Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

талраз		Social Securi	Ly Humb	
SHI	VANI TAMKIYA	072-71	-9573	3
Spous	o's name	Spouse's soc	ial secu	irity number
Der	Tay Detum Information Tay Year Ending December 21 0000 (Enter			
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you a	re aut	.norizing.)
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	83,037.
2	Total tax		2	10,510.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	15,627.
4	Amount you want refunded to you		4	5,117.
5	Amount you owe		5	
Par	II Taxpayer Declaration and Signature Authorization (Be sure you get and keep	еер а сор	y of y	our return)

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	l
				ERO firm name		

1	9	5	7	3	
Ent dor	er fiv n't er	/e di iter a	gits, all ze	but ros	as my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's s	ignature D	ate 🖡					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei	 2	7 1	1

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

ERO's signature >	ure Date Date						
-	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested To Do So						
For Denominary Deduction Act Nation and your		Earm 8879 (Bay, 01 2021)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		turn	202	3	OMB No. 1545-	0074	IRS Use (Dnly—[Do not wr	ite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	5	See sep	oarate	instructions.
Your first name	and m	iddle initial	Last r	name						Y	our so	cial sec	curity number
SHIVANI			TAM	IKIYA							072	71	9573
	pouse's	s first name and middle initial	Last r										l security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	P	Presider	ntial Ele	ection Campaigr
900 W SE	RIN	G VALLEY RD 159											ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ate	ZIP co	ode			0	jointly, want \$3 nd. Checking a
RICHARDS						TΣ		750		b	oox belo	w will	not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal co	de y	our tax		
		a										Yc	ou Spouse
Filing Status		Single					Head of ho	buseho	old (HOH)			
Check only		Married filing jointly (even if only of Arried filing concretely (MES)	ne hao	income)						~ (0			
one box.	L If y	Married filing separately (MFS) you checked the MFS box, enter the	nome	ofvoure	nouso If you		Qualifying		- .		,	d'e na	mo if the
		alifying person is a child but not you											
Digital		ny time during 2023, did you: (a) rec	•				• •		,.	•	, .		
Assets		nange, or otherwise dispose of a dig		· _			-	t)? (Se	e instruc	tions	.)	∐ Ye	es 🛛 No
Standard	_	neone can claim: You as a de	•		•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or ye	ou were a	dual-status	allen	1						
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bori	n befo	re Janua	ry 2, ⁻	1959	<u> </u>	s blind
Dependents	s (see	instructions):		(2) \$	Social security	/	(3) Relationshi	ip (4)			· · · ·		(see instructions):
If more	(1) F	irst name Last name			number		to you		Child ta	x crec	dit	Credit fo	or other dependents
than four dependents,													
see instructions	s ——								L	<u> </u>			
and check	ı —								L				
here	10	Total amount from Form(s) W-2, b	ov 1 (c		ations)				L		1a		92,295.
Income	1a b	Household employee wages not re			,						1b		JZ,ZJJ.
Attach Form(s) W-2 here. Also	c		•								10	-	
attach Forms	d	Tip income not reported on line 1a (see instructions)						1d					
W-2G and 1099-R if tax	e	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	3839, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct						· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i						
	z	Add lines 1a through 1h	• ;		· · ·			• •			1z		92,295.
Attach Sch. B if required.	2a		2a		105		axable interest			• •	2b		3.
	<u>3a</u>		3a		185.		Ordinary dividen		• • •	• •	3b		206.
Standard	4a		4a				axable amount			• •	4b	_	
Deduction for—	5a		5a 6a				axable amount axable amount			• •	5b 6b	-	
 Single or Married filing 	6а с	Social security benefits		method	check here			• •		· ·	00		
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,	• •			7		-4.
 Married filing jointly or 	8	Additional income from Schedule									8		-9,463.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		83,037.
surviving spouse, \$27,700	10	Adjustments to income from Sche									10		
 Head of household, 	11	Subtract line 10 from line 9. This is									11		83,037.
\$20,800 • If you checked	12	Standard deduction or itemized	•	-	-						12		13,850.
any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	95-A				13		4.
Standard Deduction,	14	Add lines 12 and 13									14		13,854.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	е.			15		69,183.

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

Form **1040** (2023)

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from F	⁻ orm(s): 1 🗌 881	4 2 4972	3 🗌	16	10,510.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	10,510.
	19	Child tax credit or credit for other depen	dents from Scheo	lule 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 le	ess, enter -0			22	10,510.
	23	Other taxes, including self-employment	tax, from Schedul	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is your total ta	ах			24	10,510.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			25a 15	,627.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	15,627.
If you have a	26	2023 estimated tax payments and amou	nt applied from 2	022 return		26	
qualifying child,	27	Earned income credit (EIC)		No	27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8	3812		28		
	29	American opportunity credit from Form 8	3863, 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	our total other p	ayments and ref	undable credits	32	
	33	Add lines 25d, 26, and 32. These are you	ur total payments	;		33	15,627.
Refund	34	If line 33 is more than line 24, subtract li	ne 24 from line 33	. This is the amou	int you overpaid	34	5,117.
	35a	Amount of line 34 you want refunded to	you. If Form 888	8 is attached, che	ck here	. 🗌 35	5 ,117.
Direct deposit?	b	Routing number 1 1 1 0 0 0	6 1 4	c Type: 🛛 🗙	Checking 🗌 S	Savings	
See instructions.	d	Account number 9 8 9 1 6 8	6 4 3				
	36	Amount of line 34 you want applied to y	our 2024 estimat	ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the	amount you owe				
You Owe		For details on how to pay, go to www.irs	.gov/Payments or	see instructions		37	
	38	Estimated tax penalty (see instructions)			38		
Third Party	Do	you want to allow another person to	discuss this retu	rn with the IRS?			_
Designee	ins	tructions			🗌 Yes. Co	mplete below	7. 🔀 No
	De na	signee's	Phone no.)		onal identificatic er (PIN)	n
Ciara		der penalties of perjury. I declare that I have exar		accompanying sch			st of my knowledge and
Sign		ief, they are true, correct, and complete. Declara		1 2 0		,	, ,
Here	Yo	ur signature	Date	Your occupation		If the IRS	sent you an Identity
						Protection	PIN, enter it here
Joint return?				SOFTWARE	ENGINEER	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sig	n. Date	Spouse's occupa	tion		sent your spouse an
your records.						(see inst.)	otection PIN, enter it here
	Dh	200 00 (402)617 2E44	Email address		TVA CMATT CO	, ,	
		one no. (402)617-2544 eparer's name Preparer's si		SHIVANITAM	KIYA@GMAIL.CO	M PTIN	Check if:
Paid		M PRIYA RAM SAGAR GUPTA SYAM PR	0				
Preparer			LIA KAMISA	GAK GUPIA	04/15/2024	P0208270	
Use Only		n's name GLOBAL TAXES LLC		T 00016		Phone no.	
		n's address 245 ROONEY CT E H				Firm's EIN	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the latest information	•	BAA	REV 03/07/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Attachment Sequence No. 01				
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number		
SHIVANI TAMKIYA 072-71-9					
	••				

Pa	t 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. Att		5	-9,506.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h	_	
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j	_	
k	Stock options	8k	_	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	_	
m	Olympic and Paralympic medals and USOC prize money (see			
		8m	-	
	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	80 (
		8s (4	
τ	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
u z	•	ou	-	
2	Other income. List type and amount:Other Income from box 3 of 1099-Misc43.	8z 43.		
9	Total other income. Add lines 8a through 8z		9	43.
9 10	Combine lines 1 through 7 and 9. This is your additional income . Ente		3	15.
10	1040, 1040-SR, or 1040-NR, line 8		10	-9,463.
	- , ,			, == 3 .

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

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE	D
(Form 1040)	

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

20**23** Attachment Sequence No. **12**

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

SHIVANI TAMKIYA

Your social security number

072-71-9573

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term gain from Form 6252 and short-term gain or (la	oss) from Forms 4	684, 6781, and 88	324	4	-2.
5 Net short-term gain or (loss) from partnerships, Schedule(s) K-1		,		5	
6 Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	6	()
7 Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	-2.			

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	from Part II,	(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					
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 12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11 12	-2.		
13	Capital gain distributions. See the instructions	. ,	13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	-2.

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-4.
	• 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	(4.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

SCHEDULE	Е
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

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

20 23
Attachment Sequence No. 13

Distribution OT2-71-9573 Other Hyou are an individual, report fammerated arong personal property, use Schedule C. See instructions. Hyou are an individual, report fammerated income or loss from Form 485 on age 2, line 40. Other Hyou are an individual, report fammerated income or loss from Form 485 on age 2, line 40. Other Hyou are an individual, report fammerated income or loss from Form 485 on age 2, line 40. Image 2, line 40. A Did you or will you line required Form(8) (1999; 200 Image 2, line 40. Image 2, line 40. Image 2, line 40. A Did you or will you line required Form(8) (1999; 200 Image 2, line 40. Image 2, line 40. Image 2, line 40. A XESAR: BAGH ROAD INDORE MADERY PRADESH IN 452012 Image 2, line 40.) shown on return							ial security	number
Note: If you are a in the business of preling personal property, use? Stehodule C. See instructions. If you are an individual, report farm mata increa or loss for an end and or property is a start of the come is a struction. If you are an individual, report farm mata and you or will you file required Form(s) (1999 :								072-7	1-9573	
rental recome or loss from Form 4335 or jage 2, line 40. A Did your aveling and property (street, city, state, ZIP code) A Physical address of each property (street, city, state, ZIP code) A ReSAR BAGH ROAD TINDERE MADHYA PRADESH IN 452012 B C Fair Rental Personal Use Days. Check the QUV box only if a gate days. Check the QUV box only	Part				•	:				
A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions. □ Yes No B H"Yes," did you or will you file required Form(s) 1099? . . Yes No B Resare BAGH ROAD INDORE MADRYA PRADESH IN 452012 . . Yes No B C . <td< th=""><th></th><th>rental income or loss from Form 4835 on page 2. lin</th><th>property, use le 40.</th><th>Schedule</th><th>C. See</th><th>Instru</th><th>ctions. If you a</th><th>re an indi</th><th>viduai, rep</th><th>ort farm</th></td<>		rental income or loss from Form 4835 on page 2. lin	property, use le 40.	Schedule	C. See	Instru	ctions. If you a	re an indi	viduai, rep	ort farm
B If "Fest" did you or will you file required Form(s) 10997	A			Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s 🕅 No
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Schedul	e E (Form	1040) 2023				Attachment	t Seque	ence No.	13					Page 2
Name(s)	shown or	n return. Do not enter name an	d social secu	rity number	if show	n on other s	side.					ial security		er
		AMKIYA									-	71-9573	3	
1		IRS compares amounts	-	-					wn o	n Schedule(s) K-	·1.			
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88 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

3

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment Sequence No. 52
ber of HSA beneficiary. We HSAs, see instructions

2

Name(s			of HSA beneficiary.
SHIV	VANI TAMKIYA 072-7		SAs, see instructions. 73
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts,	if requ	iired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I fo		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	X Se	elf-only 🗌 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	3,850.
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	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		2 050
7	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
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	0.
8	Add lines 6 and 7 .	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	3,150.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	1,501.
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	
с	Subtract line 14b from line 14a	14c	1,501.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,501.
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		
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		tions b	
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 . For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

Form 8889 (2023)

21

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Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-2294

Name(s) shown on return

Your taxpayer identification number

SHIVANI TAMKIYA

072-71-9573

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	(c) Qualified business income or (loss)		
i				
•				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
		2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	6 18.		
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	8 18.		
9	or less, enter -0		9	4.
9 10	Qualified business income deduction before the income limitation. Add lines 5 and		9 10	4.
11	Taxable income before qualified business income deduction (see instructions)	11 69,187.	10	1.
12	Enter your net capital gain, if any, increased by any qualified dividends			
	(see instructions)	12 185.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 69,002.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	13,800.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also	enter this amount on		
	the applicable line of your return (see instructions)		15	4.
	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			
	zero, enter -0		17	(0.)
For Priv	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/)7/24 PRO		Form 8995 (2023)

Department of the Treasury

Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644 20

23

Attach to your tax return.

Go to www.irs.gov/Form6781 for the latest information.

Name(s) shown	on tax return
OTT T 7 7 NTT	TT 7 1 4TZ T 3 Z 7

Sequence No. 82 Identifying number

Attachment

SHIVANI TAMKIYA		072-71-9573
Check all applicable boxes.	A 🗌 Mixed straddle election	C 🗌 Mixed straddle account election
See instructions.	B Straddle-by-straddle identification election	D Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

	(a) Identification of account	(b) (Loss)	(c) Gain				
1	From Schedule K-1	-4.					
2	Add the amounts on line 1 in columns (b) and (c) 2	(4.)					
3	Net gain or (loss). Combine line 2, columns (b) and (c)			3	-4.		
4	4 Form 1099-B adjustments. See instructions and attach statement						
5	Combine lines 3 and 4			5	-4.		
	Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Part see instructions.	nerships and S co	rporations,				
6	If you have a net section 1256 contracts loss and checked box D above, be carried back. Enter the loss as a positive number. If you didn't check be			6	0.		
7	Combine lines 5 and 6			7	-4.		
8	Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter h	ere and include c	on line 4 of				
	Schedule D or on Form 8949. See instructions			8	-2.		
9	Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter he Schedule D or on Form 8949. See instructions			9	-2.		
Dar	Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components						

Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Section A-Losses From Straddles

	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales pric	e other plus e	ost or basis xpense sale	(f) Loss. If column (e more than (enter differer Otherwise enter -0) is d), nce. c, d), gain offset	gnized on ting	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0
10										
									_	
11a	Enter the short-term portion of D or on Form 8949. See instru		m line 10,	column (h),	here and	include	on line 4 o	f Schedule	11a	()
b	Enter the long-term portion of									
	D or on Form 8949. See instructions						11b	()		
Secti	ion B—Gains From Straddl									
	(a) Description of prop	perty		(b) Date entered into or acquired	(c) Date closed out or sold	· · ·) Gross es price	(e) Cost other ba plus expe of sale	sis nse	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0
12										
13a	Enter the short-term portion o or on Form 8949. See instruct	•	n line 12, c	olumn (f), h	ere and in	clude or	n line 4 of S	Schedule D	13a	
b	b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions						13b			
Part	Unrecognized Gains	From Pos	itions He	ld on Las	t Day of	Tax Ye	ar. Memo	entry only (see ins	structions)
	(a) Description (of property			(b) Date acquired	valu busi	air market le on last ness day tax year	(d) Cost other ba as adjust	sis	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0
14										
						1				1