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 | | | | | | | |
|--|--|--|--|--|---|--|--|--|
| Submis | ssion Identification Number (SID) | | | | | | | |
| Taxpaye | r's name | Social securi | ty numl | per | | | | |
| PRIY | YANSHI SHAH | 717-29 | -781 | 0 | | | | |
| Spouse's | s name | Spouse's social security number | | | | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2023 (Ente | r vear vou a | re au | thorizina | 1 | | | |
| | whole dollars only on lines 1 through 5. | i your you u | 10 44 | unonzing. | '/ | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | |
| | Adjusted gross income | | 1 | 103 | ,836. | | | |
| | Total tax | | 2 | | ,099. | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 21 | ,954. | | | |
| 4 | Amount you want refunded to you | | 4 | | ,855. | | | |
| 5 | Amount you owe | | 5 | | | | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and | keep a cop | y of y | our retu | rn) | | | |
| 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 abording and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income to fine 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 required so days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment of the payment (settlement) date. I also authorize the financial institutions involved in the payment (PIN) below is my signature for the income tax return (original or amended) I and identification number (PIN) below is my signature for the income tax return (original or amended) I are fully the payment in the payment (PIN) below is my signature for the income tax return (original or amended) I are fully for the payment (PIN) below is my signature for the income tax return (original or amended) I are fully fully fully for the payment (original or amended) I are fully | litter, or electro ection of the transition of the transition of the transition on to debit the e the authorization of the transition of t | onic refansmis and its cax prepare entry ation. The receiff the elaboration at the receiff the acceiments. | turn origina ssion, (b) the designated caration soft to this according for revoke (ved no late ectronic pasknowledge | tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the | | | |
| | yer's PIN: check one box only | | | | | | | |
| X | - | my PIN 9 | 7 8 | 3 1 0 | as my | | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | En | | digits, but er all zeros | ao my | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow. | | | | | | | |
| Your si | gnature ▶ Date ▶ | | | | | | | |
| Snous | e's PIN: check one box only | | | | | | | |
| | I authorize to enter or generate | my PIN | | | as my | | | |
| Ш | ERO firm name | - | ter five | digits, but | aomy | | | |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow. | | | | | | | |
| Spouse | e's signature ▶ Date ▶ | | | | | | | |
| | Practitioner PIN Method Returns Only—continue below | 1 | | | | | | |
| Part I | Certification and Authentication — Practitioner PIN Method Only | | | | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 | 2 4 9 Don't ent | 6 0 | 8 2 7 | 1 | | | |
| | | Don't ent | J. 411 20 | | | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income t ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I | nitting 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 | Do So | | | | | | |

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



| 1040 | | partment of the Treasury—Internal Revenue Servi | | urn 20 | 23 | OMB No. 1545 | 5-0074 | IRS Use Only | —Do not w | vrite or sta | aple in this space. |
|----------------------------------|--|---|-------------------|---------------------------|-----------|-----------------|----------|---------------|--------------|--------------|---------------------------|
| For the year Jar | n. 1–De | c. 31, 2023, or other tax year beginning | | , 2023 | 3, ending | | | , 20 | See se | parate i | instructions. |
| Your first name | and m | niddle initial | Last na | me | | | | | Your so | cial sec | curity number |
| PRIYANSI | HI | | SHAH | I | | | | | 717 | 29 | 7810 |
| If joint return, s | pouse' | s first name and middle initial | Last na | me | | | | | Spouse | 's social | security number |
| Home address | (numb | er and street). If you have a P.O. box, see | instruction | ons. | | | А | pt. no. | Preside | ntial Ele | ction Campaigr |
| 80 DESCA | ANSO | DR | | | | | 1 | 322 | Check I | here if y | ou, or your |
| City, town, or p | ost off | ice. If you have a foreign address, also co | mplete s | paces below. | S | tate | ZIP cc | ode | | • | jointly, want \$3 |
| SAN JOSI | 2 | | | | | CA | 951 | 34 | | | nd. Checking a not change |
| Foreign country | y name | 3 | F | oreign province/s | tate/cou | nty | Foreig | n postal code | your tax | | • |
| | | | | | | | | | | Yo | ou 🗌 Spouse |
| Filing Status | , <u>></u> | ☑ Single | | | | ☐ Head of h | ouseho | old (HOH) | | | |
| Check only | | Married filing jointly (even if only o | ne had i | ncome) | | | | ` , | | | |
| one box. | | Married filing separately (MFS) | | , | | Qualifying | g surviv | ing spouse | (QSS) | | |
| | lf | you checked the MFS box, enter the | name c | of your spouse. I | f you cl | hecked the HOI | H or QS | SS box, ente | r the ch | ild's na | me if the |
| | | ualifying person is a child but not you | | ident: | • | | | | | | |
| Digital | Δta | ny time during 2023, did you: (a) rec | eive (as | | | | | | | | |
| Assets | | hange, or otherwise dispose of a dig | | | | | | | | □ Ye | es 🗵 No |
| Standard | Son | neone can claim: | penden | t 🗌 Your sp | ouse a | s a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | | | | | | | | |
| Age/Blindness | s You | : Were born before January 2, 1 | 959 | Are blind | Spous | e: Was bo | rn befo | re January 2 | 2, 1959 | | s blind |
| Dependent | s (see | instructions): | | (2) Social se | curity | (3) Relations | hip (4) | Check the bo | ox if quali | ifies for (| (see instructions): |
| If more | • | First name Last name | | number | - | to you | | Child tax cr | redit | Credit fo | or other dependents |
| than four | | | | | | | | | | | |
| dependents, | | | | | | | | | | | |
| see instruction and check | s | | | | | | | | | | |
| here \square |] | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | e instructions) | | | | | . 1a | i | 123,266. |
| | b | Household employee wages not re | eported | on Form(s) W-2 | | | | | . 1b | , | |
| Attach Form(s) W-2 here, Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | ; | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | ı | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | , | |
| was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | . 1f | : | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 1g | , | |
| get a Form W-2, see | h | Other earned income (see instruct | ions) | | | | | | . 1h | | 0. |
| instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | 1 | i | | | | |
| | z | Add lines 1a through 1h | | | | | | | . 1z | <u>:</u> | 123,266. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b | Taxable interes | st . | | . 2b |) | 234. |
| if required. | 3a | Qualified dividends | 3a | 56. | b | Ordinary divide | ends . | | . 3b |) | 56. |
| | 4a | IRA distributions | 4a | | b | Taxable amour | nt | | . 4b |) | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | b | Taxable amour | nt | | . 5b |) | |
| Single or | 6a | Social security benefits | 6a | | b | Taxable amour | nt | | . 6b |) | |
| Married filing separately, | С | If you elect to use the lump-sum e | lection r | method, check h | nere (se | e instructions) | | [| | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Sche | dule D if | required. If not | require | d, check here | | [| □ <u> 7</u> | | -176. |
| Married filing jointly or | 8 Additional income from Schedule 1, line 10 | | | | | | . 8 | | -19,544. | | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | , and 8. | This is your tot a | al incon | ne | | | . 9 | | 103,836. |
| \$27,700 Head of | 10 | Adjustments to income from Sche | dule 1, I | ine 26 | | | | | . 10 |) | |
| household, | 11 | Subtract line 10 from line 9. This is | s your a c | djusted gross i | ncome | | | | . 11 | | 103,836. |
| \$20,800 If you checked | 12 | Standard deduction or itemized | deduct | ions (from Sche | dule A) | | | | . 12 | 2 | 13,850. |
| any box under Standard | 13 | Qualified business income deduct | ion from | Form 8995 or F | Form 89 | 95-A | | | . 13 | 3 | |
| Deduction, | 14 | | | | | | | | . 14 | 1 | 13,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or les | s, enter -0 This | s is you | r taxable incon | ne . | | . 15 | 5 | 89,986. |

| Form 1040 (2023 | <u> </u> | | | | | | | | Page 2 | |
|-------------------------------|---|--|-----------------------|-------------------|--------------------|-----------------|--|---|----------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | 3 🗌 | | . 16 | 15,099. | |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | . 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | . 18 | 15,099. | |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | . 19 | | |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | . 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | | |
| | 22 | Subtract line 21 from line 18 | B. If zero or less, | enter -0 | | | | . 22 | 15,099. | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | 2, line 21 . | | | . 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | . 24 | 15,099. | |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 2 | 1,954 | 1. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | . 25d | 21,954. | |
| If you have a | 26 | 2023 estimated tax paymen | 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 | m 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, lir | ne 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and ref | undable credits | | . 32 | 1 | |
| | 33 | Add lines 25d, 26, and 32. T | • | | - | | | | 21,954. | |
| Refund | 34 | If line 33 is more than line 24 | | | | | | . 34 | 6,855. | |
| 11010110 | 35a | Amount of line 34 you want | | | | • | _ | | 6,855. | |
| Direct deposit? | b | Routing number 3 2 2 | | | | _ | | | | |
| See instructions. | d | Account number 7 6 7 | | | | | | | | |
| | 36 | Amount of line 34 you want | | | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | This is the am | ount vou owe | | | | | 1 | |
| You Owe | ٠. | For details on how to pay, g | | | | | | . 37 | | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | |
| Third Party | Do | you want to allow another | | | | ? See | | _ | | |
| Designee | ins | structions | | | | Tes. C | Comple | te below. | ⋉ No | |
| | Designee's | | | Phone | | | identification | | | |
| <u></u> | naı | | hat I hava avamina | no. | | | nber (PII | <i>'</i> | of my limpulades and | |
| Sign | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | | | | | | , , | |
| Here | | ur signature | | Date | Your occupation | | | | | |
| | 10 | ui signature | | Date | Tour occupation | | | If the IRS sent you an Identity Protection PIN, enter it here | | |
| Joint return? | | Spouse's signature. If a joint return, both must si | | | SOFTWARE | ENGINEER | (5 | see inst.) | | |
| See instructions. | Sp | | | Date | Spouse's occupa | tion | | | nt your spouse an | |
| Keep a copy for your records. | | | | | | - 1 | Identity Protection PIN, enter it here (see inst.) | | | |
| | | | | Cassil address | DD T1/3 31011T 011 | | | | | |
| | | one no. (626)519-445 eparer's name | Preparer's signat | Email address | PRIYANSHISH | PTIN | | Check if: | | |
| Paid | | • | ' | | מייחיים מגי | Date | | 102702 | Self-employed | |
| Preparer | | | | | | 04/05/2024 | | 082703 | | |
| Use Only | | | | | | | | (678)965-9522 | | |
| - | Firi | m's address 245 ROONE | ı Cı E BKU | MONTCK N | υ υοοΤρ | | | irm's EIN | 84-3171965 | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

PRIYANSHI SHAH

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

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

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

| _ | | Sequence No. 01 |
|---|----------|------------------------|
| | Your soc | ial security number |
| | 717_29 | _7810 |

| 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. Atta | ach Schedule E . | 5 | -19,544. |
| 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 (| 2 | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | 04 | | |
| | 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 | |
| 9 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter | | 3 | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | nere and on rollin | 10 | -19,544. |
| | 10.0, 10.0 011, 01.10.10.1111, 1111.00 | | 1 10 | , |

Schedule 1 (Form 1040) 2023 Page **2**

| Par | t II Adjustments to Income | | | | |
|-----|---|----------|-------------|-----|--|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | | | | |
| | 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 | , | 24a | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | | 24b | | _ | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | _ | | | |
| | · · · · · · · · · · · · · · · · · · · | 24c | | | |
| d | | 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 | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | | | | |
| | | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10 | e. Enter | here and on | 26 | |
| | , - , - , - , , , , , , | | - | | |

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

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**

Name(s) shown on return Your social security number 717-29-7810 PRIYANSHI SHAH 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 Totals for all transactions reported on Form(s) 8949 with Box B checked 324. 500. -176. 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 -176. 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -176.• 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 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. 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 21 176.) • (\$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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

Attachment Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

717-29-7810

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.

PRIYANSHI SHAH 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 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 (a). instructions Robinhood Crypto LLC 06/17/23 12/31/23 324. 500. -176.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 324. 500. -176. above is checked), or line 3 (if Box C above is checked) .

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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

| PRIY | ANSHI SHAH | | | | | | 71 | 7-29 | 9-7810 | | |
|----------|--|----------|------------|--------|---------|------------------|----------------------|----------|------------|----------|-----|
| Part | | | | | | | | | | | |
| | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | ty, use | Schedule | C. See | instru | ctions. If you a | re a | n indiv | idual, rep | ort farm | |
| Α [| Did you make any payments in 2023 that would require you | to file | Form(s) 1 | 0002 | Soo inc | etructions | | | □ Ve | e 🛛 No | |
| | f "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | | |
| | | | | • • | • • | | | | | | |
| 1a | Physical address of each property (street, city, state, ZII | | · | | | | | | | | |
| Α | 125/301,OMSHANTI RESIDENCY JAWAHARNAGA | AR,GC | DREGAON | MUM. | BAI, | MAHARASHT | 'RA | IN | 400104 | 1 | |
| В | | | | | | | | | | | |
| С | | | | | | | | | - | T | |
| 1b | Type of Property 2 For each rental real estate prope | | | | | | Personal Use Days | | | QJV | |
| Α. | (from list below) above, report the number of fair personal use days. Check the Qu | | | _ | | Days | | Day | | | |
| A B | if you meet the requirements to f | | | A B | | 365 | | | 0 | | |
| C | qualified joint venture. See instru | ıctions | s. | С | | | | | | | |
| | of Property: | | | | | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Land | | 7 | Self-Rental | | | | | |
| | Multi-Family Residence 4 Commercial | tai | 6 Roya | | | Other (descr | ihe) | ١ | | | |
| | Widit Farmy Floorachies From Front From Front From Front From Front Fron | | - O Hoya | | | | | | | | |
| | | | | | | Propertie | es: | | | | |
| Incon | | | | Α | 0.0 | В | | | | С | |
| 3 | Rents received | 3 | | 6 | 80. | | | | | | |
| 4 | Royalties received | 4 | | | | | | | | | |
| Exper | | 5 | | | | | | | | | |
| 5 6 | Advertising | 6 | | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,8 | 45 | | | | | | |
| 8 | Commissions | 8 | | 1,0 | 13. | | | | | | |
| 9 | Insurance | 9 | | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | | |
| 11 | Management fees | 11 | | 1,5 | 30. | | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | , - | | | | | | | |
| 13 | Other interest | 13 | | | | | | | | | |
| 14 | Repairs | 14 | | 5,1 | 08. | | | | | | |
| 15 | Supplies | 15 | | 4,8 | 50. | | | | | | |
| 16 | Taxes | 16 | | | | | | | | | |
| 17 | Utilities | 17 | | | 00. | | | | | | |
| 18 | Depreciation expense or depletion | 18 | | 3,0 | 91. | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 20,2 | 24. | | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | | | | | |
| | result is a (loss), see instructions to find out if you must file Form 6198 | 04 | | -19,5 | 41 | | | | | | |
| 00 | | 21 | | -19,3 | 11. | | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 19,54 | ا ۱۵ | (| |)/ | , | | ١ |
| 23a | Total of all amounts reported on line 3 for all rental prope | | [(| 19,04 | 23a | (| 61 | 80. | | |) |
| zsa b | Total of all amounts reported on line 4 for all royalty prop | | | • | 23b | | - 0 | | | | |
| C | Total of all amounts reported on line 12 for all properties | | | | 23c | | | \dashv | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | 3 | , 09 | 91. | | | |
| e | Total of all amounts reported on line 20 for all properties | | | | 23e | | | 24. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | t includ | de any los | sses | | | . 1 | 24 | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | - | | nter to | tal losses here | e İ | 25 (| | 19,544 | .) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | - 1 | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no | | | | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this ar | | | | | | | 26 | | -19.544 | 1 |