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

internal nevertue Service	• • • • • • • • • • • • • • • • • • • •
Submission Identification Number (SID)	
Taxpayer's name	Social security number
MOUNIKA PASUMARTHI	082-89-0521
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Y	ear Ending December 31, 2023 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	2023 (Line) year you are authorizing.)
Note: Form 1040-SS filers use line 4 only. Leave li	ues 1, 2, 3, and 5 blank.
•	
	.
3 Federal income tax withheld from Form(s) W	-2 and Form(s) 1099
4 Amount you want refunded to you	
5 Amount you owe	.
Part II Taxpayer Declaration and Signa	ture Authorization (Be sure you get and keep a copy of your return)
return (original or amended) I am now authorizing. I consto send my return to the IRS and to receive from the IRS for any delay in processing the return or refund, and (c) Agent to initiate an ACH electronic funds withdrawal (dir payment of my federal taxes owed on this return and/or authorization is to remain in full force and effect until I payment, I must contact the U.S. Treasury Financial A business days prior to the payment (settlement) date. It taxes to receive confidential information necessary to	ete. I further declare that the amounts in Part I above are the amounts from the income talent to allow my intermediate service provider, transmitter, or electronic return originator (ERC (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason he date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial et debit) entry to the financial institution account indicated in the tax preparation software for a payment of estimated tax, and the financial institution to debit the entry to this account. The notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) gent at 1-888-353-4537. Payment cancellation requests must be received no later than lso authorize the financial institutions involved in the processing of the electronic payment canswer inquiries and resolve issues related to the payment. I further acknowledge that the for the income tax return (original or amended) I am now authorizing and, if applicable, more tax return (original or amended) I am now authorizing and, if applicable, more tax return (original or amended) I am now authorizing and, if applicable, more tax return (original or amended) I am now authorizing and, if applicable, more tax return (original or amended) I am now authorizing and, if applicable, more tax return (original or amended) I am now authorizing and, if applicable, more tax return (original or amended) I am now authorizing and the income tax return (original or amended) I am now authorizing and the income tax return (original or amended) I am now authorizing and the income tax return (original or amended) I am now authorize the income tax return (original or amended) I am now authorize the income tax return (original or amended) I am now authorize the income tax return (original or amended) I am now authorize the income tax return (original or amended) I am now authorize the income tax return (original or amended) I am now authorize the income tax return (original or amended)
Taxpayer's PIN: check one box only	
■ I authorize GLOBAL TAXES LLC	to enter or generate my PIN 9 0 5 2 1 as my
ERO firm signature on the income tax return (origin	iame Enter five digits, but
☐ I will enter my PIN as my signature on the	income tax return (original or amended) I am now authorizing. Check this box onl r return is filed using the Practitioner PIN method. The ERO must complete Part I
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
authorize	to enter or generate my PIN as my
ERO firm	
signature on the income tax return (original	al or amended) I am now authorizing. don't enter all zeros
	income tax return (original or amended) I am now authorizing. Check this box only return is filed using the Practitioner PIN method. The ERO must complete Part I
Spouse's signature ▶	Date ►
Practitioner	PIN Method Returns Only—continue below
Part III Certification and Authentication	- Practitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN follower	d by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
authorized to file for tax year indicated above for the ta	s my signature for the electronic individual income tax return (original or amended) I am no xpayer(s) indicated above. I confirm that I am submitting this return in accordance with the 45, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶	Date ►
ERO Mus	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



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning	, 2023, ending , 20							See sep	oarate ins	tructions.	
Your first name	and m	iddle initial	Last na	Last name						Your social security number			
MOUNIKA			PASU	JMARTHI						082	89 0	521	
If joint return, s	pouse's	s first name and middle initial	Last name								curity number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.		Preside	ntial Electi	on Campaign	
12440 A	LAME:	DA TRACE CIR						1534			nere if you,	•	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP	ode		•	0,	ntly, want \$3	
AUSTIN					T	X	781	70707			to go to this fund. Checking a box below will not change		
Foreign country	y name			Foreign province/state/o	coun	nty	Forei	gn postal c	ode	your tax	or refund.		
										☐ You ☐ Sp			
Filing Status	\mathbf{s}	Single				☐ Head of he	ousel	nold (HOI	- I)				
Check only		Married filing jointly (even if only or											
one box.		Married filing separately (MFS)											
		you checked the MFS box, enter the			ı ch	ecked the HOH	or C	SS box,	ente	the chi	ld's name	if the	
	qu	alifying person is a child but not you	ır deper	ndent:									
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pav	ment for prope	rtv or	services): or ((b) sell.			
Assets		nange, or otherwise dispose of a digi			-		-				☐ Yes	⊠ No	
Standard	Som	neone can claim:	penden	t Your spouse	e as	a dependent							
Deduction	□ ;	Spouse itemizes on a separate returi	n or you	ı were a dual-status a	alier	n .							
Age/Blindnes	e Vou	: Were born before January 2, 19	050 F	Are blind Spo		. Was bor	n haf	ore Janu	an/ 2	1050	☐ Is bl	lind	
			909 <u></u>	<u> </u>			,					iniu e instructions):	
Dependent		instructions): irst name Last name		(2) Social security number		(3) Relationsh to you	ip (Child t			•	her dependents	
If more than four	(.,.	<u> Lastriano</u>				. ,			1				
dependents,	-								┪			-	
see instruction	s												
and check here	1								7				
Income	- 1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)						1a	1 1	<u> </u>	
	b	Household employee wages not re	•	,						1b		,	
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not rep	•	•						1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		, ,						1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29						1f			
If 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 insti	ructions)		1i							
	z	Add lines 1a through 1h								1z	1	44,929.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	Taxable interest	t.			2b		2,129.	
if required.	3a	Qualified dividends	3a	77.	b (Ordinary divider	nds .			3b		100.	
	4a	IRA distributions	4a		b T	Taxable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a		bΊ	Taxable amoun	t			5b			
Single or	6a	Social security benefits	6a		b T	Taxable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum el	lection i	method, check here ((see	instructions)			. [
\$13,850 • Married filing	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	iirec	d, check here				7		3 , 676.	
jointly or	8	Additional income from Schedule								8		79 , 631.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									1	71,203.	
\$27,700 • Head of	10	Adjustments to income from Sche								10			
household,	11	Subtract line 10 from line 9. This is	11		71,203.								
\$20,800 • If you checked	12	Standard deduction or itemized								12		13,850.	
any box under Standard	13	Qualified business income deducti	on from	Form 8995 or Form	899	95-A				13			
Deduction,	14	Add lines 12 and 13								14 15		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	or less, enter -0 This is your taxable income								57 , 353.	

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	7,753.
Credits	17	Amount from Schedule 2, lir						17	
	18	Add lines 16 and 17						18	7,753.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	•					20	3.
	21	Add lines 19 and 20						21	3.
	22	Subtract line 21 from line 18						22	7,750.
	23	Other taxes, including self-e	•					23	0.
	24	Add lines 22 and 23. This is			•			24	7,750.
Payments	25	Federal income tax withheld							1,1001
i ayınıcını	а	Form(s) W-2				25a 1	,513.		
	b	Form(s) 1099				25b	,		
	С	Other forms (see instruction				25c		-	
	d	Add lines 25a through 25c	•					25d	1,513.
15	26	2023 estimated tax paymen						26	,
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from			-	28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	1
	33	Add lines 25d, 26, and 32. T	-					33	1,513.
Refund	34	If line 33 is more than line 24						34	
riciana	35a	Amount of line 34 you want				•	. 🗀	35a	
Direct deposit?	b	Routing number X X X							
See instructions.	d	Account number X X X							
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24							1
You Owe	0.	For details on how to pay, g						37	6,516.
	38	Estimated tax penalty (see in	_	-		38	279.		,
Third Party	Do	you want to allow another				See			
Designee		structions	•				mplete b	elow.	⋉ No
		signee's		Phone			nal identif	ication	
0:	naı	der penalties of perjury, I declare the	hat I have examine	no.	accompanying soho		er (PIN)	no host	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	ent you an Identity
							Prote	ection F	PIN, enter it here
Joint return?					SOFTWARE I	DEVELOPER	(see i	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	ion			ent your spouse an ection PIN, enter it here
your records.							(see i	•	ection Pin, enter it here
		one no. (717) 562-933	1	Email address	M∩IINITVN D7 5	66@GMAIL.CO	M ,		
		eparer's name	Preparer's signat		MOUNT NAP / C	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA	l						Self-employed
Preparer		m's name GLOBAL TA		TI IVIII DA	DIAN GOLIA	00/10/2024	P02082		
Use Only		m's address 245 ROONE			Phone no. (678) 965-9522 Firm's EIN				
Go to www ire or		n1040 for instructions and the late		110111011 111		DEV 00/01/01 DD 0	1	O LIIN	Form 1040 (2023)
	0111		ooauon.		BAA	REV 03/04/24 PRO			(2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. **01** Your social security number

MOUN	IIKA PASUMARTHI		082-89-05	21
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-79 , 631.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	E . 5		
6	Farm income or (loss). Attach Schedule F	6		
7	Unemployment compensation			
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		
i	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	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		
	Other income. List type and amount:			
	Total ather income Add lines On through On	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	
	1040, 1040-SR, or 1040-NR, line 8		10	-79 , 631.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		.	
f	Contributions to section 501(c)(18)(D) pension plans		.	
g	Contributions by certain chaplains to section 403(b) plans 24g	9	-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		.	
j	Housing deduction from Form 2555	j _	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
05			0-	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

Department of the Treasury
Internal Revenue Service

Go to www

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR MOUNIKA PASUMARTHI

Your social security number 082-89-0521

Par	Nonrelundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	3.
2	Credit for child and dependent care expenses from Form 2441. Form 2441	line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
ı	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	40, 1040-SR, or		
	1040-NR, line 20		8	3.
		(Co	ontinue	ed on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	14			
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	-	15	

SCHEDULE B (Form 1040)

Part I

Interest

Interest and Ordinary Dividends

Amount

OMB No. 1545-0074

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

MOUNIKA PASUMARTHI

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleB for instructions and the latest information.

List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this

interest first. Also, show that buyer's social security number and address:

Attachment Sequence No. **08** Your social security number

082-89-0521

(See instructions		CAPITAL ONE N.A.			6	81.
and the Instructions for		Wealthfront Brokerage LLC			1,4	48.
Form 1040,						
line 2b.)						
Note: If you received a						
Form 1099-INT,			1			
Form 1099-OID,						
or substitute statement from						
a brokerage firm,						
list the firm's name as the			-			
payer and enter			-			
the total interest shown on that						
form.						
	2	Add the amounts on line 1	2		2,1	29.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
		Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4			29.
		If line 4 is over \$1,500, you must complete Part III.		Am	ount	
Part II	5	List name of payer:APEX_CLEARING	-			38.
Ordinary		ROBINHOOD SECURITIES LLC	-			62.
Dividends						
(See instructions						
and the			-			
Instructions for Form 1040,						
line 3b.)			5			
Note: If you						
received a Form 1099-DIV						
or substitute						
statement from a brokerage firm,						
list the firm's						
name as the payer and enter						
the ordinary	•	Add the array rate on line 5. Frate the total house and an Ferma 1040 at 1040 CD, line 0b				0.0
dividends shown on that form.		Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b If line 6 is over \$1,500, you must complete Part III.	6			00.
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d			d a fo	reign
Foreign	accou	nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign	trust.			
Accounts					Yes	No
and Trusts	7a	At any time during 2023, did you have a financial interest in or signature authority of	ver a	financial		
Caution: If		account (such as a bank account, securities account, or brokerage account) locate		a foreign		
required, failure to file FinCEN Form	0	country? See instructions				×
114 may result in		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank				
substantial penalties.		Accounts (FBAR), to report that financial interest or signature authority? See FinC				
Additionally, you	1.	and its instructions for filing requirements and exceptions to those requirements .				
may be required to file Form 8938,		If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-				
Statement of		financial account(s) is (are) located:				
Specified Foreign Financial Assets.	8	During 2023, did you receive a distribution from, or were you the grantor of, or to	ransfe	ror to a		
See instructions.	•	foreign trust? If "Yes." you may have to file Form 3520. See instructions				×

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. 09

Name	of proprietor				Social	security number (SSN)
MOUN	IIKA PASUMARTHI				082-	-89-0521
Α	Principal business or profession	n, including product or service (se	e instru	uctions)	B Ente	er code from instructions
	SOFTWARE SERVICES				5	5 1 9 2 0 0
С	Business name. If no separate	business name, leave blank.			D Emp	oloyer ID number (EIN) (see instr.)
	PASUMARTHI SOFTWAR	E SERVICES				
E	Business address (including su	uite or room no.) 12440 AI	LAMEI	DA TRACE CIR, Apt. 153	4	
	City, town or post office, state			-		
F				Other (specify)		
G	-	" in the operation of this business	durina	2023? If "No," see instructions for li	mit on lo	osses . X Yes No
Н			_			
1	-	_		n(s) 1099? See instructions		
J						
Part						
1 2 3	Form W-2 and the "Statutory of Returns and allowances .	employee" box on that form was c	hecked	this income was reported to you on	2	
4	Cost of goods sold (from line 4	42)			4	
5	-					
6				efund (see instructions)		
7		nd 6		,	7	
Part		penses for business use of you				
8	Advertising	8	18	Office expense (see instructions) .	18	
9	Car and truck expenses		19	Pension and profit-sharing plans .	19	
•	(see instructions)	9	20	Rent or lease (see instructions):		
10	Commissions and fees .	10	а	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11	b	Other business property		
12	Depletion	12	21	Repairs and maintenance		
13	Depreciation and section 179		22	Supplies (not included in Part III) .		
	expense deduction (not		23	Taxes and licenses		
	included in Part III) (see instructions)	13	24	Travel and meals:		
14	Employee benefit programs		а	Travel	24a	3,600.
	(other than on line 19) .	14	b	Deductible meals (see instructions)	24b	6,011.
15	Insurance (other than health)	15	25	Utilities		2,940.
16	Interest (see instructions):		26	Wages (less employment credits)	26	
а	Mortgage (paid to banks, etc.)	16a	27a	Other expenses (from line 48)	27a	67,080.
b	Other	16b	b	Energy efficient commercial bldgs		
17	Legal and professional services	17		deduction (attach Form 7205)	1	
28	· '		d lines 8	3 through 27b		79,631.
29		ract line 28 from line 7		-	29	-79,631.
30	Expenses for business use o unless using the simplified me	f your home. Do not report these	e expe	nses elsewhere. Attach Form 8829		,
	and (b) the part of your home to			. Use the Simplified		
		ructions to figure the amount to en	ter on I	ine 30	30	
31	Net profit or (loss). Subtract I	line 30 from line 29.		,		
	• •	edule 1 (Form 1040), line 3, and one instructions.) Estates and trusts,			31	-79,631.
	• If a loss, you must go to line	e 32.		J		
32	If you have a loss, check the b	oox that describes your investment	t in this	activity. See instructions.		
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you must 	Estates and trusts, enter on	32a 🗵 All investment is at risk. 32b 🗌 Some investment is not at risk.			

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
	value closing inventory: a \square Cost b \square Lower of cost or market c \square Other (atta		planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry? 	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		truck		
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?			☐ No
46	Do you (or your spouse) have another vehicle available for personal use?			☐ No
47a	Do you have evidence to support your deduction?		Tes	☐ No
b	If "Yes," is the evidence written?		🗌 Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
BA	CK OFFICE EXPENSES			67,080.
48	Total other expenses. Enter here and on line 27a	48		67,080.

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

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**

Name(s) shown on return Your social security number 082-89-0521 MOUNIKA PASUMARTHI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked 11,022. 9,685. 1,337. 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 1,337. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (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 2,339. 20,956. 18,617. 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 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

2,339.

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 3,676. • 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? X 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? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2023
Attachment Sequence No. 12A

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

MOUNIKA PASUMARTHI

Social security number or taxpayer identification number

082-89-0521

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

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

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

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

✗ (A) Short-term transactions☐ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•	2)
(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(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.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)			(g) Amount of adjustment	from column (d) and combine the result with column (g).
APEX CLEARING	01/01/23	12/31/23	8,055.	7,480.			575.
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	1,690.	1,106.			584.
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	1,277.	1,099.			178.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and ince is checked), lir	lude on your ne 2 (if Box B	11.022.	9,685.			1.337.

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.

Attachment Sequence No. 12A Form 8949 (2023)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MOUNIKA PASUMARTHI

Social security number or taxpayer identification number 082-89-0521

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X	(D)	Long-	term	transac	ctions i	reported	d on F	Form(s)	1099-E	3 showing	basis	was	reporte	d to th	ne IRS	(see	Note	above)
$\overline{}$	/ -\	1 4			4!			(-)	4000 [l	1!-		- 14	4 4	- 41 15	20		

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

(F) Long-term	transactions n	ot reported to	you on Form	1099-B
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	not reported	to you on i c	1111 1099-D				
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
APEX CLEARING	01/01/22	12/31/23	7,813.	8,287.			-474.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	12,443.	9,445.			2,998.
ROBINHOOD CRYPTO LLC	01/01/22	12/31/23	521.	725.			-204.
APEX CLEARING	01/01/22	12/31/23	179.	160.			19.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your ne 9 (if Box E	20,956.	18,617.			2,339.

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

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury Go to www.irs.gov/Form8889 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0074

Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MOUNIKA PASUMARTHI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 082-89-0521

	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.		
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	⊠ Se	lf-only 🗌 Family		
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.		
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	3,850.		
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.		
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.		
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family				
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.		
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.		
8	Add lines 6 and 7	8	3 , 850.		
9	Employer contributions made to your HSAs for 2023				
10	Qualified HSA funding distributions				
11	Add lines 9 and 10	11	600.		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,250.		
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.		
Dowl	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4		
Part	a separate Part II for each spouse.	rate I	HSAs, complete		
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a			
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b			
С	Subtract line 14b from line 14a	14c			
15	Qualified medical expenses paid using HSA distributions (see instructions)	15			
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16			
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here				
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b			
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ons b			
18	Last-month rule	18			
19	Qualified HSA funding distribution	19			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . 20				
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21			

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

MOUNIKA PASUMARTHI 082-89-0521 1

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Itemization Statement

Description	Amount
ELECTRICITY (100P.M*12M)	1,200.
INTERNET (50P.M*12M)	600.
GAS (50P.M*12M)	600.
MOBILE (45P.M*12M)	540.
Total	2,940.