#### 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)

Taxpay	er's name	Social secu	irity number
PAV	AN TEJA KILARI	310-7	7-8864
Spouse	o's name	Spouse's s	ocial security number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you	are authorizing.)
Enter	whole dollars only on lines 1 through 5.		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income		<b>1</b> 99,323.
2	Total tax		<b>2</b> 14,112.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 11,249.
4	Amount you want refunded to you		4
5	Amount you owe		<b>5</b> 2,938.
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	keep a co	py of your return)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov		

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

				ERO firm name	0 ,	Ē	1
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		_

7	8	8	6	4	as my
Ent don	,				

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.

Your signature

Date

Spouse's	PIN:	check	one	box	only	
----------	------	-------	-----	-----	------	--

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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.

Spouse's signature 🕨	Date 🕨					
Practitioner PIN Method Returns Only—continue below						
Part III Certification and Authentication – Pr	actitioner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	bur five-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 F Don't Submit This Form to the I		
For Depenverk Deduction Act	t Nation and your toy raturn instructions		Form 8879 (Pov. 01 2021)

<b>1040</b>		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 staple in this space.
For the year Jar	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See sep	parate instructions.
Your first name	and mi	ddle initial	Last nar	me						Your so	cial security number
PAVAN TE	сја		KILA	RI						310	77 8864
		first name and middle initial	Last nar								s social security number
										516	67 3858
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		ntial Election Campaign
2305 GOI	זם ם.	IST TRI									nere if you, or your
		ce. If you have a foreign address, also co	mplete sp	paces bel	ow.	Sta	te	ZIP c	ode		if filing jointly, want \$3
LEANDER						ТХ	ζ	786	41		this fund. Checking a ow will not change
Foreign country	/ name		F	oreign pr	ovince/state/c				n postal code		or refund.
										-	You Spouse
Filing Status		Single	I				Head of ho	ouseh	old (HOH)		
Check only		Married filing jointly (even if only o	ne had ir	ncome)							
one box.	X	Married filing separately (MFS)		,			Qualifying	surviv	ving spouse (	(QSS)	
		ou checked the MFS box, enter the	name o	of your sp	oouse. If you	ı che					ld's name if the
	qu	alifying person is a child but not you	ır depen	ident: [	DIVYA YE	PUE	RI				
<b>.</b>	<b>A</b> +									//=> = = !!	
Digital Assets		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig						-			🗌 Yes 🛛 No
		eone can claim:  You as a de		·			a dependent	0: (00		13.)	
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•				
Deduction				werea	uuai-status a	allen					
Age/Blindness	S You:	Were born before January 2, 1	959	Are bli	ind <b>Spo</b>	use	: 🗌 Was bor		ore January 2		Is blind
Dependent	s (see	-		(2) S	Social security		(3) Relationshi	ip <b>(4</b>		· · ·	fies for (see instructions):
If more	(1) Fi	(1) First name Last name			number		to you		Child tax ci	redit	Credit for other dependents
than four											
dependents, see instruction:	s ——										
and check											
here											
Income	1a	Total amount from Form(s) W-2, b	•		,					. <u>1a</u>	115,641.
Attach Form(s)	b	Household employee wages not re	•		.,					. <u>1b</u>	
W-2 here. Also	c	Tip income not reported on line 1a (see instructions)							. <u>1c</u>		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d			
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26   .   .   .   .   .						. 1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						. <u>1f</u>			
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•		• •		. 1g	
W-2, see	h	Other earned income (see instruct	,	· · ·		•	· · · ·	· ·		. 1h	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		•	<b>1</b> i			a_	115,641.
		Add lines 1a through 1h	 0a		· · · ·	ь т	· · · ·	• •		. 1z	
Attach Sch. B if required.	2a 2a	· ·	2a 3a				axable interest			. 2b . 3b	11.
	<u>3a</u> 4a		за 4а				ordinary divider axable amount			. 30 . 4b	
Standard	ча 5а		4a 5a				axable amount			. 40 . 5b	
Deduction for -	6a		5a 6a				axable amount			. 50 . 6b	
<ul> <li>Single or Married filing</li> </ul>	c	If you elect to use the lump-sum e		nethod					 Г		
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,	• •	· · · L	7	-1,500.
<ul> <li>Married filing</li> </ul>	8	Additional income from Schedule		•	•			• •	· · · L	. 8	-14,829.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9	99,323.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-			• · · · ·			. <u> </u>	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11	99,323.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct		•		'	5-A .			. 13	
Standard Deduction,	14	Add lines 12 and 13								. 14	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	0 This is v	our <b>t</b>	axable incom	e .		. 15	
				,							

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	14,112.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	14,112.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8				[	20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,112.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	14,112.
Payments	25	Federal income tax withheld							i
·	а	Form(s) W-2				<b>25a</b> 11	,249.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>				2	25d	11,249.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	)22 return			26	· · · · · ·
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•		-			33	11,249.
Refund	34	If line 33 is more than line 24						34	
	35a	Amount of line 34 you want				•	. 🗆 🖪	85a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number $X X X X X X X X X X X X X X X X X X X$							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	2,938.
	38	Estimated tax penalty (see in				38	75.		,
Third Party	Do	you want to allow another	,						
Designee		structions	•				omplete belo	ow.	× No
U	De	signee's		Phone			onal identifica	tion	
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			pioro: Doolaration (	、	1, 3, 7			•	, ,
	Yo	ur signature		Date	Your occupation				you an Identity I, enter it here
Joint return?					SOFTWARE :	ENGINEER	(see inst		,
See instructions.						If the IR	S sent	your spouse an	
Keep a copy for your records.									tion PIN, enter it here
your records.							(see inst	.)	
		one no. (512) 762-922		Email address	YEPURIDIV	YA@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	03/28/2024	P020827	03	Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone n	<b>o.</b> (6	578)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	.IN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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 23

202 Attachment Sequence No. **01** 

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Form	m 1040, 1040-SR, or 1040-NR	Your soc	ial security number
PAVAN TEJA KILA	RI	310-77	-8864

Par	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):			
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		5	-14,829.
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		8c	<u>,</u>	
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e	_	
f	Income from Form 8889	8f	_	
g	Alaska Permanent Fund dividends	8g	_	
h	Jury duty pay	8h	_	
i	Prizes and awards	8i	-	
J	Activity not engaged in for profit income	8j	-	
k	Stock options	8k	-	
I	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	81		
-	Olympic and Paralympic medals and USOC prize money (see	0	-	
111	instructions)	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		
р Q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
•	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		-	
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-14,829.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 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 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)		
b	Deductible expenses related to income reported on line 8I 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	_	
d	Reforestation amortization and expenses    24d		
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		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
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	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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.

2023 Attachment Sequence No. 12

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

PAVAN TEJA KILARI

Your social security number

310-77-8864

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
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)

lines	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	(g) Adjustments to gain or loss fro	om	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(or other basis)	Form(s) 8949, Part I, line 2, column (g)		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 <b>Box A</b> checked	17,594.	18,728.	5	5.	-1,079.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	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 <b>Worksheet</b> 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	-1,079.		

### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		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 <b>Box D</b> checked	5,652.	20,986.			-15,334.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11				
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	15	-15,334.				

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-16,413.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?			
	<b>No.</b> Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21	(	1,500.)
	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.			
	<b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

8949

Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

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



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

Social security number or taxpayer identification number Name(s) shown on return 310-77-8864

PAVAN TEJA KILARI

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

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

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

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

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	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	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.		<b>(h)</b> <b>Gain or (loss)</b> 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) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	17,594.	18,728.	W	55.	-1,079.	
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), <b>lir</b>	lude on your ne 2 (if Box B	17,594.	18,728.		55.	-1,079.	

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. <b>12A</b>	Page <b>2</b>
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PAVAN TEJA KILARI

Social security number or taxpayer identification number 310-77-8864

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.

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

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

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	(b) (c) Date acquired		(d) 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). arate 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.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	5,652.	20,986.			-15,334.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			5,652.	20,986.			-15,334.	

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.

Under Stand     Your social security number       VAN T E3A NLTARI     310-77-8864       Varia TE3A NLTARI     Income or Loss From Rental Real Estate and Royalties Metal income or loss from Form 4935 on page 2, line 40.       A Did you make any payments in 2023 that would require you to file Form(s) 10997 See instructions. If you are in individual, report farm Matal income or loss from Form 4935 on page 2, line 40.       A Did you make any payments in 2023 that would require you to file Form(s) 10997 See instructions.     Yes X No Yes X No A       A 9/20 ANDRIA BANK COLONY AVILALA FOST, TIRUPATI ANDRA PRADESH IN 517507     Yes X No A       B     C     Yes X No Col       Ib Type of Property (from list below) B     2     For each rental real estate property listed personal use days. Check the C.M box only if your meet the requirements to file is as a gualified joint venture. See instructions.     A 365     0       Is nigle Family Residence     3 Vacation/Short-Term Rental 4     5 Land 7 Self-Rental     7 Self-Rental 4       2 Muti-Family Residence     3 Vacation/Short-Term Rental 6     6     6       3 A 633.     4     -       4 Royatties received     -     7     2,122.       6     -     -       7 Cleaning and maintenance     7     7,2,122.       8     -     -       9     -     -       10     -     -       11     2,712.     -	Department of the Treasury         Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           Internal Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attachment Sequence No. 13					
Income or Loss From Rental Real Estate and Royalties metal income or loss from Form 4936 on page 2, line 40.       Image: Come of Comparison of	Name(s)	) shown on return									Your socia			
Note: If you are in the business of reining personal property, use Schedule C. See instructions. If you are an individual, report farm           A Did you mail you are any payments in 2023 that would require you to file Form(s) 1099? See instructions.         Image: Schedule C.	PAVA	N TEJA KIL	ARI								310-7	7-8864		
B       H*Ves," did you or will you file required Form(s) 10997       Image: Construction of the second of	Part	Note: If yo	u are in t	the business of	renting personal proper			e C. See	e instru	ctions. If you	are an indiv	/idual, report	farm	
Ia       Physical address of each property (street, city, state, ZIP code)         A       9/20       ANDHRA       BAIX COLONY AVILALA POST, TIRUPATI ANDHRA PRADESH IN 517507         B       C       Fair Rental       Personal Use Days       QJV         A       3       G       Image: Comport (form list below)       A       365       Image: Comport (form list below)       A       365       Image: Comport (form list below)       A       365       Image: Comport (form list below)       A       Comport (form list below)       A       365       Image: Comport (form list below)       A       Composition       Image: Composition       A       B       C         1       Single Family Residence       3       Vacation/Short-Term Rental       5       Land       7       Self-Rental       B       C         3       Residence       4       Commission       3       G       3       G       3         4       Royatiles received       4       5       Commission       6       2	A D	Did you make ar	y payme	ents in 2023 th	nat would require you	to file	Form(s)	1099? 5	See in	structions .		. 🗌 Yes	ΧN	ю
A       9/20       ANDHRA       BANK       COLONY       AVILALA       POST, TRUPATI       ANDHRA       PRADESH       IN       517507         B       C	B li	f "Yes," did you	or will y	ou file require	ed Form(s) 1099? .							. 🗌 Yes	<b>N</b>	ю
B       C       Fair Rental and personal use days. Check the GVJ box only if you meet the requirements to file as a qualified joint venture. See instructions.       Fair Rental Days       Qu/V         B	1a	Physical addr	ess of e	ach property	(street, city, state, Zll	P code	∋)							
B       C       Fair Rental and personal use days. Check the GVJ box only if you meet the requirements to file as a qualified joint venture. See instructions.       Fair Rental Days       Qu/V         B	Δ				· · · · ·		,	JDHRA	PRA	DESH IN	517507			
C       For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.       Fair Rental Days       Personal Use Days       QJV         A       3       genomena use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.       A       365       0       0         Isingle Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental       6 Royalties       8 Other (describe)       0         come:       3       A       3633.       7 Self-Rental       6 Royalties       8 Other (describe)       0       0         come:       3       A       3633.       633.       633.       0		5720 Milli			1101111111111001,				1 1 1 1 1		51/50/			
Ib       Type of Property (from list below)       2       For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.       Fair Rental Days       Personal Use Days       QJV         B														
Image: content below         above, report the number of fair rental and personal use days. Check the QuV box only if you meet the requirements to file as a qualified joint venture. See instructions.         Days         Days         Days         Days <i>R</i>		Type of Prope	rty 2	For each re	ntal real estate prope	ertv list	ed		Fa	ir Rental	Person	al Use		
B       if you meet the requirements to file as a qualified joint venture. See instructions.       B       Image: Construction of the set of													QJV	/
B       if you meet the requirements to file as a qualified joint venture. See instructions.       B       Image: C       Image: C <thimage: c<="" th="">       Image: C       Image: C<!--</td--><td>Α</td><td>3</td><td><i>.</i></td><td>personal us</td><td>e days. Check the Q</td><td>JV bo&gt;</td><td>c only</td><td>Α</td><td></td><td>365</td><td></td><td>0</td><td></td><td></td></thimage:>	Α	3	<i>.</i>	personal us	e days. Check the Q	JV bo>	c only	Α		365		0		
C       C       C       C         Ope of Property:       1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       5 Land       6 Royalties       7 Self-Rental         3 Rents received       A       B       C         3 Rents received       3 633.       633.         4 Royalties received       4       9         5 Advertising       5       6         4 Cleaning and maintenance       7       2, 122.         6 Commissions       8	В			if you meet	the requirements to	file as	а	В						
1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       6 Royalties       7 Self-Rental         3 Mathier Strength       3 Gasa       9 Other (describe)         3 Rents received       3 Gasa       6 Gasa         4 Royalties received       4       6 Gasa       6 Gasa         5 Advertising       7 Z, 122.       6 Gasa       6 Gasa         6 Auto and travel (see instructions)       6 G       7 Z, 122.       6 Gasa         7 Cleaning and maintenance       7 Z, 122.       6 Gasa       6 Gasa       6 Gasa         9 Insurance       9 Gasa       10 Gasa       11 Z, 521.       10 Gasa       11 Z, 521.       11 Gasa       12 Gasa       11 Gasa       12 Gasa	С			qualified joi	nt venture. See instru	lotions	6.	С						
2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         come:       A       B       C         3 Rents received       3 633.       4       B       C         3 Rents received       4       B       C         5 Advertising       5	Гуре	of Property:	I						1		1	I		
Come:         A         B         C           3         Rents received         3         633.         4           A Royalties received         4         3         633.         4           spenses:         5         4         4         4         4           6         Auto and travel (see instructions)         5         5         6         10         5         10         10         10         10         10         10         10         10         10         11         2,521.         11         2,521.         11         2,521.         11         2,521.         11         2,521.         11         2,521.         11         14         3,452.         12         13         14         3,452.         15         2,511.         14         3,452.         15         2,511.         14         3,452.         15         2,712.         16         17         2,114.         18         2,712.         19         10         10         12         16         17         2,114.         18         2,712.         19         10         10         12         14         3,452.         15         14         3,452.         16         17         2,114.	1	Single Family R	esidenc	e 3 Vaca	tion/Short-Term Ren	ital	5 Lano	ł	7	Self-Rental				
Come:         A         B         C           3         Rents received         3         633.         4           A Royalties received         4         3         633.         4           spenses:         5         4         4         4         4           6         Auto and travel (see instructions)         5         5         6         10         5         10         10         10         10         10         10         10         10         10         11         2,521.         11         2,521.         11         2,521.         11         2,521.         11         2,521.         11         2,521.         11         14         3,452.         12         13         14         3,452.         15         2,511.         14         3,452.         15         2,511.         14         3,452.         15         2,712.         16         17         2,114.         18         2,712.         19         10         10         12         16         17         2,114.         18         2,712.         19         10         10         12         14         3,452.         15         14         3,452.         16         17         2,114.					mercial		6 Roya	alties	8	Other (desc	ribe)			
A         B         C           3         Rents received		-					-							
3       Rents received       3       633.         4       Royalties received       4       4         spenses:       5       Advertising       4         5       Advertising       5       4         6       Auto and travel (see instructions)       6       7       2, 122.         8       7       2, 122.       8         9       Insurance       9       9         10       11       2, 521.       11         2       Mortgage interest paid to banks, etc. (see instructions)       11       2, 521.         11       2, 521.       12       14         3       4       3, 452.       14         14       3, 452.       15       2, 541.         16       14       3, 452.       15         17       2, 114.       18       2, 712.         18       2, 712.       19       10       12         19       10       15, 462.       12       14, 829.         20       15, 462.       12       12       14, 829.         21       -14, 829.       12       14, 829.       12         22       14, 829.       12       12 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td>-</td> <td>ies:</td> <td></td> <td></td> <td></td>								•		-	ies:			
4       Royalties received       4						2				В		U	<u>,                                    </u>	
spenses:       5       Advertising	-					-		6	53.					
5       Advertising       5       6         6       7       2,122.       7         7       Cleaning and maintenance       7       2,122.       7         8       7       2,122.       7       1         9       9       1 <td>-</td> <td></td> <td>vea .</td> <td></td> <td></td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	-		vea .			4								
6       Auto and travel (see instructions)       7       2,122.         7       2,122.       8         9       9       9         9       9       9         9       10       10         11       2,521.       11         12       11       2,521.         13       11       2,521.         14       3,452.       15         15       2,541.       16         16       11       11         16       11       11         17       2,114.       14         18       2,712.       19         19       10       10         10       11       15,462.         18       2,712.       19         19       15,462.       11         10       15,462.       12         11       14,829.       10         18       2,712.       19         10       15,462.       11         11       2,482.       12         12       -14,829.       12         14       3,452.       13         15       2,14,829.       15,462.	-					-								
7       Cleaning and maintenance       7       2,122.         8       9         9       9         10       9         10       10         11       2,521.         12       11         13       11         14       3,452.         15       Supplies         16       11         17       2,114.         18       2,712.         19       11         10       11         11       2,521.         12       12         13       14         14       3,452.         15       2,541.         16       11         17       2,114.         18       2,712.         19       10         10       15,462.         11       2,14,829.         12       14,829.         13       14         14       3,452.         15       2,712.         16       17         17       2,114.         18       2,712.         19       10         10       <														
8       Commissions       8       1       1         9       Insurance       9       1       1         10       Legal and other professional fees       10       1       1         11       Management fees       11       2,521.       1       1         12       11       2,521.       1						-		0 1						
9       Insurance       9								∠,⊥	22.					
10       Legal and other professional fees       10         11       2, 521.         12       11         13       12         14       3, 452.         15       Supplies         16       14         17       Utilities         18       2, 712.         19       10         20       15, 462.         21       -14, 829.         22       (14, 829.)         23       Total of all amounts reported on line 3 for all properties       23a         23a       Total of all amounts reported on line 12 for all properties       23a         23a       Total of all amounts reported on line 20 for all properties       23a         23a       Total of all amounts reported on line 20 for all properties       23a         23a       Total of all amounts reported on line 20 for all properties       23a         23a       Total of all amounts reported on line 20 for all properties       23a         23a       Total of all amounts reported on line 20 for all properties       23a         23a       23a       23a         23a       23a       23a         23a       23a       23a         23a       23a       23a     <						-								
11       Management fees       11       2, 521.         12       Mortgage interest paid to banks, etc. (see instructions)       12       13         13       14       3, 452.       15         14       3, 452.       15       2, 541.         15       2, 541.       16       16         17       Utilities       17       2, 114.       18         18       2, 712.       19       19       10         20       15, 462.       20       15, 462.       11         21       -14, 829.       14       3, 452.       16         23       Total expenses or depletion       17       2, 114.       18       2, 712.         20       15, 462.       19       20       15, 462.       11       12         24       -14, 829.       11       -14, 829.       12       14       14       14       15       15       16       16       16       16       16       16       16       16       17       17       16       17       17       16       17       14       18       2, 712.       10       16       16       16       16       16       16       16       16 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						-								
12       Mortgage interest paid to banks, etc. (see instructions)         13       14         14       3, 452.         15       Supplies         16       14         17       2, 541.         18       2, 712.         19       19         20       15, 462.         21       -14, 829.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       19         22       14, 829.         23       633.         24       Total of all amounts reported on line 12 for all properties       23a         23b       23b         23d       2,712.         23d       2,712.         23a       633.         23b       23a         23b       23b         23d       2,712.         23d       2,712.		-				-		0 5	0.1					
13       Other interest       13         14       Repairs       14       3, 452.         15       Supplies       15       2, 541.         16       16       17         17       Utilities       17       2, 114.         18       2, 712.       19         90       Other (list)       19       20         10       15, 462.       21         114       3, 452.       16         17       Utilities       16         18       2, 712.       19         19       20       15, 462.         20       15, 462.       21         21       -14, 829.       21         22       Chard of all amounts reported on line 3 for all rental properties       23a       633.         23       Total of all amounts reported on line 4 for all royalty properties       23a       633.         236       Cotal of all amounts reported on line 12 for all properties       23a       23c         34       Total of all amounts reported on line 18 for all properties       23a       23d       2,712.         236       Cotal of all amounts reported on line 12 for all properties       23a       23d       2,712.         236 <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>2,5</td> <td>21.</td> <td></td> <td></td> <td></td> <td></td> <td></td>		-				-		2,5	21.					
14       3,452.         15       Supplies         16       15         17       2,541.         18       2,712.         19       11         20       15,462.         21       -14,829.         22       14,829.         23       633.         24       5.0000         25       10000         26       10000         27       14         28       17         29       15,462.         20       15,462.         21       -14,829.         22       14,829.         23       1000000000000000000000000000000000000			•		,									
15 Supplies   16   17   18   17   20   15   21   21   22   23   23   24   25   26   27   28   29   20   20   21   22   23   24   25   25   26   27   28   29   20   20   21   21   23   23   24   25   26   27   28   29   20   20   20   21   21   23 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td>2 4</td><td>E 0</td><td></td><td></td><td></td><td></td><td></td></t<>						-		2 4	E 0					
16       Taxes       16       17       114       18         17       Utilities       17       2,114       18       2,712         19       Other (list)       19       19       19       19         20       Total expenses. Add lines 5 through 19       19       20       15,462       16         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       11       -14,829       21       -14,829       22       14,829       16       17       2,114       18       2,712       16       17       2,114       17       2,114       18       2,712       16       17       2,114       17       2,114       18       2,712       16       17       2,114       17       2,114       17       2,114       17       2,114       18       17       2,114       18       18       17       19       11		•												
17 Utilities   18 Depreciation expense or depletion   19 Other (list)   19 11   20 Total expenses. Add lines 5 through 19   20 Total expenses. Add lines 5 through 19   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 -14,829   22 14,829   23 Total of all amounts reported on line 3 for all rental properties   23 Total of all amounts reported on line 12 for all properties   23 Total of all amounts reported on line 18 for all properties   23 Cotal of all amounts reported on line 18 for all properties   23 Cotal of all amounts reported on line 18 for all properties   23 Cotal of all amounts reported on line 18 for all properties   23 Cotal of all amounts reported on line 18 for all properties   23 Cotal of all amounts reported on line 12 for all properties   23 Cotal of all amounts reported on line 18 for all properties   23 Cotal of all amounts reported on line 18 for all properties   23 Cotal of all amounts reported on line 18 for all properties								2,3	41.					
18       Depreciation expense or depletion       18       2,712.         19       19       19         20       Total expenses. Add lines 5 through 19       19         20       Total expenses. Add lines 5 through 19       20         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         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22         23a       Total of all amounts reported on line 3 for all rental properties       23a         b       Total of all amounts reported on line 4 for all royalty properties       23b         c       Total of all amounts reported on line 12 for all properties       23d       2,712.         c       Total of all amounts reported on line 18 for all properties       23d       2,712.         c       Total of all amounts reported on line 20 for all properties       23d       2,712.         c       Total of all amounts reported on line 20 for all properties       23d       2,712.         e       Total of all amounts reported on line 20 for all properties       13,462.								2 1	1 /					
19       Other (list)       19       10         20       Total expenses. Add lines 5 through 19       20       15,462         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       -14,829         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       14,829         23a       Total of all amounts reported on line 3 for all rental properties       23a       633.         b       Total of all amounts reported on line 12 for all properties       23c       23d         c       Total of all amounts reported on line 18 for all properties       23d       2,712.         e       Total of all amounts reported on line 20 for all properties       23d       15,462.														
<ul> <li>20 Total expenses. Add lines 5 through 19</li> <li>21 15,462.</li> <li>22 14,829.</li> <li>23 Total of all amounts reported on line 3 for all rental properties</li></ul>			•	•				2,1	12.					
<ul> <li>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</li></ul>	20	· · · ·	il bhA a	nes 5 through	19			15 /	62					
result is a (loss), see instructions to find out if you must file Form 6198		•		•		20		±0,4	02.					
file Form 6198       -14,829         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21       -14,829         23a       Total of all amounts reported on line 3 for all rental properties	21													
22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       14,829.       )(       )(         23a       Total of all amounts reported on line 3 for all rental properties       .       .       23a       633.         b       Total of all amounts reported on line 4 for all royalty properties       .       .       .       23b         c       Total of all amounts reported on line 12 for all properties       .       .       .       .         d       Total of all amounts reported on line 18 for all properties       .       .       .       .         e       Total of all amounts reported on line 20 for all properties       .       .       .       .						21		-14,8	29.					
23a       Total of all amounts reported on line 3 for all rental properties       23a       633.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 18 for all properties       23d       2,712.         e       Total of all amounts reported on line 20 for all properties       23c       15,462.	22	Deductible rer	tal real	estate loss af	ter limitation, if any,		(			(	)	(		
bTotal of all amounts reported on line 4 for all royalty properties23bcTotal of all amounts reported on line 12 for all properties23cdTotal of all amounts reported on line 18 for all properties23d23d2,712.eTotal of all amounts reported on line 20 for all properties23d1015,462.	23a		•	,			<u>N</u>		-	1	633.	\		
cTotal of all amounts reported on line 12 for all properties23cdTotal of all amounts reported on line 18 for all properties23d23d2,712.eTotal of all amounts reported on line 20 for all properties23e15,462.								-						
d Total of all amounts reported on line 18 for all properties23d2,712.e Total of all amounts reported on line 20 for all properties23e15,462.														
e Total of all amounts reported on line 20 for all properties											2,712.			
<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses	24										. 24			

Supplemental Income and Loss

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

SCHEDULE E

(Form 1040)

14,829.

-14,829.

25 (

26

OMB No. 1545-0074

20**7** 

Form **8889** Department of the Treasury Internal Revenue Service

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment Sequence No. <b>52</b>
hor of USA bonoficiany

Name(s)	umber of HSA beneficiary. have HSAs, see instructions.				
PAVA	-8864				
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, if	requi	red.	
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separate				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du See instructions		_ Sel	f-only 🗵 Family	
2	HSA contributions you made for 2023 (or those made on your behalf), including those m unextended due date of your tax return that were for 2023. <b>Do not</b> include employer con contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.	
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 family coverage). <b>All others</b> , see the instructions for the amount to enter .	(\$7,750 for	3	7,750.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.	
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,750.	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to en		6	7,750.	
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7		
8	Add lines 6 and 7		8	7,750.	
9	Employer contributions made to your HSAs for 2023	3,050.			
10	Qualified HSA funding distributions			2 2 5 2	
11	Add lines 9 and 10		11	3,050.	
12	Subtract line 11 from line 8. If zero or less, enter -0	+	12	4,700.	
13	<b>HSA</b> deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructio		13	0.	
Part			rate F	ISAs, complete	
	a separate Part II for each spouse.			-	
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 a				
	contributions (and the earnings on those excess contributions) included on line 14a				
	withdrawn by the due date of your return. See instructions	1	14b		
	Subtract line 14b from line 14a	+	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)		15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, i 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 <b>Exceptions to the Addition</b> <b>Tax</b> (see instructions), check here				
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on I are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	le 2 (Form	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.	he instruction have sepa			
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,	+	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu 1040), Part II, line 17d		21		

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

BAA REV 03/07/24 PRO