## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	1.07.07.00						
Submis	ssion Identification Number (SID)						
Taxpaye	r's name	Social securi	ty numb	per			
JASW	NANTH POTINI	495-93-2721					
Spouse's	s name	Spouse's social security number					
ANUS	SHA PRATTIPATI	769-41	-110	7			
Part		ter year you a	re au	thorizing	.)		
	vhole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			ı			
	Adjusted gross income		1		,079.		
_	Total tax		2		,765.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,489.		
	Amount you want refunded to you		5	3	,724.		
Part	,	d keen a con		our retu	ırn)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend						
return (of to send for any Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I all original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residus prior to the payment (settlement) date. I also authorize the financial institutions involved in the process of the payment (settlement) below is my signature for the income tax return (original or amended) in the Europe Withdray of Consent.	smitter, or electrorejection of the to U.S. Treasury andicated in the trution to debit the nate the authorizate the processing of the processing of e payment. I fur	onic retransmised ax preparation. The received the electrons of the electr	turn origina ssion, (b) the designated paration so to this acco To revoke ( ved no late ectronic park knowledge	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	nic Funds Withdrawal Consent.  yer's PIN: check one box only						
Тахра		to my DIN	2 7	7 2 1	00 mv		
	I authorize GLOBAL TAXES LLC to enter or genera  ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but r all zeros	as my		
	I will enter my PIN as my signature on the income tax return (original or amended) I and if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.						
Your si	ignature ▶ Date ▶						
Snous	e's PIN: check one box only						
X		te mv PIN 1	1 1 1	L 0 7	as my		
	ERO firm name	En	ter five	digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.						
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue belo	ow .					
Part I	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9  Don't ent	6 0 er all ze	8 2 7	1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incomered to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	bmitting this retu	ırn in a	accordance			
ERO's	signature ▶ Date ▶	·					
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To	o Do So					

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling	<u>'</u>		, 20		See ser	oarate i	instructions.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number
JASWANTI	Η		POTI	NI							495	93	2721
		s first name and middle initial	Last nar										security number
ANUSHA			PRAT	TIPAT	'T						769	41	1107
	(numbe	er and street). If you have a P.O. box, see			· ·			A	Apt. no.		Preside		ection Campaign
8700 ST	ACY I	RD						16	106		Check h	nere if y	ou, or your
		ce. If you have a foreign address, also co	mplete sp	paces bel	ow.	Sta	te	ZIP c		- 1		0	jointly, want \$3
MCKINNE	Y					ТХ	Σ	750	70		•		nd. Checking a not change
Foreign country	y name		F	oreign pr	ovince/state/	count	ty	Foreig	n postal c	ode	your tax		•
												Yo	ou Spouse
Filing Status	s $\square$	Single					Head of h	ouseh	old (HOI	<del>-</del> 1)			
Check only	$\overline{\mathbf{X}}$	Married filing jointly (even if only o	ne had ir	ncome)					•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)		
	lf y	ou checked the MFS box, enter the	name o	f your sp	oouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depen	dent:									
District	Λ+ or	ny time during 2023, did you: (a) rece	oivo (ac	a roward									
Digital Assets		nange, or otherwise dispose of a digi										ΠYe	es 🛛 No
Standard		neone can claim: You as a de					a dependent	). (O	oo ii loti u	Otion	J.,		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Deduction	_	Spouse itemizes on a separate return											
Deddotton	<u> </u>		- II OI yOU	- WCIC a	duai Status	ancri	<u>'</u>					_	
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b>	ouse	: U Was bo						s blind
Dependent	<b>s</b> (see	see instructions):			(2) Social security (3) Relationship			<sub>nip</sub> (4			1		see instructions):
If more	(1) First name Last name			number to you			to you	Child tax		tax cre	edit	Credit fo	r other dependents
than four													
dependents, see instruction	s												
and check	. —												
here L													
Income	1a	Total amount from Form(s) W-2, be	,		,						1a		96,000.
Attach Form(s)	b	Household employee wages not re									1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									10		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29	•					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instructi	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						06 000
		Add lines 1a through 1h									1z		96,000.
Attach Sch. B if required.	2a	· —	2a				axable interes				2b		
ii required.	3a		3a				ordinary divide				3b		
Standard	4a	<del>-</del>	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	, _	6a				axable amoun	t		٠ ـ	6b		
separately,	_ c	If you elect to use the lump-sum e		,		`	,				J		0.0
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched		•			•			. L	7		26.
jointly or Qualifying	8	Additional income from Schedule 1, line 10							8	-	53.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-							9		96,079.
\$27,700 Head of	10	Adjustments to income from Sche									10		06.050
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		96,079.
If you checked	12	Standard deduction or itemized deductions (from Schedule A)								12		27,700.	
any box under Standard	13	Qualified business income deducti									13		07 700
Deduction, see instructions.	14	Add lines 12 and 13									14		27,700. 68 379

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌		16	7,765.
Credits	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17	18	7,765.					
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	7,765.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	our <b>total tax</b>					24	7,765.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				<b>25a</b> 11	L,489.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	11,489.
If you have a	26	2023 estimated tax payment	s 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	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line							
	32	Add lines 27, 28, 29, and 31.	32						
	33	Add lines 25d, 26, and 32. The	nese are your <b>to</b>	tal payments				33	11,489.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	t you <b>overpaid</b>		34	3,724.
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	3,724.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 5 8 6	0 3 5 8	6 1 7 1	1 2				
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe					
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	structions) .			38			
<b>Third Party</b>		you want to allow another	•			_			
Designee						<del>_</del>	•		⊠ No
		esignee's me		Phone no.			onal ident ber (PIN)	ification	
Sign		nder penalties of perjury, I declare th	at I have examined		accompanying sched		, ,	the best	of my knowledge and
Sign		lief, they are true, correct, and comp							,
Here	Yo	our signature		Date Your occupation			If th	e IRS se	nt you an Identity
		· ·	i i					IN, enter it here	
Joint return?					SOFTWARE D			e inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.								inst.)	collon in the cities it here
	——Ph	one no. (469)600-444		Email address	JASWANTHPOT:		MC		
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid	SYAI	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2024 P020						2703	Self-employed
Preparer									678)965-9522
Use Only		m's address 245 ROONES		n's EIN	84-3171965				
	<u></u>	40406 1 1 11 11 11			J 08816		1		= 1010 (2000)

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

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

		ocquence No. O
Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	ial security numbe
JASWANTH POTINI & ANUSHA PRATTIPATI	495-93	-2721

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	53.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	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	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	53.

Page **2** 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	e-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	· <u> </u>			
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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		_	
Z	Other adjustments. List type and amount:				
<b>0</b> -		24z		0-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/	16/24 PRO	Schedu	ile 1 (Form 1040) 2023

# SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Sequence No. 09

Name	of proprietor					Social	security number (SSN)		
ANUS	SHA PRATTIPATI					769-	-41-1107		
Α	Principal business or profession, including product or service (see instructions)						er code from instructions		
	SOFTWARE SERVICES	5	5 1 8 2 1 0						
С	Business name. If no separate	D Employer ID number (EIN) (see instr.)							
E	Business address (including su	uite or	room no.) 8700 STA	CY R	D, Apt. 6106				
	City, town or post office, state			, TX					
F	Accounting method: (1)	<b>∢</b> Cas	h (2) Accrual (3)		Other (specify)				
G	Did you "materially participate	" in th	e operation of this business d	uring :	2023? If "No," see instructions for li				
Н	If you started or acquired this	busine	ss during 2023, check here				$\square$		
I	Did you make any payments in	n 2023	that would require you to file	Form	(s) 1099? See instructions				
J	If "Yes," did you or will you file	requi	red Form(s) 1099?		<u> </u>		Yes No		
Part	Income								
1	Gross receipts or sales. See in	struct	ions for line 1 and check the I	box if	this income was reported to you on				
	Form W-2 and the "Statutory e	emplo	ree" box on that form was ch	ecked		1	7,983.		
2									
3							7,983.		
4	Cost of goods sold (from line	12) .				4			
5							7,983.		
6	_		_		efund (see instructions)	6			
7	Gross income. Add lines 5 ar					7	7,983.		
Part	<b>Expenses.</b> Enter exp	pense	s for business use of you	ur hoi	me <b>only</b> on line 30.				
8	Advertising	8		18	Office expense (see instructions) .	18			
9	Car and truck expenses			19	Pension and profit-sharing plans .	19			
	(see instructions)	9		20	Rent or lease (see instructions):				
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment	20a			
11	Contract labor (see instructions)	11		b	Other business property				
12	Depletion	12		21	Repairs and maintenance				
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III) .	22			
	included in Part III) (see			23	Taxes and licenses	23			
	instructions)	13		24	Travel and meals:				
14	Employee benefit programs			а	Travel	24a	1,250.		
	(other than on line 19) .	14		b	Deductible meals (see instructions)	24b	2,400.		
15	Insurance (other than health)	15		25	Utilities	25	780.		
16	Interest (see instructions):			26	Wages (less employment credits)	26			
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	3,500.		
b	Other	16b		b	Energy efficient commercial bldgs				
17	Legal and professional services	17			deduction (attach Form 7205)		7.020		
28					through 27b	_	7,930.		
29	Tentative profit or (loss). Subtr					29	53.		
30	•	•	•	exper	ses elsewhere. Attach Form 8829				
	unless using the simplified me Simplified method filers only			a) varu	, homo:				
				a) you	. Use the Simplified				
	and (b) the part of your home			!:	<u> </u>	20			
24	Method Worksheet in the instr <b>Net profit or (loss).</b> Subtract		-	er Off II	ne 30	30			
31	. , ,				)				
	<ul> <li>If a profit, enter on both Sch checked the box on line 1, see</li> </ul>					31	53.		
	• If a loss, you <b>must</b> go to line		ionono., Lotatos anu trusto, el	inco Ol		01			
32	If you have a loss, check the b		t describes vour investment i	n thic	activity. See instructions				
52	•		·		)				
	• If you checked 32a, enter the		•			322	X All investment is at risk.		
	SE, line 2. (If you checked the Form 1041, line 3.	oux or	iiile 1, see trie line 31 instructi	ioris.) I	Estates and trusts, enter on	32b Some investment is not			
	• If you checked 32b, you must	nited.	at risk.						

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
	value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta		planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation		. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		truck		
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?		Tes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	☐ No
47a	Do you have evidence to support your deduction?		Tes	☐ No
	If "Yes," is the evidence written?		<b>Yes</b>	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
STA	ATIONARY EXPENCES			1,400.
BAG	CK OFFICE EXPENSES			2,100.
48	Total other expenses. Enter here and on line 27a	48		3,500.

#### SCHEDULE D (Form 1040)

Department of the Treasury

#### **Capital Gains and Losses**

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Internal Revenue Service Name(s) shown on return Your social security number 495-93-2721 JASWANTH POTINI & ANUSHA PRATTIPATI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . . . 1,172. 8. 22. 1,186. Totals for all transactions reported on Form(s) 8949 with Box B checked 55. 51. . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 26. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with 

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

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Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 26. • 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 • 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 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

### 8949

#### **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.

OMB No. 1545-0074 Attachment

Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

JASWANTH POTINI & ANUSHA PRATTIPATI

Social security number or taxpayer identification number

495-93-2721

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 F	orm 1099-B				
1 (a) Description of property		(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below	Adjustment, if If you enter an enter a co	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	04/18/23	12/31/23	1,186.	1,172.	W	8.	22.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1,186.	1,172.		8.	22.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

## Form **8949**

#### **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.

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

495-93-2721

JASWANTH POTINI & ANUSHA PRATTIPATI

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions 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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (g). instructions Robinhood Crypto LLC 05/17/23 12/31/23 55. 51. 4. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

**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.

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Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

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