
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practitio below.	ended) I am now authoriz			
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—con				
Part III Certification and Authentication — Practitioner PIN Method C	Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P		6 0	8 2 7	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic indivauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm trequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	that I am submitting this re	turn in a	ccordance	
ERO's signature ▶	Date ►			
ERO Must Retain This Form — See Ins Don't Submit This Form to the IRS Unless Req				

Department of the Treasury – Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan	n. 1–C	ec. 31, 2023, or other tax year beginn	ing	, 2023	, ending	:	20	See separate instructions.
Your first name	and r	middle initial	Last na	ame			Your ide	entifying number
	(sec			(see inst	see instructions)			
ROMIL			DOSH	I			886-	36-6072
Home address ((numl	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.
51 SMITH	STR	EET						51C
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP code
ROXBURY C	ROS	SING				MA		02120
Foreign country	nam	е	Foreigr	n province/state/county	,	Foreign	postal cod	de
Filing Status	×	Single	arately (N	MFS) Qualify	ing surviving spouse	(QSS)	☐ Est	ate Trust
	lf :	you checked the QSS box, enter the o	child's na	ame if the qualifying pe	rson is a child but not	your dep	endent:	
Check only one box.								
Digital Assets	At a	ny time during 2023, did you: (a) recei	ve (as a	reward, award, or payr	nent for property or se	ervices): c	or (b) sell. e	exchange, or
Digital / 100010	othe	erwise dispose of a digital asset (or a f	inancial	interest in a digital asse	et)? (See instructions.)			. 🗌 Yes 🔀 No
Dependents						(4) Ch	eck the box	if qualifies for (see inst.):
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(2) Polationahin to ve	Ch	ild tax credi	t Credit for other
		(1) First name Last name		identilying number	(3) Relationship to yo	ou		dependents
If more than four								
dependents, see								
instructions and check here							$\overline{\Box}$	
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. 1a	54,098.
Effectively	b	Household employee wages not rep	`	,				01/0301
Connected	c	Tip income not reported on line 1a (s		` '				
With U.S.	d	Medicaid waiver payments not report		•				
Trade or	e	Taxable dependent care benefits fro						
Business	f	Employer-provided adoption benefit		·				
240000	g	Wages from Form 8919, line 6		·				
Attach	h	Other earned income (see instruction	ns) .				. 1h	
Form(s) W-2, 1042-S,	i	Reserved for future use			1i			
SSA-1042-S,	j	Reserved for future use					. 1j	
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from line 1(e)						
here. Also attach	z	Add lines 1a through 1h			IK		. 1z	54,098.
Form(s)	2a	Tax-exempt interest 2a	1		xable interest		. 2b	622.
1099-R if tax was		Qualified dividends 3a			dinary dividends .		. 3b	022.
withheld.	4a	IRA distributions 4a			xable amount			
If you did not	5a	Pensions and annuities 5a			xable amount		-	
get a Form	6	Reserved for future use	· .				. 6	
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	ıle D (Fo	rm 1040) if required. If r	not required, check he	ere	□ 7	
	8	Additional income from Schedule 1 (Form 10	040), line 10			. 8	-9,772.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your total effectively	connected income		. 9	44,948.
	10	Adjustments to income from Schedincome	,	**	•			
	11	Subtract line 10 from line 9. This is y						44,948.
	12	Itemized deductions (from Schedu						
		deduction (see instructions)	,	" .		-	I	13,850.
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995	5-A . 13a			
	b	Exemptions for estates and trusts or	nly (see i	nstructions)	13b			
	С	Add lines 13a and 13b					. 13c	
	14							13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your t a	axable income .		. 15	31,098.

Form 1040-NR (2023)									Page 2
Tax and	16	Tax (see instructions). Check if ar	y from For	rm(s): 1	314 2 🗌	4972	3 🗌		16	3,509.
Credits	17	Amount from Schedule 2 (Form	1040), line	3					17	0.
	18	Add lines 16 and 17							18	3,509.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Form	า 1040)			19	
	20	Amount from Schedule 3 (Form	1040), line	8					20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0					22	3 , 509.
	23a	Tax on income not effectively co	nnected w	vith a U.S. trade	or business fro	m				
		Schedule NEC (Form 1040-NR),	line 15 .			238	ı			
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 1040	0),				
		line 21				23b)			
	С	Transportation tax (see instruction	ons)			230	;			
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is yo	ur total ta	x					24	3,509.
Payments	25	Federal income tax withheld from	n:							
	а	Form(s) W-2				25a	ı	5 , 657.		
	b	Form(s) 1099				25b)			
	С	Other forms (see instructions) .				250	;			
	d	Add lines 25a through 25c							25d	5,657.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar				1			26	
	27	Reserved for future use							_	
	28	Additional child tax credit from S		,					_	
	29	Credit for amount paid with Forr								
	30	Reserved for future use					_			
	31	Amount from Schedule 3 (Form	,.				_			
	32	Add lines 28, 29, and 31. These							32	
	33	Add lines 25d, 25e, 25f, 25g, 26		-					33	5,657.
Refund	34	If line 33 is more than line 24, su				•	=		34	2,148.
D	35a	Amount of line 34 you want refu							35a	2,148.
Direct deposit? See instructions.	b	Routing number 0 1 1 0				Che	cking L	Savings		
coo mondonono.	d	Account number 4 6 6 0								
	е	If you want your refund check m								
	00	enter it here.					-1		-	
A	36	Amount of line 34 you want app Subtract line 33 from line 24. Th				36				
Amount	37	For details on how to pay, go to		_		ne			37	
You Owe	38	Estimated tax penalty (see instru	_	-		38			31	
Third		u want to allow another person to						es. Compl	ete he	low. 🗵 No
Party	,	·	discuss t			3ti detion		•		ow.
Designee	Desig name			Phone no.				nal identifi er (PIN)	Cation	
		penalties of perjury, I declare that I ha			companying sch	nedules a			e best c	of my knowledge and
		they are true, correct, and complete. I								
Sign	Yours	signature		Date	Your occupat	tion		If the	RS s	ent you an Identity
Here								l l		PIN, enter it here
					STUDENT			(see	inst.)	
	Phone		D.,	Email address		15.	_	DTIN		
Paid		rer's name		's signature		Dat		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RIYA RAM SAGAI	R GUPTA TALL	AM 02,	18/2024	P02082		Self-employed
Use Only		s name GLOBAL TAXES						Phone n		78) 965-9522
	Firm's	address 245 ROONEY (CT E BF	RUNSWICK N	J 08816			Firm's E	N 8	4-3171965

BAA

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

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.

Attachment Sequence No. **01** Your social security number

ROMI	L DOSHI			886-36	6-60	172
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	78.
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att				5	-9,850.
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	Ì			
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	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:			- 1		
9	Total other income. Add lines 8a through 8z				9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente					
	1040, 1040-SR, or 1040-NR, line 8				10	-9 , 772.

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 NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number ROMIL DOSHI 886-36-6072 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b

Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings ______ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 15

Capital Gains and Losses From Sales or Exchanges of Property

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. rea property interest; report these gains and losses on Schedule D (Form 1040).

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). Form 4797, or both.

		•			<u> </u>			
d es	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
S.								
ı eal								
0								
3	17 /	Add columns (f) and (g) of line 16 .				17	()	
	18 (Capital gain. Combine columns (f) and	(g) of line 17. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, enter	r -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR Your identifying number 886-36-6072 ROMIL DOSHI Of what country or countries were you a citizen or national during the tax year? INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: ⊠ No Yes 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change: List all dates you entered and left the United States during 2023. See instructions. G Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States **Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 ______, 2022 ______, and 2023 ______365 ____. ☐ Yes X No ı If "Yes," give the latest year and form number you filed: X No ☐ Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a No Yes ⊠ No Κ Yes ☐ No If "Yes," did you use an alternative method to determine the source of this compensation? Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . . 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? No Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. 09

	IL DOSHI						-36-6072
A	Principal business or profession	on, including r	roduct or service (see	e instru	uctions)		r code from instructions
	STUDENT		•		,	9	9 9 0 0 0
С	Business name. If no separate business name, leave blank.						loyer ID number (EIN) (see instr.)
	Business address (including su	uite or room n	o.) 51 SMITH	STF	REET, Apt. 51C		
	City, town or post office, state				SSING, MA 02120		
F	Accounting method: (1)				211/'(`)		
G			tion of this business	during	2023? If "No," see instructions for lin	nit on lo	osses . X Yes No
Н							
I	Did you make any payments in	n 2023 that w	ould require you to file	e Form	n(s) 1099? See instructions		🗌 Yes 🕱 No
J		required For	m(s) 1099?				🗌 Yes 🗌 No
Part	Income						
1					this income was reported to you on		
	-				I	1	15,448.
2						2	15 440
3						3	15,448.
4						4	15 //0
5						5 6	15,448.
6 7	_	_			efund (see instructions)	7	15,448.
Part	Expenses. Enter exp	penses for l	ousiness use of vo	ur ho	me only on line 30.	1	13,440.
8	Advertising	8		18	Office expense (see instructions) .	18	1,240.
9	Car and truck expenses			19	Pension and profit-sharing plans .	19	,
9	(see instructions)	9	•	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment	20a	4,000.
11	Contract labor (see instructions)	11		b	Other business property	20b	4,800.
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179			22	Supplies (not included in Part III) .	22	
	expense deduction (not included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	3,200.
	(other than on line 19) .	14		b	Deductible meals (see instructions)	24b	1,550.
15	Insurance (other than health)	15		25	Utilities	25	580.
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	
b	Other	16b		b	Energy efficient commercial bldgs	071-	
<u>17</u> 28	Legal and professional services	17	and the second Add	linco (deduction (attach Form 7205)	27b 28	15,370.
29	Tentative profit or (loss). Subtr				9	29	
30					nses elsewhere. Attach Form 8829	25	70:
30	unless using the simplified me	•	•	expe	nises elsewhere. Attach i omi 6029		
	Simplified method filers only			(a) you	r home:		
	and (b) the part of your home	used for busir	ness:		. Use the Simplified		
	Method Worksheet in the instr	uctions to fig	ure the amount to ent	er on l	ine 30	30	
31	Net profit or (loss). Subtract	line 30 from lin	ne 29.		`		
	• If a profit, enter on both Sch checked the box on line 1, see	•	• • • • • • • • • • • • • • • • • • • •		, , ,	31	78.
	• If a loss, you must go to line	e 32.			J		
32	If you have a loss, check the b	ox that descr	ibes your investment	in this	activity. See instructions.		
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you must 	box on line 1,	see the line 31 instruct	tions.)	Estates and trusts, enter on	32a [32b [☐ All investment is at risk. ☐ Some investment is not at risk.

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ıch ex	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	y?	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part				
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2024, enter the number of miles your vehicle during 2024, enter the number of miles your vehicle during 2024, enter the number of miles your vehicle during 2024, enter the num	ehicle	e for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?			☐ No
46	Do you (or your spouse) have another vehicle available for personal use?			☐ No
47a	Do you have evidence to support your deduction?		Tes	☐ No
b	If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8–26, line			☐ No
Part	V Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

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,

Attachment

OMB No. 1545-0074

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

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

Sequence No. 13

Your social security number

ROMIL DOSHI 886-36-6072 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) PRERANA CHS, LT ROAD BORIVALI WEST, MUMBAI MAHARASHTRA IN 400092 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 490. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,339. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 11 1,540. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,810. 14 Repairs 15 Supplies 15 2,441. 16 16 Taxes 17 Utilities 17 2,210. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 10,340. 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 -9,850. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -9.850.490. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c

24

25

26

Total of all amounts reported on line 18 for all properties

Total of all amounts reported on line 20 for all properties

Income. Add positive amounts shown on line 21. Do not include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

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

9,850.

-9,850.

23d

23e

10,340.

24

25

26

ROMIL DOSHI 886-36-6072 1

Additional Information From 2023 Federal Tax Return

Schedule C (STUDENT): Profit or Loss from Business

Line 18

Description	Amount
MISC EXPENSES	1,240.
Total	1,240.

Itemization Statement

Schedule C (STUDENT): Profit or Loss from Business

Line 20b Itemization Statement

Description	Amount
RENT PAID (1200PM*4M)	4,800.
Total	4,800.

Schedule C (STUDENT): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
PHONE BILLS (85PM*4M)	340.
INTERNET BILLS (60PM*4M)	240.
Total	580.