#### 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)

| Тахрау | er's name  | Social security nu | mber           |
|--------|--|--------------------|----------------|
| RAV    | I TEJA YADLAPALLI  | 786-46-17          | 14             |
| Spouse | 's name  | Spouse's social se | ecurity number |
|        |  |                    |                |
| Part   | Tax Return Information – Tax Year Ending December 31, 2023 (Ente       | r year you are a   | uthorizing.)   |
| 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  | 1                  | 155,242.       |
| 2      | Total tax  | 2                  | 27,333.        |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          | 3                  | 30,040.        |
| 4      | Amount you want refunded to you  | 4                  | 2,707.         |
| 5      | Amount you owe   | 5                  |                |

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

Spouse's PIN: check one box only

I authorize

| X I authorize | GLOBAL TAXES LLC  | to enter or generate my PIN                  |   | as my    |
|---------------|---|--|---|----------|
| signaturo or  | ERO firm name<br>n the income tax return (original or amended | d) Lam now authorizing                       | Enter five digits, but<br>don't enter all zeros |          |
| •             |   | return (original or amended) I am now author | orizing. Check this b                           | box only |

| ify               |        |    |              |     |  |  |  | Practitione |      |      |    |      |     |      |    |  |
|-------------------|--------|----|--------------|-----|--|--|--|-------------|------|------|----|------|-----|------|----|--|
| be                | low.   | Y  | $\checkmark$ | •   |  |  |  |             |      |      |    |      |     |      |    |  |
| be<br>Your signat | ture 🕨 | 1. | L            | نىر |  |  |  |             | Date | ∍► C | りし | ·/ c | 56/ | 1200 | 1. |  |

| Date►_OL                    | 10 | 6 | / | 2 | 67 | 24    |
|-----------------------------|----|---|---|---|----|-------|
| to enter or generate my PIN |    |   |   |   |    | as my |

4

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 Ret  | urns Only—continue belo | w   |  |              |  |   |   |
| Part III Certification and Authentication – Practitioner             | PIN Method Only         |     |  |              |  |   |   |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digi | t self-selected PIN. 2  | 2 2 |  | 6<br>nter al |  | 7 | 1 |

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 🕨         |   |      |                          |
|---------------------------|---|------|--------------------------|
|                           | ERO Must Retain This F<br>Don't Submit This Form to the | <br> |                          |
| Fee Demonstrate Deduction |   |      | Form 8870 (Day, 01 0001) |

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

| <b>1040</b>                                | )-   | NR Department of the Treasury-Interr<br>U.S. Nonresident Ali                          | nal Revenue Service<br>en Income Tax              | x Return                         | 2023                                      | OMB No. 1           | 545-0074    | or stap    | Only-Do not write<br>ole in this space. |
|--|--|---|---|----------------------------------|---|---------------------|-------------|------------|---|
| For the year Jar                           | າ. 1–  | Dec. 31, 2023, or other tax year beginn   | ing   | , 2023, e                        | nding                                     |                     | , 20        |            | ee separate<br>structions.              |
| Your first name                            | and  | middle initial  | Last name   |                                  |   |                     |             |            | ng number                               |
| RAVI TEJA                                  | A  |   | YADLAPALLI  |                                  |   |                     | 786         | -46-1      | 714                                     |
| Home address                               | (nun   | ber and street). If you have a P.O. box   | , see instructions.                               |                                  |   |                     | •           |            | Apt. no.                                |
| 8500 148T                                  |  |   |   |                                  |   |                     |             |            | AA2091                                  |
| City, town, or p                           | ost o  | office. If you have a foreign address, als  | so complete spaces b                              | below.                           |   | State               |             | ZIP co     |   |
| REDMOND                                    |  |   |   |                                  |   | WA                  |             | 9805       | 52                                      |
| Foreign country                            | nar  | 1e  | Foreign province/st                               | ate/county                       |   | Foreign             | postal c    | ode        |   |
| Filing<br>Status<br>Check only<br>one box. | <ul> <li>Single A any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b)</li> <li>Single A any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b)</li> </ul> |   |   |                                  |   |                     |             | state<br>- | Trust                                   |
| Digital Assets                             | At<br>oth  | any time during 2023, did you: (a) recei<br>erwise dispose of a digital asset (or a f | ve (as a reward, awai<br>inancial interest in a d | rd, or paymer<br>digital asset)? | nt for property or<br>? (See instruction: | services); (<br>s.) | or (b) sell | , exchar   | nge, or<br>Yes 🔀 No                     |
| Dependents                                 |  |   |   |                                  |   | <b>(4)</b> CI       | neck the b  |            | fies for (see inst.):                   |
| (see instructions):                        |  | (1) First name Last name  | (2) Depe<br>identifying                           |                                  | (3) Relationship to                       | vou Ch              | ild tax cre | dit C      | Credit for other dependents             |
|  |  |   |   |                                  | ., .                                      |                     |             |            |   |
| If more than four dependents, see          |  |   |   |                                  |   |                     |             |            |   |
| instructions and                           |  |   |   |                                  |   |                     |             |            |   |
| check here                                 |  |   |   |                                  |   |                     |             |            |   |
| Income                                     | 1a   | Total amount from Form(s) W-2, box  | 1 (see instructions)                              |                                  |   |                     | . 16        | 3          | 155,224.                                |
| Effectively                                | b  | Household employee wages not rep  |   |                                  |   |                     |             | 2          |   |
| Connected                                  | c  | Tip income not reported on line 1a (s   |   |                                  |   |                     |             |            |   |
| With U.S.                                  | d  | Medicaid waiver payments not repor  |   |                                  |   |                     |             |            |   |
| Trade or                                   | e<br>f   | Taxable dependent care benefits fro   |   |                                  |   |                     |             |            |   |
| Business                                   | g  | Employer-provided adoption benefit<br>Wages from Form 8919, line 6                    |   |                                  |   |                     | · 1         | _          |   |
| Attach                                     | 9<br>h   | Other earned income (see instruction  |   |                                  |   |                     |             | -          |   |
| Form(s) W-2,<br>1042-S,                    | i  | Reserved for future use   | ,   |                                  |   |                     | · – .       |            |   |
| SSA-1042-S,                                | i  | Reserved for future use   |   |                                  |   |                     | . 1         | i          |   |
| RRB-1042-S,<br>and 8288-A<br>here, Also    | k  | Total income exempt by a treaty from line 1(e)  |   |                                  |   |                     |             |            |   |
| attach                                     | z  | Add lines 1a through 1h   |   |                                  |   |                     | . 1:        | z          | 155,224.                                |
| Form(s)<br>1099-R if                       | 2a   | Tax-exempt interest 2a  | 1   | <b>b</b> Taxa                    | ble interest                              |                     | . 21        | י ר        |   |
| tax was                                    | 3a   | Qualified dividends 3a  |   |                                  | nary dividends .                          |                     |             | -          | 18.                                     |
| withheld.                                  | 4a   | IRA distributions 4a  |   |                                  | ble amount                                |                     |             | -          |   |
| lf you did not<br>get a Form               | 5a   | Pensions and annuities 5a   |   |                                  | ble amount                                |                     |             | -          |   |
| W-2, see                                   | 6<br>7   | Reserved for future use   |   |                                  |   |                     |             | _          | 0                                       |
| instructions.                              | 8  | Additional income from Schedule 1 (   | , ,   | •                                |   |                     |             |            | 0.                                      |
|  | 9  | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8  |   |                                  |   |                     |             |            | 155,242.                                |
|  | 10   | Adjustments to income from Sched  | ule 1 (Form 1040), lin                            | e 26. These                      | are your <b>total ac</b>                  | ljustments          | to          |            |   |
|  | 11   | income  |   |                                  |   |                     |             |            | 155,242.                                |
|  | 11<br>12   | Itemized deductions (from Schedu  |   |                                  |   |                     |             | •          | 1001242.                                |
|  |  | deduction (see instructions)  |   |                                  | . Std Dedn US                             |                     |             | 2          | 13,850.                                 |
|  | 13a  | Qualified business income deduction   |   |                                  |   |                     |             |            |   |
|  | b  | Exemptions for estates and trusts or  | ,   |                                  |   |                     | - 40        |            |   |
|  | с<br>14  | Add lines 13a and 13b   |   |                                  |   |                     |             |            | 13,850.                                 |
|  | 14   | Subtract line 14 from line 11. If zero  |   |                                  |   |                     |             |            | 141,392.                                |
|  |  | Act and Denominal Deduction Act   |   |                                  |   |                     |             |            | <u>111,002.</u>                         |

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

| Form 1040-NR (    | 2023)         |  |                 |                           |                   | Page <b>2</b>        |
|-------------------|---------------|--|-----------------|---------------------------|-------------------|----------------------|
| Tax and           | 16            | Tax (see instructions). Check if any from Form(s): 1 28814 2 4972                            | 3 🗌             |                           | 16                | 27,333.              |
| Credits           | 17            | Amount from Schedule 2 (Form 1040), line 3   |                 |                           | 17                | 0.                   |
|                   | 18            | Add lines 16 and 17  |                 |                           | 18                | 27,333.              |
|                   | 19            | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040                | 0)              |                           | 19                |                      |
|                   | 20            | Amount from Schedule 3 (Form 1040), line 8   |                 |                           | 20                |                      |
|                   | 21            | Add lines 19 and 20  |                 |                           | 21                |                      |
|                   | 22            | Subtract line 21 from line 18. If zero or less, enter -0                                     |                 |                           | 22                | 27,333.              |
|                   | 23a           | Tax on income not effectively connected with a U.S. trade or business from                   | 23a             |                           |                   |                      |
|                   | b             | Schedule NEC (Form 1040-NR), line 15   | 238             |                           |                   |                      |
|                   |               | line 21  | 23b             |                           |                   |                      |
|                   | С             | Transportation tax (see instructions)  | 23c             |                           |                   |                      |
|                   | d             | Add lines 23a through 23c  |                 |                           | 23d               |                      |
|                   | 24            | Add lines 22 and 23d. This is your total tax   |                 |                           | 24                | 27,333.              |
| Payments          | 25            | Federal income tax withheld from:  |                 |                           |                   |                      |
| -                 | а             | Form(s) W-2  | <b>25a</b> 3    | 0,040.                    |                   |                      |
|                   | b             | Form(s) 1099   | 25b             |                           |                   |                      |
|                   | с             | Other forms (see instructions)   | 25c             |                           |                   |                      |
|                   | d             | Add lines 25a through 25c  |                 |                           | 25d               | 30,040.              |
|                   | е             | Form(s) 8805   |                 |                           | 25e               |                      |
|                   | f             | Form(s) 8288-A   |                 |                           | 25f               |                      |
|                   | g             | Form(s) 1042-S   |                 |                           | 25g               |                      |
|                   | 26            | 2023 estimated tax payments and amount applied from 2022 return                              |                 |                           | 26                |                      |
|                   | 27            | Reserved for future use  | 27              |                           |                   |                      |
|                   | 28            |  | 28              |                           |                   |                      |
|                   | 29            |  | 29              |                           |                   |                      |
|                   | 30            | Reserved for future use  | 30              |                           |                   |                      |
|                   | 31            |  | 31              |                           |                   |                      |
|                   | 32            | Add lines 28, 29, and 31. These are your total other payments and refundab                   | le credits .    |                           | 32                |                      |
|                   | 33            | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments                      |                 |                           | 33                | 30,040.              |
| Refund            | 34            | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount           |                 |                           | 34                | 2,707.               |
| lioiana           | 35a           | Amount of line 34 you want refunded to you. If Form 8888 is attached, check                  | -               |                           | 35a               | 2,707.               |
| Direct deposit?   | b             | Routing number 0 2 2 3 0 0 1 7 3 c Type: ⊠ C   |                 | Savings                   |                   |                      |
| See instructions. | d             | Account number 5 9 2 0 8 8 6 6 7   |                 | 5                         |                   |                      |
|                   | e             | If you want your refund check mailed to an address outside the United States                 | s not shown or  | page 1.                   |                   |                      |
|                   | ·             | enter it here.   |                 |                           |                   |                      |
|                   | 36            | Amount of line 34 you want applied to your 2024 estimated tax                                | 36              |                           |                   |                      |
| Amount            | 37            | Subtract line 33 from line 24. This is the <b>amount you owe</b> .                           |                 |                           |                   |                      |
| You Owe           |               | For details on how to pay, go to www.irs.gov/Payments or see instructions .                  |                 |                           | 37                |                      |
|                   | 38            |  | 38              |                           |                   | 5.2                  |
| Third             | Do yo         | ou want to allow another person to discuss this return with the IRS? See instruct            | tions. 🗌 Y      | es. Comple                | ete below.        | 🔀 No                 |
| Party<br>Designee | Desig<br>name |  |                 | nal identific<br>er (PIN) | cation            |                      |
|                   |               | penalties of perjury, I declare that I have examined this return and accompanying schedule   |                 | , ,                       | e best of my k    | nowledge and         |
|                   |               | they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based |                 |                           |                   |                      |
| Sign              | Your          | signature Date Your occupation   |                 | If the                    | IRS sent yo       | ou an Identity       |
| Here              |               |  |                 | Prote                     | ection PIN, e     | enter it here        |
|                   |               | IT PROFESSI  | ONAL            | (see i                    | inst.)            |                      |
|                   | Phon          |  | _               |                           |                   |                      |
| Paid              | Prepa         | arer's name Preparer's signature   | Date            | PTIN                      | Che               | ck if:               |
| Preparer          | SYAN          | 1 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA (   | 04/04/2024      | P02082                    | 703               | Self-employed        |
| Use Only          | Firm's        | sname GLOBAL TAXES LLC   |                 | Phone no                  | <b>b.</b> (678) 9 | 965-9522             |
|                   | Firm's        | saddress 245 ROONEY CT E BRUNSWICK NJ 08816  |                 | Firm's Ell                | N                 |                      |
| Go to www.irs.g   | gov/Foi       | rm1040NR for instructions and the latest information. BAA                                    | REV 03/07/24 PF | 0                         | Form 1            | <b>040-NR</b> (2023) |

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

# Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

23

%

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Internal Revenue Service Name shown on Form 1040-NR Your identifying number

2

Attachment

786-46-1714

Name shown on Form 1040-NR RAVI TEJA YADLAPALLI

|    | Nature of Income   |    | (-) 100/       | (1-) 150(      | (-) 000( | (d) Other | (specify) |
|----|--|----|----------------|----------------|----------|-----------|-----------|
|    | Nature of Income   |    | <b>(a)</b> 10% | <b>(b)</b> 15% | (c) 30%  | %         |           |
| 1  | Dividends and dividend equivalents:  |    |                |                |          |           |           |
| а  | Dividends paid by U.S. corporations  | 1a |                |                |          |           |           |
| b  | Dividends paid by foreign corporations   | 1b |                |                |          |           |           |
| С  | Dividend equivalent payments received with respect to section 871(m) transactions              | 1c |                |                |          |           |           |
| 2  | Interest:  |    |                |                |          |           |           |
| а  | Mortgage   | 2a |                |                |          |           |           |
| b  | Paid by foreign corporations   | 2b |                |                |          |           |           |
| с  | Other  | 2c |                |                |          |           |           |
| 3  | Industrial royalties (patents, trademarks, etc.)   | 3  |                |                |          |           |           |
| 4  | Motion picture or TV copyright royalties   | 4  |                |                |          |           |           |
| 5  | Other royalties (copyrights, recording, publishing, etc.)                                      | 5  |                |                |          |           |           |
| 6  | Real property income and natural resources royalties   | 6  |                |                |          |           |           |
| 7  | Pensions and annuities   | 7  |                |                |          |           |           |
| 8  | Social security benefits   | 8  |                |                |          |           |           |
| 9  | Capital gain from line 18 below  | 9  |                |                |          |           |           |
| 10 | Gambling – Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 |    |                |                |          |           |           |
|    |  | 1  |                |                |          |           |           |

| а  | Winnings  |          |                        |                        |                   |                        |  |
|----|---|----------|------------------------|------------------------|-------------------|------------------------|--|
| b  | Losses  | 10c      |                        |                        |                   |                        |  |
| 11 | Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed | 11       |                        |                        |                   |                        |  |
| 12 | Other (specify):  |          |                        |                        |                   |                        |  |
|    |   | 12       |                        |                        |                   |                        |  |
| 13 | Add lines 1a through 12 in columns (a) through (d)  | 13       |                        |                        |                   |                        |  |
| 14 | Multiply line 13 by rate of tax at top of each column   | 14       |                        |                        |                   |                        |  |
| 15 | Tax on income not effectively connected with a U.S. trade or business. Add column                   | ns (a) i | through (d) of line 14 | . Enter the total here | and on Form 1040- | NR, line 23a <b>15</b> |  |

### Capital Gains and Losses From Sales or Exchanges of Property

| Enter only the capital gains and<br>losses from property sales or<br>exchanges that are from sources<br>within the United States and not | 16       | (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | <b>(b)</b> Date acquired mm/dd/yyyy | (c) Date sold<br>mm/dd/yyyy | (d) Sales price     | (e) Cost or other basis |                | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
|--|----------|--|-------------------------------------|-----------------------------|---------------------|-------------------------|----------------|--|
| effectively connected with a U.S.  |          |  |                                     |                             |                     |                         |                |  |
| business. Do not include a gain<br>or loss on disposing of a U.S. real   |          |  |                                     |                             |                     |                         |                |  |
| property interest; report these gains and losses on Schedule D   |          |  |                                     |                             |                     |                         |                |  |
| (Form 1040).   | <u> </u> |  |                                     |                             |                     |                         |                |  |
| Report property sales or   |          |  |                                     |                             |                     |                         |                |  |
| exchanges that are effectively<br>connected with a U.S. business   | 17       | Add columns (f) and (g) of line 16   |                                     |                             |                     | 17                      | (              |  |
| on Schedule D (Form 1040),   |          |  |                                     |                             |                     |                         | <u>( )</u>     |  |
| Form 4797, or both.  | 18       | Capital gain. Combine columns (f) and  | (g) of line 17. Ente                | r the net gain here         | e and on line 9 abo | ve. If a loss, ente     | r-0  <b>18</b> |  |

| SCHE  | DUI | LE  | OI |
|-------|-----|-----|----|
| (Form | 104 | 0-N | R) |

### **Other Information**

Attach to Form 1040-NR.

OMB No. 1545-0074

|                            | ent of the Treasury<br>Revenue Service   | Go t             | to www.irs.gov/Form1040NI      | R for instructions ar<br>wer all questions. | nd the latest information. |                | Attachment<br>Sequence N |              |  |
|----------------------------|--|------------------|--------------------------------|---|----------------------------|----------------|--------------------------|--------------|--|
| Name shown on Form 1040-NR |  |                  |                                |   |                            | Your identifyi |                          | 0. 70        |  |
|                            | TEJA YADI  |                  |                                |   |                            | 786-46-        | •                        |              |  |
| <b>A</b>                   |  |                  | vere vou a citizen or nationa  | al during the tax ve                        | r? TNDTA                   |                |                          |              |  |
| В                          | Of what country or countries were you a citizen or national during the tax year? <u>INDIA</u><br>In what country did you claim residence for tax purposes during the tax year? <u>United States</u>                          |                  |                                |   |                            |                |                          |              |  |
| c                          | Have you ever  |                  | Yes                            | XNo   |                            |                |                          |              |  |
| D                          | Were you ever:   |                  | gi con cala noraci (anna p     | ennanenn eenaenny                           |                            |                |                          |              |  |
| _                          | A U.S. citizen?  |                  |                                |   |                            |                |                          | 🛛 No         |  |
| 2.                         | A green card he  |                  | rmanent resident) of the Un    |   |                            |                |                          | X No         |  |
|                            | -  |                  |                                |   |                            |                |                          |              |  |
| Е                          | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.<br>If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. |                  |                                |   |                            |                |                          |              |  |
|                            | immigration sta  | tus on the last  | day of the tax year. <u>F1</u> |   |                            |                |                          |              |  |
| F                          | Have you ever  | changed your \   | /isa type (nonimmigrant stat   | tus) or U.S. immigra                        | ation status?              |                | Yes                      | 🛛 No         |  |
|                            | If you answered  | d "Yes," indicat | e the date and nature of the   | e change:                                   |                            |                |                          |              |  |
| G                          | List all dates yo  | ou entered and   | left the United States during  | g 2023. See instruct                        | tions.                     |                |                          |              |  |
|                            |  |                  | Canada or Mexico AND con       |   |                            | ent intervals  | ,                        |              |  |
|                            | check the box  | for Canada o     | r Mexico and skip to item H    | <u>I.</u> <u>.</u>                          | 🗌 Canada                   | Mexico         | )                        |              |  |
|                            |  | United States    | Date departed United State     | es  | Date entered United States | Date de        | parted Unite             | d States     |  |
|                            | mm/o   | dd/yy            | mm/dd/yy                       |   | mm/dd/yy                   |                | mm/dd/yy                 |              |  |
|                            |  |                  |                                |   |                            |                |                          |              |  |
|                            |  |                  |                                |   |                            |                |                          |              |  |
|                            |  |                  |                                |   |                            |                |                          |              |  |
|                            |  |                  |                                |   |                            |                |                          |              |  |
| Н                          |  |                  | vacation, nonworkdays, and     |   |                            |                | :                        |              |  |
|                            |  |                  | , 2022                         |   |                            |                | $\nabla$                 |              |  |
| I                          | Did you file a U   | .S. Income tax   | return for any prior year? .   |   | · · · · · · · · ·          |                | 🗙 Yes                    | ∐ No         |  |
|                            | Are you filing a   | return for a tru | nd form number you filed:      |   | U4UNR                      |                | · Yes                    | 🔀 No         |  |
| J                          |  |                  | U.S. or foreign owner unde     |   |                            |                |                          |              |  |
|                            |  |                  | ribution from a U.S. person'   |   |                            |                |                          | No           |  |
| к                          | -  |                  | sation of \$250,000 or more of |   |                            |                |                          |              |  |
| N                          | -  |                  | ative method to determine t    |   |                            |                |                          | ⊡ No         |  |
| L                          |  |                  | f you are claiming exemption   |   |                            |                |                          |              |  |
| -                          |  |                  | . See Pub. 901 for more inf    |   |                            | an troaty in   | an a renergi             | , occurring, |  |
| 1.                         | Enter the name   | of the country,  | the applicable tax treaty arti | icle, the number of r                       | months in prior years you  | claimed the    | treaty benefi            | it, and the  |  |
|                            |  |                  | ne columns below. Attach Fo    |   |                            |                |                          |              |  |
|                            |  | (a) Cou          | Intry                          | (b) Tax treaty articl                       | e (c) Number of months     | s (d) A        | mount of exe             | empt         |  |
|                            |  |                  |                                |   | claimed in prior tax yea   | incom          | e in current ta          | ax year      |  |
|                            |  |                  |                                |   |                            |                |                          |              |  |
|                            |  |                  |                                |   |                            |                |                          |              |  |
|                            |  |                  |                                |   |                            |                |                          | _            |  |
|                            |  |                  |                                |   |                            |                |                          |              |  |
|                            |  |                  |                                |   |                            |                |                          |              |  |
|                            |  |                  |                                |   |                            |                |                          |              |  |
|                            |  |                  | n Form 1040-NR, line 1k. D     | -   |                            |                |                          |              |  |
|                            |  |                  | preign country on any of the   |   |                            |                |                          | □ No         |  |
| 3.                         | -  |                  | ts pursuant to a Competent     | -   |                            |                | Yes                      | 🗙 No         |  |
|                            | If "Yes," attach   | a copy of the (  | Competent Authority determ     | nination letter to vol                      | ur return.                 |                |                          |              |  |

M Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 03/07/24 PRO Schedule OI (Form 1040-NR) 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 Your social security number

Internal Revenue Service Name(s) shown on return

Department of the Treasury

RAVI TEJA YADLAPALLI

786-46-1714

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)

| See instructions for how to figure the amounts to enter on the lines below.  |   | <b>(d)</b><br>Proceeds<br>(sales price) | (e)<br>Cost       | <b>(g)</b><br>Adjustment<br>to gain or loss |   | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|--|---|---|-------------------|---|---|--|
| This form may be easier to complete if you round off cents to whole dollars. |   |   | (or other basis)  | Form(s) 8949, Part I,<br>line 2, column (g) |   | combine the result<br>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  | 448.                                    | 448.              |   |   | 0.   |
| 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 |   | 4 |  |
| 5  | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |   |                   |   | 5 |  |
| 6  | S Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b><br>Worksheet in the instructions   |   |                   |   | 6 | ( )  |
| 7  | 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back  |   |                   |   | 7 | 0.   |

### 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 lines below.<br>This form may be easier to complete if you round off cents to |  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II, |       | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result |
|--|--|---|--|--|-------|--|
| who  | e dollars.   |   |  | line 2, colum  | n (g) | 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   |   |  |  |       |  |
| 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   | 1 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824   |   |  |  | 11    |  |
| 12   | 2 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1   |   |  |  |       |  |
| 13   | 3 Capital gain distributions. See the instructions   |   |  |  |       |  |
| 14   | 4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b><br><b>Worksheet</b> in the instructions   |   |  |  | 14    | ( )  |
| 15   | 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back   |   |  |  |       |  |

| Part | III Summary  |                             |
|------|--|-----------------------------|
| 16   | Combine lines 7 and 15 and enter the result  | <b>16</b> 0.                |
|      | • 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:  |                             |
|      | <ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>   | 21 ( 0.)                    |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.   |                             |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  |                             |
|      | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.   |                             |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |                             |
|      | 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.

| Name(s) shown on return | Social security number or taxpayer identification number |  |  |  |  |
|-------------------------|--|--|--|--|--|
| RAVI TEJA YADLAPALLI    | 786-46-1714  |  |  |  |  |

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

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

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

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

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

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

(C) Short-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property   | <b>(b)</b><br>Date acquired | Date sold or Proceeds |                                     | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                       | (h)<br>Gain or (loss)<br>Subtract column (e)                  |
|--|-----------------------------|-----------------------|-------------------------------------|--|---|---------------------------------------|---|
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)             |                       | (sales price)<br>(see instructions) | and see <i>Column (e)</i><br>in the separate<br>instructions.  | <b>(f)</b><br>Code(s) from<br>instructions  | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g). |
| FIDELITY BROKERAGE SERVICES LLC  | 01/01/23                    | 12/31/23              | 448.                                | 448.   |   |                                       | 0.  |
|  |                             |                       |                                     |  |   |                                       |   |
|  |                             |                       |                                     |  |   |                                       |   |
|  |                             |                       |                                     |  |   |                                       |   |
|  |                             |                       |                                     |  |   |                                       |   |
|  |                             |                       |                                     |  |   |                                       |   |
|  |                             |                       |                                     |  |   |                                       |   |
|  |                             |                       |                                     |  |   |                                       |   |
|  |                             |                       |                                     |  |   |                                       |   |
|  |                             |                       |                                     |  |   |                                       |   |
|  |                             |                       |                                     |  |   |                                       |   |
| 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 1b (if Box A above is checked), line 2 (if Box B |                             |                       |                                     |  |   |                                       |   |
| above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) .   |                             |                       | 448.                                | 448.   |   |                                       | Ο.  |

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.

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