# 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

	5.5				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social securi	ty numl	ber	
VENK	AT SAI SUMAN VENIGALLA	856-27	-122	8	
Spouse's	name	Spouse's soo			r
D. 1	T. D. L. L. C. L. C. L. C. L. C. L. C. L. C.			U 2 2	,
Part	, ,	year you a	re au	tnorizing.	.)
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	107	0 E 1
	Adjusted gross income		2		,951. ,005.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
	Amount you want refunded to you		4	16	,029.
	Amount you owe		5		24.
Part	·	een a con		/our retu	rn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send for any Agent to paymen authoriz paymen busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected provided in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction from the foreign and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the proceive confidential information necessary to answer inquiries and resolve issues related to the publication number (PIN) below is my signature for the income tax return (original or amended) I and the content of the payment (PIN) below is my signature for the income tax return (original or amended) I and the payment (PIN) below is my signature for the income tax return (original or amended) I and the payment (PIN) below is my signature for the income tax return (original or amended) I are the payment (PIN) below is my signature for the income tax return (original or amended).	ction of the ti S. Treasury a cated in the t in to debit the the authoriz- tests must be processing or ayment. I fur	ransmis nd its of ax prepare entry ation. The receiff the elaction according to the receiff the according to the receiff the according to the receiff the elaction according to the elaction accor	ssion, (b) the designated coaration so to this according to the design of the design o	ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the
	iic Funds Withdrawal Consent. yer's PIN: check one box only				
X	•	my DINI 7	1 2	2 2 8	as my
	ERO firm name	En		digits, but er all zeros	as my
	signature on the income tax return (original or amended) I am now authorizing.				_
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Your si	gnature ▶ Date ▶				
Snous	e's PIN: check one box only				
Opous	I authorize to enter or generate	my DINI			ac my
Ш	ERO firm name	_	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
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	6 0	8 2 7	1
		Don't ent	er all ze	eros	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taked 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 <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	itting 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 D	o 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		ırn 20	<b>023</b>	OMB No. 1545	5-0074	IRS Use	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, ending , 20						See separate instructions.			
Your first name	and m	niddle initial	Last nan	ame						Your social security number			
VENKAT S	SAI	SUMAN	VENIC	GALLA						856	27	1228	
		s first name and middle initial	Last nan						;	Spouse'		security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.				Apt. no.	-	Preside	ntial Fle	ection Campaign	
	,	BRANCH ROAD							1			ou, or your	
		ice. If you have a foreign address, also co	mplete sp	aces below.	Sta	ate	ZIP c	ode		•	<b>.</b>	jointly, want \$3	
FRISCO				TX 75				7 F A 2 F				nd. Checking a not change	
Foreign countr	y name		F	oreign province	e/state/cour	nty	Foreig	n postal c			or refu	ınd.	
Filing Status	s X	Single				☐ Head of h	Louseh	old (HOF	H)				
_		☐ Married filing jointly (even if only o	ne had in	icome)		_			,				
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	survi	/ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name of	your spouse	e. If you ch	ecked the HOH	or Q	SS box, e	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ur depend	dent:									
Digital		ny time during 2023, did you: (a) rec											
Assets	exch	nange, or otherwise dispose of a dig	ital asset				et)? (Se	ee instrud	ctions	s.)	Y€	es 🗵 No	
Standard	_	neone can claim:   You as a de	•			a dependent							
Deduction	Ш;	Spouse itemizes on a separate retur	n or you	were a dual-s	status alie	n							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	e: Was bo	rn befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) Social :	security	(3) Relationsh	nip (4	) Check th	he box	if quali	fies for (	see instructions):	
If more		(1) First name Last name		number to				Child tax c		dit	Credit fo	r other dependents	
than four								[					
dependents, see instruction	s —												
and check	, —								<u>_</u>				
here L								L					
Income	1a	Total amount from Form(s) W-2, b	•	•						1a	_	107,550.	
Attach Form(s)	b	Household employee wages not re	•	` ,						1b 1c	_		
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)									_		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	_		
1099-R if tax	e	Taxable dependent care benefits f								1e			
was withheld.	f	Employer-provided adoption bene	tits from	Form 8839, I	ine 29 .					1f			
If you did not get a Form	g	Wages from Form 8919, line 6.	· · ·							1g		0.	
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (s	,							1h		<u> </u>	
instructions.			566 1115111	ictions)						1z		107,550.	
Attach Cab C	z 2a	Add lines 1a through 1h  Tax-exempt interest	2a			 Гахаble interes	 +			2b	_	1,880.	
Attach Sch. B if required.	2a 3a	·	3a	7		Ordinary divide				3b		7.	
	4a	· · ·	4a	<u> </u>	<b>→ ~</b> ``	Faxable amoun				4b			
Standard	5a	_	5a			Гахаble amoun				5b			
Deduction for— Single or	6a	_	6a			Гахаble amoun Гахаble amoun				6b			
Married filing	C	If you elect to use the lump-sum e		nethod, check					Ċ				
separately, \$13,850	7	Capital gain or (loss). Attach Sche		· ·	•	,			. $\vdash$	7		-206.	
Married filing jointly or	8	Additional income from Schedule		•	•	-				8		-1,280.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•							9		107,951.	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						10		<u> </u>	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								11		107,951.	
\$20,800	12	Standard deduction or itemized	•	_						12		13,850.	
If you checked any box under	13	Qualified business income deduct		,	,	95-A				13			
Standard Deduction,	14	Add lines 12 and 13								14		13,850.	
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loce	ontor O TI	hio io vour	tavable incon				15		94 101	

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	16,005.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	16,005.	
	16		19							
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,005.	
	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 <b>total tax</b>					24	16,005.	
<b>Payments</b>	25	Federal income tax withheld	from:							
	а	Form(s) W-2				<b>25a</b> 16	5,029			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	16,029.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		17				
	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 refu	indable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	16,029.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	24.	
	35a	Amount of line 34 you want	refunded to you	រ. If Form 8888	is attached, chec	ck here	🗆	35a	24.	
Direct deposit?				<del></del>	<b>c</b> Type: 🛛	Checking	Savings			
See instructions.	d	Account number 7 6 3	5 7 2 9	0 1						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37							37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do					See				
Designee		,	•			_	omplete	below.	<b>⋉</b> No	
		0				tification				
							, ,			
Sign										
Here					. , ,				,	
	10	our signature		Date Your occupation						
Joint return?				SOFTWARE ENGINEER						
See instructions.		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on				
Keep a copy for your records.						<b>I</b>	Identity Protection PIN, enter it here			
	Ph	one no.		Email address	SUMANVENIGAL	LLA5@GMAIL.C	MC			
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN			
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/05/2024	P0208	32703	Self-employed	
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC						one no. (678) 965-9522		
————	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fi						n'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

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

VENKAT SAI SUMAN VENIGALLA

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

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

Attachment Sequence No. 01 Your social security number

856-27-1228

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	5	-21,579.		
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:				
	Other income. List type and amount:  Other Income from box 3 of 1099-Misc 20,299.	8z	20,299.		
9	Total other income. Add lines 8a through 8z			9	20,299.
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040 1040-SR or 1040-NR line 8	r here	and on Form	10	-1 280

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 <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

#### **SCHEDULE B** (Form 1040)

#### **Interest and Ordinary Dividends**

Attachment Sequence No. 08

Your social security number

OMB No. 1545-0074

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

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleB for instructions and the latest information.

856-27-1228 VENKAT SAI SUMAN VENIGALLA Amount Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions 1,880. DISCOVER BANK and the Instructions for Form 1040, line 2b.) Note: If you received a Form 1099-INT. 1 Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 1,880. 2 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 4 1,880. Note: If line 4 is over \$1,500, you must complete Part III. **Amount** 7. List name of payer: ROBINHOOD SECURITIES LLC Part II **Ordinary Dividends** (See instructions and the Instructions for Form 1040, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 7. dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign Accounts** Yes No and Trusts 7a At any time during 2023, did you have a financial interest in or signature authority over a financial Caution: If account (such as a bank account, securities account, or brokerage account) located in a foreign required, failure to X file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 penalties. and its instructions for filing requirements and exceptions to those requirements . . . . . . . Additionally, you If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the may be required financial account(s) is (are) located: to file Form 8938, Statement of Specified Foreign During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a Financial Assets.

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

See instructions.

X

#### SCHEDULE D (Form 1040)

#### **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.

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number

856-27-1228 VENKAT SAI SUMAN VENIGALLA 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 . . . . . . . . . . . . . . . . . . 159. 210. -51. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 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 -51. 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 7,333. 7,488. -155.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 -155.

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -206.• 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 206.) 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 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.

# 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.

OMB No. 1545-0074

2023
Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

856-27-1228

VENKAT SAI SUMAN VENIGALLA

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. 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 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 Securities LLC Various 12/31/23 159. 210. -51. 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.

159.

-51.

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) .

210.

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  ${\tt VENKAT~SAI~SUMAN~VENIGALLA}$ 

Social security number or taxpayer identification number 856-27-1228

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.

<ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas	•		`	<del>?</del> )
1  (a)  Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	if 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 Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		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	Various	12/31/23	7,333.	7,488.			-155.
Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above).	al here and inc	lude on your					

**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.

above is checked), or line 10 (if Box F above is checked) .

7,333.

7,488.

#### **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.

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 Your social security number

OMB No. 1545-0074

VEN	KAT SAI SUMAN VENIGALLA						856-2	7-1228	}	
Par		d Ro	yalties							
	Note: If you are in the business of renting personal proper	ty, use	Schedule	<b>C</b> . See	e instru	ctions. If you are	e an indi	vidual, rep	ort farm	
_	rental income or loss from <b>Form 4835</b> on page 2, line 40.		<b>-</b> () (	2000					<b>7</b>	
		any payments in 2023 that would require you to file Form(s) 1099? See instructions								
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No	
1a	Physical address of each property (street, city, state, ZIF	code	e)							
Α	B1/6 OLD PATTABHIPURAM 1ST LANE, GUNTUR	ANI	OHRA PR	ADES	H IN	522006				
В										
С										
1b	Type of Property 2 For each rental real estate prope	For each rental real estate property list					Persor	nal Use	0.07	
	(from list below) above, report the number of fair	rental	and	and <b>Days</b>			Da	ıys	QJV	
Α	personal use days. Check the Qu			Α		365		0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С	quaimed joint venture. See instru	CHOIS	o.	С						
Туре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land		7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (descril	be)			
			1							
l				Α		Propertie B	5:		С	
Incon 3	Rents received	3		A 7	10.	ь			<u> </u>	
4		4		/	10.					_
	Royalties received	4								
5	Advertising	5								
6	Auto and travel (see instructions)	6		5	30.					
7	Cleaning and maintenance	7			45.					
8	Commissions	8		1,0	1,013.					
9	Insurance	9								
10	Legal and other professional fees	10								_
11	Management fees	11		1 5	80.					_
12	Mortgage interest paid to banks, etc. (see instructions)	12								_
13	Other interest	13								
14	Repairs	14		4.9	55.					
15	Supplies	15		5,470.						_
16	Taxes	16			.,					
17	Utilities	17		4,6	00.					_
18	Depreciation expense or depletion	18			09.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		22,2	89.					_
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 <b>Form 6198</b>	21	-	-21,5	79.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(	21,57	79.)	(	)	(		)
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope	rties			23a		710.			
b	Total of all amounts reported on line 4 for all royalty properties	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d	3,	309.			
е	Total of all amounts reported on line 20 for all properties				23e	22,	289.			
24	Income. Add positive amounts shown on line 21. Do not		-				24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	25	(	21,579	. )
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do no						ו			
	Schedule 1 (Form 10/0) line 5. Otherwise, include this ar	naunt	in the tot	al on li	ına /11	on nage 2	0.0	i	_21 570	ı