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.

Social coourity number

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer S hame	Social Security number
VIKRAM KUMAR ARIGELA CHINNAGARI	729-27-4953
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er 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 94,118.
2 Total tax	2 12,968.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 16,399.
4 Amount you want refunded to you	4 3,431.
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 amende	, 0,

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

				ERO firm name		÷n
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN \Box	_
			-			

Enter five digits, but don't enter all zeros										
	7	4	9	5	3					

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	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 🕨	Ľ	ate										
Practitioner PIN Method Returns Only—continue below												
Part III Certification an	d Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your si	ix-digit EFIN followed by your five-digit self-selected PIN.	2	2							2	7	1
					Don	ı′t er	nter a	all ze	ros			

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 🕨							
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Deperturely Deduction Act No	tion one your toy return instructions		REV/ 02/07/24 RRO	Form 8879 (Pov. 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 Only	∕−Do not w	vrite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	instructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number
VIKRAM H	KUMAI	R	ARI	GELA C	CHINNAGA	RI				729	27	4953
-		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.				A	pt. no.	Preside	ntial Ele	ection Campaign
<u>11901 H</u>	DBBY	HORSE CT						1	.938		,	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		•	jointly, want \$3 nd. Checking a
AUSTIN						TΣ		787	58			not change
Foreign country	y name			Foreign pi	rovince/state/	coun	ty	Foreig	n postal code	your tax	_	_
		۹ .										ou Spouse
Filing Status	; 🖄	Single		、			Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or Married filing concretely (MES)	ne nac	i income)								
one box.	L	Married filing separately (MFS) you checked the MFS box, enter the	nomo	of your o	nouse If you	, ch	Qualifying				ild'e na	ma if tha
		alifying person is a child but not you										
Digital		ny time during 2023, did you: (a) rece						•	,	. ,		es 🛛 No
Assets		hange, or otherwise dispose of a digine one can claim: You as a de					a dependent	1) ? (36		115.)	∐ Ye	
Standard Deduction	_	Spouse itemizes on a separate return	•		•		•					
		Were born before January 2, 1		Are bl		ouse		n hofe	ore January	2 1050		s blind
Dependent:			939	<u> </u>	•			14	,			see instructions):
•		irst name Last name		(2)	Social security number		(3) Relationsh to you	ip (Child tax c			or other dependents
lf more than four												
dependents,												
see instruction and check	s ——											
here 🗌]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		105,637.
Attach Form(s)	b	Household employee wages not re	•		.,							
W-2 here. Also	c	Tip income not reported on line 1a	•		,							
attach Forms W-2G and	d	Medicaid waiver payments not rep					,			. 10	-	
1099-R if tax	e	Taxable dependent care benefits f		,						. 1e	-	
was withheld.	T	Employer-provided adoption bene								. 1f		
get a Form	g h	Wages from Form 8919, line 6 . Other earned income (see instructi		· · ·		• •		• •		. <u>1g</u> . 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			• •	· · · · ·		• • •			
instructions.	z	Add lines 1a through 1h		si ucions)		•••				. 1z		105,637.
Attach Sch. B	 2a		2a	· · ·		ь. b.Т	axable interest	•••		. 2b	-	
if required.	3a	· ·	3a				Ordinary divider				-	
	4a		4a				axable amoun				-	
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b)	
 Single or 	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lectior	method,	check here	(see	instructions)		[
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	uired	, check here		[7		894.
jointly or	8	Additional income from Schedule	1, line	10						. 8	_	-12,413.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	our total inc	com	e			. 9	_	94,118.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11	-	94,118.
• If you checked	12	Standard deduction or itemized								. 12	-	13,850.
any box under <i>Standard</i>	13	Qualified business income deducti			995 or Form	899	95-A	• •		. 13		10 050
Deduction, see instructions.	14		 		•••••	• •				. 14		13,850.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-U This is y	our	taxable incom	e.		. 15		80,268.

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	12,968.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	12,968.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie8				[20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,968.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	12,968.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 16	5,399.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	16,399.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	16,399.
Refund	34	If line 33 is more than line 24	1, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	3,431.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆 [35a	3,431.
Direct deposit?	b	Routing number 0 1 1				Checking	Savings		
See instructions.	d	Account number 3 8 8	0 0 5 1	0 2 0 9	9 4				
	36	Amount of line 34 you want a	applied to your :	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.gov</i>	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	'See			_
Designee	ins	tructions				Yes. C	omplete be	elow.	× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	ation	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sch		. ,	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
		0							IN, enter it here
Joint return?					SOFTWARE I		(see ir		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in	,	ection Fin, enter it here
	Ph	one no. (614)446-985	5	Email address		ACMATE COM			
		parer's name	9 Preparer's signat		ACVINTAM/	@GMAIL.COM Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CUPTA	04/16/2024	P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		A TATA DAG	JUIN OULIA	1 01/10/2024			678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TADAATOIN IN			1 1 11 1 5		Form 1040 (2023)
		noro for instructions and the late	scinomation.		BAA	REV 03/07/24 PRO			1 0mm 10-to (2023)

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

Attachment Sequence No. **01**

Your social security number

729-27-4953

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VIKRAM KUMAR ARIGELA CHINNAGARI

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule I	Ξ.[5	-12,413.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation	🗋	7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)		
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			
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions) 80			
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			
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 8u			
Z	Other income. List type and amount:			
0	Tatal ather income. Add lines 2a through 27		•	
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 1040, 1040-SR, or 1040-NR, line 8	-orm 1	IO	-12,413.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			e 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 government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses 24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	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	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

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.

Your social security number

20

Attachment

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VIKRAM KUMAR ARIGELA CHINNAGARI

729-27-4953

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)

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 le dollars.	(g) Adjustments to gain or loss fro Form(s) 8949, Pa line 2, column (rt 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	6,736.	4,911.		1.	1,826.
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				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	1,826.

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 th lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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	8.	940.			-932.
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 from Forms 4684, 6781, and 8824		• •	. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat			. ,	12	
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	-932.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 894.
	• 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.	
	X 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 (
	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.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	BAA REV 03/07/24 PRO	Schedule D (Form 1040) 202

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



Name(s) shown on return

Social security number or taxpayer identification number

VIKRAM KUMAR ARIGELA CHINNAGARI 729-27-4953

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	(d) Proceeds	(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). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/23	12/31/23	6,736.	4,911.	W	1.	1,826.
2 Totals. Add the amounts in colum negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc re is checked), li	lude on your ne 2 (if Box B	6,736.	4,911.		1.	1,826.

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 taxpayer identification no. not required if shown on other side VIKRAM KUMAR ARIGELA CHINNAGARI

Social security number or taxpayer identification number 729-27-4953

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	(b) Date acquired	(c) Date sold or	(d) Proceeds	(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 Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/23	8.	940.			-932.
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 D	I here and incline is checked), lir	lude on your le 9 (if Box E	8.	940.			-932.

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.

	DULE E			Supplementa	l Inc	ome an	id Lo	SS			OMB No	o. 1545-0074	
(Form	1040)	(Fro	om rental real esta	te, royalties, partners	hips, S	corporati	ions, e	states,	trusts, REMI	Cs, etc.)	20	73	
Departm	ent of the Treasury			Attach to Form 1040,							Attachm	nent	
	Revenue Service		Go to www	.irs.gov/ScheduleE for	r instru	uctions an	d the la	atest in	formation.		Sequen	ce No. 13	
. ,	shown on return										al security	number	
			ELA CHINNAGA							729-2	7-4953		
Part		or L	oss From Ren	tal Real Estate an	d Ro	yalties	•				مرمد امريام	and farmer	
	rental inco	ou are ome o	r loss from Form 48	renting personal proper 335 on page 2, line 40.	ty, use	Schedule	C . See	e instru	ctions. If you a	are an indi	viduai, rep	ort farm	
Α	Did you make ar		. 🗌 Ye	s 🛛 No									
				d Form(s) 1099?									
1a				street, city, state, ZIF									
				ILAMKUR, YERRAG		,	- TO 7		ים גם גם	ז זאד דור	16210		
 	1-349-В,	INEF	MAL ROAD CH	ILAMAUR, IERRAG		JA KADA	APA,	ANDH.	RA PRADES	SH IN 3	516310		
С													
 1b	Type of Property 2 For each rental real estate property listed Fair Pontal Personal Lee												
ID	(from list below			rt the number of fair				га	Days	Da		QJV	
Α	3	,		e days. Check the Q.			Α		365		0		
B				the requirements to f			B		505				
C			qualified joir	nt venture. See instru	ictions	3.	C						
	of Property:						•						
	Single Family R	eside	ence 3 Vaca	tion/Short-Term Ren ⁻	tal	5 Land	1	7	Self-Rental				
	Multi-Family Re					6 Roya			Other (desc	ribe)			
	, , , , , , , , , , , , , , , , , , ,					, -		_					
							•		Properti	es:		•	
Incom					•		Α	-00	В			С	
3					3		6	500.					
4		ivea			4								
Expen 5					5								
6					6								
7			enance		7		1 0	325.					
8					8		1,0)ZJ.					
9					0 9								
9 10					10								
11					11		1 /	127.					
12				. (see instructions)	12		1,4	ŧΖ/•					
12					12								
14	Duner interest Popairs	·			14		3 1	.25.					
15	a				14			984.					
16					16		4,3	. 104					
17					17		3 6	552.					
18					18		5,0						
19	Other (list)	-			19								
20				19	20		13,0	113					
21	•		•	nd/or 4 (royalties). If	20		10,0	/10.					
21				find out if you must									
					21	-	-12,4	113.					
22	Deductible rer	ntal re	eal estate loss aft	er limitation, if any,			,						
			instructions) .		22	(12,43	13.)	()	()	
23a	Total of all am	ounts	s reported on line	3 for all rental prope	rties			23a	,	600.		,	
b				4 for all royalty prop				23b					
С													
d				18 for all properties				23d					
е				20 for all properties				23e	13	,013.			
24				vn on line 21. Do not				· · ·		. 24			
25				1 and rental real estate				inter to	tal losses her	e 25	(12,413.)	
26				y income or (loss).								,	
				40 on page 2 do no									

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2023

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-12,413.

_ {	3582	Pa	ssive Activ	ity Loss Lim	itations		ON	IB No. 1545-1008
orm 🗨			-	arate instructions.				2023
	ent of the Treasury Revenue Service	Go to wavay i		1040, 1040-SR, or	1041. the latest information	on	Att	achment quence No. 858
	shown on return	GO 10 WWW.1	13.90V/F0/1110502 10				ifying nu	
. ,		RIGELA CHINNAGAF	I				9-27-4	
		assive Activity Loss						
		: Complete Parts IV ar		eting Part I.				
		tivities With Active Pa Real Estate Activities			ive participation, se	ee Special		
1a	Activities with n	et income (enter the a	mount from Part IN	/, column (a)) .	1 a	0.		
b	Activities with n	et loss (enter the amo	unt from Part IV, c	olumn (b))	1b (12,413.)		
С	Prior years' una	llowed losses (enter th	e amount from Pa	art IV, column (c))	1c ()		
d	Combine lines	1a, 1b, and 1c					1d	-12,413.
All Otl	her Passive Act	ivities						
2a	Activities with n	et income (enter the a	mount from Part V	, column (a))	2a			
b		et loss (enter the amo			()		
с	Prior years' una)						
d	Combine lines	2a, 2b, and 2c					2d	
	on: If your filing a Instead, go to li til Specia	status is married filing	oss (and line 1d is separately and yo tal Real Estate	Activities With	Active Participa	e during the	year, (do not comple
4	Enter the small	er of the loss on line 1	d or the loss on lin	ne3			4	12,413.
5	Enter \$150,000	. If married filing separ	ately, see instructi	ons	5 1	50,000.		
6	Enter modified	adjusted gross income	, but not less than	n zero. See instruc	tions 6 1	06,531.		
		s greater than or equal wise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-			
7	Subtract line 6	from line 5			7	43,469.		
8	Multiply line 7 b	y 50% (0.50). Do not er	nter more than \$25	,000. If married filir	ng separately, see i	nstructions	8	21,735.
9		er of line 4 or line 8. If	line 3 includes any	/ CRD, see instruc	tions		9	12,413.
Part		osses Allowed						
10		e, if any, on lines 1a an	d Do and ontar the				10	
	Total losses al						1 1	0.
11	and the second	lowed from all passiv	e activities for 20	23. Add lines 9 an				-12, 413 -12, 413 do not comp 12, 413 21, 735 12, 413 0 12, 413 0 12, 413 0 12, 413 0 12, 413 0 0 12, 413 0 0 12, 413 0 0 12, 413 0 0 12, 413 0 0 12, 413 0 0 12, 413 0 0 12, 413 0 0 0 0 0 0 0 0 0 0 0 0 0
		ort the losses on your ta	e activities for 20 ax return	23. Add lines 9 an			11	
		•	e activities for 20 ax return	23. Add lines 9 an			11	
	IV Comple	ort the losses on your ta ete This Part Before	e activities for 20 ax return Part I, Lines 1 Currer	23. Add lines 9 an a, 1b, and 1c. S nt year	ee instructions. Prior years			12,413.
		ort the losses on your ta ete This Part Before	e activities for 20 ax return e Part I, Lines 1	23. Add lines 9 an a, 1b, and 1c. S nt year (b) Net loss (line 1b)	ee instructions.		rall gair	12,413. n or loss (e) Loss
Part	Name of	ort the losses on your ta ete This Part Before	e activities for 20 ax return Part I, Lines 1 Currer (a) Net income	23. Add lines 9 an a , 1b , and 1c . S ht year (b) Net loss	ee instructions. Prior years (c) Unallowed	Ove	rall gair	12,413. n or loss (e) Loss
Part	Name of	ort the losses on your ta ete This Part Before f activity	e activities for 20 ax return Part I, Lines 1 Currer (a) Net income (line 1a)	23. Add lines 9 an a, 1b, and 1c. S nt year (b) Net loss (line 1b)	ee instructions. Prior years (c) Unallowed	Ove	rall gair	12,413. n or loss (e) Loss
Part	Name of	ort the losses on your ta ete This Part Before f activity	e activities for 20 ax return Part I, Lines 1 Currer (a) Net income (line 1a)	23. Add lines 9 an a, 1b, and 1c. S nt year (b) Net loss (line 1b)	ee instructions. Prior years (c) Unallowed	Ove	rall gair	

12,413.

Ο.

For Paperwork Reduction Act Notice, see instructions.

Total. Enter on Part I, lines 1a, 1b, and 1c

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Form **8582** (2023)

Form 8582 (2023)	
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Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Name of activity	Curre	nt year		Prior y	ears	Overall gain or loss			
	Name of activity	(a) Net income (line 2a)	(b) N	vet loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain	(e) Lo:	(e) Loss	
		(inte Za)		16 2.0)	1033 (111	10 20)				
Total , Enter o	on Part I, lines 2a, 2b, and 2									
Part VI	Use This Part if an Am		Part II,	Line 9. S	ee instruc	ctions.				
		Form or schedule						() 0 1 1		
	Name of activity	and line number to be reported on (see instructions)	(0)	Loss	(b) Ra	atio	(c) Special allowance	(d) Subt column (c column) from	
1-349-В,	THERMAL ROAD	E Ln 22		12,413.	1.0000	00000	12,41	3.	0.	
Total				12,413.	1.0	0	12,41	3.	0.	
Part VII	Allocation of Unallowe	d Losses. See inst	ruction	S.	•			1		
	Name of activity	Form or sch and line nu to be report (see instruct	mber ed on	(a) I	_OSS	(b) Ratio	(c) Unallowed	d loss	
Total	<u></u>						1.00			
Part VIII	Allowed Losses. See in									
	Name of activity	Form or sch and line nu to be report (see instruc	mber ed on	(a) L	_OSS	(b) Ur	nallowed loss	(c) Allowed	loss	
						1				

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