| 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.

Submission Identification Number (SID)

T.....

| Тахрау | Faxpayer's name Social security number | | | | | | | |
|--------|---|-----------------|------------------|--|--|--|--|--|
| VIP | IN CHANDRAN | 170-90-4 | 726 | | | | | |
| Spouse | s's name | Spouse's social | security number | | | | | |
| Par | Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) | | | | | | | |
| | whole dollars only on lines 1 through 5. | | aathonzingi, | | | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | |
| 1 | Adjusted gross income | | 1 161,454. | | | | | |
| 2 | Total tax | | 2 28,825. | | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 31,195. | | | | | |
| 4 | Amount you want refunded to you | | 4 2,370. | | | | | |
| 5 | | | 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 GLOBAL TAXES LLC I authorize to enter or generate my PIN

| Ent | 4 er fiv | / /e dig | ∠ gits, | but | as my |
|-----|-------------|-------------|------------|-----|-------|
| | n't er | | | | |

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. DocuSigned by: | |
| | 2 /10 /2024 |

| Your signatu | ure 🕨 🚺 🗸 | pin Chandran | Date 🕨 | 3/10 | /2024 | |
|--------------|-------------|--|------------------------|--------|------------------------|-------|
| | \subseteq | CE1ABAA4FD67418 | | | | |
| Spouse's P | IN: check | one box only | | | | |
| 🗌 l au | uthorize | | to enter or generate r | ny PIN | | as my |
| | | ERO firm name | | | Enter five digits, but | |
| oia | noturo on | the income tax return (original or amended) I am now | uthorizing | | don't enter all zeros | |

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 – Practit | tioner PIN Method Only | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi | ve-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros | | | | |

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 🕨 | |
|--|-------|------------------|--------------------------|
| ERO Must Retain This Don't Submit This Form to the | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions | - BAA | REV 03/04/24 PRO | Form 8879 (Rev. 01-2021) |

| 1040 | - | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn | 202 | 3 | OMB No. 1545- | -0074 | IRS Use | Only-[| Do not w | rite or sta | ple in th | iis space. |
|--|--------------|---|----------|--------------|---------------------|------------|------------------|--------------|-------------|----------------------------|----------|-------------|-----------|----------------------|
| For the year Jar | n. 1–Dec | e. 31, 2023, or other tax year beginning | | | , 2023, ending , 20 | | | | s | See separate instructions. | | | | |
| Your first name | and mi | iddle initial | Last na | ame | | | | | | Y | our so | cial sec | urity n | umber |
| VIPIN | | | CHAI | NDRAN | | | | | | | 170 | 90 | 472 | 6 |
| | pouse's | s first name and middle initial | Last na | | | | | | | | | | | ty number |
| | | | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | | A | Apt. no. | P | reside | ntial Ele | ction (| Campaign |
| <u>2201 4TH</u> | AVI | ENUE | | | | | | 2 | 219 | | | nere if y | · · | , |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | te | ZIP c | ode | | | | | want \$3 ecking a |
| SEATTLE | | | | | | WP | A | 981 | .21 | | • | ow will r | | • |
| Foreign country | y name | | | Foreign pi | rovince/state/o | count | ty | Foreig | gn postal c | ode y | our tax | or refu | _ | _ |
| | | | | | | | | | | | | ∐ Yo | u | Spouse |
| Filing Status | ; 🗵 | Single | | | | | Head of ho | buseh | old (HOF | H) | | | | |
| Check only | | Married filing jointly (even if only or | ne had | income) | | | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | | | • • | • | , | | | |
| | | you checked the MFS box, enter the | | | pouse. If you | i che | ecked the HOH | or Q | SS box, | enter t | he chi | ld's nai | ne if t | he |
| | qu | alifying person is a child but not you | r depe | ndent: | | | | | | | | | | |
| Digital | | ny time during 2023, did you: (a) rece | | | | | | - | | | | | _ | |
| Assets | exch | ange, or otherwise dispose of a digi | tal asse | et (or a fir | nancial intere | əst ir | n a digital asse | t)? (Se | ee instru | ctions. | .) | ∐ Ye | s > | < No |
| Standard | Som | eone can claim: 🗌 You as a de | pender | nt 🗌 | Your spouse | e as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate return | n or yo | u were a | dual-status a | alien | | | | | | | | |
| Age/Blindnes | s You: | Were born before January 2, 1 | 959 [| Are bl | lind Spo | ouse | : 🗌 Was bor | n befo | ore Janua | ary 2, ⁻ | 1959 | 🗌 ls | blind | |
| Dependent | | | | (2) S | Social security | | (3) Relationshi | ip (4 | - | | | | | tructions): |
| If more | (1) F | (1) First name Last name | | | number | | to you | | Child t | ax crec | lit | Credit to | r other o | dependents |
| than four dependents, | | | | _ | | | | | [| | | | | |
| see instruction | s —— | | | _ | | | | | [| <u> </u> | | | | |
| and check | ı —— | | | | | | | | [| - | | | | |
| here | 10 | Total amount from Form(a) W(2, b) | ov 1 (or | | tiono) | | | | L | | 10 | | 172 | ,336. |
| Income | 1a b | Total amount from Form(s) W-2, be Household employee wages not re | | | , | | | | | | 1a 1b | | 1/2 | , 550. |
| Attach Form(s) | c | Tip income not reported on line 1a | • | | ., | | | | | | 10 | - | | |
| W-2 here. Also attach Forms | d | Tip income not reported on line 1a (see instructions) | | | | | | | 1d | - | | | | |
| W-2G and | e | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | - | | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | | | | | | | | 1f | - | | |
| lf you did not | g | Wages from Form 8919, line 6 . | | | - | | | | | | 1g | - | | |
| get a Form W-2, see | h | Other earned income (see instructi | ons) | | | | | | | | 1h | | | 0. |
| instructions. | i | Nontaxable combat pay election (s | see inst | tructions) | | | 1 i | | | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | | 1z | | 172 | ,336. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | bΤ | axable interest | | | | 2b | | | 944. |
| if required. | 3a | Qualified dividends | 3a | | | b 0 | rdinary divider | nds . | | | 3b | | | |
| Chanadanad | 4a | IRA distributions | 4a | | | | axable amount | | | | 4b | | | |
| Standard Deduction for – | 5a | Pensions and annuities | 5a | | | bΤ | axable amount | t | | | 5b | | | |
| Single or Married filing | 6a | , | 6a | | | | axable amount | t | · · | · | 6b | | | |
| Married filing separately, | с | If you elect to use the lump-sum el | | | | ` | , | · · | | · Ц | | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Schee | | • | • | | | · · | • • | . Ц | 7 | _ | | -10. |
| jointly or Qualifying | 8 | Additional income from Schedule | | | | | | · · | • • | | 8 | | | <u>,816.</u> |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | • | | | | • • | | | 9 | + | 101 | ,454. |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | • • | | | 10 | | 1 (1 | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | • | - | - | | | • • | | | 11 | - | | <u>,454.</u> |
| • If you checked | 12 | Standard deduction or itemized | | • | | ' | E A | • • | • • | | 12 | | 13 | <u>,850.</u> |
| any box under Standard | 13 14 | Qualified business income deducti | on fron | ii Form 8 | 990 or Form | 899 | э-А | | • • | | 13 | | 1 0 | 0 5 0 |
| Deduction, see instructions. | 14 15 | Add lines 12 and 13 | | · · · | | | | · · | • • | | 14 | | | <u>,850.</u> |
| | 10 | Subtract line 14 from line 11. If zer | | ss, enter | -o mis is y | | avanie incom | θ. | • • | • • | 15 | | TH / | ,604. |

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

Form **1040** (2023)

DocuSign Envelope ID: A7B19D80-4CDE-4491-AD73-4B0825F350FD

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|-------------------------------|---------|---|-------------|----------------------|-------------------|------------------|-----------------|---------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check if any fr | om Form | n(s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 28,825. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 28,825. |
| | 19 | Child tax credit or credit for other d | ependen | ts 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 less, | enter -0 | | | | 22 | 28,825. |
| | 23 | Other taxes, including self-employn | nent tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your to | tal tax | | | | | 24 | 28,825. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 31 | ,195. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions) | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 31,195. |
| If you have a | 26 | 2023 estimated tax payments and a | 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 Sched | | | | 28 | | | |
| | 29 | American opportunity credit from Fo | orm 8863 | 3, 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 vour | total other pa | ayments and refu | indable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. These ar | | - | - | | | 33 | 31,195. |
| Refund | 34 | If line 33 is more than line 24, subtra | | | | | | 34 | 2,370. |
| | 35a | Amount of line 34 you want refund | ed to you | u. If Form 8888 | is attached, cheo | khere | . 🗆 | 35a | 2,370. |
| Direct deposit? | b | Routing number 0 3 1 1 7 | | | | _ | Savings | | |
| See instructions. | d | Account number 3 6 2 3 7 | | | | I I Ĭ | 0 | | |
| | 36 | Amount of line 34 you want applied | | | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is | | | | | | | |
| You Owe | • | For details on how to pay, go to wu | | | | | | 37 | |
| | 38 | Estimated tax penalty (see instruction | ons) . | | | 38 | | | |
| Third Party | Do | you want to allow another person | | | | See | | | |
| Designee | | tructions | | | | · | omplete b | elow. | 🗙 No |
| - | | signee's | | Phone | | | onal identif | ication | |
| | nar | | | no. | | | per (PIN) | | |
| Sign | | der penalties of perjury, I declare that I have ef, they are true, correct, and complete. De | | | | | | | |
| Here | | - | | Date | Your occupation | | | | nt vou an Identitv |
| | ro | ır signature | | Date | Your occupation | | - | | IN, enter it here |
| Joint return? | | | | | JOB | | (see i | nst.) | |
| See instructions. | Sp | ouse's signature. If a joint return, both mu | st sign. | Date | Spouse's occupati | on | | | nt your spouse an |
| Keep a copy for your records. | | | | | | | Ident (see i | | ection PIN, enter it here |
| your records. | | | | | | | , | iisi.) | |
| | | one no. (412) 320-0286 | | Email address | VCHANDRAN8 | 60GMAIL.CO | | | |
| Paid | | · | er's signat | | | Date | PTIN | | Check if: |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM SYAM | | RAM SAGAR | GUPTA TALLAM | 03/11/2024 | P02082 | | Self-employed |
| Use Only | | n's name GLOBAL TAXES I | | | | | | | 678)965-9522 |
| | | n's address 245 ROONEY CT | | JNSWICK N | J 08816 | | Firm' | s EIN | 84-3171965 |
| Go to www.irs.go | ov/Forn | 1040 for instructions and the latest inform | nation. | | BAA | REV 03/04/24 PRO | | | Form 1040 (2023) |

| | Additional Income and Adjustments | to Income | ÷ | ON | /IB No. 1545-0074 |
|-------------------------------|--|----------------|------------------------------------|-------|-------------------|
| (Form Departri Internal | | Δ+ | 2023 tachment equence No. 01 | | |
| Name | s) shown on Form 1040, 1040-SR, or 1040-NR | | Your so | | curity number |
| VIP | IN CHANDRAN | | 170-9 |)-472 | 26 |
| Pa | t 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): | | | 20 | |
| 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. At | | | 5 | -11,816. |
| 6 | Farm income or (loss). Attach Schedule F. | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| a | | 8a (| | | |
| b | | 8b | | | |
| c | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | |
| e | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | | 8h | | | |
| i | Prizes and awards | 8i | | | |
| i | 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 | | | | |
| | | 8m | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | | |
| p | 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 | Ì | | | |
| - | 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. Enter | er here and or | i Form | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | | 10 | -11,816. |

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

Schedule 1 (Form 1040) 2023

Schedule 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 governme | nent | | |
| | 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 8l 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 | | - | |
| | Reforestation amortization and expenses | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| 4 | Act of 1974 24e Contributions to section 501(c)(18)(D) pension plans 24e | | - | |
| f | Contributions by certain chaplains to section 403(b) plans | | - | |
| g | Attorney fees and court costs for actions involving certain unlawful | | | |
| n | discrimination claims (see instructions) | | | |
| i | Attorney fees and court costs you paid in connection with an award | | - | |
| 1 | from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | | | |
| i | 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 here and | d on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | BAA REV 03/04/24 PRO | | Schedule · | 1 (Form 1040) 2023 |

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

| Attach to F | 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**

20

Name(s) shown on return VIPIN CHANDRAN

Department of the Treasury

Internal Revenue Service

Your social security number 170-90-4726

| Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? | Yes | 🔀 No |
|---|-------------|----------|
| If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting | a vour gain | or loss. |

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (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) Adjustment to gain or loss Form(s) 8949, F line 2, columr | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and 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 | 1,646. | 1,656. | | | -10. |
| 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 (le | oss) from Forms 4 | 684, 6781, and 88 | | 4 | |
| 5 | Net 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 | () | | |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | • | | | 7 | -10. |

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, I line 2, colum | 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. | | | | | |
| 11 12 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | 11 12 | | | | |
| 13 | Capital gain distributions. See the instructions | 13 | | | | |
| 14 | 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 | |

Schedule D (Form 1040) 2023

Summary

Part III

| 16 | Combine lines 7 and 15 and enter the result | 16 -10. |
|----|--|-----------------------------|
| | 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 | |
| 10 | 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 (10.) |
| | 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. | |
| | X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |
| | BAA REV 03/04/24 PRO | Schedule D (Form 1040) 2023 |

Form **8949**

Sales and Other Dispositions of Capital Assets

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.



Social security number or taxpayer identification number

| Name(s) sh | own on return | |
|------------|---------------|--|
| VIPIN | CHANDRAN | |

| 170-90-4726 | |
|-------------|--|

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 and see <i>Column</i> (e) | Adjustment, if 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.) | | | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| FIDELITY BROKERAGE SERVICES LLC | 01/01/23 | 12/31/23 | 1,646. | 1,656. | | | -10. |
| | | | | | | | |
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| | | | | | | | |
| 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 | 1,646. | 1,656. | | | -10. |

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.

| | | | Supplementa | | | | | | | OMB No | . 1545-0074 |
|--------------|--|-----------------------------|--|-----------|-----------|----------------|------------|--------------------|--------------|-------------|--------------------------|
| (Form | 1040) | (From re | ental real estate, royalties, partners | | - | | | trusts, REMIC | s, etc.) | 20 | 23 |
| | ent of the Treasury Revenue Service | | Attach to Form 1040, Go to www.irs.gov/ScheduleE for | | | | | nformation. | | Attachm | ient ce No. 13 |
| | shown on return | | | | | | | | Your soci | al security | |
| VIPI | N CHANDRAN | | | | | | | | 170-9 | 0-4726 | |
| Part | | | From Rental Real Estate an | | | | | · | | | |
| | Note: If yo rental inco | ou are in th ome or loss | e business of renting personal proper s from Form 4835 on page 2, line 40. | ty, use | Schedule | c . See | e instru | ctions. If you a | re an indiv | vidual, rep | ort farm |
| Α | | | nts in 2023 that would require you | to file | Form(s) 1 | 099? \$ | See in: | structions . | | . 🗌 Ye | s 🛛 No |
| B | f "Yes," did you | or will yo | ou file required Form(s) 1099? | | | | | | | . 🗌 Ye | s 🗌 No |
| 1a | Physical addr | ess of ea | ch property (street, city, state, ZIF | ⊃ code | e) | | | | | | |
| Α | NO:5, JAY | ALAKSHI | MI NAGAR, PART IV ADHAN | JUR V | /ILLAGE | I IN | 6032 | 02 | | | |
| В | | | | | | | | | | | |
| C | | | | | | | 1 | | | | |
| 1b | Type of Prope (from list below | | For each rental real estate prope above, report the number of fair | | | | Fa | air Rental | Person Da | | QJV |
| A | 3 | <i>N</i>) | personal use days. Check the Q | | | Α | | Days 365 | Da | 0 | |
| B | 5 | _ | if you meet the requirements to f | file as | a | B | | 303 | | 0 | |
| | | _ | qualified joint venture. See instru | ictions | 6. | C | | | | | |
| Туре | of Property: | I | | | | | 1 | | | | |
| | Single Family R | | 3 Vacation/Short-Term Ren | tal | 5 Land | | | Self-Rental | | | |
| 2 | Multi-Family Re | sidence | 4 Commercial | | 6 Roya | alties | 8 | Other (descr | ibe) | | |
| | | | | | | | | Propertie | es: | | |
| Incom | ie: | | | | | Α | | В | | | С |
| 3 | | | | 3 | | 6 | 85. | | | | |
| | | ived | | 4 | | | | | | | |
| Exper | | | | _ | | | | | | | |
| 5 | • | | · · · · · · · · · · · · · · · | 5 | | | | | | | |
| 6 7 | | | tructions) | 6 7 | | 2 5 | 68. | | | | |
| 8 | • | | · · · · · · · · · · · · · · · | 8 | | ۷,۷ | 00. | | | | |
| 9 | | | | 9 | | | | | | | |
| 10 | | | ional fees | 10 | | | | | | | |
| 11 | 0 | | | 11 | | 1,4 | 20. | | | | |
| 12 | Mortgage inter | rest paid | to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | | | 13 | | | | | | | |
| 14 | | | | 14 | | | 64. | | | | |
| 15 | | | | 15 | | 3,4 | 51. | | | | |
| 16 | | | | 16 | | 2 0 | 0.0 | | | | |
| 17 18 | | | r depletion | 17 18 | | 2,0 | 98. | | | | |
| 19 | | | - | 19 | | | | | | | |
| 20 | Total expenses | s. Add lin | es 5 through 19 | 20 | | 12,5 | 01. | | | | |
| 21 | • | | ne 3 (rents) and/or 4 (royalties). If | | | | | | | | |
| | result is a (loss | s), see ins | structions to find out if you must | | | | | | | | |
| | | | | 21 | - | -11,8 | 16. | | | | |
| 22 | | | state loss after limitation, if any, | | | 11 ^- | | / | | / | ` |
| 020 | | - | ructions) | 22 | • | 11,81 | 23a | (|) 685. | (|) |
| 23a b | | - | orted on line 3 for all rental prope orted on line 4 for all royalty prop | | | | 23a 23b | | 000. | | |
| C D | | - | orted on line 12 for all properties | | | | 230 23c | | | | |
| d | | - | orted on line 18 for all properties | | | | 23d | | | | |
| е | | | orted on line 20 for all properties | | | | 23e | 12 | ,501. | | |
| 24 | Income. Add p | oositive a | mounts shown on line 21. Do not | t inclue | - | | | | | | |
| 25 | | | es from line 21 and rental real estate | | | | | | | (| L1,816.) |
| 26 | | | e and royalty income or (loss). | | | | | | | | |
| | | | IV, and line 40 on page 2 do no | | | | | | | | 11 010 |
| F = 2 | | |), line 5. Otherwise, include this an | | In the to | | 111E 4 I | -11,816 | . 26 | | -11,816. |
| For Pa | perwork Reduct | ION ACT NO | otice, see the separate instructions. | • | INE | 17 | | ±±,0±0 | • Scl | nedule E (F | orm 1040) 2023 |