# 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

IIILEITIAI	reveilue del vice							
Submi	ssion Identification Number (SID)							
Taxpaye	er's name	Social secur	ity numl	oer				
SUM	AN BASYAL	188-59-5429						
Spouse'	s name	Spouse's so	cial sec	urity nu	mber			
Part	, , ,	r year you a	are au	thoriz	ing.)			
	whole dollars only on lines 1 through 5.							
1	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  Adjusted gross income		1 1	I	96	860.		
2	Total tax		2			$\frac{347.}{}$		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			708.		
4	Amount you want refunded to you		4			<del>708.</del> 361.		
5	Amount you owe		5			<u> </u>		
Part			y of y	our r	eturi	n)		
my know return ( to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incomplete the context of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the ali identification number (PIN) below is my signature for the income tax return (original or amended) I a nic Funds Withdrawal Consent.	ve are the amnitter, or electron of the to J.S. Treasury a dicated in the to on to debit the the authorizates must be processing copayment. I fur	rounts fronic recreased its franction. The receipt the electron and the electron its franction.	rom the turn or ssion, designation this to this revolute to the tectron to the tectron to the tectron tectron the tectron the tectron tectron the tectron	ne inco iginato (b) the ated F n softw accou oke (ca o later ic payredge t	ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the		
	yer's PIN: check one box only							
X		my DINI 9	5 -	4 2	9	as my		
	Signature on the income tax return (original or amended) I am now authorizing.	ř Er	nter five on't ente		but	as my		
	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.	nod. The ER	O mus	t com	plete			
Your s	ignature ▶ Date ▶	24 f	March	1 202	4 			
Spour	se's PIN: check one box only							
Spous		my DIN						
	I authorize to enter or generate		nter five	digits		as my		
	signature on the income tax return (original or amended) I am now authorizing.		n't ente					
	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 <b>and</b> your return is filed using the Practitioner PIN metion below.		_			_		
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below	<u> </u>						
Part	Certification and Authentication — Practitioner PIN Method Only							
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	2 7	1		
		Don't en	ter all z	eros				
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of	nitting this ret	urn in a	accord	anće v			
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To	Do So						

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



<b>1040</b>		artment of the Treasury—Internal Revenue Servi		ırn 🙎	20 <b>2</b> :	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		,	, 2023, endi	ing			, 20		See se	oarate	instructions.	_
Your first name	Last nar	me							Your social security number			_		
SUMAN			BASY	AL							188	59	5429	
	pouse's	s first name and middle initial	Last nar										security numb	)ei
	•	er and street). If you have a P.O. box, see	instructio	ons.					pt. no.				ection Campai ou, or your	gn
		Y ROCK ROAD ice. If you have a foreign address, also co	mnlete er	naces helow		Stat	te	ZIP c	184 nde				jointly, want \$	3
	031 0111	ice. Il you have a loreigh address, also co	inpiete sp	Jaces Delow.	.			770		- 1	•		nd. Checking	a
HOUSTON Foreign country	v name		T <sub>E</sub>	oreign provir	nce/state/c	TX			o⊥ ın postal c	- 1	box bel		not change	
r oreign country	y mame			oreign provii	noc/state/o	Journe	y	T OT CIG	in postar o		your tax	Y		se
Filing Status	s ×	Single					Head of h	ouseh	old (HOH	H)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spou	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your spou	ıse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ır depen	dent:										-
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward, a	ward, or p	payn	nent for prope	rty or	services	); or (	b) sell,			_
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a finan	icial intere	est in	na digital asse	t)? (Se	e instru	ction	s.)	☐ Ye	es 🛚 No	
Standard	Som	neone can claim: 🗌 You as a de	pendent	Yo	ur spouse	as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dua	al-status a	alien								_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spo	use:	: Was bor	n befo	re Janua	ary 2,	, 1959		s blind	
Dependent	s (see	instructions):		<b>(2)</b> Soci	ial security		(3) Relationsh	<sub>ip</sub> (4	) Check t	he bo	x if quali	fies for (	(see instruction	s):
If more		(1) First name Last name			mber		to you	Child tax of		ax cre	edit	Credit fo	or other depende	nts
than four									[					
dependents, see instruction	c								[					
and check	· 													
here														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		95,372	<u>.</u>
Attach Form(s)	b	Household employee wages not re	•		W-2	٠					1b			
W-2 here. Also	С	Tip income not reported on line 1a	•								1c			_
attach Forms W-2G and	d	Medicaid waiver payments not rep			•	nstru	ctions)				1d			_
1099-R if tax	е	Taxable dependent care benefits f				٠					1e			_
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839	9, line 29	٠					1f	_		_
If you did not get a Form	g	Wages from Form 8919, line 6 .				٠					1g			_
W-2, see	h	Other earned income (see instruct	,			٠		· ·			1h		0	•
instructions.	i	Nontaxable combat pay election (s	see instri	uctions) .			<u>1i</u>						05 250	
	z	Add lines 1a through 1h			· i ·						1z		95,372	_
Attach Sch. B if required.	2a	· –	2a				axable interest				2b		300	_
roquirou	3a_		3a				rdinary divider				3b		2	<u>.</u>
Standard	4a	<del>-</del>	4a				axable amoun				4b			_
Deduction for—	5a		5a				axable amount				5b			_
Single or Married filing	6a	,	6a	nothod object			axable amount	ι		· ;	6b			_
separately, \$13,850	C 7	If you elect to use the lump-sum e		•	,		,				J -		002	
Married filing	7	Capital gain or (loss). Attach Sche		•	•					. ∟	7		893	
jointly or Qualifying	8	Add lines 17 2h 3h 4h 5h 6h 7	•								9		-9,707 86,860	
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-									00,000	<u>.</u>
Head of	10	Adjustments to income from Sche									10	_	96 969	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-							11 12		86,860 13,850	
If you checked any box under	12 13	Standard deduction or itemized  Qualified business income deduct		,		,	 5-Δ				13		13,850 0	
Standard	13						o-A				14		13,850	
Deduction, see instructions.	14	Subtract line 14 from line 11 If zer									15		73 010	

Form 1040 (2023	3)							Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	11,347.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	11,347.	
	19	Child tax credit or credit for other depender	nts 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	11,347.	
	23	Other taxes, including self-employment tax					23	0.	
	24	Add lines 22 and 23. This is your total tax					24	11,347.	
Payments	25	Federal income tax withheld from:							
•	а	Form(s) W-2			<b>25a</b> 13	3,708.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	13,708.	
If you have a	26	2023 estimated tax payments and amount a	applied from 20	022 return			26		
qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28				
	29	American opportunity credit from Form 886	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 you	r total other p	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. These are your t	otal payments				33	13,708.	
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33	. This is the amou	nt you <b>overpaid</b>		34	2,361.	
	35a	Amount of line 34 you want refunded to yo		3 is attached, ched	ck here		35a	2,361.	
Direct deposit?	b	Routing number 1 1 1 1 9 0 0 6		<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number 1 9 4 6 6 9 7	2 3 0						
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>am</b> For details on how to pay, go to www.irs.go	•				37		
	38	Estimated tax penalty (see instructions) .	-		38		<u> </u>		
Third Party	Do	you want to allow another person to dis	cuss this retu	rn with the IRS?	See				
Designee		structions				omplete b		<b>⊠</b> No	
		signee's ne	Phone no.			onal identifi ber (PIN)	cation		
Sign		der penalties of perjury, I declare that I have examine						, ,	
Here	be	ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is ba	ised on all informati			, ,	
	Yo	ur signature	Date Your occupation					nt you an Identity IN, enter it here	
Joint return?				   SOFTWARE I	TTVFT.ODFR	(see i		iiv, enter it nere	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati		If the	IRS ser	nt your spouse an	
Keep a copy for your records.	Op.	outo o olgrista or il a joint rotarri, <b>2011</b> must olgris			o	Identi	Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (346)562-6535	Email address	BASYAL.SUMAI	N866@GMAIL.C	OM MC			
Deid	Pre	eparer's name Preparer's signa	ature		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY	A RAM SAG	GAR GUPTA	03/25/2024	P02082	703	Self-employed	
Preparer	Fir	m's name GLOBAL TAXES LLC		Phone no. (678)965-9522					
Use Only	Fir	m's address 245 ROONEY CT E BRI	UNSWICK N	J 08816		Firm's	s EIN		
<u> </u>		40406 1 1 11 11 11 11 11 11				· ·		- 1040	

# 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

SUMAN BASYAL

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.

Sequence No. 01

Your social security number
188-59-5429

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. Atta	ch Schedule E .	5	-9,713.
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			
	, , , , , , , , , , , , , , , , , , ,	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 p8		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
	Substitute Payment from 1099-Misc 6.	<b>8z</b> 6.		
9	Total other income. Add lines 8a through 8z		9	6.
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-9,707.

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-				
	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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<del>-</del>	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			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		.   20	

#### SCHEDULE D (Form 1040)

Department of the Treasury

#### **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** 

Internal Revenue Service Name(s) shown on return Your social security number 188-59-5429 SUMAN BASYAL 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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I 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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) 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 Box A checked . . . . . . . . . . . . . . . . . . 11,224. -30.629. 10,565. 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 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 . . . . . . . . 7 629. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 4,587. 4,323. 264. 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

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

264.

12

13

14

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 893. • 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 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.

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service

Name(s) shown on return

SUMAN BASYAL

Department of the Treasury

Social security number or taxpayer identification number 188-59-5429

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 instructions). For long-term transactions, see page 2.

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

**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.

	(B) Short-term transactions (C) Short-term transactions			_	sis <b>wasn't</b> report	ed to the IF	RS	
1	(a)  Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robir	nhood Securities LLC	01/01/23	12/31/23	11,224.	10,565.	E	-30.	629.
neg Sch	als. Add the amounts in column: ative amounts). Enter each totaledule D, line 1b (if Box A above bye is checked), or line 3 (if Box 6)	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	11,224.	10,565.		-30.	629.

**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.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  $SUMAN \quad BASYAL$ 

Social security number or taxpayer identification number 188-59-5429

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.

<ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas	•		`	<del>)</del>	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below			Gain or (loss) Subtract column (e	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) an combine the resul with column (g).	
Robinhood Securities LLC	01/01/23	12/31/23	4,587.	4,323.			264.	
Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above)	al here and inc	lude on your						

**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.

above is checked), or line 10 (if Box F above is checked) .

4,587.

4,323.

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

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

Attachment

Your social security number

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

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

Sequence No. 13

OMB No. 1545-0074

SUMAN BASYAL 188-59-5429 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) KOTESHWOR, BAGMATI KATHMANDU NEPAL NP 44600 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 682. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 865. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 989. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 1,302. 14 Repairs . . . . 15 Supplies 15 1,423. 16 16 Taxes 17 Utilities . . . . . . . 17 1,986. 18 3,830. 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . 10,395. 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 -9,713. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 9,713.) 682. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 3,830. 23d Total of all amounts reported on line 18 for all properties 10,395. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,713. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

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

-9,713.

# Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

Name(s) shown on return	Your taxpayer identification number
SUMAN BASYAL	188-59-5429

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3 4	Qualified business net (loss) carryforward from the prior year	3 (			
5 6	Qualified business income component. Multiply line 4 by 20% (0.20)	<b>6</b> 1.	5		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 1.			
9			9	0.	
10	Qualified business income deduction before the income limitation. Add lines 5 and	i i	10	0.	
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 73,010.			
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	<b>12</b> 265.			
13	Subtract line 12 from line 11. If zero or less, enter -0	<b>13</b> 72,745.	44	14 540	
14	Income limitation. Multiply line 13 by 20% (0.20)		14	14,549.	
15	the applicable line of your return (see instructions)		15	0.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			( 0.	
••	zero, enter -0		17	( 0.	