Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	ver's name	Social sec	urity numb	ber				
REH	IAN YUSUF JAMADAR	775-9	91-565	7				
Spouse	s's name	Spouse's	social secu	urity number				
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	' year you	ı are au	thorizing.)				
Enter	Enter whole dollars only on lines 1 through 5.							
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	81,286.				
2	Total tax		2	10,141.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	15,147.				
4	Amount you want refunded to you		4	5,006.				
5	Amount you owe							

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

Taxpayer's PIN: check one box only

l authorize	CTORAT	TAVEC	TTC	to optor or gonorate my DIN	
 rauthonze	GLUBAL	TAVES		to enter or generate my PIN	F .
			ERO firm name		Er

1	5	6	5	7	
Ent don	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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

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

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

ERO's signature >		Date 🕨	
ERO Must Rei Don't Submit This For	tain This Form — See rm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return in	structions. PAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

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

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	23	OMB No. 1545	-0074	IRS Use Only	∕−Do not v	vrite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
REHAN YU	JSUF		JAM	IADAR						775	91	5657
		s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaign
338 SAIN	ITS I	PAUL AVE FLOOR#2										ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode		0.	jointly, want \$3 nd. Checking a
JERSEY (CITY					NJ	J	073	06			not change
Foreign country	y name			Foreign p	rovince/state	/count	ty	Foreig	n postal code	your ta	k or refu	
											Yo	ou 🗌 Spouse
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	d income)			_					
one box.		Married filing separately (MFS)							ing spouse	. ,		
		you checked the MFS box, enter the			pouse. If yo	ou che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, o	r payr	ment for prope	rty or :	services); o	r (b) sell,		
Assets	exch	hange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial inte	rest in	n a digital asse	et)? (Se	e instructio	ns.)	XΥ	es 🗌 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	า					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	lind Sp	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependent	s (see	instructions):		(2) 5	Social securit	v	(3) Relationsh	ip (4) Check the b	ox if qual	ifies for (see instructions):
If more	(1) First name Last name				number	,	to you		Child tax o	redit	Credit fo	r other dependents
than four												
dependents,												
see instruction and check	s											
here]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1 8	ı	104,028.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1k)	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstruction	is)	· ·				. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see					uctions)	• •		. 10		
1099-R if tax	е	Taxable dependent care benefits f			• •		• •		. 1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						. 11				
lf you did not get a Form	g								. 10	·	0	
W-2, see	h	Other earned income (see instructions)						. <u>1</u> ł	1	0.		
instructions.	i _	Nontaxable combat pay election (s	see ins	structions)		• •	1 i			- 4		104,028.
Attack C E	 22	Add lines 1a through 1h	 20	· · ·	· · ·	 ьт	axable interest	· ·		. 1z		101,020.
Attach Sch. B if required.	2a 3a	·	2a 3a		2.		axable interest Drdinary divider			. 21 . 31		2.
·	<u>3a</u> 4a	-	sa 4a				axable amoun			. 30 . 4b		۷.
Standard	4a 5a		4a 5a				axable amount			. 40. . 5b		
 Deduction for – Single or 	5a 6a		5a 6a				axable amount			. 51. . 61.		
Married filing	C	If you elect to use the lump-sum e		method	 check here			••••				
separately, \$13,850	7	Capital gain or (loss). Attach Scher				•	,			7		-3,000.
 Married filing jointly or 	8	Additional income from Schedule								. 8		-19,744.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	·							. 9		81,286.
surviving spouse, \$27,700	10	Adjustments to income from Sche					• • • • •			. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		81,286.
\$20,800	12	Standard deduction or itemized	-	-	-					. 12		13,850.
 If you checked any box under 	13	Qualified business income deducti					95-A			. 13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	<u>o or le</u>	ess, enter	-0 This is	your	taxable incom	ie .	<u> </u>	. 15	5	67,436.
												10.10

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	[1	6 10,141.
Credits	17	Amount from Schedule 2, lin	ne3				1	7
	18	Add lines 16 and 17					1	8 10,141.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ne8				2	0
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 10,141.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	3 0.
	24	Add lines 22 and 23. This is	your total tax				2	4 10,141.
Payments	25	Federal income tax withheld						
-	а	Form(s) W-2				25a 15	,147.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	5d 15,147.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return		2	6
qualifying child,	27	Earned income credit (EIC)			No .	27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit	from Form 8863	8, 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	3	2
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			3	3 15,147.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	3	4 5,006.
	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, che	ck here	. 🗌 38	5,006.
Direct deposit?	b	Routing number 0 2 1	2 0 2 3	3 7	c Type: 🛛 🗙	Checking	Savings	
See instructions.	d	Account number 8 7 4	0 6 3 9	5 8				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36		
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe				
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions		3	7
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	' See		
Designee	ins	tructions				🗌 Yes. Co	omplete belo	w. 🔀 No
	De: nar	signee's		Phone no.			onal identificati per (PIN)	on
Ciana		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	est of my knowledge and
Sign		ief, they are true, correct, and com						, ,
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
							Protectio	n PIN, enter it here
Joint return?				CIVIL ENG	INEER	(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion		sent your spouse an Protection PIN, enter it here
your records.							(see inst.)	
	Ph	one no. (919)914-117	7	Email address		DAR1@GMAIL.CO	M	
		parer's name	/ Preparer's signat		KERAN . UAMAL	Date		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			TAB GUDWA	04/05/2024	P0208270	
Preparer		n's name GLOBAL TA			DAN GUPIA	J J J / J / Z J Z Z Z Z		b. (678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's Ell	
Go to www.ire.cr		1040 for instructions and the late		TIONICI IN				Form 1040 (2023)
		noro for manuallons and the late	scinomation.		BAA	REV 03/07/24 PRO		10111 IUTU (2023)

REV 03/07/24 PRO

SCHEDULE	1
(Form 1040)	

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Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 6

Attachment Sequence No. 01 Your social security number 775-91-5657

Department of the Treasury	Attach
Internal Revenue Service	Go to www.irs.gov/Fo
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

REHAN YUSUF JAMADAR

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. Att	ach Schedule E .	5	-19,744.
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		
I	Income from the rental of personal property if you engaged in the rental			

.

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

for profit but were not in the business of renting such property . . . m Olympic and Paralympic medals and USOC prize money (see instructions)

Section 951A(a) inclusion (see instructions)

Section 461(I) excess business loss adjustment

Scholarship and fellowship grants not reported on Form W-2 . . .

Nontaxable amount of Medicaid waiver payments included on Form

Pension or annuity from a nonqualifed deferred compensation plan or

a nongovernmental section 457 plan

q Taxable distributions from an ABLE account (see instructions) . . .

n Section 951(a) inclusion (see instructions)

u Wages earned while incarcerated

z Other income. List type and amount:

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

81

8m

8n

80

8p

8q

8r

8s

8t

8u

8z

9

10

-19,744.

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-basis	s government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

REHAN YUSUF JAMADAR

Your social security number

775-91-5657

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
whol	e dollars.	()	(,	line 2, column		with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	592,813.	615,462.	19,9	67.	-2,682.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	264,738.	273,476.	5,2	57.	-3,481.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long- 	7	-6,163.

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

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(sales price)		line 2, colum		with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	-	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -6,163.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	\square No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

-orm **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.



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

Social security number or taxpayer identification number

REHAN YUSUF JAMADAR

775-91-5657

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	Various	12/31/23	592,813.	615,462.	W	19,967.	-2,682.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), lir	lude on your 1e 2 (if Box B	592,813.	615,462.		19,967.	-2,682.

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

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

-orm **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.



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

Social security number or taxpayer identification number

REHAN YUSUF JAMADAR

775-91-5657

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.

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co See the sep	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Crypto LLC	Various	12/31/23	2,596.	2,478.			118.
Webull Financial LLC	Various	12/31/23	128,238.	131,093.	W	1,458.	-1,397.
Apex Clearing	Various	12/31/23	133,904.	139,905.	W	3,799.	-2,202.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	264,738.	273,476.		5,257.	-3,481.

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

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

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury

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

2023
Attachment

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

B If "Yes," did you or will you file required Form(s) 1099" Yes No 1a Physical address of each property (street, city, state, ZIP code) A 33, 1N FRONT OP GITAT GANESH NAGAR, AKLUJ MAHARASHTRA IN 413101 8 23, 1N FRONT OP GITAT GANESH NAGAR, AKLUJ MAHARASHTRA IN 413101 B C C 0 10 Type of Property B 2 For each rental real estate property listed above, report the number of fair rental and B Days Days QJV 8 3 6 0 10		nevenue Service		Go to www.irs.gov/ScheduleE to	inistri			atest II					
Part I Income or Loss From Rental Real Estate and Royatiles Note Play care in the business of renting perconal property uses Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4350 on page 2, line 40. A IDd you are an individual, report farm rental income or loss from Form 4350 on page 2, line 40. A IDd you are an individual, report farm rental income or loss from Form 4350 on page 2, line 40. A IDd you are an individual, report farm rental income or loss from Form 4350 on page 2, line 40. A 233, LIN FRONT OF GITAI GANESH NAGAR, AKLUT MAHARASHTRA IN 413101 B C C C Ib Type of Property (from list below) 2 For each rental real estate property listed personal use days. Check the Q/V box only qualified joint venture. See instructions. B 3 670. B C Yee Or Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 4 Commercial 6 Royatlies 8 Other (describe) Torme: A 6 400. 6 6 3 Rents received 1 1, 745. 1 1 4 Royatlies received 1 1, 360. 1 1 5 Advertising 1 1, 4, 950. 1 1<			- - -								-	number	
Note: If you are in the business of renting personal property, usis Schedule C. See instructions. If you are an individual, report farm AD Id you mail you are villy oun or will you are individual, report farm AD Id you are will you fille required Form(s) 1099? Image: Individual you fille Form(s) 1099? Image: Individual You are will you are will you are will you are the requirements to file as a gravity listed from list below, if you meet the requirements to file as a gravity listed for the number of fair rental and you are will you. Fair Rental Personal Use gravity listed for the number of fair rental and you are will you will you will you you will you				- From Dortel Devil 5111						775-9	1-5657		
A Did you make any payments in 2022 that would require you to file Form(s) 1099?	Part	Note: If you a	re in t	he business of renting personal proper			e C . See	e instru	ctions. If you	are an indi	vidual, rep	ort farm	
B H*vss," did you or will you file required Form(s) 10997	A C				to file	Form(s) 1	099? 8	See ins	structions .		. 🗌 Ye	s 🛛 No	
1a Physical address of each property (street, city, state, ZIP code) A 231, IN FRONT OF GITAI GANESH NAGAR, AKLUU MAHARASHTRA IN 413101 B													
B For each rental real estate property listed above, report the number of fair rental and personal use days. Check the LQV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days QuV B													
C For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days QJV A 3 if you meet the requirements to file as a qualified joint venture. See instructions. A 365 0	Α	231, IN FRONT	r of	GITAI GANESH NAGAR,AKI	LUJ I	MAHARAS	SHTRA	IN	413101				
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C qualified joint venture. See instructions. C Image: Construction of the second		5											
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 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	19	` '											
result is a (loss), see instructions to find out if you must file Form 6198	20	•		•	20		20,4	14.					
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25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (19,744.	е							23e	20),414.			
	24					de any lo	sses						
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result	25	Losses. Add royal	y los	ses from line 21 and rental real estat	e loss	es from lin	e 22. E	nter to	tal losses he	re 25	(19,744.	
here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on	26												

For Paperwork Reduction Act Notice, see the separate instructions.

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

26

-19,744.

Form 8582	P
Department of the Treasury Internal Revenue Service	Go to www.

Name(s) shown on return

REHAN YUSUF JAMADAR

assive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008 2023 Attachment Sequence No. **858**

Identifying number 775-91-5657

2023 Passive Activity L Caution: Complete Parts		ating Dart I				
Rental Real Estate Activities With Activ	•		ive participation	see Snecial		
Allowance for Rental Real Estate Activities	• •		ive participation,	See Opeenal		
 1a Activities with net income (enter the Activities with net loss (enter the activities with net loss (enter the activities are activities) and an activities and activities and	mount from Part IV, correct the amount from Pa	olumn (b)) art IV, column (c))	1b (1c (0. 19,744.))	1d	-19,744.
All Other Passive Activities	<u></u>		<u></u>			197711.
 2a Activities with net income (enter the Activities with net loss (enter the a c Prior years' unallowed losses (enter d Combine lines 2a, 2b, and 2c . 	mount from Part V, co	olumn (b)) art V, column (c))	2b (2c ()	2d	
3 Combine lines 1d and 2d and sul zero or more, stop here and inclu prior year unallowed losses enter normally used	otract any prior year u ide this form with you ed on line 1c or 2c. F	unallowed CRD. S ur return; all losse Report the losses	See instructions. es are allowed, in	If this line is ncluding any	3	-19,744.
If line 3 is a loss and: • Line 1d is • Line 2d is • Line	s a loss (and line 1d is ling separately and yo	ou lived with your	spouse at any t	me during the	e year,	do not complete
Note: Enter all numbers in						
 4 Enter the smaller of the loss on lin 5 Enter \$150,000. If married filing see 6 Enter modified adjusted gross inconstruction Note: If line 6 is greater than or each second sec	parately, see instructi ome, but not less than	ons vzero. See instruc	tions 6	150,000. 101,030.	4	19,744.
 on line 9. Otherwise, go to line 7. 7 Subtract line 6 from line 5 8 Multiply line 7 by 50% (0.50). Do not set the set of th					8	24,485.
9 Enter the smaller of line 4 or line 8	If line 3 includes any	/ CRD, see instruc	tions		9	19,744.
Part IIITotal Losses Allowed10Add the income, if any, on lines 1a	and 2a and enter the	total			10	0.
11 Total losses allowed from all para out how to report the losses on yo	ssive activities for 20 ur tax return	23. Add lines 9 ar	nd 10. See instruc	ctions to find	11	19,744.
Part IV Complete This Part Be	fore Part I, Lines 1	a, 1b, and 1c. S	ee instructions	•		
Nome of activity	Currer	nt year	Prior years	Ove	erall gai	n or loss
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	n	(e) Loss
231, IN FRONT OF GITAI	0.	19,744.				19,744.
Total. Enter on Part I, lines 1a, 1b, and 10 For Paperwork Reduction Act Notice, see in		19,744.	REV/ 03	/07/24 PRO		Form 8582 (2023)

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

Name of estivity	Current year			Prior years		Overall gain or loss			
Name of activity	(a) Net income (line 2a)	(b)	Net loss ne 2b)	(c) Unal loss (lin				(e) Loss	
	(iiiie Za)	(III)		1035 (111	6 20)				
Total. Enter on Part I, lines 2a, 2b, and 2c Part VI Use This Part if an Amountain Stress	nt is Shown on F	Dart II	line 9 S	ee instru	tions				
Part VI USE THIS Part II all Alliou	Form or schedule	art II,	Line 9. 0		,110115.				
Name of activity	and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance	c	(d) Subtract column (c) from column (a).	
231, IN FRONT OF GITAI	E Ln 22		19,744.	1.0000	0000	19,74	4.	0.	
Total			19,744.	1.0	0	19,74	4.	0.	
Part VII Allocation of Unallowed I	_osses. See instr	uction	S.						
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) I	Loss	(b) Ratio	(c) (Jnallowed loss	
						1.00			
Part VIII Allowed Losses. See instr									
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) I	LOSS	(b) Ur	allowed loss	(c)	Allowed loss	
Total									

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