Department of the Treasury Internal Revenue Service

Calendar Year — Due 04/15/2024 2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.

277.

REV 02/16/24 PRO

1555

194-39-3515 989-97-0057 SENTHILKUMAR SIVARAMAKRISHNAN HEMA RUPA SIVANANAM 201 PRUITT RD APT 930 SPRING TX 77380

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/17/2024**

2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order....

277.

REV 02/16/24 PRO

1555

194-39-3515 989-97-0057 SENTHILKUMAR SIVARAMAKRISHNAN MANANAV SIVARAMA PAUR SIVARAM PAUR AUR TOUR PRING TX 77380

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due 09/16/2024 2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. REV 02/16/24 PRO

277.

1555

194-39-3515 989-97-0057 SENTHILKUMAR SIVARAMAKRISHNAN HEMA RUPA SIVANANAM 201 PRUITT RD APT 930 SPRING TX 77380

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due 01/15/2025 2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. REV 02/16/24 PRO

277.

1555

194-39-3515 989-97-0057 SENTHILKUMAR SIVARAMAKRISHNAN HEMA RUPA SIVANANAM 201 PRUITT RD APT 930 SPRING TX 77380

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		_		
Taxpayer's name	Social security	number		
SENTHILKUMAR SIVARAMAKRISHNAN	194-39-	3515		
Spouse's name	'	oouse's social security number		
HEMA RUPA SIVANANAM	989-97-			
	er year you ar	e authorizi	ng.)	
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.	ı	a 1	66 072	
1 Adjusted gross income	- t		.66,973.	
 Total tax			21,243.	
4 Amount you want refunded to you		4	22,259.	
5 Amount you owe		5	1,016.	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and			eturn)	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the LA Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account inc payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminat payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rec business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate ERO firm name signature on the income tax return (original or amended) I am I if you are entering your own PIN and your return is filed using the Practitioner PIN metholow. Your signature ▶	ove are the amomitter, or electron jection of the transport of the transport of the transport of the transport of the electron	unts from the nic return originsmission, (I d its designa x preparation entry to this attion. To revo received no the electronial and, if appearing and, if appearing and, if appearing the entry design and the electronial er acknowled and the electronial er five digits, the enter all zer g. Check the electronial er five digits, the electronial electr	e income tax ginator (ERO) b) the reason ted Financial a software for account. This ke (cancel) a later than 2 c payment of dge that the oplicable, my 5 as my as my as my as box only	
Spouse's PIN: check one box only			\neg	
▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN 7	0 0 5	7 as my	
ERO firm name		er five digits, b 't enter all zer		
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 if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.	now authorizin	g. Check th	nis box only	
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below	v			
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 4 9 6 Don't ente		7 1	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	mitting this retur	n in accorda	ince with the	

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

20**23** OMB No. 1545-0074

						01112 1101 1010		, 50	mite of otapie in the opace.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See se	eparate instructions.	
Your first name	and m	iddle initial	Last na	ame				Your s	social security number	_
SENTHILE	KUMAI	R	SIVA	ARAMAKRISHNAN	194	39 3515				
		s first name and middle initial	Last na			e's social security numb	er			
HEMA RUI	PA		SIVA	ANANAM				989	97 0057	
		er and street). If you have a P.O. box, see					Apt. no.		lential Election Campaig	gn
201 PRU	ITT 1	RD					930		here if you, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Stat	е	ZIP code		e if filing jointly, want \$3	
SPRING				TX 773					to this fund. Checking a elow will not change	1
Foreign country	y name			Foreign province/state/o	county	/	Foreign postal cod		ax or refund.	
									You Spous	se
Filing Status	s [Single			[Head of he	ousehold (HOH)	•		
Check only		Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)			[Qualifying	surviving spous	e (QSS)		
		ou checked the MFS box, enter the			u che	cked the HOH	l or QSS box, er	nter the ch	nild's name if the	
	qu	alifying person is a child but not you	ır depe	ndent:						
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavm	ent for prope	rtv or services):	or (b) sell.		_
Assets		nange, or otherwise dispose of a digi					-		Yes 🛛 No	
Standard		neone can claim: You as a de						,		_
Deduction		Spouse itemizes on a separate return	•	•		•				
A /DUl	-	<u> </u>						. 0 1050		_
		: Were born before January 2, 1	959 [_ Are blind Spo	ouse:	was bor	n before Januar	-		- \ -
Dependent				(2) Social security number	/	(3) Relationsh	ip (4) Check the	•	alifies for (see instructions Credit for other dependen	•
If more	(1) F	irst name Last name		Humber	-	to you	Offilia tax	1	Orealt for other dependen	
than four dependents,					-]		_
see instruction	s				-			<u>]</u>]		_
and check here	1 —							<u>]</u>]	+ -	_
	12	Total amount from Form(s) W-2, be	ov 1 (sc	o instructions)				, 4	a 189,027.	_
Income	1a b	Household employee wages not re	•	ŕ				. 1		-
Attach Form(s)	C	Tip income not reported on line 1a	-						c	_
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep						. <u> 1</u>		_
W-2G and	u _	Taxable dependent care benefits f		` ,	notiu				e	_
1099-R if tax was withheld.	f	Employer-provided adoption bene		•					lf .	_
If you did not	g								g	_
get a Form	h	Other earned income (see instructi							h 0.	<u> </u>
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i]			_
	z	Add lines 1a through 1h						. 1	z 189,027.	
Attach Sch. B	2a		2a		b Ta	xable interest		. 2		_
if required.	3a	Qualified dividends	3a	184.	b Or	dinary divider	nds	. 3	b 184.	
	4a	IRA distributions	4a		b Ta	xable amoun	t	. 4	b	
Standard Deduction for —	5a	Pensions and annuities	5a		b Ta	xable amoun	t	. 5	b	
Single or	6a	Social security benefits	6a		b Ta	xable amoun	t	. 6	b	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here ((see i	nstructions)				
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7 -1,042.	
Married filing jointly or	8	Additional income from Schedule	1, line 1	0				. 8	3 -21 , 196.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total inc	come			. 9	166,973.	
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26				. 1	0	
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	me			. 1	1 166,973.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)			. 1	2 27,700.	
any box under	13	Qualified business income deducti	ion fron	n Form 8995 or Form	8995	5-A		. 1	3	
Standard Deduction,	14	Add lines 12 and 13							4 27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t a	axable incom	e	. 1	5 139,273.	

Form 1040 (2023	3)				Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		16	21,243.
Credits	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	21,243.
	19	Child tax credit or credit for other dependents from Schedule 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 less, enter -0		22	21,243.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax		24	21,243.
Payments	25	Federal income tax withheld from:			
-	а	Form(s) W-2	2,259.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	22 , 259.
you have a	26	2023 estimated tax payments and amount applied from 2022 return		26	
ualifying child, ttach Sch. EIC. r	27	Earned income credit (EIC)			
llach Sch. ElG.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits		32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	22,259.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	1,016.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	🗌	35a	1,016.
Direct deposit?	b	Routing number 1 1 1 0 0 0 0 2 5 c Type: X Checking	Savings		
See instructions.	d	Account number 5 8 6 0 3 8 8 0 5 4 0 3			
	36	Amount of line 34 you want applied to your 2024 estimated tax 36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions		37	
104 0110	38	Estimated tax penalty (see instructions)		0.	
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See	Complete b	pelow.	⊠ No
_ 00.9.100			fication	_	
Sign	Un	inder penalties of perjury, I declare that I have examined this return and accompanying schedules and stateme lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	nts, and to the		
Here	Yο	pur signature Date Your occupation	If the	IRS ser	nt you an Identity

Paid
Preparer
Use Only

Firm's name

GLOBAL TAXES LLC

Firm's address

245 ROONEY CT E BRUNSWICK NJ 08816

Phone no.

Preparer's name

Spouse's signature. If a joint return, both must sign.

(346) 464-8387

Joint return?

See instructions.

Keep a copy for your records.

SOFTWARE ENGINEER

Spouse's occupation

HOME MAKER

Firm's EIN
REV 02/16/24 PRO

84-<u>317196</u>5

Protection PIN, enter it here

If the IRS sent your spouse an Identity Protection PIN, enter it here

(see inst.)

(see inst.)

Date

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
S SIVARAMAKRISHNAN & H SIVANANAM

Your social security number 194-39-3515

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. Att	5	-21,196.	
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		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	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 (<u>)</u>	
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			
	1040, 1040-SR, or 1040-NR, line 8		10	-21 , 196.

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

Par	Adjustments to Income			
11	Educator expenses		11	_
12	Certain business expenses of reservists, performing artists, and fee-l	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	, , , , , , , , , , , , , , , , , , ,	24a	_	
b	Deductible expenses related to income reported on line 8l from the			
		24b	-	
С	The state of the s			
		24c	-	
d		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		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		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k		
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 .			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

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.

Name(s) shown on return Your social security number 194-39-3515 S SIVARAMAKRISHNAN & H SIVANANAM 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. line 2, column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 2,904. 3,946. -1,042.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 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -1,042. 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 (g) (h) Gain or (loss) 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 (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 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

16	Combine lines 7 and 15 and enter the result	16		-1,042.
	• 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? 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.			
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	(1,042.)
	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.			

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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.

Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

194-39-3515

S SIVARAMAKRISHNAN & H SIVANANAM 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) ☐ (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 (Mo day yr) disposed of	•	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)					
	(Example: 100 sh. XYZ Co.)		disposed of (Mo., day, yr.)		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).				
APEX	CLEARING	02/16/23	08/21/23	2,904.	3,946.			-1,042.				
neg Sch	als. Add the amounts in columns ative amounts). Enter each totaledule D, line 1b (if Box A above we is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	2,904.	3,946.			-1,042.				

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, etc.)

OMB No. 1545-0074

Department of the Treasury

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

Attachment Sequence No. **13**

Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return Your social security number

S SI	VARAMAKRISHNAN & H SIVANANAM						194-3	39-3515)		
Part	Income or Loss From Rental Real Estate an	nd Roy	yalties								
	Note: If you are in the business of renting personal proper	rty, use	Schedule	c . See	instru	ctions. If you a	are an indi	ividual, rep	ort farm		
	rental income or loss from Form 4835 on page 2, line 40.			7							
	Did you make any payments in 2023 that would require you										
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> Ye</u>	es 🗌 No		
1a	Physical address of each property (street, city, state, ZII	P code	e)								
Α	13TH MAIN, JPNAGAR 5TH PHAS BANGALORE	KARN	IATAKA	IN 50	6007	8					
В											
С											
1b	Type of Property 2 For each rental real estate property	ertv list	ed		Fa	ir Rental	Persoi	nal Use	0.11/		
	(from list below) above, report the number of fair					Days		ays	QJV		
Α	personal use days. Check the Q			Α		365		0			
В	if you meet the requirements to			В							
С	qualified joint venture. See instru	JCHONS	i.	С							
Туре	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land	l	7	Self-Rental					
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)				
	·										
						Properti	es:				
Incon		3		Α	70.	В			С		
3 4	Rents received	4		9	70.						
Exper	Royalties received	4									
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1 . 8	87.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,7	58.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		4,3	58.						
15	Supplies	15	4,258.								
16	Taxes	16									
17	Utilities	17	3,145.								
18	Depreciation expense or depletion	18		6,7	60.						
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		22,1	66.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must										
	file Form 6198	21		-21,1	96.						
22	Deductible rental real estate loss after limitation, if any,		,			,	,			,	
00	on Form 8582 (see instructions)	22	(21,19		())()	
23a	Total of all amounts reported on line 3 for all rental proper				23a		970.	_			
b	Total of all amounts reported on line 4 for all royalty prop				23b						
c	Total of all amounts reported on line 12 for all properties				23c		760.				
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 Income. Add positive amounts shown on line 21. Do not				23e		,166. . 24				
24 25	Losses. Add royalty losses from line 21 and rental real estat		-		· ·	tal losses har	_	(21,196		
	Total rental real estate and royalty income or (loss).							(<u> </u>	.)	
26	here. If Parts II, III, and IV, and line 40 on page 2 do no										
	Schedule 1 (Form 1040), line 5. Otherwise, include this al						26		-21,19	6.	