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.

Submission Identification Number (SID)

T.....

Taxpay	er's name		Social securit	y numbe	er			
SHR	ADDHA DAIVKUMAR DHYADE		006-23-	-4340				
Spouse's name Spouse's social security number					rity number			
Part	Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)							
Enter	Enter whole dollars only on lines 1 through 5.							
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income			1	74,291.			
2	Total tax			2	8,601.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	12,416.			
4	Amount you want refunded to you			4	3,815.			
5	Amount you owe			5				

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

3	4	3	4	0				
Enter five digits, but don't enter all zeros								

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date						 			
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2			6 nter a	 	2 7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►		Date 🕨	
	t Retain This Form — See s Form to the IRS Unless		
For Denemoral Deduction Act Nation and your toy red	hum inclusions	DEV/ 02/22/24 DDO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/23/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		urn	202	3	OMB No. 1545-	-0074	IRS Use Only	–Do not wi	rite or staple in this s	space.	
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See sep	arate instructio	ons.	
Your first name	and mi	ddle initial	Last na	me						Your so	cial security num	ıber	
SHRADDHA	DAI	IVKUMAR	DHYA	ADE.						006	23 4340		
		s first name and middle initial	Last na								s social security n	number	
										720	66 7593		
Home address (numbe	r and street). If you have a P.O. box, see	instructi	ons.				A	pt. no.		ntial Election Can	mpaign	
432 LAS											ere if you, or you		
		office. If you have a foreign address, also complete spaces below. State ZIP code spo					spouse if filing jointly, want \$3						
IRVINE						CA	4	926	02	0	this fund. Check	0	
Foreign country	name			Foreign p	rovince/state/c	L			n postal code	box below will not change your tax or refund.			
											🗌 You 🔄 S	Spouse	
Filing Status		Single					Head of ho	ouseh	old (HOH)				
-		Married filing jointly (even if only o	ne had	income)					()				
Check only one box.	X	Married filing separately (MFS)		,			Qualifying	surviv	ing spouse (QSS)			
		ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che					d's name if the		
		alifying person is a child but not you											
	<u> </u>								••••	(1-) 11			
Digital Accesto		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi									🛛 Yes 🗌 N	No	
Assets							a dependent	0: (00		13.)			
Standard Deduction	_	eone can claim: You as a de	•										
Deduction		Spouse itemizes on a separate retur		a were a	uual-status a	allen							
Age/Blindness	You:	Were born before January 2, 1	959 [Are b	lind Spo	use	: 🗌 Was bor	n befc	ore January 2	2, 1959	Is blind		
Dependents	(see	instructions):		(2) \$	Social security		(3) Relationsh	ip (4	•	· · ·	ies for (see instruc	,	
If more	(1) Fi	irst name Last name			number		to you		Child tax cr	edit	Credit for other depe	endents	
than four													
dependents, see instructions													
and check											<u> </u>		
here 🗌											<u> </u>		
Income	1a	Total amount from Form(s) W-2, be			,					. 1a	91,6	36.	
Attach Form(s)	b	Household employee wages not re	•			•				. 1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		,					. 1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see ir	nstru	ictions)			. 1d			
1099-R if tax	е	Taxable dependent care benefits f		-		•		• •		. 1e			
was withheld.	f	Employer-provided adoption bene			-			• •		. <u>1</u> f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•		• •		. 1g			
W-2, see	h	Other earned income (see instructi		· · ·		•	· · · ·	···		. <u>1h</u>		0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	1 i			-	01 6	206	
	z	Add lines 1a through 1h			· · · ·			• •	• • •	. 1z	91,6	50.	
Attach Sch. B if required.	2a	•	2a		0.5		axable interest			. 2b	+	35.	
	<u>3a</u>		3a 4a				ordinary divider			. 3b . 4b		55.	
Standard	4a 5a	-	4a 5a				axable amount axable amount			. 40 . 5b			
Deduction for –	5a 6a		5a 6a				axable amount			. <u>50</u> . 6b			
 Single or Married filing 	c	If you elect to use the lump-sum e		method									
separately, \$13,850	7	Capital gain or (loss). Attach Sche						• •	· · · L	7	2	230.	
 Married filing 	8	Additional income from Schedule		•				• •	L	. 8	-17,6		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	<i>.</i>					• •	•••	. 9	74,2		
surviving spouse, \$27,700	3 10	Adjustments to income from Sche		-			• · · · ·	• •		. <u> </u>			
 Head of household, 	11	Subtract line 10 from line 9. This is	-							. 11	74,2	291	
\$20,800	12	Standard deduction or itemized	•	-	-					12	13,8		
 If you checked any box under 	13	Qualified business income deduction					5-A			13	+		
Standard Deduction,	14	Add lines 12 and 13								14	13,8	350.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 This is v	our t	axable incom	e .		15	60,4		
	-			,					-			<u> </u>	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fe	orm(s): 1 🗌 881	4 2 4972	3 🗌		16	8,601.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	8,601.
	19	Child tax credit or credit for other depend	dents from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or lea	ss, enter -0				22	8,601.
	23	Other taxes, including self-employment t	ax, from Schedul	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total ta	x				24	8,601.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 12	,416.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	12,416.
If you have a	26	2023 estimated tax payments and amour	nt applied from 20	022 return		[26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8	812		28			
	29	American opportunity credit from Form 8	863, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are y	our total other p	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are you	r total payments	• • • • •		[33	12,416.
Refund	34	If line 33 is more than line 24, subtract lin	e 24 from line 33	. This is the amou	int you overpaid		34	3,815.
	35a	Amount of line 34 you want refunded to	you . If Form 888	8 is attached, che	ck here	. 🗆 🛛	35a	3,815.
Direct deposit?	b	Routing number 3 2 2 2 7 1	6 2 7	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 7 0 5 7 3 3	3 3 2					
	36	Amount of line 34 you want applied to yo	our 2024 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the a	amount you owe					
You Owe		For details on how to pay, go to www.irs.	gov/Payments or	see instructions			37	
	38	Estimated tax penalty (see instructions)			38			
Third Party	Do	you want to allow another person to	discuss this retu	rn with the IRS?	? See			
Designee	ins	tructions			🗌 Yes. Co	omplete be	low.	🗙 No
		signee's	Phone			onal identific	ation	
<u></u>	na	der penalties of perjury, I declare that I have exam	no.			per (PIN)	boot	
Sign		ief, they are true, correct, and complete. Declarat						
Here	Yo	ur signature	Date	Your occupation		If the II	RS sen	it you an Identity
	10	al orginatale	Duie					N, enter it here
Joint return?				SOFTWARE	DEVELOPER	(see in	st.)	
See instructions.	Sp	ouse's signature. If a joint return, both must sign	. Date	Spouse's occupation	tion			t your spouse an
Keep a copy for your records.						Identity (see in	,	ction PIN, enter it here
,						,		
		one no. (919)785-6046 eparer's name Preparer's sig	Email address	SHRADDHADHY	ADE@GMAIL.CC			Check if:
Paid					Date	PTIN		_
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	1 03/01/2024	P02082		Self-employed
Use Only		n's name GLOBAL TAXES LLC	DIDIGUE CH	T 00016		Phone		678)965-9522
		n's address 245 ROONEY CT E B	RUNSWICK N			Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/23/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SHRADDHA DAIVKUMAR DHYADE 006-23-4340

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attac	h Schedule E	5	-17,610.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ()	
b		3b		
С		Bc		
d		Bd ()	
е		Зе		
f	Income from Form 8889	8f		
g		3g		
h		3h		
i		8i		
j		8j		
k		3k		
1	Income from the rental of personal property if you engaged in the rental			
		81		
m	Olympic and Paralympic medals and USOC prize money (see			
		Bm		
n		3n		
ο		Во		
р		Зр		
q		3q		
r		Br		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	, · · · · · · · · · · · · · · · · · · ·	Bs ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	5	8t		
u		3u		
z	Other income. List type and amount:			
		Bz		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8	here and on Form	10	-17,610.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	· · · · · · · ·	-	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-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)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 02/	/23/24 PRO	Schedule 1 (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SHRADDHA DAIVKUMAR DHYADE

006-23-4340

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 lines below.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fr		(h) Gain or (loss) Subtract column (e) from column (d) and
	his form may be easier to complete if you round off cents to hole dollars.				urt I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,014.	747.			267.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	267.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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 Box D checked	1,533.	1,570.			-37.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	dule(s) K-1	12 13			
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	-37.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 230.
	• 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 line 22.	
	• 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?	
	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.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	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.	

BAA REV 02/23/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

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.



 Name(s) shown on return
 Social security number or taxpayer identification number

 SHRADDHA DAIVKUMAR DHYADE
 006-23-4340

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.

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

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

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) (g) Code(s) from instructions (g) Amount of adjustment		from column (d) and combine the result with column (g).	
Robinhood Securities LLC	05/16/23	12/31/23	1,014.	747.			267.	
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 C	al here and inc is checked), lir	lude on your ne 2 (if Box B	1,014.	747.			267.	

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form 8949 (2023)	Attachment Sequence No.	12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SHRADDHA DAIVKUMAR DHYADE

Social security number or taxpayer identification number 006-23-4340

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

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

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
Robinhood Securities LLC	10/17/22	12/31/23	1,533.	1,570.			-37.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	lude on your 1e 9 (if Box E	1,533.	1,570.			-37.		

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 02/23/24 PRO

SCHEDULE E		Supplemental Income and Loss							OMB No. 1545-0074				
(Form 1040) (From rental real estate, royalties, partners				hips, S corporations, estates, trusts, REMICs, etc.)						2023			
Departm	ent of the Treasury			Attach to Form 1040,	1040-	SR, 1040-	NR, or 1	1041.					
Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.									Sequer	nce No.	13		
Name(s) shown on return Your social set											al security	numb	ər
SHRA	DDHA DAIVK									006-2	3-4340		
Part				tal Real Estate an									
	Note: If yo	ou are in t	he business of r	enting personal proper 1 35 on page 2, line 40.	ty, use	Schedule	c . See	instruc	ctions. If you a	ire an indiv	vidual, rep	ort fai	m
Α				at would require you	to filo	Form(s) 1	0002 5	Soo inc	tructions				
				d Form(s) 1099?								_	No
											· 🗆 🗰	.5	
1a			1 1 3 (street, city, state, ZIF		,							
A	PLOT NO:3	0,SR N	10 41/155	TRIVENINAGAR, 1	ALWA	ADE MAH	IARASI	HTRA	IN 41211	_4			
B													
С								1				1	
1b	Type of Prope			tal real estate prope				Fa	ir Rental	Person		Jse QJV	
	(from list below	N)		rt the number of fair i a days. Check the Qu					Days	Da			
	3			he requirements to f			A		365		0		
B C				it venture. See instru			B C						
	f Dronowh <i>u</i>						C						
	of Property: Single Family R	ocidono		tion/Short-Term Ren	tal	5 Land	1	7	Self-Rental				
	Multi-Family Re				lai	6 Roya				riha)			
	Multi-I armiy He	Sidence	4 00111	Ther Ciai			uues	0	Other (desc				
									Properti	es:			
Incom							Α		В			С	
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8					8								
9					9								
10					10		1 Г	10					
11 12				· · · · · · · ·	11 12		1,5	12.					
12				. (see instructions)	12								
13	Duner interest				13		4,7	11					
14					14		5,0						
16					16		5,0	20.					
17					17		5,1	64					
18		18		5,1	01.								
19	Depreciation expense or depletion 18 Other (list) 19												
20	· · · ·			19	20		18,2	0.0					
21			•	id/or 4 (royalties). If			10/2						
21				ind out if you must									
					21	-	-17,6	10.					
22	Deductible rer	tal real	estate loss aft	er limitation, if any,									
	on Form 8582	(see ins	structions)		22	(17,61	.0.))	(
23a	Total of all amounts reported on line 3 for all rental proper							23a		590.			
b	Total of all am	erties			23b								
С													
d													
е													
24				n on line 21. Do not		-				. 24			
25				1 and rental real estate							(17,6	510.
26				/ income or (loss).									
	here. If Parts I	I, III, and	d IV, and line	40 on page 2 do no	t appl	y to you,	also e	nter th	ns amount c	n			

26	-17,610.

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

Schedule E (Form 1040) 2023