(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	1.07.01.00				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
SAWA	ANTH PRASAD ESWARAPRASAD	847-40	-121	9	
Spouse's		Spouse's so			•
Dort	Toy Deturn Information Toy Veer Ending December 21 2002 (Enter	, voor vou	ro ou	thorizina	\
Part	, ,	year you a	ire au	tnorizing.	)
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1	1 220	,832.
1 2	Adjusted gross income		2		<u>,032.</u> ,283.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
4	Amount you want refunded to you		4		,234.
5	Amount you owe		5		<u>,951.</u>
Part				our retu	rn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
return ( to send for any Agent to paymer authorize paymer business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the paint of the payment (PIN) below is my signature for the income tax return (original or amended) I as a formation of the Withdray of Consent.	itter, or electrection of the testion of the test. Treasury a cated in the testion of the authorization of the authorization of the processing of the authority of the authority and the processing of the authority of the authority and the authority of the author	onic refransmisted ax preparties at least one of the element of the element of the element of the element of the acceptance of the element of	turn origina ssion, (b) the designated paration soft to this according for revoke (ved no late ectronic packnowledge	tor (ERO) ne reason Financial itware for bunt. This cancel) a er than 2 syment of that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only				
X		DIN 0	1 2	2   1   9	00 1001
_	ERO firm name	ř En		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	ac	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Your s	ignature ▶ Date ▶ _				
Spous	e's PIN: check one box only				
Opous	I authorize to enter or generate	my DIN			00 mv
	ERO firm name		ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2 7	1
		Don't en	er all ze	eros	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	itting this ret	urn in a	accordance	
FRO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	Do So			

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		ırn  20	23	OMB No. 1545-	0074	IRS Use (	Only—[	Oo not w	rite or sta	ple in this spa	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023	3, ending		, 2	20	S	ee sep	oarate i	nstruction	s.
Your first name	and m	iddle initial	Last nar	ne					Y	our so	cial sec	urity numb	er
SAWANTH	PRA	SAD	ESWA	RAPRASAD						847	40	1219	
		s first name and middle initial	Last nar	ne							•	security nu	mber
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ins.			Apt	. no.	P	reside	ntial Ele	ction Cam	paign
_1215 DEX	XTER	AVE N					72	3				ou, or your	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP cod	е		•	٠,	ointly, wan ıd. Checkir	
SEATTLE					WZ	A .	9810	9		•		not change	•
Foreign countr	y name		F	oreign province/s	tate/coun	ty	Foreign	postal co	ode y	our tax	or refui	_	ouse
Filing Status	s 🗵	Single				☐ Head of ho	usehol	HOH) b	)				
Check only	L	Married filing jointly (even if only o	ne had ir	ncome)									
one box.		Married filing separately (MFS)				☐ Qualifying		· .	,	,			
		you checked the MFS box, enter the			f you che	ecked the HOH	or QSS	box, e	nter t	he chi	ld's nar	ne if the	
	qu	lalifying person is a child but not you	ır depen	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward, award	d, or payr	ment for proper	ty or se	rvices);	or (b	) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset	(or a financial i	nterest in	n a digital asset	)? (See	instruc	tions	.)	☐ Ye	s 🗵 No	)
Standard	Som	neone can claim: 🗌 You as a de	pendent	☐ Your sp	ouse as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-sta	atus alien	1							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was borr	n before	Janua	ry 2,	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) Social sec	(2) Social security (3) Relationship (4) Chec		Check th	e box	if qualit	fies for (s	see instruct	ions):	
If more		(1) First name Last name		number		to you		Child ta	x crec	lit	Credit for	r other deper	ndents
than four													
dependents, see instruction	c —												
and check	- —												
here													
Income	1a	Total amount from Form(s) W-2, b	`	,						1a		247,44	6.
Attach Form(s)	b	Household employee wages not re	•	. ,						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
1099-R if tax	е		able dependent care benefits from Form 2441, line 26						1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line	e 29 .					1f			
If 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 instri	uctions)		<u>1i</u>						047 44	1.0
	<u>z</u>	Add lines 1a through 1h			· · ·					1z	_	247,44	. 0
Attach Sch. B if required.	2a	· –	2a	5. <i>6</i>	+	axable interest				2b			
roquireu.	3a_		3a	56.	-	Ordinary dividen				3b		6	55.
Standard	4a	<del>-</del>	4a		-	axable amount				4b			
Deduction for—	5a	_	5a		7	axable amount				5b			
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a	nothod alasal li	_	axable amount			· .	6b	-		
separately, \$13,850	C	If you elect to use the lump-sum e		·	,	,			.	-		0.7	33.
Married filing	7	Capital gain or (loss). Attach Sche							. ⊔	7	+		
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	•							8		-18,51	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9		229,83	)∠ •
Head of	10	Adjustments to income from Sche								10		220 02	2
household, \$20,800	11	Subtract line 10 from line 9. This is								11	+	229,83	
If you checked	12	Standard deduction or itemized				 NE A				12		13,85	
any box under Standard	13	Qualified business income deduct								13		12 05	0.
Deduction, see instructions.	14	Add lines 12 and 13								14		13,85	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	47,797.
Payments  If you have a qualifying child, attach Sch. EIC.  Refund  Direct deposit? See instructions.  Amount You Owe  Third Party Designee  Sign Here  Joint return? See instructions. Keep a copy for your records.	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	47,797.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	47,797.
	23	Other taxes, including self-e						23	486.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	48,283.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				<b>25a</b> 50	747.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c	487.		
	d	Add lines 25a through 25c						25d	51,234.
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)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	51,234.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	2,951.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	2,951.
	b	Routing number 3 2 5			<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 9 9 0	3 7 3 4	5 5					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	=	-		38		07	
Third Party		you want to allow another							
		•	•				omplete	below.	<b>⋉</b> No
- · · · ·	De	signee's		Phone		onal iden	tification		
		name no. number (PIN)							
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com							
Here			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · ·	. , ,				nt you an Identity
	YO	ur signature		Date	Your occupation				IN, enter it here
Joint return?					SOFTWARE E	NGINEER		e inst.)	,
		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on			nt your spouse an
		-						ntity Prote inst.)	ection PIN, enter it here
	Ph	one no. (607) 262-901	3	Email address	SAWANTHPRASA	D.US@GMAIL.C	MC		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/10/2024	P0208	32703	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC			Pho	one no.	(678) 965-9522	
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firr	n's EIN	84-3171965

## SCHEDULE 1 (Form 1040)

### Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SAWANTH PRASAD ESWARAPRASAD

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
847-40	-1219

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C	3		
4	Other gains or (losses). Attach Form 4797	4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-18,512.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	4	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	4	
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	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	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter		9	
10	1040, 1040-SR, or 1040-NR, line 8	Hele alla Uli FUIII	10	-18 <b>,</b> 512.
	10.0, 10.0 011, 01.10.10.1111, 1111.00		10	1 ,

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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)	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		-	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
_	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
_	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	<b>24</b> j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA ENO	uu	

## SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

#### **Additional Taxes**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

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

Your social security number

C2 1 V V 2	TAVIII I I I I I I I I I I I I I I I I I	10 121	L J
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t    Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	486.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinue	ed on page 2)

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

### Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
ı	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b>	es. Enter here and	0.4	
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	486.

#### SCHEDULE D (Form 1040)

#### **Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment

Department of the Treasury Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 847-40-1219 SAWANTH PRASAD ESWARAPRASAD Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked . . . . . . . . . . . . . . . . 14. 96. 82. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 14. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 23,788. 24,607. 819. Totals for all transactions reported on Form(s) 8949 with **Box E** checked . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 

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

819.

12

13

14

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 833. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### 8949

#### Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

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

Name(s) shown on return 847-40-1219 SAWANTH PRASAD ESWARAPRASAD 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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate combine the result (g) Code(s) from Amount of adjustment instructions. with column (a). instructions 01/01/23 12/31/23 96. 82. 14.

Robinhood Securities LLC 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 96. 82. above is checked), or line 3 (if Box C above is checked) . 14.

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAWANTH PRASAD ESWARAPRASAD

Social security number or taxpayer identification number 847-40-1219

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

#### Part II

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

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

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

<ul> <li>☑ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>☐ (F) Long-term transactions not reported to you on Form 1099-B</li> </ul>													
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	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.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).						
Robinhood Securities LLC	01/01/22	12/31/23	24,607.	23,788.			819.						
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above	al here and inc	lude on your											

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

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

24,607.

23,788.

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

#### **Supplemental Income and Loss**

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

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

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

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

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

_	NTH PRASAD ESWARAPRASAD							847-40-1219					
Part													
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you ar	re an ind	dividual, rep	ort farm				
<b>A</b> [	Did you make any payments in 2023 that would require you	to file	Form(s) 1	naa2 S	Saa ing	etructions			e X No				
	f "Yes," did you or will you file required Form(s) 1099?												
					• •				<u> </u>				
1a													
Α	JCR EXTENSION, 1ST CROSS CHITRADURGA F	KARNA	ATAKA	IN 5	7750	1							
В													
С						Г			T				
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental		onal Use	QJV				
	(from list below) above, report the number of fair personal use days. Check the Q			_		Days	L	ays					
A	personal use days. Check the Quite if you meet the requirements to f			A		365		0		_			
B	qualified joint venture. See instru			B C						_			
	of Dyonoviky			C									
	of Property: Single Family Residence 3 Vacation/Short-Term Ren	tal.	5 Land	ı	7	Self-Rental							
	Multi-Family Residence 4 Commercial	lai	6 Roya				ibo)						
	Width-Lamily Nesidence 4 Commercial		O HOya	111103	0	Other (descri							
						Propertie	es:						
Incon				Α		В			С				
3	Rents received	3		6	24.								
4	Royalties received	4											
Exper		_											
5	Advertising	5											
6	Auto and travel (see instructions)	6		1 0	7.5					_			
7	Cleaning and maintenance	7		⊥,8	75.					_			
8	Commissions	8											
9 10	Insurance	10								_			
11	Management fees	11		1 6	32.								
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,0	32.								
13	Other interest	13											
14	Repairs	14		3.9	74.					_			
15	Supplies	15			24.								
16	Taxes	16		- ,									
17	Utilities	17		4,3	29.					_			
18	Depreciation expense or depletion	18			02.								
19	Other (list)	19											
20	Total expenses. Add lines 5 through 19	20		19,1	36.								
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 <b>Form 6198</b>	21	-	<b>-</b> 18,5	12.								
22	Deductible rental real estate loss after limitation, if any,					_							
	on Form 8582 (see instructions)	22	(	18,51		(		)(		)			
23a	Total of all amounts reported on line 3 for all rental prope				23a		624.						
b	Total of all amounts reported on line 4 for all royalty prop				23b								
C	Total of all amounts reported on line 12 for all properties				23c	А	202						
d	Total of all amounts reported on line 18 for all properties				23d		,202.						
e	Total of all amounts reported on line 20 for all properties		المعادية		23e	19	,136.	_					
24 25	Income. Add positive amounts shown on line 21. <b>Do not</b> Losses. Add royalty losses from line 21 and rental real estate		•		 ntorto	tal lacess bere	. 24 25		10 510				
								' (	18,512.				
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no												
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						. 26		-18.512				

Department of the Treasury Internal Revenue Service

#### **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

2023 Attachment Sequence No. 71

OMB No. 1545-0074

Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return Your social security number 847-40-1219 SAWANTH PRASAD ESWARAPRASAD Part I Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . . . . . . 1 254,030. 2 2 3 3 4 4 254,030. 5 Enter the following amount for your filing status: Married filing separately . . . . . . . . . . . . . . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 200,000. 6 6 54,030. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 486. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 15 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS 18 486. Withholding Reconciliation Part V Medicare tax withheld from Form W-2, box 6. If you have more than one Form 19 W-2, enter the total of the amounts from box 6 . . . . . . . . . . . . . . . . . 4,170. 20 20 254,030. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 487. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers.

BAA

24

487.

#### Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023
Attachment
Sequence No. 72

Your social security number or EIN

OMB No. 1545-2227

SAWANTH PRASAD ESWARAPRASAD 847-40-1219 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 65. 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -18,512. Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) . . . . . . . . . . . . . . . 4b -18,512. 4c Net gain or loss from disposition of property (see instructions) . . . . . 5a 5a 833. Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 833. 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) . . . . . . . . Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. . . . . 8 -17,614. Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) . . . . . . 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 . . . . . . . . . . . . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) . . . . . . . . . . . 13 229,832. 14 200,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . . . . . 15 29,832. 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b Subtract line 19b from line 19a. If zero or less, enter -0- . . . . . . . 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

BAA

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number SAWANTH PRASAD ESWARAPRASAD Sch E JCR EXTENSION, 1ST CROSS 847-40-1219 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. Total cost of section 179 property placed in service (see instructions) . . . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. SIL g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 120,587. 4,202 27.5 yrs. S/L property MM 39 yrs. ММ S/L i Nonresidential real S/L property MM Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L **b** 12-year 30 yrs. ММ S/L c 30-year ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 4,202. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.