Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaye	er's name	Social security nu	nber
ASH	ISH ANIL TAYSHETE	846-84-05	03
Spouse	's name	Spouse's social se	curity number
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	er 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	138,353.
2	Total tax	2	22,480.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	24,194.
4	Amount you want refunded to you	4	1,714.
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

X	I authorize	GLOBAL '	TAXES	ERO firm name	to enter or generate my PIN	E
$\mathbf{\nabla}$	مرابع والجريح			TTO	to optow ow exercise your DIN	14

4	0	5	0	3	00 mV
Ent dor	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

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	► Da	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III Certific	ication and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	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 >		Date 🕨	
ERO Must Retain Th Don't Submit This Form to t			
For Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
ASHISH A	ANIL		ТАҮ	SHETE						846	84	0503
		s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
246 PARC	C PL	ACE DRIVE										ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
MILPITAS	5					CA	7	950	35			not change
Foreign country	y name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code	your tax	_	_
											∐ Yo	ou Spouse
Filing Status	s 🗵	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hao	d income)								
one box.		Married filing separately (MFS)							• •	. ,		
		you checked the MFS box, enter the			pouse. If you	i che	ecked the HOF	l or QS	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir dep	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); or	(b) sell,		
Assets		hange, or otherwise dispose of a digi		-	nancial intere	əst ir	n a digital asse	et)? (Se	e instructio	ns.)	Y	es 🛛 No
Standard	Som	leone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status a	alien	1					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befc	re January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4	Check the b	ox if quali	fies for	(see instructions):
If more		(1) First name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s											
here 🗌]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	tions)					. 1a		143,167.
Attach Form(s)	b	Household employee wages not re	•							. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a								. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)	• •		. 1d		
1099-R if tax	е	Taxable dependent care benefits f						• •		. <u>1</u> e		
was withheld.	f	Employer-provided adoption bene						• •		. <u>1</u> f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. <u>1</u> g		0
W-2, see	h	Other earned income (see instruction	,	· · ·		• •		· ·		. 1h	1	0.
instructions.	i _	Nontaxable combat pay election (s	see ins	structions)		• •	1 i			- 1-		143,167.
Attach Col- D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·		axable interest	· ·		. 1z . 2b		± 10,107.
Attach Sch. B if required.	2a 3a	· · -	2a 3a				Ordinary divide		• • •	. 20 . 3b		
	 4a		4a				axable amoun			. 4b		
Standard	5a		5a				axable amoun			. 5b		
 Deduction for — Single or 	6a		6a				axable amoun			. 6b		
Married filing	С	If you elect to use the lump-sum e		n method.					[
separately, \$13,850	7	Capital gain or (loss). Attach Sched				•	,		[7		8,899.
 Married filing jointly or 	8	Additional income from Schedule		•	•					. 8		-13,713.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		138,353.
\$27,700	10	Adjustments to income from Sche								. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne				. 11		138,353.
\$20,800 • If you checked	12	Standard deduction or itemized	deduo	ctions (fro	m Schedule	A)				. 12		13,850.
any box under	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our t	taxable incom	ie .		. 15		124,503.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 🗌 881	4 2 4972	3 🗌	[16	22,480.
Credits	17	Amount from Schedule 2, line 3					[17	
	18	Add lines 16 and 17						18	22,480.
	19	Child tax credit or credit for othe	er dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18. If a	zero or less,	enter -0			[22	22,480.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is you	ir total tax					24	22,480.
Payments	25	Federal income tax withheld fro	m:						
-	а	Form(s) W-2				25a 24	,194.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	24,194.
If you have a	26	2023 estimated tax payments a	nd amount a	pplied from 20	22 return		[26	
qualifying child,	27	Earned income credit (EIC) .			No	27			
attach Sch. EIC.	28	Additional child tax credit from S	chedule 8812			28			
	29	American opportunity credit from	m Form 8863	8, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1	5			31			
	32	Add lines 27, 28, 29, and 31. Th	lese are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. Thes	e are your to	tal payments			[33	24,194.
Refund	34	If line 33 is more than line 24, su	ubtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,714.
	35a	Amount of line 34 you want refu	unded to you	I. If Form 8888	is attached, che	ck here	. 🗆 🗍	35a	1,714.
Direct deposit?	b	Routing number 1 1 1 0	0 0 6	1 4	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 8 6 8 6	9 0 0	2 0					
	36	Amount of line 34 you want app	lied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24. Th	nis is the amo	ount you owe.					
You Owe		For details on how to pay, go to	www.irs.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see instr	uctions) .			38			
Third Party	Do	you want to allow another pe	erson to disc	cuss this retur	n with the IRS?	' See			
Designee	ins	structions				🗌 Yes. Co	omplete be	low.	🗙 No
		signee's		Phone			onal identific	ation	
<u></u>	na	der penalties of perjury, I declare that I	have exemined	no.			per (PIN)	boot c	
Sign		ief, they are true, correct, and complet							, ,
Here	Yo	ur signature		Date	Your occupation		If the IF	3S sen	t you an Identity
	10			Duic					N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see in:	st.)	
See instructions.	Sp	ouse's signature. If a joint return, both	ı must sign.	Date	Spouse's occupat	tion			t your spouse an
Keep a copy for your records.							Identity (see ins		ction PIN, enter it here
,		(460)054 4005		F 11 11			,		
		one no. (469)954-4027	eparer's signat	Email address	ASHISH.TAYS	HETE@GMAIL.CO			Check if:
Paid									
Preparer		M PRIYA RAM SAGAR GUPTA SY		a ram SAG	AR GUPTA	04/05/2024	P020827		Self-employed
Use Only		m's name GLOBAL TAXES			- 00016		Phone		678)965-9522
		m's address 245 ROONEY		NSWICK N			Firm's	EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the latest in	ntormation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
ASHISH ANIL TA	YSHETE	846-84	-0503

Par	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	-13,713.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
с	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	<u>8s (</u>)	
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	here and on Form		10 010
	1040, 1040-SR, or 1040-NR, line 8	<u>· · · · · · · · · · · · · · · · · · · </u>	10	-13,713.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s 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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

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

ASHISH ANIL TAYSHETE

Your social security number 846-84-0503

846-

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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column (om 1 art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term gain from Form 6252 and short-term gain or (lo	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 Worksheet in the instructions		-	-	6 ()
7 Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	

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. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	ceeds Cost		its from Part II, n (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	28,062.	19,163.			8,899.	
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.						
11	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	12					
13	Capital gain distributions. See the instructions	13					
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	14	()			
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back						8,899.	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 8,899.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	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

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ASHISH ANIL TAYSHETE

Social security number or taxpayer identification number 846 - 84 - 0503

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)) disposed of (sales price) ar		and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
E-TRADE MORGAN STANLEY	01/01/22	12/31/23	28,062.	19,163.			8,899.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	28,062.	19,163.			8,899.		

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.

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

)	20 23
	Attachment Sequence No. 13

Name(s) shown on return		-						Your soci	al security	number
ASHI	ISH ANIL TAYSH	IETE]						846-8	4-0503	
Par			s From Rental Real Estate an								
	Note: If you are rental income of	e in tl or los	he business of renting personal proper s from Form 4835 on page 2, line 40.	rty, use	e Schedule	C. See	e instru	ctions. If you	are an indiv	vidual, rep	ort farm
Α			ents in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s 🕅 No
			ou file required Form(s) 1099?								
1a	Physical address	of ea	ach property (street, city, state, ZI	P code	e)						
Α	MHADA COLONY	,CH	ANDIVALI MUMBAI IN 4000	072							
В											
С							1				
1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and Fair Rental Days Days QJV								QJV
Α	3		personal use days. Check the Q	JV bo	x only	Α		365			
В			if you meet the requirements to f			В				0	
С			qualified joint venture. See instru	lctions	S	С					
Туре	of Property:				1		I		I		
	Single Family Resid	lence	e 3 Vacation/Short-Term Ren	ital	5 Land		7	Self-Rental			
	Multi-Family Reside		4 Commercial		6 Roya	lties	8	Other (desc	cribe)		
					-						
1						•		Propert	lies:		С
Incon 3				3		A 6	12.	D			0
3 4				4		0	12.				
Expe				4							
5				5							
6	•		structions)	6							
7				7		1 6	27.				
8	•			8		1,0	27.				
9				9							
10			sional fees	10							
11				11		1.0	28.				
12			to banks, etc. (see instructions)	12		± / 0	201				
13				13							
14				14		2,0	17.				
15	•			15			19.				
16				16		-					
17	Utilities			17		2,9	78.				
18	Depreciation expe	nse o	or depletion	18		4,3					
19	Other (list)			19							
20			nes 5 through 19	20		14,3	25.				
21	Subtract line 20 fro	om li	ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
	file Form 6198 .			21		-13,7	13.				
22			estate loss after limitation, if any, tructions)	22	(1	13,71	13.)	()	()
23a	Total of all amount	ts rep	ported on line 3 for all rental prope	erties			23a		612.		
b			ported on line 4 for all royalty prop				23b				
С			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d		4,356.		
е			ported on line 20 for all properties				23e	1	4,325.		
24			amounts shown on line 21. Do not						. 24		
25			ses from line 21 and rental real estate							(13,713.)
26			t e and royalty income or (loss). I IV, and line 40 on page 2 do no								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 NPA For Paperwork Reduction Act Notice, see the separate instructions.

-13,713.