## 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

|  | 10101100 0011100   |  |  |  |  |   |   |
|--|--|--|--|--|--|---|---|
| Submi  | ssion Identification Numbe   | er (SID)   |  |  |  |   |   |
| Taxpaye  | r's name   |  |  | Social securi  | ty numl  | per   |   |
| PRIT   | HVI CHANDRA RAYAS  | SAM  |  | 685-15   | -782   | 9   |   |
| Spouse'  | s name   |  |  | Spouse's soo   | ial seci   | urity number  | r   |
| Dort   | Toy Dotum Inform   | motion Toy Your Ending Do  | nombor 21 202  | 2 (Enter year year   | ro 011   | thorizina   | 1   |
| Part   | whole dollars only on lines  | mation — Tax Year Ending Dec   | cember 31, 202   | 3 (Enter year you a  | ire au   | monzing.  | )   |
|  |  | ne 4 only. Leave lines 1, 2, 3, and 5  | blank  |  |  |   |   |
| 1  |  |  |  |  | 1 4  | 179   | ,475.   |
| 2  | Total tax  |  |  |  | 2  |   | ,104.   |
| 3  |  | eld from Form(s) W-2 and Form(s) 10  |  |  | 3  |   | ,643.   |
| 4  | Amount you want refunde  | *  |  |  | 4  |   | ,539.   |
| 5  | •  |  |  |  | 5  |   | ,339.   |
| Part   |  | ation and Signature Authorizat   | tion (Be sure you g  | et and keep a cop  | _  | our retu  | rn)   |
| Under pmy knoreturn (sto send for any Agent t paymer authoriz paymer busines taxes to persona Electron Taxpa | penalties of perjury, I declare wledge and belief, it is true, original or amended) I am nor my return to the IRS and to delay in processing the return to initiate an ACH electronic for the office of the total my federal taxes owed contact to is to remain in full form the first of the total my federal taxes owed contact the U.S. is days prior to the payment or receive confidential informal identification number (PIN) nic Funds Withdrawal Conserver's PIN: check one book I authorize GLOBAL signature on the income I will enter my PIN as mif you are entering your below. | that I have examined a copy of the incorcorrect, and complete. I further declar wauthorizing. I consent to allow my interceive from the IRS (a) an acknowledge or or refund, and (c) the date of any refunds withdrawal (direct debit) entry to the other this return and/or a payment of estimate and effect until I notify the U.S. Tre Treasury Financial Agent at 1-888-353 (settlement) date. I also authorize the fination necessary to answer inquiries are below is my signature for the income to the transfer of the income tax return of the income tax | me tax return (original or re that the amounts in Permediate service provide gement of receipt or reas and. If applicable, I autho he financial institution ac ated tax, and the financia asury Financial Agent to 194537. Payment cancell nancial institutions involved resolve issues related ax return (original or amedian now authorizing.  To enter or goam now authorizing. | amended) I am now autart I above are the amer, transmitter, or electron for rejection of the trize the U.S. Treasury account indicated in the tal institution to debit the terminate the authorization requests must beyed in the processing of to the payment. I furended) I am now author generate my PIN  [5]  [6]  [6]  [7]  [8]  [8]  [9]  [9]  [1]  [9]  [1]  [1]  [2]  [1]  [2]  [3]  [4]  [5]  [6]  [6]  [7]  [8]  [9]  [9]  [9]  [1]  [9]  [1]  [9]  [9 | thorizing and its of an ax preparation. The receif the elather activities and its of a territory attention and its of a territory attention. The receif the elather activities and its of a territory attention and its of a territory attention. The receif and a territory attention and its of a territory attention attent | g, and to the from the incturn original ssion, (b) the designated or aration soft to this according to the certonic packnowledge and, if applicity and the rall zeros | ne best of<br>come tax<br>tor (ERO)<br>ne reason<br>Financial<br>ftware for<br>bunt. This<br>cancel) a<br>er than 2<br>syment of<br>that the<br>cable, my |
| Your s   | ignature ►   | R. P. Cher   |  | o2/19/2024   |  |   |   |
| Spous  | e's PIN: check one box   | only   |  |  |  |   |   |
|  | I authorize  |  | to enter or g  | enerate my PIN   |  |   | as my   |
|  |  | ERO firm name  |  |  |  | digits, but   |   |
|  | I will enter my PIN as m   | e tax return (original or amended) I a<br>ny signature on the income tax retur<br>r own PIN <b>and</b> your return is filed u  | rn (original or amende   | d) I am now authorizi  | ng. Cł   | neck this b   |   |
| Spous  | e's signature ►  |  | ]  | Date ►   |  |   |   |
|  |  | Practitioner PIN Method Re   |  | e below  |  |   |   |
| Part   | Certification and  | Authentication — Practitioner  | r PIN Method Only  |  |  |   |   |
| ERO's  | EFIN/PIN. Enter your six-  | -digit EFIN followed by your five-dig  | git self-selected PIN.   | 2 2 2 4 9<br>Don't ent   | 6 0<br>er all ze   | 8 2 7<br>eros   | 1   |
| authoriz   | zed to file for tax year indica  | ry is my PIN, which is my signature for ated above for the taxpayer(s) indicated method and <b>Pub. 1345</b> , Handbook for A  | d above. I confirm that I  | am submitting this reti  | urn in a   | accordance  |   |
| ERO's  | signature >  |  | [  | Date ►   |  |   |   |
|  |  | ERO Must Retain This F   | orm - See Instruc  | tions  |  |   |   |
|  | De   | on't Submit This Form to the II  |  |  |  |   |   |

## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| <b>1040</b>                                |                          | partment of the Treasury—Internal Revenue Servi  |                      | urn $2$        | <b>2</b> 02              | 3              | OMB No. 1545-                    | 0074           | IRS Use Only               | –Do not w         | rite or sta   | aple in this space. |  |
|--|--------------------------|--|----------------------|----------------|--------------------------|----------------|----------------------------------|----------------|----------------------------|-------------------|---|---------------------|--|
| For the year Jar                           | n. 1–De                  | ec. 31, 2023, or other tax year beginning  |                      | ,              | 2023, end                | ing            |                                  |                | , 20                       | See se            | parate i  | instructions.       |  |
| Your first name PRITHVI If joint return, s | СНА                      |  | Last nai             | SAM            |                          |                |                                  |                |                            | 685               | 15  | 7829                |  |
| 3521 805                                   | гн А                     | per and street). If you have a P.O. box, see AVE NE fice. If you have a foreign address, also co   |                      |                |                          | Sta            | te                               | ZIP co         | pt. no.                    | Check I<br>spouse | Presidential Election Campaig<br>Check here if you, or your<br>spouse if filing jointly, want \$3<br>to go to this fund. Checking a |                     |  |
| MARYSVII Foreign country                   |                          | •  | F                    | Foreign provir | nce/state/o              | WA<br>count    |                                  | 982<br>Foreign | 70<br>n postal code        |                   | ow will   | not change<br>ind.  |  |
| Filing Status Check only one box.          | [<br>If<br>qu            | ☑ Single ☐ Married filing jointly (even if only o ☐ Married filing separately (MFS) you checked the MFS box, enter the ualifying person is a child but not you | e name o<br>ur depen | of your spou   |                          |                | ecked the HOH                    | surviv         | ing spouse<br>SS box, ente | er the ch         | ild's na  | me if the           |  |
| Digital<br>Assets<br>Standard              | Son                      | any time during 2023, did you: (a) rechange, or otherwise dispose of a digmeone can claim:   You as a de   | ital asse<br>pendent | t (or a finand | cial intere<br>ur spouse | est ir         | n a digital asset<br>a dependent |                |                            |                   | Ye  | es 🗵 No             |  |
| Deduction  Age/Blindnes                    |                          | Spouse itemizes on a separate returnus:  Were born before January 2, 1   |                      | were a dua     | _                        | alien<br>ouse: |                                  | n befo         | re January 2               | 2. 1959           |   | s blind             |  |
| Dependent                                  |                          |  |                      | Ī              | al security              |                | (3) Relationshi                  | (4)            |                            |                   |   | (see instructions): |  |
| If more                                    | (1) First name Last name |  |                      |                | mber                     |                | to you                           |                | Child tax c                | redit             | Credit fo   | or other dependents |  |
| than four                                  |                          |  |                      |                |                          |                |                                  |                |                            |                   |   |                     |  |
| dependents, see instruction                | s —                      |  |                      |                |                          |                |                                  |                |                            |                   |   |                     |  |
| and check<br>here                          | ,<br>1 —                 |  |                      |                |                          |                |                                  |                |                            |                   |   |                     |  |
| Income                                     | 1a                       | Total amount from Form(s) W-2, b   | ox 1 (see            | e instruction  | ns)                      |                |                                  |                | <u></u>                    | . 1a              |   | 184,361.            |  |
|  | b                        |  | ,                    |                | ,                        |                |                                  |                |                            | . 1b              | ,   | •                   |  |
| Attach Form(s)<br>W-2 here, Also           | С                        | Tip income not reported on line 1a   | a (see ins           | structions)    |                          |                |                                  |                |                            | . 10              | ;   |                     |  |
| attach Forms                               | d                        | Medicaid waiver payments not rep   | orted or             | n Form(s) W    | '-2 (see ir              | ารtru          | ctions)                          |                |                            | . 1d              |   |                     |  |
| W-2G and                                   | е                        | Taxable dependent care benefits f  |                      |                |                          |                |                                  |                |                            | . 1e              | ,   |                     |  |
| 1099-R if tax was withheld.                | f                        | Employer-provided adoption bene  |                      |                |                          |                |                                  |                |                            | . 1f              |   |                     |  |
| If you did not                             | q                        | Wages from Form 8919, line 6.  |                      |                |                          |                |                                  |                |                            | . 1g              |   |                     |  |
| get a Form                                 | h                        |  | ions) .              |                |                          |                |                                  |                |                            | . 1h              |   | 0.                  |  |
| W-2, see instructions.                     | i                        | Nontaxable combat pay election (s  | see instr            | uctions) .     |                          |                | 1i                               |                |                            |                   |   |                     |  |
|  | z                        |  |                      |                |                          |                |                                  | <del>.</del> . |                            | . 1z              | :   | 184,361.            |  |
| Attach Sch. B                              | 2a                       | - 1  | 2a                   |                |                          | b Ta           | axable interest                  |                |                            | . 2b              | _   | 3,304.              |  |
| if required.                               | 3a                       | Qualified dividends  | 3a                   | 1              | .7.                      | <b>b</b> 0     | rdinary divider                  | nds .          |                            | . 3b              | ,   | 93.                 |  |
|  | 4a                       | IRA distributions  | 4a                   |                |                          | b Ta           | axable amount                    |                |                            | . 4b              | ,   |                     |  |
| Standard<br>Deduction for—                 | 5a                       | Pensions and annuities   | 5a                   |                |                          | b Ta           | axable amount                    |                |                            | . 5b              | ,   |                     |  |
| Single or                                  | 6a                       | Social security benefits   | 6a                   |                |                          | b Ta           | axable amount                    |                |                            | . 6b              | ,   |                     |  |
| Married filing separately,                 | С                        | If you elect to use the lump-sum e   | lection r            | nethod, che    |                          |                |                                  |                | [                          |                   |   |                     |  |
| \$13,850                                   | 7                        | Capital gain or (loss). Attach Sche  | dule D if            | required. If   | not requ                 | ired,          | check here                       |                | [                          | <b>_</b> 7        |   | 6,238.              |  |
| Married filing jointly or                  | 8                        | Additional income from Schedule  | 1, line 10           | э              |                          |                |                                  |                |                            | . 8               |   | -14,521.            |  |
| Qualifying surviving spouse,               | 9                        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  | , and 8.             | This is your   | total inc                | ome            |                                  |                |                            | . 9               |   | 179,475.            |  |
| \$27,700                                   | 10                       | Adjustments to income from Sche  |                      |                |                          |                |                                  |                |                            | . 10              |   |                     |  |
| Head of household,                         | 11                       | Subtract line 10 from line 9. This is  | s your <b>ac</b>     | djusted gro    | ss incon                 | ne             |                                  |                |                            | . 11              |   | 179,475.            |  |
| \$20,800<br>If you checked                 | 12                       | Standard deduction or itemized   | deducti              | ions (from S   | Schedule                 | A)             |                                  |                |                            | . 12              | 2   | 13,850.             |  |
| any box under                              | 13                       | Qualified business income deduct   |                      |                |                          |                | 5-A                              |                |                            | . 13              | 3   | 15.                 |  |
| Standard<br>Deduction,                     | 14                       | Add lines 12 and 13  |                      |                |                          |                |                                  |                |                            | . 14              | 1   | 13,865.             |  |
| see instructions.                          | 15                       | Subtract line 14 from line 11. If zer  | ro or less           | s, enter -0    | This is y                | our <b>t</b>   | axable incom                     | е.             |                            | . 15              | ;   | 165,610.            |  |

| Form 1040 (2023                                       | 3)   |   |                         |  |                 |          |           |            |           | Page <b>2</b>                               |
|---|------|---|-------------------------|--|-----------------|----------|-----------|------------|-----------|---|
| Tax and   | 16   | Tax (see instructions). Check   | if any from Form        | (s): <b>1</b> 881                      | 4 <b>2</b> 4972 | 3 🗌      |           |            | 16        | 33,104.                                     |
| Credits   | 17   | Amount from Schedule 2, lin   | ie 3                    |  |                 |          |           |            | 17        |   |
|   | 18   | Add lines 16 and 17   |                         |  |                 |          |           |            | 18        | 33,104.                                     |
|   | 19   | Child tax credit or credit for  | other dependen          | ts from Sched                          | ule 8812        |          |           |            | 19        |   |
|   | 20   | Amount from Schedule 3, lin   | ie 8                    |  |                 |          |           |            | 20        |   |
|   | 21   | Add lines 19 and 20   |                         |  |                 |          |           |            | 21        |   |
|   | 22   | Subtract line 21 from line 18   | . If zero or less,      | enter -0                               |                 |          |           |            | 22        | 33,104.                                     |
|   | 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 <b>total tax</b>   |  |                 |          |           |            | 24        | 33,104.                                     |
| Payments  | 25   | Federal income tax withheld   |                         |  |                 |          |           |            |           |   |
| •   | а    | Form(s) W-2   |                         |  |                 | 25a      | 36        | 643.       |           |   |
|   | b    | Form(s) 1099  |                         |  |                 | 25b      |           |            |           |   |
|   | С    | Other forms (see instructions   | s)                      |  |                 | 25c      |           |            |           |   |
|   | d    | Add lines 25a through 25c   |                         |  |                 |          |           |            | 25d       | 36,643.                                     |
| If you have a   | 26   | 2023 estimated tax payment  | ts and amount a         | pplied from 20                         | 22 return       |          |           |            | 26        |   |
| qualifying child,                                     | 27   | Earned income credit (EIC)  |                         |  | No .            | 27       |           |            |           |   |
| attach Sch. EIC.                                      | 28   | Additional child tax credit from  | n Schedule 8812         |  |                 | 28       |           |            |           |   |
|   | 29   | American opportunity credit   | from Form 8863          | 8, line 8                              |                 | 29       |           |            |           |   |
|   | 30   | Reserved for future use .   |                         |  |                 | 30       |           |            |           |   |
|   | 31   | Amount from Schedule 3, lin   | ne 15                   |  |                 | 31       |           |            |           |   |
|   | 32   | Add lines 27, 28, 29, and 31  | . These are your        | total other pa                         | ayments and re  | fundabl  | e credits |            | 32        |   |
|   | 33   | Add lines 25d, 26, and 32. T  | hese are your <b>to</b> | tal payments                           |                 |          |           |            | 33        | 36,643.                                     |
| Refund  | 34   | If line 33 is more than line 24   | l, subtract line 2      | 4 from line 33.                        | This is the amo | unt you  | overpaid  |            | 34        | 3,539.                                      |
|   | 35a  | Amount of line 34 you want  |                         |  | is attached, ch | eck here |           |            | 35a       | 3,539.                                      |
| Direct deposit?                                       | b    | Routing number 1 2 4  |                         |  |                 | _ Check  | king 🔀    | Savings    |           |   |
| See instructions.                                     | d    | Account number 9 1 0  | 1 3 0 9                 | 5 9 5 2                                | 2 4             |          |           |            |           |   |
|   | 36   | Amount of line 34 you want a  | applied to your         | 2024 estimate                          | ed tax          | 36       |           |            |           |   |
| Amount<br>You Owe                                     | 37   | Subtract line 33 from line 24 For details on how to pay, go                   |                         |  |                 | s        |           |            | 37        |   |
|   | 38   | Estimated tax penalty (see in   | nstructions) .          |  |                 | 38       |           |            |           |   |
| Third Party Designee                                  |      | you want to allow another   | •                       |  |                 |          | Yes. C    | omplete    | below.    | ⊠ No  |
| 200.900   | De   | signee's  |                         | Phone                                  |                 |          |           | onal ident |           |   |
|   | na   |   |                         | no.                                    |                 |          |           | ber (PIN)  |           |   |
| Sign<br>Here  |      | der penalties of perjury, I declare the lief, they are true, correct, and com |                         |  |                 |          |           |            |           | , ,   |
| 11010   | Yo   | ur signature  |                         | Date                                   | Your occupation |          |           | Pro        | tection P | nt you an Identity<br>PIN, enter it here    |
| Joint return?   |      |   |                         | ARCHITECT                              |                 |          |           |            | e inst.)  |   |
| See instructions.<br>Keep a copy for<br>your records. |      | ouse's signature. If a joint return, <b>t</b>                                 | ooth must sign.         | Date                                   | Spouse's occupa | ation    |           | Ider       |           | nt your spouse an ection PIN, enter it here |
|   |      | one no.   |                         | Email address                          | ROVER.MAR       | KET@G    | MAIL.CO   |            |           |   |
| Paid  | Pre  | eparer's name   | Preparer's signat       | ure                                    |                 | Date     |           | PTIN       |           | Check if:                                   |
| Paid<br>Preparer                                      | SYAM | M PRIYA RAM SAGAR GUPTA TALLAM  | SYAM PRIYA              | A RAM SAGAR GUPTA TALLAM 02/20/2024 PO |                 |          |           | P0208      | 32703     | Self-employed                               |
| Use Only  | Fir  | m's name GLOBAL TAX   | XES LLC                 |  |                 |          |           | Pho        | one no. ( | (678)965-9522                               |
|   | Fir  | m's address 245 ROONE   | Y CT E BRU              | NSWICK N                               | J 08816         |          |           | Firn       | n's EIN   | 84-3171965                                  |
|   |      |   |                         |  |                 |          |           |            |           |   |

## SCHEDULE 1 (Form 1040)

9

10

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment Sequence No. 01

Your social security number

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.

| PRIT | THVI CHANDRA RAYASAM   | 685 | 5-15-78 | 29       |
|------|--|-----|---------|----------|
| Par  | t I Additional Income  |     |         |          |
| 1    | Taxable refunds, credits, or offsets of state and local income taxes                 |     | . 1     |          |
| 2a   | Alimony received   |     |         |          |
| 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  |     |         |          |
| 5    | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch |     |         | -14,521. |
| 6    | Farm income or (loss). Attach Schedule F   |     |         |          |
| 7    | Unemployment compensation  |     |         |          |
| 8    | Other income:  |     |         |          |
| а    | Net operating loss   |     | )       |          |
| b    | Gambling   |     |         |          |
| С    | Cancellation of debt   |     |         |          |
| d    | Foreign earned income exclusion from Form 2555 8d (                                  |     | )       |          |
| е    | Income from Form 8853  |     |         |          |
| f    | Income from Form 8889  |     |         |          |
| g    | Alaska Permanent Fund dividends 8g   |     |         |          |
| h    | Jury duty pay  |     |         |          |
| i    | Prizes and awards  |     |         |          |
| j    | Activity not engaged in for profit income  |     |         |          |
| k    | Stock options  |     |         |          |
| 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)  |     |         |          |
| n    | Section 951(a) inclusion (see instructions)  |     |         |          |
| 0    | Section 951A(a) inclusion (see instructions)   |     |         |          |
| р    | Section 461(I) excess business loss adjustment                                       |     |         |          |
| q    | Taxable distributions from an ABLE account (see instructions) <b>8q</b>              |     |         |          |
| 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  |     | )       |          |
| t    | Pension or annuity from a nonqualifed deferred compensation plan or                  |     |         |          |
|      | a nongovernmental section 457 plan   |     |         |          |
|      | Wages earned while incarcerated  |     |         |          |
| Z    | Other income. List type and amount:  |     |         |          |
|      | 87   |     |         |          |

-14,521.

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10

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-ba          | sis gov  | ernment |     |  |
|     | 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   | Jury duty pay (see instructions)   | a        |         | _   |  |
| b   | Deductible expenses related to income reported on line 8l from the               | .        |         |     |  |
|     | rental of personal property engaged in for profit                                | b        |         | -   |  |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals                  |          |         |     |  |
|     | and USOC prize money reported on line 8m   |          |         | -   |  |
| d   | Reforestation amortization and expenses  | <b>a</b> |         | -   |  |
| е   | Repayment of supplemental unemployment benefits under the Trade Act of 1974      | e        |         |     |  |
| f   | Contributions to section 501(c)(18)(D) pension plans                             | f        |         |     |  |
| g   | Contributions by certain chaplains to section 403(b) plans 249                   | g        |         |     |  |
| h   | Attorney fees and court costs for actions involving certain unlawful             |          |         |     |  |
|     | discrimination claims (see instructions)   | h        |         |     |  |
| 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   | j        |         |     |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form              |          |         |     |  |
|     | 1041)  | k        |         |     |  |
| Z   | Other adjustments. List type and amount:   |          |         |     |  |
|     | 242  |          |         |     |  |
| 25  | Total other adjustments. Add lines 24a through 24z                               |          |         | 25  |  |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Er |          |         | _   |  |
|     | Form 1040, 1040-SR, or 1040-NR, line 10  |          |         | 26  |  |

## SCHEDULE B (Form 1040)

Department of the Treasury

Internal Revenue Service

Part I

Interest

**Interest and Ordinary Dividends** 

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

Attachment Sequence No. 08

**Amount** 

Name(s) shown on return
PRITHVI CHANDRA RAYASAM

Your social security number
685-15-7829

List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this

interest first. Also, show that buyer's social security number and address:

| Note: If you received a Form 1099-OID, or substitute statement from a brokerage firm,   |        | GOLDMAN SACHS BANK USA  GOLDMAN SACHS BANK USA  American Express National Bank  Robinhood Securities LLC  | 1            |                       | 1,2    | 16.<br>668.<br>570.<br>545.<br>5. |
|---|--------|---|--------------|-----------------------|--------|-----------------------------------|
| list the firm's name as the payer and enter the total interest shown on that form.  |        |   |              |                       |        |                                   |
|   | 2<br>3 | Add the amounts on line 1   | 3            |                       | 3,3    | 04.                               |
|   | 4      | Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b   | 4            |                       | 3,3    | 04.                               |
|   | Note:  | If line 4 is over \$1,500, you must complete Part III.  |              | Am                    | ount   |                                   |
| Part II Ordinary Dividends  | 5      | List name of payer: Robinhood Securities LLC  |              |                       |        | 93.                               |
| (See instructions and the Instructions for Form 1040, line 3b.)   |        |   | 5            |                       |        |                                   |
| Note: If you<br>received a<br>Form 1099-DIV<br>or substitute<br>statement from<br>a brokerage firm,<br>list the firm's<br>name as the |        |   |              |                       |        |                                   |
| payer and enter   |        |   |              |                       |        |                                   |
| the ordinary dividends shown  |        | Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b  | 6            |                       |        | 93.                               |
| Part III Foreign  | You n  | If line 6 is over \$1,500, you must complete Part III.  nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dent; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign        |              |                       | d a fo | oreigr                            |
| Accounts<br>and Trusts<br>Caution: If<br>required, failure to   |        | At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locate country? See instructions   | ed in        | a foreign             | Yes    | No<br>×                           |
| file FinCEN Form<br>114 may result in<br>substantial<br>penalties.<br>Additionally, you   |        | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements. | and<br>CEN F | Financial<br>form 114 |        |                                   |
| may be required<br>to file Form 8938,<br>Statement of<br>Specified Foreign  |        | If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) is (are) located:   |              |                       |        |                                   |
| Financial Assets.<br>See instructions.  | 8      | During 2023, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions  |              |                       |        | ×                                 |

#### SCHEDULE D (Form 1040)

### **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.

OMB No. 1545-0074

Attachment

Department of the Treasury Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 685-15-7829 PRITHVI CHANDRA RAYASAM Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box B checked 39,460. 33,678. 5,782. . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 5,782. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with 11,001. 11,907. 1,362. 456. 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 

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

456.

13

14

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 6,238. 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? X 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? X 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), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified 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.

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.

Attachment

OMB No. 1545-0074

Sequence No. 12A

| Name(s) snowr | on return |         |
|---------------|-----------|---------|
| PRITHVI       | CHANDRA   | RAYASAM |

Social security number or taxpayer identification number 685-15-7829

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

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)

Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

| <ul><li>✗ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>  |  |                                | _                                   | sis <b>wasn't</b> report   | ed to the IF                        | RS                                    |   |
|--|--|--------------------------------|-------------------------------------|--|-------------------------------------|---------------------------------------|---|
| (a) Description of property  | (b) Date acquired                          | (c) Date sold or               | <b>(d)</b><br>Proceeds              | (e) Cost or other basis See the Note below If you enter an amount in columenter a code in column (in See the separate instruction) |                                     |                                       |   |
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.   | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g). |
| FIDELITY BROKERAGE SERVICES LLC  | 01/01/23                                   | 12/31/23                       | 39,460.                             | 33,678.  |                                     |                                       | 5,782.  |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
|  |  |                                |                                     |  |                                     |                                       |   |
| 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 ( | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 39,460.                             | 33,678.  |                                     |                                       | 5,782.  |

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.

Attachment Sequence No. 12A Form 8949 (2023)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRITHVI CHANDRA RAYASAM

Social security number or taxpayer identification number 685-15-7829

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-ter | m tra | nsactions | reported on | Form(s) | 1099 | -B s | showing | basis | was r | reported | l to | the | IRS | (see Not   | t <b>e</b> abo | ve) |
|-----------------|----------|-------|-----------|-------------|---------|------|------|---------|-------|-------|----------|------|-----|-----|------------|----------------|-----|
| <br><b>/-</b> \ |          |       |           |             | - ()    | 4000 | _    |         |       |       |          |      |     |     | <b>5</b> 0 |                |     |

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

|  |  |  | (F | Long-term | transactions | not rep | ported to | you on | Form | 1099- |
|--|--|--|----|-----------|--------------|---------|-----------|--------|------|-------|
|--|--|--|----|-----------|--------------|---------|-----------|--------|------|-------|

| (F) Long-term transactions   | not reported                              | to you on FC                   | JIII 1099-D                         |  |                                     |   |   |
|--|---|--------------------------------|-------------------------------------|--|-------------------------------------|---|---|
| (a) Description of property  | (b) Date acquired                         | (c)<br>Date sold or            | (d)<br>Proceeds                     | (e) Cost or other basis See the <b>Note</b> below      | If you enter an a                   | any, to gain or loss<br>amount in column (g),<br>ande in column (f).<br>arate instructions. | (h) Gain or (loss) Subtract column (e)                        |
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                           | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions. | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment   | from column (d) and<br>combine the result<br>with column (g). |
| FIDELITY BROKERAGE SERVICES LLC  | 01/01/22                                  | 12/31/23                       | 9,224.                              | 10,407.  | W                                   | 1,362.  | 179.  |
| Robinhood Securities LLC   | 01/01/22                                  | 12/31/23                       | 1,777.                              | 1,500.   |                                     |   | 277.  |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
|  |   |                                |                                     |  |                                     |   |   |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 8b (if Box D above<br>above is checked), or line 10 (if Box I | I here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 9 (if Box E | 11,001.                             | 11,907.  |                                     | 1,362.  | 456.  |

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.

REV 02/11/24 PRO

#### **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

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

Sequence No. 13

Name(s) shown on return Your social security number PRITHVI CHANDRA RAYASAM 685-15-7829 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) A45/208 SANSKRUTHI TOWNSHI POCHARAM TELANGANA IN 500088 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 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 655. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,742. 8 Commissions 8 9 9 Insurance . . . 10 Legal and other professional fees 10 11 Management fees . . . . . . . . . . 11 1,368. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,241. 14 Repairs . . . . 2,976. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 3,124. 18 3,725. 18 Depreciation expense or depletion . . . . . . 19 Other (list) 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 15,176. 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 -14,521. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 22 14,521.) 655. 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 3,725. 23d Total of all amounts reported on line 18 for all properties 15,176. Total of all amounts reported on line 20 for all properties 23e 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 14,521. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

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

-14,521.

## Form **8995**

Department of the Treasury Internal Revenue Service

# Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

| DDTTHUT CHANDDA DAVACAM 695_15_7920 | lame(s) shown on return | Your taxpayer identification number |
|-------------------------------------|-------------------------|-------------------------------------|
| FRITIIVI CHANDKA KATASAM            | PRITHVI CHANDRA RAYASAM | 685-15-7829                         |

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1           | (a) Trade, business, or aggregation name  | (b) Taxpayer identification number | 1 ' ' | Qualified business income or (loss) |
|-------------|---|------------------------------------|-------|-------------------------------------|
| i           |   |                                    |       |                                     |
| ii          |   |                                    |       |                                     |
| iii         |   |                                    |       |                                     |
| iv          |   |                                    |       |                                     |
| v           |   |                                    |       |                                     |
| 2           | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)                                | 2                                  |       |                                     |
| 3<br>4<br>5 | Qualified business net (loss) carryforward from the prior year  | 4                                  | 5     |                                     |
| 6           | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)                | <b>6</b> 75.                       |       |                                     |
| 7           | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year                                | 7 (                                |       |                                     |
| 8           | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0                   | <b>8</b> 75.                       |       |                                     |
| 9           |   |                                    | 9     | 15.                                 |
| 10          | Qualified business income deduction before the income limitation. Add lines 5 an                                  | i i                                | 10    | 15.                                 |
| 11          | Taxable income before qualified business income deduction (see instructions)                                      | 11 165,625.                        |       |                                     |
| 12          | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)                      | <b>12</b> 473.                     |       |                                     |
| 13          | Subtract line 12 from line 11. If zero or less, enter -0  | 13 165,152.                        |       |                                     |
| 14          | Income limitation. Multiply line 13 by 20% (0.20)   |                                    | 14    | 33,030.                             |
| 15          | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on           |                                    |       |                                     |
|             | the applicable line of your return (see instructions)   |                                    | 15    | 15.                                 |
| 16          | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0               |                                    | 16    | ( 0.                                |
| 17          | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0 |                                    | 17    | ( 0.                                |