(Rev. January 2021)

Department of the Treasury

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

IIILEIIIAI I	levelide Service								
Submi	ssion Identification Number (SID)								
Taxpaye	r's name	Social secu	rity num	ber					
SREE	JA REDDY JANGA	006-13-2069							
Spouse's		Spouse's s	ocial sec	urity nu	mber				
Part	, ,	year you	are au	thoriz	ing.)				
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 .	ı					
1	Adjusted gross income		1	-		$\frac{441.}{222}$			
2	Total tax		2	-		222.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	-		512.			
4 5	Amount you want refunded to you		5	_	4,	290.			
Part			_	/our i	eturi	<u>n)</u>			
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended								
to send for any Agent to paymer authoriz paymer busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I an interpretation of the payment withdrawal Consent.	ection of the S. Treasury cated in the on to debit the the authori lests must processing ayment. I fu	transmir and its tax prepare entry zation. The election of the election are the election ar	ssion, designation to this To revolved no lectron	(b) the ated Fin softwaccoupke (cap later ic payiedge t	reason inancial vare for nt. This ancel) a than 2 ment of that the			
	nic Funds Withdrawal Consent.				_				
	yer's PIN: check one box only	511	3 2 0	0 6	9				
X	I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	·	nter five		but	as my			
	signature on the income tax return (original or amended) I am now authorizing.	C	on't ente	r all ze	ros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.								
Your s	gnature ▶ Date ▶ _								
Spaus	e's PIN: check one box only								
Spous	I authorize to enter or generate	my DINI				ac my			
	ERO firm name		nter five	digits.		as my			
	signature on the income tax return (original or amended) I am now authorizing.		on't ente	•					
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.		_			_			
Spous	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part I	Certification and Authentication — Practitioner PIN Method Only								
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	$2 \mid 7 \mid$	1			
			nter all z						
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this re	turn in a	accord	anće v				
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To I	o So							

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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan.	1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling _			, 20		See se	parate ins	tructions.
Your first name	and m	iddle initial	Last n	ame						Your so	cial securi	ity number
SREEJA R	יחחי	Y	JAN	GΑ						006	13 2	2069
		s first name and middle initial	Last n									curity number
											1 1	
Home address (numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.		Preside	ntial Elect	ion Campaign
400 RED							-	L002			here if you	
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP c					ntly, want \$3
IRVING					T	x	750	163		-	o this fund. Iow will not	. Checking a
Foreign country	name			Foreign province/state/				gn postal c			x or refund	
										-	You	Spouse
Filing Status	X	Single				Head of he	ouseh	old (HOH	<u>-</u> -			
_		Married filing jointly (even if only or	ne had	income)					,			
Check only one box.		Married filing separately (MFS)		•		☐ Qualifying	survi	ing spou	use (C	QSS)		
00 207	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che				•		ild's name	e if the
		alifying person is a child but not you		ndont:								
	A 1		/									
Digital		ny time during 2023, did you: (a) rece lange, or otherwise dispose of a digi									Yes	⊠ No
Assets				_			1)! (3	ee ii isti u	CLIOIR	5.)		
Standard Deduction	_			•		•						
Deduction	ш.	Spouse itemizes on a separate return	ii or yo	u were a duar-status	allei	<u> </u>						
Age/Blindness	You:	: Were born before January 2, 1	959	Are blind Spo	ouse	: Uwas bor	rn bef	ore Janua	ary 2,	1959	☐ Is b	lind
Dependents	(see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	ifies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you		Child t	ax cre	edit	Credit for of	ther dependents
than four												
dependents, see instructions								[
and check								[
here \square											<u> </u>	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions) .						1a	1 1	40,661.
Attach Form(s)	b	Household employee wages not re	eportec	on Form(s) W-2 .						1b	,	
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							10	;		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	1	
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e	,		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29						1f	-	
If you did not get a Form	g	Wages from Form 8919, line 6 .								1 g		
W-2, see	h	Other earned income (see instructi	,				· ·			1h	<u> </u>	0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)		<u>l 1i</u>						40 661
	<u>z</u>	· 1		· · · · · · · · · · · · · · · · · · ·						1z		40,661.
Attach Sch. B if required.	2a	'	2a			axable interest				2b		383.
	3a		3a			Ordinary divider				3b		
Standard	4a		4a			axable amoun				4b		
Deduction for—	5a		5a			axable amoun				5b		
Single or Married filing	6a	,	6a			axable amount	τ		· .	6b	<u>'</u>	
separately, \$13,850	С 7	If you elect to use the lump-sum electron or (less). Attach School		•	`	,				, , ,		0
Married filing	7	Capital gain or (loss). Attach School							. ∟	7		0. 19,603.
jointly or Qualifying	8 0	Add lines 17, 2h, 3h, 4h, 5h, 6h, 7								9		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	JUM	.						21,441.
Head of	10	Adjustments to income from Sche			 mc					10		21 //1
household, L \$20,800	11	Subtract line 10 from line 9. This is Standard deduction or itemized	-							11		<u>21,441.</u>
If you checked any box under	<u>12</u> 13	Qualified business income deduction		,	,	 05_Δ				12		13,850.
Standard	14	Add lines 12 and 13	1011 1101	11 1 OHH 0330 OF FOIII	ເບສະ	,o-∩				14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or le	 ss enter-∩- This is w	our	taxable incom	 ne			15		07.591

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	19,222.	
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	19,222.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	19,222.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	19,222.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 2	3,512			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	23,512.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812								
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	23,512.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	4,290.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	ck here	🗆	35a	4,290.	
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 6 9 3	6 7 0 2	2 3						
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, go	_	-				37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	•			_				
Designee							Complete		⊠ No	
		signee's me		Phone no.			sonal iden nber (PIN)	tification		
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	dules and stateme	nts, and to	the best	of my knowledge and	
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informat	ion of whi	ch prepar	er has any knowledge.	
Here	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity		
							1		PIN, enter it here	
Joint return? See instructions.		avec's signature If a laint vature.	a a tha may not a imm	Dete	SOFTWARE I		`	see inst.)		
Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
		one no. (940)304-717	n	Email address	SREEJAREDDY1					
		eparer's name	Preparer's signat		OKEEU AKEUUI.	Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.מא	03/10/2024	P0208	32703	Self-employed	
Preparer		m's name GLOBAL TAX		IGEN DINOMIC	COLIN INDUM	105/10/2021			(678)965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965	
<u> </u>		10105	_ C DRO				1	0 =111	= 1010 (coses)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2023
Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

SREEJA REDDY JANGA

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 006-13-2069

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-19,603.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form	10	-19 603

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				
	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	24i		-	
J	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:	04-			
0E	Total ather adjustments Add lines 04s through 04s	24z		05	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 4 (Farme 4040) 0000
	BAA	REV 03/	04/24 PRO	ocnedu	le 1 (Form 1040) 2023

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Your social security number

SR	EEJA REDDY JANGA			006-	-13-	2069
-	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•	_		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Less (se	e ins	tructions)
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, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.				(3)	(3)
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	1,386.	1,386.			0.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 5	Short-term gain from Form 6252 and short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions				6	(
	term capital gains or losses, go to Part II below. Otherwise			e any long-	7	0.
Par	t II Long-Term Capital Gains and Losses—Ge	nerally Assets H	Held More Than	One Year	(see i	instructions)
lines This	ee instructions for how to figure the amounts to enter on the es below. (d) Proceeds (sales price) (d) Proceeds (sales price) (or other basis) (g) Adjustmer to gain or loss form of loss form (s) 8949, line 2, column				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					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	, from line 13 of y	our Capital Loss	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a					

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 0. • 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. 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 0.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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.

OMB No. 1545-0074 Attachment

Sequence No. 12A

Name(s) shown on return SREEJA REDDY JANGA Social security number or taxpayer identification number 006-13-2069

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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)

X (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, in If you enter an enter a co See the sep	(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) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).			
AMAZON	06/15/23	06/15/23	1,386.	1,386.			0.			
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 6)	al here and inc e is checked), li i	lude on your ne 2 (if Box B	1,386.	1,386.			0.			

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)

Department of the Treasury

Internal Revenue Service

Supplemental Income and Loss

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

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return

Your social security number

SREE	JA REDDY JANGA						006-1	3-2069	
Part									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you a	re an indiv	vidual, rep	ort farm
Α Ι	rental income or loss from Form 4835 on page 2, line 40.	to file	Form(a) 1	0002	`aa ina	tructions			a VI Na
	Did you make any payments in 2023 that would require you								
Б	f "Yes," did you or will you file required Form(s) 1099? .			• •	• •			. <u> </u>	es U No
1a	Physical address of each property (street, city, state, ZIF	ode)						
Α	8-4-690/1, HANUMAN NAGAR KARIMNAGAR TEL	LANGA	ANA IN	5050	01				
В									
С									
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Person	al Use	QJV
	(from list below) above, report the number of fair					Days	Da	ys	QUI
Α	gersonal use days. Check the Quif you meet the requirements to f			Α		365		0	
В	qualified joint venture. See instru			В					
С				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	ibe)		
						Propertie	es:		
Incon	ne:			Α		. В			С
3	Rents received	3		6	10.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,7	10.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	30.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			26.				
15	Supplies	15		4,6	11.				
16	Taxes	16							
17	Utilities	17			00.				
18	Depreciation expense or depletion	18		3,1	36.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		20,2	13.				
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			10 0	^				
	file Form 6198	21	-	-19,6	03.				
22	Deductible rental real estate loss after limitation, if any,	00	,	10 60	,, ,	,	,	,	,
00-	on Form 8582 (see instructions)	22		19,60		((10	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		610.		
b	Total of all amounts reported on line 4 for all royalty properties				23b				
C	Total of all amounts reported on line 12 for all properties				23c	າ	,136.		
d	Total of all amounts reported on line 18 for all properties				23d				
e 24	Total of all amounts reported on line 20 for all properties				23e	20	,213.		
24 25	Income. Add positive amounts shown on line 21. Do not Losses. Add royalty losses from line 21 and rental real estate		-		 ntorto	tal locace hard	24 25	<u> </u>	10 602 \
25								·	19,603.)
26	Total rental real estate and royalty income or (loss). (here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 10/0) line 5. Otherwise include this ar						'' ae		_10 603

Form **4562**

Department of the Treasury Internal Revenue Service **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number SREEJA REDDY JANGA Sch E 8-4-690/1, HANUMAN NAGAR 006-13-2069 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 90,000. 3,136. S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,136. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.