# 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

|   | 5   |  |  |  |   |
|---|---|--|--|--|---|
| Submi   | ssion Identification Number (SID)   |  |  |  |   |
| Taxpaye   | r's name  | Social securi  | ity numl   | ber  |   |
| VIJA  | AY SAIDA BABU GUNDA   | 829-39   | -215   | 2  |   |
| Spouse's  | s name  | Spouse's so  | cial sec   | urity number   |   |
| D 1   | To Deliver to the To Market Described Office of State of |  |  | O  |   |
| Part  | , ,   | year you a   | are au   | thorizing.   | )   |
|   | whole dollars only on lines 1 through 5.  |  |  |  |   |
|   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  Adjusted gross income   |  | 1 1  | 100  | ,791.   |
| 1<br>2  | Total tax   |  | 2  |  | ,431.   |
| 3   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |  | 3  |  | ,044.   |
| 4   | Amount you want refunded to you   |  | 4  |  | ,613.   |
|   | Amount you owe  |  | 5  | J  | , 013.  |
| Part  |   | eep a cor  |  | our retu   | rn)   |
| my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above poriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejective delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicate of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution return in the financial institution account in the contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment cancellation number (PIN) below is my signature for the income tax return (original or amended) I am it is Funds Withdrawal Consent.  | e are the am<br>ter, or electrication of the to<br>S. Treasury a<br>ated in the to<br>the authorizests must be<br>processing of<br>syment. I fur | counts fronic re-<br>ransmin<br>and its cax preper entry<br>ation. The entry<br>ation of the electric than the electric | from the inc<br>turn original<br>ssion, (b) th<br>designated<br>paration sof<br>to this acco<br>To revoke (in<br>ved no late<br>dectronic pa | come tax<br>tor (ERO)<br>he reason<br>Financial<br>tware for<br>bunt. This<br>cancel) a<br>er than 2<br>hyment of<br>that the |
| Тахра   | yer's PIN: check one box only   | Г  |  |  |   |
| <b>X</b>  | •   | ny PIN   |  | 1 5 2  | as my   |
|   | ERO firm name signature on the income tax return (original or amended) I am now authorizing.  | ř En   |  | digits, but<br>er all zeros  | í   |
|   | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.  |  |  |  |   |
| Your s  | gnature ▶ Date ▶  |  |  |  |   |
| Spous   | e's PIN: check one box only   |  |  |  |   |
| Spous   | I authorize to enter or generate n  | W DINI   |  |  | as my   |
|   | ERO firm name   |  | ter five   | digits, but  | as my   |
|   | signature on the income tax return (original or amended) I am now authorizing.  |  |  | er all zeros   |   |
|   | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.  |  |  |  |   |
| Spous   | e's signature ▶ Date ▶  |  |  |  |   |
|   | Practitioner PIN Method Returns Only—continue below   |  |  |  |   |
| Part I  | Certification and Authentication — Practitioner PIN Method Only   |  |  |  |   |
| ERO's   | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2   | 2 4 9  | 6 0  | 8 2 7  | 1   |
|   |   | Don't en   | ter dii Ze   | 2103   |   |
| authoriz  | that the above numeric entry is my PIN, which is my signature for the electronic individual income tax ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Income.   | ting this ret  | urn in a   | accordance   |   |
| FR∩'∘   | signature ▶ Date ▶  |  |  |  |   |
|   | ERO Must Retain This Form — See Instructions  |  |  |  |   |
|   | Don't Submit This Form to the IRS Unless Requested To D   | o So   |  |  |   |

# E1040-NR 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.

| Your first name and middle initial  Last name  (Value (Section Section | For the year Jan. 1-Dec. 31, 2023, or other tax year beginning |         |  |           | , 2                 | 20      | See separate instructions. |            |               |                              |  |  |
|--|--|---------|--|-----------|---------------------|---------|----------------------------|------------|---------------|------------------------------|--|--|
| VIJAY SAIDA RABU   GUNDA   829-39-2152   | Your first name  | and r   | niddle initial                           | Last na   |                     |         |                            |            |               |                              |  |  |
| Home address (number and street). If you have a P.O. box, see instructions.  219 N KING ST  City, town, or post office. If you have a foreign address, also complete spaces below.  WILMINGTON  Foreign country name    Foreign province/state/country   Foreign prosts locode   Filing Status   Single   Married filing separately (MFS)   Qualifying surviving spouse (QSS)   Estate   Trust   If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: one box.    Digital Assets   At any time during 2023, did you. (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or there was dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)   If more than foe dependents   (1) First name   Last name   (2) Dependent   (3) Relationship to you   (4) Check the box if outlies for feer institutions and check here   | 77T.TAV CAT  | . עם    | B A B I I                                | CHND      | λ                   |         |                            |            | `             | ,                            |  |  |
| 408   City, town, or post office. If you have a foreign address, also complete spaces below.   State   JR   1980   |  |         |  |           |                     |         |                            |            | 027           |                              |  |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.    Italian   Italia |  |         |  | 300 1110  | traditions.         |         |                            |            |               | ·                            |  |  |
| Filing Tourity name  |  |         |  | comp      | lete spaces below.  |         |                            | State      | 7             |                              |  |  |
| Foreign province/state/county Foreign postal code  Filling Status Check only one box.  Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)  If more than four dependents (g) Dependents (g) Relationship to you Check only (i) First name  Last name (g) Dependent's (g) Relationship to you Child tax credit C |  |         | noo. Ii you havo a loroigh address, also | , 00mp    | ioto opacco bolow.  |         |                            |            |               |                              |  |  |
| Status   Check only one box.   Single   Married filing separately (MFS)   Qualifying surviving spouse (QSS)   Estate   Trust   |  |         | j.                                       | Foreign   | n province/state/co | untv    |                            |            |               |                              |  |  |
| Status Check only Chec |  |         |  | . c. c.g. | . p. ooo, otato, oo | u,      |                            | . o. o.g p | oota. ooa     |                              |  |  |
| Check only one box.  Digital Assets  At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).    Comparison   Comp |  |         |  |           | ,                   | ,       | 0 0 1 1                    | ,          |               | ite 🗌 Trust                  |  |  |
| Otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Q   Q   Dependent's (S) Relationship to you   Child tax credit   Child tax cr   | ,  |         |  |           |                     | pers    |                            |            |               |                              |  |  |
| Credit for other dependents   Credit for other dependents   Cap    | Digital Assets   |         |  |           |                     |         |                            |            |               |                              |  |  |
| Credit for other dependents, see instructions:   (1) First name   Last name   (2) Dependents   (3) Relationship to you   Child tax credit   Credit for other dependents, see instructions and check here   | Dependents   |         |  |           |                     |         |                            | (4) Che    | eck the box i | f qualifies for (see inst.): |  |  |
| If more than four dependents, see instructions and cheek here  | •  |         | (A) = 1                                  |           |                     |         | (2) 5                      | Chile      | d tax credit  |                              |  |  |
| dependents, see instructions and check here    Income  |  |         | (1) First name Last name                 |           | identifying numbe   | er      | (3) Relationship to yo     | u          |               | dependents                   |  |  |
| Instructions and   | If more than four  |         |  |           |                     |         |                            |            |               |                              |  |  |
| Income   | •  |         |  |           |                     |         |                            |            | <u> </u>      |                              |  |  |
| Income   |  |         |  |           |                     |         |                            |            | <u> </u>      |                              |  |  |
| Effectively b Household employee wages not reported on Form(s) W-2 1c  |  | 4 -     | Table and the Francis W.O. ba            | 4 / 1     |                     |         |                            |            |               | 100 220                      |  |  |
| Connected   C   Tip income not reported on line 1a (see instructions)   1c   |  |         | •  | •         | ,                   |         |                            |            |               | 109,329.                     |  |  |
| With U.S. d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d   | -  |         | . , , , .                                |           |                     |         |                            |            |               |                              |  |  |
| Trade or Business  |  | _       |  |           |                     |         |                            |            |               |                              |  |  |
| ## Susiness   f   Employer-provided adoption benefits from Form 8839, line 29   1f   1g   1g   1g   1g   1g   1g   1g  |  |         |  |           |                     |         |                            |            |               |                              |  |  |
| Attach Form(s) W-2, 1042-S, 10 |  | _       |  |           |                     |         |                            |            |               |                              |  |  |
| Attach Form(s) W-2 1042-S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.  If you did not get a Form W-2, see instructions.  Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income  10 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income  11 Subtract line 10 from line 9. This is your adjusted gross income  12 Is Reserved for future use  13 Ii Is Reserved for future use  14 It Is 109, 329.  15 It Is 109, 329.  16 It Is 109, 329.  17 Add lines 1a through 1h.  18 Add lines 1a through 1h.  19 Add lines 1a through 1h.  10 Adjustments to income from Schedule 1 (Form 1040), line 10.  20 Tax-exempt interest.  21 Doy, 329.  22 Doy, 329.  23 Doy, 329.  24 Doy, 329.  25 Doy, 329.  26 Doy, 329.  27 Exception for uture use.  28 Doy, 329.  29 Doy, 329.  20 Line 1(e).  20 Tax-exempt interest.  20 Doy, 329.  21 Doy, 329.  22 Doy, 329.  23 Doy, 329.  24 Doy, 329.  25 Doy, 329.  26 Doy, 329.  27 Exception for uture use.  29 Doy, 329.  20 Line 1(e).  20 Tax-exempt interest.  20 Doy, 329.  21 Doy, 329.  22 Doy, 329.  22 Doy, 329.  23 Doy, 329.  24 Doy, 329.  25 Doy, 329.  26 Doy, 329.  26 Doy, 329.  27 Exception for uture use.  29 Doy, 329.  20 Line 1(e).  20 Doy, 329.  21 Doy, 329.  22 Doy, 329.  23 Doy, 329.  24 Doy, 329.  25 Doy, 329.  26 Doy, 329.  26 Doy, 329.  27 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here.  30 Doy, 329.  31 Doy, 329.  32 Doy, 329.  33 Doy, 329.  34 Doy, 329.  35 Doy, 329.  36 Doy, 329.  36 Doy, 329.  38 Doy, 329.  39 Doy, 329.  30 Doy | Business   |         |  |           | •                   |         |                            |            |               |                              |  |  |
| i Reserved for future use  | Attach   | . ·     |  |           |                     |         |                            |            |               |                              |  |  |
| RRB-1042-S, RRB-1042-S, A here. Also attach Form(s)   2a   2a   b   5a   5a  | • • •  | _       | · ·                                      | . In      |                     |         |                            |            |               |                              |  |  |
| RRB-1042-S, and 8288-A here. Also attach here. Also attach Form(s) 1099-R if tax was withheld.  12   | •  | :       |  | 4:        |                     |         |                            |            |               |                              |  |  |
| line 1(e)  | •  | J<br>I- |  | . 1)      |                     |         |                            |            |               |                              |  |  |
| attach Form(s) 1099-R if tax was withheld.  If you did not get a Form W-2, see instructions.  Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 10 Adjustments to income 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Itemized deduction (see instructions) 2 Add lines 13a and 13b 12 13c 109, 329.  Add lines 1a through 1h  |  | K       |  |           |                     | NH), II |                            |            |               |                              |  |  |
| Form(s) 1099-R if tax was withheld.  15 Qualified dividends . 3a 9. b Ordinary dividends . 3b 9. withheld.  16 You did not get a Form W-2, see instructions.  15 Reserved for future use   |  | _       | - (-)                                    |           |                     |         | . <u>IK</u>                |            | 1-            | 100 320                      |  |  |
| Tax was withheld.  4a IRA distributions  |  |         |  |           | 1                   | · · ·   | · · · · · ·                |            |               |                              |  |  |
| withheld. 4a IRA distributions 4a b Taxable amount 4b   If you did not get a Form W-2, see instructions. 5a Pensions and annuities 5a b Taxable amount 5b   W-2, see instructions. 6 Reserved for future use 6 7 908.   7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here 7 908.   8 Additional income from Schedule 1 (Form 1040), line 10 8 -9,475.   9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 100,791.   10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income 10 11   11 Subtract line 10 from line 9. This is your adjusted gross income 11 100,791.   12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) 5td Dedn US/India Treaty 12 13,850.   13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 13a 13b 13b   b Exemptions for estates and trusts only (see instructions) 13b 13c  |  |         | · · · · · · · · · · · · · · · · · · ·    |           |                     |         |                            |            |               |                              |  |  |
| If you did not get a Form W-2, see instructions.   5a  |  | _       |  |           |                     |         | ,                          |            |               | <u> </u>                     |  |  |
| get a Form W-2, see instructions.  6 Reserved for future use   |  |         |  |           |                     |         |                            |            |               |                              |  |  |
| W-2, see instructions.  7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here   |  |         |  |           |                     |         |                            |            |               |                              |  |  |
| Additional income from Schedule 1 (Form 1040), line 10  Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income  Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income  Subtract line 10 from line 9. This is your adjusted gross income  Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)  Qualified business income deduction from Form 8995 or Form 8995-A  Exemptions for estates and trusts only (see instructions)  Add lines 13a and 13b  Add lines 13a and 13b  Back standard standard lines 13a and 13b  Add lines 13a and 13b  Back standard lines 13a lines l | W-2, see   |         |  |           |                     |         |                            | _          | _             | 000                          |  |  |
| Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income  | instructions.  |         | . •                                      | •         |                     |         | •                          |            | <u> </u>      |                              |  |  |
| Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income  10  11 Subtract line 10 from line 9. This is your adjusted gross income  12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)  13 Qualified business income deduction from Form 8995 or Form 8995-A  13 Exemptions for estates and trusts only (see instructions)  14 Add lines 13a and 13b  15 These are your total adjustments to 10  10  11 100,791.   |  |         |  |           |                     |         |                            |            |               |                              |  |  |
| income  10  11 Subtract line 10 from line 9. This is your adjusted gross income  12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)  13 Qualified business income deduction from Form 8995 or Form 8995-A  13 Exemptions for estates and trusts only (see instructions)  14   |  |         |  |           | -                   |         |                            |            |               | 100,791.                     |  |  |
| Subtract line 10 from line 9. This is your adjusted gross income  Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)   |  | 10      | -  | ,         | •                   |         | •                          |            |               |                              |  |  |
| Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       Std Dedn US/India Treaty       12       13,850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13b         b       Exemptions for estates and trusts only (see instructions)       13b       13c         Add lines 13a and 13b       13c  |  | 11      |  |           |                     |         |                            |            |               | 100,791.                     |  |  |
| deduction (see instructions)   |  |         | •  | -         | •                   |         |                            |            |               |                              |  |  |
| 13a Qualified business income deduction from Form 8995 or Form 8995-A .  b Exemptions for estates and trusts only (see instructions)   |  |         | ,  | ,         | ,,                  |         |                            |            |               | 13,850.                      |  |  |
| b Exemptions for estates and trusts only (see instructions)  |  | 13a     |  |           |                     |         | 1 1                        |            | · · · · ·     |                              |  |  |
| c Add lines 13a and 13b  |  |         |  |           |                     |         |                            |            |               |                              |  |  |
|  |  |         |  | -         |                     |         |                            |            | 130           |                              |  |  |
|  |  |         |  |           |                     |         |                            |            |               | 13.850                       |  |  |
| 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>   |  |         |  |           |                     |         |                            |            | _             |                              |  |  |

| Form 1040-NR (    | 2023)  |   |                     |                |              |          |              |           | Page <b>2</b>       |
|-------------------|--|---|---------------------|----------------|--------------|----------|--------------|-----------|---------------------|
| Tax and           | 16   | Tax (see instructions). Check if any from Fo        | rm(s): <b>1</b>     | 814 <b>2</b> [ | 4972         | 3 🗌      |              | 16        | 14,431.             |
| Credits           | 17   | Amount from Schedule 2 (Form 1040), line            | 3                   |                |              |          |              | 17        | 0.                  |
|                   | 18   | Add lines 16 and 17                                 |                     |                |              |          |              | 18        | 14,431.             |
|                   | 19   | Child tax credit or credit for other depende        | ents from Sched     | lule 8812 (Fo  | rm 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 zero or less      | s, enter -0         |                |              |          |              | 22        | 14,431.             |
|                   | 23a  | Tax on income not effectively connected w           | vith a U.S. trade   | or business f  | from         |          |              |           |                     |
|                   |  | Schedule NEC (Form 1040-NR), line 15                |                     |                | . 23a        |          |              |           |                     |
|                   | b  | Other taxes, including self-employment ta           | x, from Schedul     | e 2 (Form 10   | 040),        |          |              |           |                     |
|                   |  | line 21   |                     |                |              |          |              |           |                     |
|                   | С  | Transportation tax (see instructions) .             |                     |                |              | 1        |              |           |                     |
|                   | d  | Add lines 23a through 23c                           |                     |                |              |          |              | 23d       |                     |
|                   | 24   | Add lines 22 and 23d. This is your total ta         | x                   |                |              |          |              | 24        | 14,431.             |
| Payments          | 25   | Federal income tax withheld from:                   |                     |                |              |          |              |           |                     |
|                   | а  | Form(s) W-2   |                     |                |              |          | 0,044.       | -         |                     |
|                   | b  | Form(s) 1099  |                     |                |              | <b>+</b> |              | -         |                     |
|                   | С.   | Other forms (see instructions)                      |                     |                |              |          |              |           | 20 044              |
|                   | d  | Add lines 25a through 25c                           |                     |                |              |          |              | 25d       | 20,044.             |
|                   | e  | Form(s) 8805  |                     |                |              |          |              | 25e       |                     |
|                   | f  | Form(s) 8288-A                                      |                     |                |              |          |              | 25f       |                     |
|                   | g  | Form(s) 1042-S                                      |                     |                |              |          |              | 25g<br>26 |                     |
|                   | 26 2023 estimated tax payments and amount applied from 2022 return |   |                     |                |              |          |              |           |                     |
|                   | 28   | Additional child tax credit from Schedule 8         |                     |                |              |          |              | -         |                     |
|                   | 29   | Credit for amount paid with Form 1040-C             | •                   | ,              |              |          |              | -         |                     |
|                   | 30   | Reserved for future use                             |                     |                |              |          |              |           |                     |
|                   | 31   | Amount from Schedule 3 (Form 1040), line            |                     |                |              |          |              |           |                     |
|                   | 32   | Add lines 28, 29, and 31. These are your t          | redits .            |                | 32           |          |              |           |                     |
|                   | 33   | Add lines 25d, 25e, 25f, 25g, 26, and 32. T         |                     |                |              |          |              | 33        | 20,044.             |
| Refund            | 34   | If line 33 is more than line 24, subtract line      |                     |                |              |          |              | 34        | 5,613.              |
|                   | 35a  | Amount of line 34 you want refunded to y            | 🗌                   | 35a            | 5,613.       |          |              |           |                     |
| Direct deposit?   | b  | Routing number 0 8 3 0 0 0                          | Savings             |                |              |          |              |           |                     |
| See instructions. | d  | Account number 5 2 0 1 0 9                          |                     |                |              |          |              |           |                     |
|                   | е  | If you want your refund check mailed to a           | n address outsid    | de the United  | d States not | shown on | page 1,      |           |                     |
|                   |  | enter it here.                                      |                     |                |              | <b></b>  |              |           |                     |
|                   | 36   | Amount of line 34 you want applied to yo            | ur 2024 estimat     | ed tax .       | . 36         |          |              |           |                     |
| Amount            | 37   | Subtract line 33 from line 24. This is the an       | -                   |                |              |          |              |           |                     |
| You Owe           |  | For details on how to pay, go to www.irs.g          | gov/Payments or     | see instructi  | 1            | <br>I    |              | 37        |                     |
|                   | 38   | · • • • • • • • • • • • • • • • • • • •             |                     |                | . 38         |          |              |           | <b>□</b>            |
| Third             | •  | u want to allow another person to discuss t         |                     |                | instructions |          | es. Compl    |           | ow. 🗵 <b>No</b>     |
| Party<br>Designee | Desig  | nee's   | Phone               | )              |              |          | nal identifi | cation    |                     |
| Designee          | name   | penalties of perjury, I declare that I have examine | d this raturn and a |                | aahadulaa an |          | er (PIN)     | o boot o  | f my knowledge and  |
|                   |  | they are true, correct, and complete. Declaration   |                     |                |              |          |              |           |                     |
| Sign              | Yours  | signature   | Date                | Your occur     | oation       |          | If the       | IRS s     | ent you an Identity |
| Here              |  |   | Tour occupation     |                |              |          | Prote        | ection    | PIN, enter it here  |
|                   |  |   |                     | SALARII        | ED           |          | (see         | inst.)    |                     |
|                   | Phone  | ·   | Email address       |                | 15.          |          | DTIN         |           |                     |
| Paid              | •  |   | 's signature        |                | Date         |          | PTIN         |           | Check if:           |
| Preparer          |  |   | PRIYA RAM           | SAGAR GU       | PTA   03/    | 15/2024  | P02082       |           | Self-employed       |
| Use Only          |  | sname GLOBAL TAXES LLC                              |                     | - 0001         |              |          |              |           | 78) 965-9522        |
|                   | ⊢ırm's   | address 245 ROONEY CT E BE                          | RUNSWICK N          | J 08816        |              |          | Firm's El    | N         |                     |

#### **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

| VIJA | Y SAIDA BABU GUNDA  |              | 829-39-21 | 152             |
|------|---|--------------|-----------|-----------------|
| 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. Att | ach Schedule | E . 5     | -9,475.         |
| 6    | Farm income or (loss). Attach Schedule F                                      |              |           |                 |
| 7    | Unemployment compensation   | 7            |           |                 |
| 8    | Other income:   |              |           |                 |
| а    | Net operating loss  | 8a (         | )         |                 |
| b    | Gambling  | 8b           |           |                 |
| С    | Cancellation of debt  | 8c           |           |                 |
| d    | Foreign earned income exclusion from Form 2555                                | 8d (         | )         |                 |
| е    | Income from Form 8853   | 8e           |           |                 |
| f    | Income from Form 8889   | 8f           |           |                 |
| g    | Alaska Permanent Fund dividends   | 8g           |           |                 |
| h    | Jury duty pay   | 8h           |           |                 |
| i    | Prizes and awards   | 8i           |           |                 |
| j    | Activity not engaged in for profit income                                     | 8j           |           |                 |
| k    | Stock options   | 8k           |           |                 |
| I    | Income from the rental of personal property if you engaged in the rental      |              |           |                 |
|      | for profit but were not in the business of renting such property              | 81           |           |                 |
| m    | Olympic and Paralympic medals and USOC prize money (see                       |              |           |                 |
|      | instructions)   | 8m           |           |                 |
| n    | Section 951(a) inclusion (see instructions)                                   | 8n           |           |                 |
| 0    | Section 951A(a) inclusion (see instructions)                                  | 80           |           |                 |
| р    | Section 461(I) excess business loss adjustment                                | 8p           |           |                 |
| q    | Taxable distributions from an ABLE account (see instructions)                 | 8q           |           |                 |
| r    | Scholarship and fellowship grants not reported on Form W-2                    | 8r           |           |                 |
| S    | Nontaxable amount of Medicaid waiver payments included on Form                |              |           |                 |
|      | 1040, line 1a or 1d   | 8s (         | )         |                 |
| t    | Pension or annuity from a nonqualifed deferred compensation plan or           |              |           |                 |
|      | a nongovernmental section 457 plan  | 8t           |           |                 |
| u    | Wages earned while incarcerated   | 8u           |           |                 |
| Z    | Other income. List type and amount:   |              |           |                 |
|      |   | 8z           |           |                 |
| 9    | Total other income. Add lines of through 62                                   |              |           |                 |
| 10   | Combine lines 1 through 7 and 9. This is your additional income. Enter        |              |           |                 |
|      | 1040, 1040-SR, or 1040-NR, line 8   |              | 10        | <b>-9,</b> 475. |

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

| Par      | Adjustments to Income   |          |             |        |                        |
|----------|---|----------|-------------|--------|------------------------|
| 11       | Educator expenses   |          |             | 11     |                        |
| 12       | Certain business expenses of reservists, performing artists, and fee  | e-basis  | government  |        |                        |
|          | 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)  | 24a      |             |        |                        |
| b        | Deductible expenses related to income reported on line 8l from the  |          |             |        |                        |
|          | rental of personal property engaged in for profit   | 24b      |             |        |                        |
| С        | Nontaxable amount of the value of Olympic and Paralympic medals   |          |             |        |                        |
|          | and USOC prize money reported on line 8m  | 24c      |             |        |                        |
| d        | Reforestation amortization and expenses   | 24d      |             | _      |                        |
| е        | Repayment of supplemental unemployment benefits under the Trade   |          |             |        |                        |
|          | Act of 1974   | 24e      |             | _      |                        |
| f        | Contributions to section 501(c)(18)(D) pension plans  | 24f      |             | -      |                        |
| g        | Contributions by certain chaplains to section 403(b) plans  | 24g      |             | -      |                        |
| h        | Attorney fees and court costs for actions involving certain unlawful  |          |             |        |                        |
|          | discrimination claims (see instructions)  | 24h      |             | -      |                        |
| i        | Attorney fees and court costs you paid in connection with an award  |          |             |        |                        |
|          | from the IRS for information you provided that helped the IRS detect tax law violations                             | 04:      |             |        |                        |
|          |   | 24i      |             | -      |                        |
| j        | Housing deduction from Form 2555  | 24j      |             | -      |                        |
| k        | Excess deductions of section 67(e) expenses from Schedule K-1 (Form   | 041-     |             |        |                        |
| _        | 1041)   | 24k      |             |        |                        |
| Z        | Other adjustments. List type and amount:  | 24z      |             |        |                        |
| 25       |   |          |             | 25     |                        |
| 25<br>26 | Total other adjustments. Add lines 24a through 24z  |          |             | 25     | _                      |
| 20       | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10 | . ⊏nter  | nere and on | 26     |                        |
|          |   |          |             |        | le 1 (Form 1040) 2023  |
|          | BAA   | KEV 03/0 | 07/24 PRO   | JUNEUU | ie i (Fulli 1040) 2023 |

#### **SCHEDULE NEC** (Form 1040-NR)

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

VIJAY SAIDA BABU GUNDA

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

Your identifying number 829-39-2152

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

Capital Gains and Losses From Sales or Exchanges of Property

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

Enter only the capital gains and losses from property sales or exchanges that are from source 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. reproperty interest; report these gains and losses on Schedule D (Form 1040).

14

15

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

|            | Tapital dalla 20000 110111 dalos of Exchanges of 110porty  |  |                              |                             |                 |                         |  |  |  |  |  |  |  |
|------------|--|--|------------------------------|-----------------------------|-----------------|-------------------------|--|--|--|--|--|--|--|
| nd<br>ces  | 16   | (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | (c) Date sold<br>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). |  |  |  |  |  |
| J.S.<br>in |  |  |                              |                             |                 |                         |  |  |  |  |  |  |  |
| real       |  |  |                              |                             |                 |                         |  |  |  |  |  |  |  |
| e<br>D     |  |  |                              |                             |                 |                         |  |  |  |  |  |  |  |
|            |  |  |                              |                             |                 |                         |  |  |  |  |  |  |  |
| ,          |  |  |                              |                             |                 |                         |  |  |  |  |  |  |  |
| ss         | 17   | Add columns (f) and (g) of line 16 .   |                              |                             |                 | 17                      | ( )  |  |  |  |  |  |  |
|            | 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0 18 |  |                              |                             |                 |                         |  |  |  |  |  |  |  |

15

#### **SCHEDULE OI** (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information. Department of the Treasury Internal Revenue Service Answer all questions.

OMB No. 1545-0074

Attachment Sequence No. 7C

Name shown on Form 1040-NR Your identifying number VIJAY SAIDA BABU GUNDA 829-39-2152 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: X 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 Κ Yes ⊠ No ☐ 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 D (Form 1040)

Department of the Treasury

### **Capital Gains and Losses**

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Internal Revenue Service Name(s) shown on return Your social security number 829-39-2152 VIJAY SAIDA BABU GUNDA 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. 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 . . . . . . . . . . . . . . . . . . 20,155. 19,272. 25. 908. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . 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 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 . . . . . . . . . 7 908. 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 (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with **Box E** checked . . . . . . . . . . . . . . . . 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 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

15

Schedule D (Form 1040) 2023 Page 2

## Part III **Summary** 908. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

# Form **8949**

## **Sales and Other Dispositions of Capital Assets**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

829-39-2152

VIJAY SAIDA BABU GUNDA

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

| (B) Short-term transactions (C) Short-term transactions   | •  |                                | -                                   | sis <b>wasn't</b> report                               | ed to the IF   | RS   | -1  |
|---|--|--------------------------------|-------------------------------------|--|--|--|---|
| 1 (a) Description of property   | (b) Date acquired                            | (c) Date sold or               | (d)<br>Proceeds                     | (e) Cost or other basis See the <b>Note</b> below      | Adjustment, if<br>If you enter an<br>enter a co<br>See the sep | (h)<br>Gain or (loss)<br>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). |
| ROBINHOOD SECURITIES LLC  | 01/01/23                                     | 12/31/23                       | 15,669.                             | 14,748.  | W  | 25.  | 946.  |
| ROBINHOOD CRYPTO LLC  | 01/01/23                                     | 12/31/23                       | 4,486.                              | 4,524.   |  |  | -38.  |
|   |  |                                |                                     |  |  |  |   |
|   |  |                                |                                     |  |  |  |   |
|   |  |                                |                                     |  |  |  |   |
|   |  |                                |                                     |  |  |  |   |
|   |  |                                |                                     |  |  |  |   |
|   |  |                                |                                     |  |  |  |   |
|   |  |                                |                                     |  |  |  |   |
|   |  |                                |                                     |  |  |  |   |
|   |  |                                |                                     |  |  |  |   |
|   |  |                                |                                     |  |  |  |   |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6). | al here and inc<br>e is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 20,155.                             | 19,272.  |  | 25.  | 908.  |

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

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

| viios, etc., |                                  | <b>2023</b>                          |  |  |  |  |  |  |  |
|--------------|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|
|              |                                  | Attachment<br>Sequence No. <b>13</b> |  |  |  |  |  |  |  |
|              | Your social security number      |                                      |  |  |  |  |  |  |  |
|              | 829-39-2152                      |                                      |  |  |  |  |  |  |  |
| u a          | u are an individual, report farm |                                      |  |  |  |  |  |  |  |

| Name(s)    | shown on return  |          |           |                        |         |                | Your s   | ocial security                      | number   |
|------------|--|----------|-----------|------------------------|---------|----------------|----------|-------------------------------------|----------|
| VIJA       | Y SAIDA BABU GUNDA   |          |           |                        |         |                | 829      | -39-2152                            |          |
| Part       |  |          |           |                        |         |                |          |                                     |          |
|            | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | rty, use | Schedule  | <b>C</b> . See         | instru  | ctions. If you | are an i | ndividual, rep                      | ort farm |
| <b>A</b> [ | Did you make any payments in 2023 that would require you   | to file  | Form(s) 1 | 099? 5                 | See ins | structions .   |          | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | es 🛛 No  |
|            | f "Yes," did you or will you file required Form(s) 1099?   |          |           |                        |         |                |          |                                     |          |
| 1a         | Physical address of each property (street, city, state, ZII  |          |           |                        |         |                |          | <del></del>                         |          |
| A          | 10-1-218/45, ROAD NO:01 CHAKRIPURAM, HYD   | )ERAI    | BAD TEI   | ANGA                   | NA T    | N 500062       |          |                                     |          |
| В          | 10 1 210/ 10/North No. 01 Christian/HII  | <u> </u> | DIND ILLI | 22 11 1 02 1           | 1421 1. | 300002         |          |                                     |          |
|            |  |          |           |                        |         |                |          |                                     |          |
| 1b         | Type of Property 2 For each rental real estate prope   | erty lis | ted       |                        | Fa      | ir Rental      | Pers     | sonal Use                           | 0.07     |
|            | (from list below) above, report the number of fair   | rental   | and       |                        |         | Days           | 1        | Days                                | QJV      |
| Α          | g personal use days. Check the Q   |          |           | Α                      |         | 365            |          | 0                                   |          |
| В          | if you meet the requirements to the supplified injust yearture. See instru   |          |           | В                      |         |                |          |                                     |          |
| С          | qualified joint venture. See instru  | CLIOIT   | 5.        | С                      |         |                |          |                                     |          |
| Туре       | of Property:   |          |           |                        |         |                |          |                                     |          |
| 1          | Single Family Residence 3 Vacation/Short-Term Ren  | ıtal     | 5 Land    |                        |         | Self-Rental    |          |                                     |          |
| 2          | Multi-Family Residence 4 Commercial  |          | 6 Roya    | alties                 | 8       | Other (desc    | ribe) _  |                                     |          |
|            |  |          |           |                        |         | Propert        |          |                                     |          |
| Incom      |  |          |           | Α                      |         | В              | 103.     |                                     | С        |
| 3          | Rents received   | 3        |           |                        | 50.     |                |          |                                     |          |
| 4          | Royalties received   | 4        |           |                        | 30.     |                |          |                                     |          |
| Expen      |  | <u> </u> |           |                        |         |                |          |                                     |          |
| 5          | Advertising  | 5        |           |                        |         |                |          |                                     |          |
| 6          | Auto and travel (see instructions)   | 6        |           |                        |         |                |          |                                     |          |
| 7          | Cleaning and maintenance   | 7        |           | 9                      | 50.     |                |          |                                     |          |
| 8          | Commissions  | 8        |           |                        |         |                |          |                                     |          |
| 9          | Insurance  | 9        |           |                        |         |                |          |                                     |          |
| 10         | Legal and other professional fees  | 10       |           |                        |         |                |          |                                     |          |
| 11         | Management fees  | 11       |           | 1,5                    | 60.     |                |          |                                     |          |
| 12         | Mortgage interest paid to banks, etc. (see instructions)   | 12       |           | · ·                    |         |                |          |                                     |          |
| 13         | Other interest   | 13       |           |                        |         |                |          |                                     |          |
| 14         | Repairs  | 14       |           | 2,1                    | 60.     |                |          |                                     |          |
| 15         | Supplies   | 15       |           | 2,4                    | 90.     |                |          |                                     |          |
| 16         | Taxes  | 16       |           |                        |         |                |          |                                     |          |
| 17         | Utilities  | 17       |           | 2,9                    | 65.     |                |          |                                     |          |
| 18         | Depreciation expense or depletion  | 18       |           |                        |         |                |          |                                     |          |
| 19         | Other (list)   | 19       |           |                        |         |                |          |                                     |          |
| 20         | Total expenses. Add lines 5 through 19   | 20       |           | 10,1                   | 25.     |                |          |                                     |          |
| 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   | <b> </b> |           | 0 4                    | - I     |                |          |                                     |          |
|            | file Form 6198   | 21       |           | -9,4                   | /5.     |                |          |                                     |          |
| 22         | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)                  | 22       | (         | <b>-</b> 9 <b>,</b> 47 | 75.)    | (              |          | )(                                  | )        |
| 23a        | Total of all amounts reported on line 3 for all rental proper  | erties   |           |                        | 23a     |                | 650      |                                     |          |
| b          | Total of all amounts reported on line 4 for all royalty prop   |          |           |                        | 23b     |                |          |                                     |          |
| С          | Total of all amounts reported on line 12 for all properties  |          |           |                        | 23c     |                |          |                                     |          |
| d          | Total of all amounts reported on line 18 for all properties  |          |           |                        | 23d     |                |          |                                     |          |
| е          | Total of all amounts reported on line 20 for all properties  |          |           |                        | 23e     | 10             | 125      | _                                   |          |
| 24         | Income. Add positive amounts shown on line 21. Do not  |          | -         |                        |         |                |          | 4                                   |          |
| 25         | Losses. Add royalty losses from line 21 and rental real estat  |          |           |                        |         |                |          | 5 (                                 | 9,475.)  |
| 26         | Total rental real estate and royalty income or (loss).   |          |           |                        |         |                |          |                                     |          |

26

-9,475.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

# Form **8582**

Department of the Treasury

Internal Revenue Service

## **Passive Activity Loss Limitations**

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

Name(s) shown on return Identifying number VIJAY SAIDA BABU GUNDA 829-39-2152 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) **1a** Activities with net income (enter the amount from Part IV, column (a)) . . **b** Activities with net loss (enter the amount from Part IV, column (b)) . . . . 1b 9,475. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . 1d -9,475. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) **b** Activities with net loss (enter the amount from Part V, column (b)) . . . . 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c ( **d** Combine lines 2a, 2b, and 2c . . . . . . . . . . . . . . . . . . 2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -9,475. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation

|     | Note: Enter all numbers in Part II as positive amounts. See instructions for an example.                                       |        |                    |   |         |  |  |  |  |  |
|-----|--|--------|--------------------|---|---------|--|--|--|--|--|
| 4   | Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3  |        |                    | 4 | 9,475.  |  |  |  |  |  |
| 5   | 5 Enter \$150,000. If married filing separately, see instructions  |        |                    |   |         |  |  |  |  |  |
| 6   | Enter modified adjusted gross income, but not less than zero. See instructions   |        |                    |   |         |  |  |  |  |  |
|     | <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-on line 9. Otherwise, go to line 7. |        |                    |   |         |  |  |  |  |  |
| 7   | Subtract line 6 from line 5  | 7      | 39 <b>,</b> 734.   |   |         |  |  |  |  |  |
| 8   | Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing sepa   | rately | , see instructions | 8 | 19,867. |  |  |  |  |  |
| 9   | Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions .                                   |        |                    | 9 | 9,475.  |  |  |  |  |  |
| Par | t III Total Losses Allowed   |        |                    |   |         |  |  |  |  |  |
| 10  | 10 Add the income, if any, on lines 1a and 2a and enter the total  |        |                    |   |         |  |  |  |  |  |
| 11  | 11   | 9,475. |                    |   |         |  |  |  |  |  |

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| A  | Currer                   | nt year                   | Prior years                  | Overall gain or loss |          |  |  |
|--|--------------------------|---------------------------|------------------------------|----------------------|----------|--|--|
| Name of activity                             | (a) Net income (line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |  |  |
| 10-1-218/45, ROAD NO:01                      | 0.                       | 9,475.                    |                              |                      | 9,475.   |  |  |
|  |                          |                           |                              |                      |          |  |  |
|  |                          |                           |                              |                      |          |  |  |
|  |                          |                           |                              |                      |          |  |  |
|  |                          |                           |                              |                      |          |  |  |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0.                       | 9,475.                    |                              |                      |          |  |  |

Form 8582 (2023) Page **2** 

|           | -,                              |          |  |  |                    |                       |               |                       |                  | . ugo <u> </u>                           |
|-----------|---------------------------------|----------|--|--|--------------------|-----------------------|---------------|-----------------------|------------------|--|
| Part V    | Complete This Part Befor        | e P      | art I, Lines 2   | a, 2b,   | <b>and 2c.</b> S   | ee instru             | ctions.       |                       |                  |  |
|           | A                               |          | Curren   | ıt year  |                    | Prior y               | ears          | Overa                 | ıll ga           | ain or loss                              |
|           | Name of activity                | (a       | Net income (line 2a)   | <b>(b)</b><br>(li  | Net loss<br>ne 2b) | (c) Unal<br>loss (lin |               | (d) Gain              |                  | (e) Loss                                 |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 | -        |  |  |                    |                       |               |                       |                  |  |
|           | on Part I, lines 2a, 2b, and 2c |          |  |  |                    |                       |               |                       |                  |  |
| Part VI   | Use This Part if an Amour       | nt Is    | Shown on F   | Part II,   | , <b>Line 9.</b> S | ee instrud            | ctions.       |                       |                  | I  |
|           | Name of activity                | ar<br>to | rm or schedule<br>ad line number<br>be reported on<br>se instructions) | (а   | ) Loss             | ( <b>b)</b> Ra        | atio          | (c) Special allowance |                  | (d) Subtract column (c) from column (a). |
| 10-1-218  | 3/45,ROAD NO:01                 |          | E Ln 22  |  | 9,475.             | 1.0000                | 1.00000000    |                       | 5.               | 0.                                       |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
| Total     |                                 |          |  |  | 9,475.             | 1.0                   | 0             | 9,47                  | 5.               | 0.                                       |
| Part VII  | Allocation of Unallowed L       | os:      | ses. See instr   | uction   |                    | •                     |               | ·                     |                  | 1  |
|           | Name of activity                |          | Form or sche<br>and line nun<br>to be reporte<br>(see instruct         | nber<br>ed on  | (a) l              | _oss                  | (             | (b) Ratio             |                  | ) Unallowed loss                         |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
| Total     |                                 |          |  |  |                    |                       |               | 1.00                  |                  |  |
| Part VIII | Allowed Losses. See instr       | ucti     | ons.   |  |                    |                       |               |                       |                  |  |
|           | Name of activity                |          | and line nun   | Form or schedule and line number to be reported on (see instructions)  (a) Loss  (b) U |                    | <b>(b)</b> Ur         | nallowed loss | (                     | (c) Allowed loss |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
|           |                                 |          |  |  |                    |                       |               |                       |                  |  |
| Total     |                                 |          |  |  |                    |                       |               |                       |                  |  |