Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	/er's name	Social secu	urity numb	er					
SAN	IJAY MADESHA	783-8	7-8504	ł					
Spouse's name Spou				rity number					
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (E	nter year you	are aut	horizing.)					
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	91,942.					
2	Total tax			12,484.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,515.					
4	Amount you want refunded to you		4	6,031.					
5	Amount you owe		5						
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								

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

Taxpayer's PIN: check one box only

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

7 8 5 0 4										
Enter five digits, but don't enter all zeros										

my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature 🕨	Date ►
Practitioner PIN Metho	d Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1

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

ERO's signature >	Date 🕨		
	etain This Form — See orm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	instructions. BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	23	OMB No. 1545-	-0074	IRS Use Or	nly—Do not v	vrite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, e	nding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
SANJAY			MAD	ESHA						783	87	8504
	pouse's	s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Α	pt. no.	Preside	ntial El	ection Campaign
6220 NW	173	RD STREET						7	12		,	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode	· · ·		jointly, want \$3 nd. Checking a
HIALEAH						FI	L	330	15			not change
Foreign country	y name			Foreign p	rovince/state	e/count	ty	Foreig	n postal cod	e your ta	x or refu	_
											∐ Ye	ou Spouse
Filing Status	; ⊻	Single					Head of ho	ouseh	old (HOH)			
Check only	Ľ	Married filing jointly (even if only o	ne hac	l income)			_					
one box.		Married filing separately (MFS)					Qualifying		• •			
		you checked the MFS box, enter the			pouse. If y	ou che	ecked the HOH	l or QS	SS box, en	ter the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir aepe	endent:								
Digital	At a	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, c	or payr	ment for prope	rty or :	services); o	or (b) sell,		
Assets	exch	nange, or otherwise dispose of a digi	tal as	set (or a fi	nancial inte	erest i	n a digital asse	t)? (Se	e instructi	ons.)	Y	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spou	ise as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-statu	s alien	ו					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind S	oouse	: 🗌 Was bor	n befc	ore January	/ 2, 1959		s blind
Dependents	s (see	instructions):		(2)	Social securi	itv	(3) Relationsh	ip (4) Check the	box if qual	ifies for	(see instructions):
If more		irst name Last name		(_)	number	,	to you		Child tax	credit	Credit fo	or other dependents
than four	-											
dependents,												
see instructions and check	s											
here 🗌]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 18	1	102,408.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 1k)	
W-2 here. Also	С		Tip income not reported on line 1a (see instructions) .						. 10	:		
attach Forms W-2G and	d		payments not reported on Form(s) W-2 (see instructions)						. 10	I		
1099-R if tax	е	Taxable dependent care benefits f	s from Form 2441, line 26					. 16	_			
was withheld.	f	Employer-provided adoption bene						• •		. 11		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. 10		0
W-2, see	h	Other earned income (see instructi	,			• •		· ·		. <u>1</u> ł	1	0.
instructions.	i -	Nontaxable combat pay election (s	see ins	structions))	• •	1 i					102,408.
		Add lines 1a through 1h	 20		· · · i	 ьт	· · · · ·	• •		. <u>1</u> 2	-	337.
Attach Sch. B if required.	2a 3a		2a 3a		1.		axable interest Ordinary divider			. 21 . 31	_	1.
	<u>3a</u> 4a		3a 4a				axable amount			. 30	-	۰ ۲
Standard	4a 5a		ња 5а				axable amount			· 44	_	
 Deduction for – Single or 	5a 6a		6a				axable amount			. 51. . 61.	_	
Married filing	C	If you elect to use the lump-sum e		method								
separately, \$13,850	7	Capital gain or (loss). Attach Scher				•	,					2.
 Married filing jointly or 	8	Additional income from Schedule								. 8		-10,806.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		91,942.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10		· · ·
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		91,942.
\$20,800	12	Standard deduction or itemized								. 12	2	13,850.
 If you checked any box under 	13	Qualified business income deducti					95-A			. 13		· · ·
Standard Deduction,	14	Add lines 12 and 13								. 14	۱ <u> </u>	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is	your	taxable incom	<u>e</u> .	<u></u> .	. 15	5	78,092.

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 Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	12,484.
Credits	17	Amount from Schedule 2, lin	ie3				[17	
	18	Add lines 16 and 17					[18	12,484.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	12,484.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	12,484.
Payments	25	Federal income tax withheld							
. aj mente	а	Form(s) W-2				25a 18	,515.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	18,515.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T			-			33	18,515.
Refund	34	If line 33 is more than line 24						34	6,031.
neiuliu	35a	Amount of line 34 you want						35a	6,031.
Direct deposit?	b	Routing number 0 7 1					Savings	, <u>J</u> a	
See instructions.	d	Account number 7 6 1					Cavings		
	36	Amount of line 34 you want a			d tax	36			
Amount						50			
You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		57	
Third Dorth									
Third Party Designee		you want to allow another	•				omplete bel	ow	× No
Designee		signee's		Phone			onal identifica		
	nai			no.			per (PIN)		
Sign		der penalties of perjury, I declare thief, they are true, correct, and com							
Here	Your signature		Date	Your occupation				nt you an Identity	
Joint return?							(see ins		N, enter it here
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion		Prote	nt your spouse an action PIN, enter it here
	Ph	one no. (312)483-096	3	Email address	SANJAY NM	08@GMAIL.CC	M		
		eparer's name	Preparer's signat		STEROTIE - 1011	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA	SYAM PRTY	A RAM SAC	AR GUPTA	03/26/2024	P020827	03	Self-employed
Preparer		m's name GLOBAL TAX			JUNC OUT IN	05/20/2021			678)965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816		Firm's E		0,0,705 7522
Go to www.ire or		1040 for instructions and the late		TIONTON IN					Form 1040 (2023)
30 10 WWW.113.90	5V/1 0/1	in the instructions and the late	st mornation.		BAA	REV 03/07/24 PRO			10mm 10m0 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SANJAY MADESHA 783-87-8504

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2 a	
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	E. 5	-10,806.
6	Farm income or (loss). Attach Schedule F.		
7	Unemployment compensation		
8	Other income:		
а	Net operating loss)	
b	Gambling		
с	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555 8d ()	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
I	Income from the rental of personal property if you engaged in the rental		
	for profit but were not in the business of renting such property 81		
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)		
n	Section 951(a) inclusion (see instructions)		
0	Section 951A(a) inclusion (see instructions)		
р	Section 461(I) excess business loss adjustment		
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan		
u	Wages earned while incarcerated		
z	Other income. List type and amount:		
	8z		
9	Total other income. Add lines 8a through 8z		
10	Combine lines 1 through 7 and 9. This is your additional income. Enter here and on I		
	1040, 1040-SR, or 1040-NR, line 8	10	-10,806.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedu	ile 1 (Form 1040) 2023

(Fo

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

SANJAY MADESHA

Your social security number 783-87-8504

× No

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes**

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)

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) 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	11.	10.			1.
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 (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	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	1.			

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

lines This	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 (ales price) (d) Proceeds (sales price) (c) (c) (e) Cost (or other basis) (c) (c) (e) Cost (or other basis) (c) (c) (c) (c) (c) (c) (c) (c					
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		1.			
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				
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	1.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	2.
	• 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?		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Sequence No. 12A

Attachment

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on returnSocial security number or taxpayer identification numberSANJAY MADESHA783-87-8504

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.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or		(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/23	12/31/23	11.	10.			1.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	lude on your 1e 2 (if Box B	11.	10.			1.		

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.

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

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxpayer identification num	ber

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

783-87-8504

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

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	If you enter an enter a c See the sep	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	ay, yr.) (Mo., day, yr.) (see instructions) and see Column (e) (f) in the separate instructions. (ode(s) fro		(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).	
Robinhood Securities LLC	01/01/22	12/31/23	5.	4.			1.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	lude on your 1e 9 (if Box E	5.	4.			1.	

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.

(Form 1040) (From rental real estate, royalties, partners						hips, S	corporati	ons, es	tates,	trusts, REMI	Cs, etc.)	90	93
	ent of the Treasury Revenue Service		C		tach to Form 1040, . <i>gov/ScheduleE</i> fo	,	Attachm Sequend	ent ce No. 13					
Name(s)	shown on return										Your soc	ial security r	number
SANJ	AY MADESHA										783-8	87-8504	
Part	Note: If yo	ou are in	the b	ousiness of ren	Real Estate an			c . See	instru	ctions. If you a	are an indi	ividual, repo	ort farm
A [on page 2, line 40. would require you	to file		0000 0	See inc	tructions			
					Form(s) 1099?								
1a					eet, city, state, ZI				• •			16	5 [] 110
Та А					(EAST), MUMBA		,	א כוידיז	TNT /	00024			
B	KEDARNAIH	MAINL	IR .	RD, KURAL	(EASI),MUMBA	AT MA	AHARASE	IIRA	LIN 4	00024			
C													
1b	Type of Prope (from list below				real estate prope he number of fair				Fa	ir Rental Days		nal Use ays	QJV
Α	3	~ (~ (ays. Check the Q			Α		365		ays 0	
 B	5				requirements to f			 B		305		0	
C			qı	ualified joint v	renture. See instru	uctions	S	C					
	of Property:							•					
1	Single Family R Multi-Family Re			3 Vacation 4 Comme	n/Short-Term Ren rcial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
	, ,						,						
Incom								Α		Propert B	es:		С
Incom 3	Rents received	4				3			20.	D			C
4	Royalties recei					4			20.				
Expen		ived .											
5						5							
6	Auto and trave					6							
7	Cleaning and r					7		1,6	10.				
8	Commissions					8							
9	Insurance					9							
10	Legal and othe					10							
11	Management f					11		8	15.				
12					ee instructions)	12							
13	Other interest				,	13							
14	Repairs					14		1,5	42.				
15	Supplies					15		1,8	80.				
16	Taxes					16							
17	Utilities					17			01.				
18	Depreciation e	expense	e or d	lepletion		18		3,2	78.				
19	Other (list)					19							
20	Total expenses			•		20		11,3	26.				
21	result is a (loss	s), see	instru	uctions to find	or 4 (royalties). If d out if you must	21		-10,8	06.				
22		ntal real	esta	ate loss after	limitation, if any,	22		10,80		(Ņ)
23a		•		,	or all rental prope				23a	\	520.)
b					or all royalty prop				23b				
c					for all properties				23c				
d					for all properties				23d	3	3,278.		
e			-		for all properties				23e		,326.		
24					on line 21. Do no t		de any los	sses			. 24		
25					nd rental real estat		-		nter to	tal losses her		(1	L0,806.)
26					ncome or (loss).								

Supplemental Income and Loss

SCHEDULE E

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

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-10,806.

OMB No. 1545-0074

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

SANJAY MADESHA

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 783-87-8504

Part I 2023 Passive Activity Loss							
Caution: Complete Parts IV an	d V before comple	eting Part I.					
Rental Real Estate Activities With Active Pa Allowance for Rental Real Estate Activities	• •		ive partic	ipation, s	ee Special		
 1a Activities with net income (enter the and Activities with net loss (enter the amound of Prior years' unallowed losses (enter the Activities lines 10, 10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2	unt from Part IV, c le amount from Pa	olumn (b)) art IV, column (c))	· · [1a 1b (1c (0. 10,806.))	1.4	10,000
d Combine lines 1a, 1b, and 1c All Other Passive Activities						1d	-10,806.
			1	0-			
 2a Activities with net income (enter the an Activities with net loss (enter the amound of the area of the	unt from Part V, co le amount from Pa	olumn (b)) art V, column (c))	· · [2a 2b (2c ())	2d	
3 Combine lines 1d and 2d and subtract zero or more, stop here and include prior year unallowed losses entered on normally used	ct any prior year u this form with you on line 1c or 2c. F	unallowed CRD. S ur return; all losse Report the losses	See instru es are alle	ctions. If owed, inc	this line is luding any	3	-10,806.
If line 3 is a loss and: • Line 1d is a le • Line 2d is a le Caution: If your filing status is married filing Part II. Instead, go to line 10.	oss (and line 1d is	· ·		•		year,	do not complete
Part II Special Allowance for Ren	tal Real Estate	Activities With	Active	Participa	ation		
Note: Enter all numbers in Parl				-			
4 Enter the smaller of the loss on line 1	d or the loss on lir	ne3				4	10,806.
 5 Enter \$150,000. If married filing separa 6 Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. 7 Subtract line 6 from line 5 	, but not less than	n zero. See instruc		6 1	50,000. 02,748. 47,252.		
8 Multiply line 7 by 50% (0.50). Do not er	nter more than \$25	,000. If married filir	ng separa			8	23,626.
9 Enter the smaller of line 4 or line 8. If	line 3 includes any	/ CRD, see instruc	ctions .			9	10,806.
Part III Total Losses Allowed						10	
10 Add the income, if any, on lines 1a and11 Total losses allowed from all passive						10	0.
out how to report the losses on your ta	ax return					11	10,806.
Part IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	See instru	uctions.			
Name of activity	Currer	-		years	Ove	rall ga	in or loss
	(a) Net income (line 1a)	(b) Net loss (line 1b)		allowed ine 1c)	(d) Gair	1	(e) Loss
KEDARNATH MANDIR RD,KURAL	0.	10,806.					10,806.
Total. Enter on Part I, lines 1a, 1b, and 1c For Paperwork Reduction Act Notice, see instru	0.	10,806.		REV 03/07	/24 PRO		Form 8582 (2023)

Complete This Part Before Part I. Lines 2a, 2b, and 2c. See instructions.

Part V Com	plete This Part Before	e Pa	art I, Lines 2a	a, 2b,	and 2c. S	ee instruc	tions.			
			Curren	nt year		Prior years		Overall gain or loss		
Name	Name of activity		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		l (d) Gain		(e) Loss
	I, lines 2a, 2b, and 2c									
Part VI Use	This Part if an Amoun			Part II,	Line 9. S	ee instruc	tions.			
Name	Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) Loss		tio	(c) Special allowance		(d) Subtract column (c) from column (a).
KEDARNATH MAN	NDIR RD,KURAL	E	E Ln 22		10,806.	1.0000	0000	10,80	6.	0.
Total	ation of Unallowed L		 es See instr	uction	10,806. S	1.00)	10,80	6.	0.
	Name of activity		Form or sch and line nu to be report (see instruct		(a) Loss		(b) Ratio		(c) Unallowed loss	
Total	<u></u>	 						1.00		
Part VIII Allow	ved Losses. See instru									
Nan	Name of activity		Form or scho and line nur to be reporte (see instruct		mber (a) L ted on		(b) Unallowed loss		(c) Allowed loss	
Total										

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