

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) ▶

Taxpayer's name RANGASHETTY THOGARANAHALLY SAGUN	Social security number 033-39-2877
Spouse's name ASHWINI GOPALAPURA RAMACHAND	Spouse's social security number 988-98-7145

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	99,419.
2 Total tax	2	8,161.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	11,583.
4 Amount you want refunded to you	4	3,422.
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 perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	2	8	7	7
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 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 GLOBAL TAXES LLC to enter or generate my PIN

8	7	1	4	5
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 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.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial RANGASHETTY Last name THOGARANAHALLY SAGUN Your social security number 033 39 2877

If joint return, spouse's first name and middle initial ASHWINI Last name GOPALAPURA RAMACHAND Spouse's social security number 988 98 7145

Home address (number and street). If you have a P.O. box, see instructions. 1324 RIVERCHASE TRAIL Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BIRMINGHAM State AL ZIP code 35244 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1i and 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 123,776. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 123,776.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest. 2b Taxable interest 36. 3a Qualified dividends 33. 3b Ordinary dividends 39. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here -172. 8 Additional income from Schedule 1, line 10 -24,260. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 99,419. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 99,419. 12 Standard deduction or itemized deductions (from Schedule A) 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 27,700. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 71,719.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800; If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,161.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,161.
	19	Child tax credit or credit for other dependents from Schedule 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 zero or less, enter -0-	22	8,161.
	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	8,161.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	11,583.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	11,583.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, 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 payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	11,583.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,422.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,422.
Direct deposit? See instructions.	b	Routing number 062000019 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 0320546149		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (205) 899-0785	Email address RANGASHETTYTS@GMAIL.COM		

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND

Your social security number

033-39-2877

Part 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. Attach Schedule E		5	-24,260.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) 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 nonqualified 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 1040, 1040-SR, or 1040-NR, line 8		10	-24,260.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	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)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	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		
e	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 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	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
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 and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

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.

Attachment
Sequence No. **12**

Name(s) shown on return

R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND

Your social security number

033-39-2877

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes 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 from Form(s) 8949, Part I, line 2, column (g)	(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	196,983.	218,814.	21,662.	-169.
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -169.

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)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (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	12.	15.		-3.
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 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				15 -3.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-172.
	<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(172.)
	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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

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.

Name(s) shown on return

Social security number or taxpayer identification number

R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND

033-39-2877

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 reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property <small>(Example: 100 sh. XYZ Co.)</small>	(b) Date acquired <small>(Mo., day, yr.)</small>	(c) Date sold or disposed of <small>(Mo., day, yr.)</small>	(d) Proceeds <small>(sales price) (see instructions)</small>	(e) Cost or other basis <small>See the Note below and see Column (e) in the separate instructions.</small>	Adjustment, if any, to gain or loss <small>If you enter an amount in column (g), enter a code in column (f). See the separate instructions.</small>		(h) Gain or (loss) <small>Subtract column (e) from column (d) and combine the result with column (g).</small>
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITES LLC	01/01/23	12/31/22	167,497.	189,082.	W	21,393.	-192.
	ROBINHOOD CRYPTO LLC	01/01/23	12/31/22	23,434.	23,176.			258.
	WEBULL FINANCIAL	01/01/23	12/31/22	6,052.	6,556.	W	269.	-235.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				196,983.	218,814.		21,662.	-169.

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.

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

Social security number or taxpayer identification number

R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND

033-39-2877

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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	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) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITES LLC	01/01/23	12/31/22	12.	15.			-3.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			12.	15.			-3.

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 E
(Form 1040)**

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

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.

Name(s) shown on return

Your social security number

R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND

033-39-2877

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A ALUR TALLUK HASSAN KARNATAKA IN 573213

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 600.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,150.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,320.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 7,520.		
15 Supplies	15 8,520.		
16 Taxes	16		
17 Utilities	17 5,350.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 24,860.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -24,260.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (24,260.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 600.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 24,860.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (24,260.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26 -24,260.		

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
033-39-2877

RANGASHETTY THOGARANAHALLY SAGUN

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,750.
9	Employer contributions made to your HSAs for 2023	9 750.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 750.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 7,000.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a 134.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 134.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 134.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND		Taxpayer identification number 033-39-2877
Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI		Preparer tax identification number P02470833

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FORM 40 Alabama 2023 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2023, or other tax year:

Beginning: ● Ending: ●

Your social security number

● 033-39-2877

● Check if primary is deceased
Primary's deceased date (mm/dd/yyyy) ●

Spouse's SSN if joint return

● 988-98-7145

● Check if spouse is deceased
Spouse's deceased date (mm/dd/yyyy) ●

Your first name

● RANGASHETTY

Initial

●

Last name

● THOGARANAHALLY SAGUN

Spouse's first name

● ASHWINI

Initial

●

Last name

● GOPALAPURA RAMACHAND

Present home address (number and street or P.O. Box number)

● 1324 RIVERCHASE TRAIL

City, town, or post office

● BIRMINGHAM

State

● AL

ZIP code

● 35244

Check if address is outside U.S. ●

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

Filing Status/Exemptions 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ● NRA
2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
	5a	●	5b	●
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)				
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):	3,474	●	123,776	●
6 Interest and dividend income (also attach Schedule B if over \$1,500)		●	75	●
7 Other income (from page 2, Part I, line 8)		●	-24,432	●
8 Total income. Add amounts in the income column for line 5b through line 7		●	99,419	●
9 Total adjustments to income (from page 2, Part II, line 16)		●		●
10 Adjusted gross income. Subtract line 9 from line 8.		●	99,419	●

Deductions

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.

	11	●	12	●	13	●	14	●	15	●
11 Box a or b MUST be checked. Check box a, if you itemize deductions, and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) ● a <input checked="" type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction	9,737	●		●		●		●	20,898	●
12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	8,161	●		●		●		●	78,521	●
13 Personal exemption (from line 1, 2, 3, or 4)	3,000	●		●		●		●	3,848	●
14 Dependent exemption (from page 2, Part III, line 2)		●		●		●		●	3,848	●
15 Total deductions. Add lines 11, 12, 13, and 14		●		●		●		●	0	●

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return.

	16	●	17	●	18	●	19	●	20a	●	20b	●	21	●
16 Taxable income. Subtract line 15 from line 10		●		●		●		●		●		●		●
17 Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A		●		●		●		●		●		●		●
18 Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17.		●		●		●		●		●		●		●
19 Additional taxes (from Schedule ATP, Part I, Line 3)		●		●		●		●		●		●		●
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none		●		●		●		●		●		●		●
b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none		●		●		●		●		●		●		●
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b		●		●		●		●		●		●		●

Payments

	22	●	23	●	24	●	25	●	26	●	27	●	28	●	29	●
22 Alabama income tax withheld (from column A, line 5a)	3,474	●		●		●		●		●		●		●		●
23 2023 estimated tax payments/Automatic Extension Payment		●		●		●		●		●		●		●		●
24 Amended Returns Only - Previous payments (see instructions)		●		●		●		●		●		●		●		●
25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F4		●		●		●		●		●		●		●		●
26 Payments from Schedule CP, Section B, Line 1		●		●		●		●		●		●		●		●
27 Total payments. Add lines 22, 23, 24, 25, and 26		●		●		●		●		●		●		●		●
28 Amended Returns Only - Previous refund (see instructions)		●		●		●		●		●		●		●		●
29 Adjusted Total Payments. Subtract line 28 from line 27		●		●		●		●		●		●		●		●

AMOUNT YOU OWE

	30	●	31	●
30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	374	●		●
31 Penalties (from Schedule ATP, Part II, line 3) (see instructions)		●		●

OVERPAID

	32	●	33	●	34	●
32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter AMOUNT OVERPAID		●		●		●
33 Amount of line 32 to be applied to your 2024 estimated tax		●		●		●
34 Total Donation Check-offs from Schedule DC, line 2		●		●		●

REFUND

	35	●
35 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32		●
For Direct Deposit, check here ● <input type="checkbox"/> and complete Part V, Page 2.		●



PART I Other Income <i>(See instructions)</i>	1	Alimony received	1	●
	2	Business income or (loss) <i>(attach Federal Schedule C or C-EZ) (see instructions)</i>	2	●
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. <i>(attach Schedule D)</i>	3	● - 172
	4	Retirement Income <i>(attach Schedule RS)</i>	4	●
	5	Rents, royalties, partnerships, estates, trusts, etc. <i>(attach Schedule E)</i>	5	● - 24,260
	6	Farm income or (loss) <i>(attach Federal Schedule F)</i>	6	●
	7	Other income <i>(state nature and source — see instructions)</i>	7	●
	8	Total other income. Add lines 1 through 7. Enter here and also on page 1, line 7	8	● - 24,432

PART II Adjustments to Income <i>(See instructions)</i>	1a	Your IRA deduction	1a	●
	b	Spouse's IRA deduction	1b	●
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
	3	Penalty on early withdrawal of savings	3	●
	4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
	5	Adoption expenses	5	●
	6	Moving Expenses <i>(Attach Federal Form 3903) to:</i> City _____ State _____ ZIP _____	6	●
	7	Self-employed health insurance deduction	7	●
	8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
	9	Health insurance deduction for small employer employee <i>(see instructions)</i>	9	●
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
	11	Deposits to a catastrophe savings account	11	●
	12	Contributions to a health savings account	12	●
	13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account <i>(see instructions)</i>	13	●
	14	Firefighter's Insurance Premium	14	●
	15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	●
16	Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9	16	●	

PART III Dependents	1	Total number of dependents from Schedule DS, line 1b	1	●
	2	Amount allowed. Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2	●

PART IV General Information All Taxpayers Must Complete This Section. <i>(See instructions)</i>	1	Residency <i>Check only one box</i> <input checked="" type="checkbox"/> Full Year <input type="checkbox"/> Part Year From _____ 2023 through _____ 2023.
	2	Did you file an Alabama income tax return for the year 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason _____
	3	Give name and address of present employer(s). Yours <u>AMERICREDIT FINANCIAL SERVICES 801 CHERRY ST STE 3600 FORT WORTH TX 76102</u> Your Spouse's <u>NONE</u>
	4	Enter the Federal Adjusted Gross Income ● \$ <u>99,419</u> and Federal Taxable Income ● \$ <u>71,719</u> as reported on your 2023 Federal Individual Income Tax Return.
5	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: <i>(other than state income tax refund)</i>	
	Source ● _____ Amount ● _____	
	Source ● _____ Amount ● _____	

PART V Direct Deposit	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. <i>(See instructions to see if you qualify.)</i>		
	1	Routing Number: _____	2 Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
4	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Drivers License Info	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Your state ● <u>XX</u> DL# ● <u>XXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>
	DOB (mm/dd/yyyy) ● _____ Spouse state ● _____ DL# ● _____ Iss date (mm/dd/yyyy) ● _____ Exp date (mm/dd/yyyy) ● _____

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here In Black Ink Keep a copy of this return for your records.	Your Signature _____	Date _____	Daytime Telephone Number <u>(205) 899-0785</u>	Your Occupation <u>SOFTWARE DEVELOPER</u>
	Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation <u>HOME MAKER</u>
	Preparer's Signature <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u>	Date _____	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <u>P02470833</u>
Paid Preparer's Use Only	Firm's Name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>	Daytime Telephone No. <u>(678) 965-9522</u>	ZIP Code <u>08816</u>	
	Address <u>245 ROONEY CT E BRUNSWICK NJ</u>			

**SCHEDULES
A, B, & DC
(FORM 40)**



(Schedules B and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40	Your social security number
R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND	033-39-2877

The itemized deductions you may claim for the year 2023 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

Medical and Dental Expenses		<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>				
1	Medical and dental expenses.....	1		0	00	
2	Enter amount from Form 40, line 10.	2		00		
3	Multiply the amount on line 2 by 4% (.04). Enter the result.....	3		00		
4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....	4	•			00
Taxes You Paid		5		00		
5	Real estate taxes.....	5		00		
6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.....	6		9,737	00	
7	Railroad Retirement (Tier 1 only).....	7		00		
8	Other taxes. (List - include personal property taxes.) ▶	8		00		
9	Add the amounts on lines 5 through 8. Enter the total here.....	9	•			9,737 00
Interest You Paid		10a		00		
10a	Home mortgage interest and points reported to you on Federal Form 1098.....	10a		00		
b	Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶	10b		00		
11	Reserved for future use.....	11		00		
12	Points not reported to you on Form 1098.....	12		00		
13	Investment interest. (Attach Form 4952A.).....	13		00		
14	Add the amounts on lines 10a through 13. Enter the total here.....	14	•			00
Gifts to Charity		<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>				
15	Contributions by cash or check (If more than \$250, see instructions).....	15		00		
16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.).....	16		00		
17	Carryover from prior year.....	17		00		
18	Add the amounts on lines 15 through 17. Enter the total here.....	18	•			00
Casualty and Theft Loss		19a		00		
19a	Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16.....	19a		00		
b	Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero.....	19b		00		
19b	Subtract line 19b from line 19a. If zero or less, enter -0-.....	19c	•			00
Job Expenses and Most Other Miscellaneous Deductions		20		00		
20	Unreimbursed employee expenses — job travel, union dues, job education, etc. You MUST attach Federal Form 2106 if required. See instructions. ▶	20		00		
21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶	21		00		
22	Add the amounts on lines 20 and 21. Enter the total.....	22		00		
23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.....	23		00		
24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-.....	24	•			00
Other Miscellaneous Deductions		25	•			00
25	Other (from list in the instructions). List type and amount. ▶	25	•			00
Qualified Long-Term Care Ins. Premiums		<i>CAUTION: Do not include medical premiums.</i>				
26	Enter amount here.....	26	•			00
Total Itemized Deductions		27	•			9,737 00
27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions.....	27	•			9,737 00



SCHEDULE
ATP

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Additional Taxes & Penalties

2023

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

R. THEOGARAHALLY SAGUN & A. GOPALAPURA RAMACHAND

033-39-2877

PART I Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	●	0
2	Catastrophe savings tax (see instructions)	2	●	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	●	0

PART II Penalties

1	Estimated Tax Penalty (see instructions). Farmers and Fishermen that meets IRC §6654, check box <input type="checkbox"/>	1	●	
2	First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	●	
3	Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	●	



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN: R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND
 PRIMARY'S SOCIAL SECURITY NO.: 033-39-2877
 SPOUSE'S SOCIAL SECURITY NO.: 988-98-7145

A	B	C	D	E	F	G	H	I	J
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States
1 • 033-39-2877	• 752439888	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 0000352452	• 3,474	• 81,116	• 81,116	•
2 • 033-39-2877	• 832213627	• <input type="checkbox"/>	• <input type="checkbox"/>	• OS	•	•	• 42,660	•	• 42,660
3 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
4 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
5 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
6 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
7 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
8 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
9 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
10 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
11 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
12 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
13 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
14 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
15 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .					• 3,474			
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements.					• 0			
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.					• 3,474	• 123,776	• 81,116	• 42,660

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE



(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

▶ **ATTACH TO FORM 40.** ▶ **SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).**

Name(s) shown on return R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND	Your social security number 033-39-2877
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PART I Income or Loss From Rental Real Estate and Royalties
Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value?	Yes	No
A VACATION / SHORT-TERM ALUR TALLUK HASSAN			X
B			
C			

Income:	Properties			Totals (Add Columns A, B, and C)	
	A	B	C		
3 Rents received	600	00	00	3	600 00
4 Royalties received		00	00	4	00
Expenses:					
5 Advertising		00	00		
6 Auto and travel		00	00		
7 Cleaning and maintenance	2,150	00	00		
8 Commissions		00	00		
9 Insurance		00	00		
10 Legal and other professional fees		00	00		
11 Management fees	1,320	00	00		
12 Mortgage interest		00	00	12	00
13 Other interest		00	00		
14 Repairs	7,520	00	00		
15 Supplies	8,520	00	00		
16 Taxes		00	00		
17 Utilities	5,350	00	00		
18 Other (list) ▶		00	00		
		00	00		
		00	00		
		00	00		
		00	00		
19 Add lines 5 through 18	24,860	00	00	19	24,860 00
20 Depreciation expense or depletion		00	00	20	00
21 Total expenses. Add lines 19 and 20	24,860	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	-24,260	00	00		
23 Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here				23	-24,260 00

PART II Income from Partnerships, S Corporations, Estates, and Trusts	(h) Check One	(i) Employer Identification Number	(j) Amount
(g) Name and Address	Partnership	Estate or Trust	S Corporation
.....			00
.....			00
.....			00
.....			00
24 TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts in column (j). Enter the total here and include on line 25 below. ▶			24 00

25 TOTAL INCOME OR (LOSS). Combine lines 23 and 24. Enter the total here and on Form 40, page 2, Part I, line 5 ▶	25	-24,260 00
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For the year January 1 – December 31, 2023

Your first name and initial: RANGASHETTY
Last name: THOGARANAHALLY SAGUN
If a joint return, spouse's first name and initial: ASHWINI
Last name: GOPALAPURA RAMACHAND
Home address (number and street): 1324 RIVERCHASE TRAIL
City, town or post office, state, and ZIP code: BIRMINGHAM AL 35244

Your social security number: 033392877
Spouse's soc. sec. no. if joint return: 988987145
Telephone number (optional): (205) 899-0785

Table with 2 columns: Line number and Amount. Line 1: Alabama taxable income 78,521. Line 2: Total tax liability 3,848. Line 3: Total payments 3,474. Line 4: Refund. Line 5: Amount you owe 374.

Part II Refund and Payment Information. Includes routing number, account number, type of account (Checking/Savings), type of transaction (Direct Deposit/Debit), and Paper Check option.

Part III Declaration of Taxpayer. Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator...

Sign Here section with lines for Your signature, Date, Spouse's signature, and Date.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge...

ERO's Use Only section. Includes fields for ERO's signature, Date, Check if also paid preparer, Preparer's PTIN, Firm's name (GLOBAL TAXES LLC), and address (245 ROONEY CT E BRUNSWICK NJ).

Paid Preparer's Use Only section. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Includes fields for Preparer's signature, Date, Check if self-employed, Preparer's PTIN, Firm's name (VENKATA SAI PAVAN KUMAR DUDIPALLI), and address (245 ROONEY CT E BRUNSWICK NJ).

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Individual Income Tax Payment Voucher

NOTE: This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and **cannot** be used for any other kind of tax payment.

When is my tax return and payment due?

Your 2023 return and payment for the full amount of tax due must be mailed by the due date of your federal return. If you elected to file your 2023 return under the automatic extension rule, then the full amount of tax due must be mailed by the due date of your federal return. If you owe and your payment is mailed after the due date of your federal return, you will owe penalties and interest for failure to timely pay. If you are filing a return other than the current tax year or an amended return, the full amount of tax due must be submitted with your return.

How do I pay this amount?

Detach the payment voucher below, fill it out, and mail it along with your payment. You may pay your tax due with check, money order, credit card, E-Check, or ACH Debit. Do not send cash through the mail. If you pay by check or money order, make it payable to **Alabama Department of Revenue** and write your social security number on the check.

Electronic Payment Option:

You may pay your taxes online using your bank account (e-check), or a debit/credit card through MyAlabamaTaxes.gov.

If you have a My Alabama Tax (MAT) account, log on to your account and click on the "Make a Payment" link. If you do not have a MAT account, go to www.myalabamataxes.alabama.gov. Click on the "Make a Payment" link and complete the requested information.

Paying by e-check is free. There is a convenience fee for debit/credit card payments.

If mailing a payment without a paper return, please use the PO Box as shown below. If mailing Form 40V with your paper return, please use the mailing address as shown on your return.

Form 40 / 40A / 40NR / 40EZ / E40 / E40NR

Automatic Extension

Alabama Department of Revenue
P.O. Box 327467
Montgomery, AL 36132-7467

DO NOT **staple** or attach your payment or **Form 40V** to your return or to each other.



DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

40V 20 23 1555 Alabama Department of Revenue
VENDOR CODE Individual Income Tax Payment Voucher

PRIMARY TAXPAYER'S FIRST NAME RANGASHETTY SPOUSE'S FIRST NAME ASHWINI LAST NAME THOGARANAHALLY SAGUN
 MAILING ADDRESS 1324 RIVERCHASE TRAIL
 CITY BIRMINGHAM STATE AL ZIP 35244 DAYTIME TELEPHONE NUMBER (205) 899-0785

Tax Type: IIT
Tax Period: 12-31-20 23
Primary Taxpayer's SSN: 033-39-2877
Spouse's SSN: 988-98-7145
Tax Form: Return Amended
CHECK ONLY ONE BOX Automatic Extension Payment
Amount Due: \$ 374.00



DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE BY E-CHECK, CREDIT CARD, OR ACH DEBIT.

Income Worksheet

2023

Name as Shown on Return R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND	Social Security Number 033-39-2877
--	---------------------------------------

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
AMERICREDIT FINANCIAL SER	<input type="checkbox"/>	AL	81,116.	81,116.	3,474.
GROW SOFTWARES LLC	<input type="checkbox"/>	TX	42,660.		
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
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	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			123,776.	81,116.	3,474.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
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	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			

Dividend Income Statement

2023
Statement DIV

Name(s) shown on return
R THOGARANAHALLY SAGUN & A GOPALAPURA RAMACHAND

Social Security Number
033-39-2877

Dividend Income and Adjustments

Payer's Name	Federally Exempt Interest Dividends		Ordinary Dividends	Capital Gain Distributions	Nontax Distributions	Type of Adj & Adj Amt (enter as positive)	U.S. Interest Amount included in Dividends
	*	Amount					
ROBIHOOD SECURITIES LLC	<input type="checkbox"/>		39.		1.		
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

* Enter 'X' if tax-exempt for Alabama purposes

Summary of Dividends

1	Total Gross Dividends	40.
2	Nominee and Other Adjustments	
3	Exempt-Interest Dividends	
4	US Interest Amount Included in Dividends (net).	
5	Total Adjustment Amount	
6	Subtotal (Line 1 less Line 5)	40.
7	Capital Gains (net)	
8	Nontaxable Distributions (net)	1.
9	Total of Line 7 and Line 8	1.
10	Net Dividend Income (Line 6 less Line 9)	39.