(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

Submission Identification Number (SID)		
Taxpayer's name	Social securi	ity number
HARISH BABU NAGALLA	741-32	-7998
Spouse's name		cial security number
SAI SRUJANA PALADUGU	396-47	7-7564
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter year you a	are authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 188,17
2 Total tax		2 25,905
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 24,873
4 Amount you want refunded to you		4
5 Amount you owe		5 1,032
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or a		
for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amer Electronic Funds Withdrawal Consent.	count indicated in the tall institution to debit the terminate the authorization requests must be do in the processing of to the payment. I fur	tax preparation software e entry to this account. To revoke (cance received no later that the electronic paymenther acknowledge that
Taxpayer's PIN: check one box only	2	
▼ I authorize GLOBAL TAXES LLC to enter or get ERO firm name		as i
signature on the income tax return (original or amended) I am now authorizing.	ao	on't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner Pl below.		
Your signature ▶ D	ate▶	
Spouse's PIN: check one box only		
	enerate my PIN 7	7 5 6 4 asr
ERO firm name	_	nter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	do	on't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner Pi below.		
Spouse's signature ▶ D	ate ▶	
Practitioner PIN Method Returns Only—continue		
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 0 8 2 7 1 ter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provi	am submitting this retu	urn in accordance with

Don't Submit This Form to the IRS Unless Requested To Do So REV 03/07/24 PRO

Date ▶

ERO's signature ▶

ERO Must Retain This Form — See Instructions

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

20**23** OMB No. 1545-0074

						01112 1101 1010		J, DO		to or otapio iii tino opaco.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	Se	e sepa	arate instructions.
Your first name	and m	iddle initial	Last na	ame				Yo	ur soc	ial security number
HARISH H	BABU		NAGA	ALLA				7	41	32 7998
If joint return, s	pouse's	s first name and middle initial	Last na	ame				Sp	ouse's	social security number
SAI SRU	JANA		PALA	ADUGU				3	96	47 7564
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	Pre	sident	tial Election Campaign
18833 VI										ere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete spaces below. State ZIP			ZIP code			f filing jointly, want \$3 this fund. Checking a	
EDMOND					OK		73012			w will not change
Foreign country name Foreign province/state/county Foreign postal code you						ode yo	ur tax (or refund.		
						_				You Spouse
Filing Status		Single				Head of h	ousehold (HOF	ł)		
Check only	×	Married filing jointly (even if only or	ne had	income)	ı					
one box.	L	Married filing separately (MFS)					surviving spou			
		you checked the MFS box, enter the			u che	cked the HOF	l or QSS box, e	enter th	e child	d's name if the
	qu	alifying person is a child but not you	ır aepei	naent:						
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	paym	ent for prope	rty or services)	; or (b)	sell,	
Assets	exch	nange, or otherwise dispose of a dig	ital asse	et (or a financial intere	est in	a digital asse	et)? (See instruc	ctions.)		☐ Yes ☒ No
Standard	Som	neone can claim: 🗌 You as a de	pender	t Your spouse	e as a	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	☐ Was bor	n before Janua	arv 2. 19	959	s blind
Dependent		<u> </u>		(2) Social security	Т	(3) Relationsh	(4) Chook th			es for (see instructions):
If more		irst name Last name		number	'	to you		ax credit	. c	Credit for other dependents
than four									\neg	
dependents,									\neg	
see instruction and check	s									
here]									
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions)					1a	238,089.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2					1b	
W-2 here. Also	С	Tip income not reported on line 1a	Tip income not reported on line 1a (see instructions)						1c	
attach Forms	d	Medicaid waiver payments not rep	orted c	on Form(s) W-2 (see in	nstru	ctions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from Fo	rm 2441, line 26					1e	
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29					1f	
If you did not	g	Wages from Form 8919, line 6 .							1g	
get a Form W-2, see	h	Other earned income (see instruction	ions)						1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>				
	z	Add lines 1a through 1h	. ;						1z	238,089.
Attach Sch. B if required.	2a	'	2a	4.50		axable interest			2b	247.
ii required.	3a_		3a	158.		rdinary divide			3b	158.
Standard	4a	<u> </u>	4a			axable amoun			4b	
Deduction for—	5a		5a			axable amoun			5b	
Single or Married filing	6a	,	6a			axable amoun	t		6b	
separately, \$13,850	C _C	If you elect to use the lump-sum e			•	,		. 📙	_	2 000
Married filing	7	Capital gain or (loss). Attach Sche						. Ц	7	-3,000.
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7							8	-47,323. 188,171.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		=					9	100,1/1.
Head of	10	Adjustments to income from Sche							10	100 171
household, \$20,800	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	-	-					11	188,171.
If you checked any box under	13	Qualified business income deducti				 5-Δ			13	27,700.
Standard	14	Add lines 12 and 13	ion itoli	11 01111 0990 01 F01111	1 0336	<i>γ-r</i> 1			14	27,702.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	on les	s enter-0- This is v	 Our t :	axable incom	 ne		15	160,469.
	. •		2 21 100	, , , , , , , , , , , , , , , , , , ,	- u					

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 \square 881	4 2 🗌 4972	3 🗌		16	25 , 907.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	25 , 907.
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	2.
	21	Add lines 19 and 20					21	2.
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	25 , 905.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	25,905.
Payments	25	Federal income tax withheld from:		,				
	а	Form(s) W-2			25a 24,	873.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	24,873.
you have a	26	2023 estimated tax payments and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27			
	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863	8, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	syments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments				33	24,873.
Refund	34	If line 33 is more than line 24, subtract line 24	4 from line 33.	This is the amoun	t you overpaid		34	
	35a	Amount of line 34 you want refunded to you		is attached, chec	k here		35a	
Direct deposit?	b	Routing number X X X X X X X X			Checking Sa	vings		
See instructions.	d	Account number X X X X X X X X	X X X X	X X X X X	XX			
	36	Amount of line 34 you want applied to your	2024 estimate	d tax	36			
Amount	37	Subtract line 33 from line 24. This is the amo	ount you owe.					
You Owe		For details on how to pay, go to www.irs.gov	//Payments or	see instructions .			37	1,032.
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to disc						
Designee		structions						⋉ No
	De na	signee's me	Phone no.		Persona number	al identifi (PIN)	cation	
Cian		der penalties of perjury, I declare that I have examined		accompanying sched		,	ne hest d	of my knowledge and
Sign		lief, they are true, correct, and complete. Declaration of						,
Here	Yο	ur signature	Date	Your occupation		If the	IRS ser	nt you an Identity
	.0	a. o.g. a.d. o		. 50. 000000001		Prote	ction PI	N, enter it here
Joint return?				DATA ENGIN	EER	(see i	nst.)	

HARISH23.NAGALLA@GMAIL.COM Phone no. (201) 885-8874 Email address Preparer's name Preparer's signature Date PTIN **Paid** SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/12/2024 P02082703 **Preparer** GLOBAL TAXES LLC Firm's name **Use Only** 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN Firm's address

Date

If the IRS sent your spouse an Identity Protection PIN, enter it here

Check if:

Phone no. (678) 965-9522

Self-employed

(see inst.)

Spouse's signature. If a joint return, both must sign.

See instructions.

Keep a copy for your records.

Spouse's occupation

SOFTWARE DEVELOPER

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

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

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

Attachment Sequence No. 01 Your social security number

HARI	SH BABU NAGALLA & SAI SRUJANA PALADUGU		/41-3	32-19	98
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	-47,323.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	еΕ .	5	
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			
- 1	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		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 (,		
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:				
_	Title to the second sec	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and o	n Form		

10

-47,323.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	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	t t	22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	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 here are			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

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 Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number HARISH BABU NAGALLA & SAI SRUJANA PALADUGU 741-32-7998

Par	Nonrefundable Credits	,		
1			1	2.
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32	,	5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 1040-NR, line 20		8	2.

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld	11		
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	n 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 104 line 31		15	

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Go to www.irs.gov/ScheduleC for instructions and the latest information. Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. 09

Name of proprietor Social security number (SSN) HARISH BABU NAGALLA 741-32-7998 Principal business or profession, including product or service (see instructions) Α B Enter code from instructions SOFTWARE SERVICES 5 1 9 2 0 С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) Business address (including suite or room no.) 18833 VEA DR Ε EDMOND, OK 73012 City, town or post office, state, and ZIP code (3) Other (specify) F Accounting method: (1) X Cash (2) Accrual Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . 🗵 Yes G н X No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) . . 4 5 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 6 Gross income. Add lines 5 and 6 7 **Expenses.** Enter expenses for business use of your home **only** on line 30. Part II 18 8 Advertising Office expense (see instructions) . Pension and profit-sharing plans . 19 19 9 Car and truck expenses (see instructions) . . . 9 10,821. 20 Rent or lease (see instructions): 10 10 Commissions and fees . а Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 b Other business property . . 20b 12 Depletion 12 21 Repairs and maintenance . 21 13 Depreciation and section 179 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 4,717. included in Part III) (see 24 13 Travel and meals: instructions) а Travel 24a 3,600. 14 Employee benefit programs 3,000. (other than on line 19) 14 b Deductible meals (see instructions) 24b 3,780. 15 25 25 15 Insurance (other than health) Utilities 16 Interest (see instructions): 26 Wages (less employment credits) 26 14,095. Mortgage (paid to banks, etc.) 16a 7,310. Other expenses (from line 48) . . 27a а b Other 16b Energy efficient commercial bldgs 17 Legal and professional services 17 deduction (attach Form 7205). 27b 47,323. 28 Total expenses before expenses for business use of home. Add lines 8 through 27b 28 -47,323. 29 29 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 31 -47,323. checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

BAA

Page **2**

Schedule C (Form 1040) 2023

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
	value closing inventory: a Cost b Lower of cost or market c Other (atta		planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	•	. 🗌 Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year) 02/21/2022			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehicle	e for:	
а	Business 16,520 b Commuting (see instructions) c C	Other		5 , 480
45	Was your vehicle available for personal use during off-duty hours?		X Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	⊠ No
47a	Do you have evidence to support your deduction?		Tes	⊠ No
b	If "Yes," is the evidence written?		Tes	☐ No
Part	If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
	CK OFFICE OPERATION EXPENSES			14,095.
				14.005
40	Total other expenses. Enter here and on line 27a	42	1	14 095

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

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.

Name(s) shown on return Your social security number 741-32-7998 HARISH BABU NAGALLA & SAI SRUJANA PALADUGU 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. line 2, column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 2,573. -1,729.152,625. 156,927. Totals for all transactions reported on Form(s) 8949 with Box B checked 499. 545. 46. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 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 -1,683. 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 (g) (h) Gain or (loss) 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 90. 1,938. 4,020. -1,992.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 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

-1,992.

Page 2 Schedule D (Form 1040) 2023

Part III **Summary**

16	Combine lines 7 and 15 and enter the result	16	-3,675.
	• 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? 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 (3,000.
	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.		
	RAA REV 03/07/24 PRO	Sched	dule D (Form 1040) 2023

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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.

Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

741-32-7998

HARISH BABU NAGALLA & SAI SRUJANA PALADUGU

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

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

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

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

	A) Short-term transactions B) Short-term transactions C) Short toward transactions	reported on	Form(s) 1099	9-B showing bas				e)
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 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.)	vr) alsposed of all (sales price) and		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBIN	HOOD SECURITIES LLC	01/01/23	12/31/23	152,625.	156,927.	EW	2,573.	-1,729.
nega Sch	als. Add the amounts in columns ative amounts). Enter each totaledule D, line 1b (if Box A above ve is checked), or line 3 (if Box C	al here and ince is checked), lir	lude on your ne 2 (if Box B	152,625.	156,927.		2,573.	-1,729.

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** F

Social security number or taxpayer identification number 741-32-7998

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•	,		e)
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)		disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	1,938.	4,020.	W	90.	-1,992.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your ne 9 (if Box E	1,938.	4,020.		90.	-1,992.

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.

BAA REV 03/07/24 PRO Form **8949** (2023)

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

HARISH BABU NAGALLA & SAI SRUJANA PALADUGU

741-32-7998

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.

 (A) Short-term transactions (B) Short-term transactions 	reported on	Form(s) 1099	9-B showing bas	•		•	e)
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note 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) from column (d) and
(Example: 100 sh. XYZ Ĉo.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	545.	499.			46.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	545.	499.			46.

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 **8995**

Department of the Treasury Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2023

Attachment
Sequence No. 55

Name(s) shown on return									
HARISH	BABU	NAGALLA	&	SAI	SRUJANA	PALADUGU			

Your taxpayer identification number 741-32-7998

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)	
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3 4	Qualified business net (loss) carryforward from the prior year	3 ()		
5 6	Qualified business income component. Multiply line 4 by 20% (0.20) Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)		5	
0	(see instructions)	6 8.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 8.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	2.
10	Qualified business income deduction before the income limitation. Add lines 5 and	1	10	2.
11	Taxable income before qualified business income deduction (see instructions) Enter your net capital gain, if any, increased by any qualified dividends	11 160,471.	-	
12	(see instructions)	12 158.		
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	32,063.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		45	^
16	the applicable line of your return (see instructions)		15 16	(0.)
16 17	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a		10	(0.)
17	zero, enter -0		17	(0.)

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Itemization Statement

Description	Amount		
ELECTRICITY (\$150P.M*12M)	1,800.		
GAS (\$ 40P.M*12M)	480.		
INTERNET (\$ 80P.M*12M)	960.		
MOBILE (\$ 45P.M*12M)	540.		
Total	3,780.		