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)

T.....

Taxpayer's name	Social security number
JYOTHIKA DUDAGONDA	747-77-0410
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Ent	er year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 82,938.
2 Total tax	2 10,504.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 14,558.
4 Amount you want refunded to you	· · · · 4 4,054.
<u>5</u> Amount you owe	5

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

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	L
				ERO firm name		

7	0	4	1	0	
Ent dor	er fiv n't er	/e di iter a	gits, all ze	but ros	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 >	Da	ate 🕨	•				 		
Practitioner PIN Method Returns Only—	-continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Metho	od Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	ed PIN.	2	2		6 0 er all 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 🕨	
-	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested To Do So)
For Denominary Deduction Act Nation and your		Earm 8879 (Bay, 01 2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use (Only−l	Do not wi	rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate	instructions.
Your first name	and m	iddle initial	Last r	name						1	our so	cial sec	curity number
JYOTHIKA			םנוס	AGONDA	7						747	77	0410
		s first name and middle initial	Last r		-					s	Spouse's		security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	F	Presider	ntial Ele	ection Campaigr
_524 S CA	RROI	LL BLVD						2	05				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				jointly, want \$3 nd. Checking a
DENTON						TΣ	X	762	01		0		not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal co	ode y	our tax	_	_
												∐ Yo	ou Spouse
Filing Status	; 🗵	Single					Head of ho	ouseh	old (HOH))			
Check only		Married filing jointly (even if only or	ne hac	d income)									
one box.	L	Married filing separately (MFS)					Qualifying						
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	or QS	SS box, e	enter	the chil	ld's na	me if the
	qu	alifying person is a child but not you	ur aepe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services);	or (b	o) sell,		
Assets	exch	hange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	e instruc	tions	.)	XΥ	es 🗌 No
Standard	Som	leone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ו						
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befc	ore Janua	ry 2,	1959	🗌 ls	s blind
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	ip (4) Check th	e box	if qualif	ies for ((see instructions):
If more	•	(1) First name Last name			number		to you		Child tax cr		dit	Credit fo	or other dependents
than four													
dependents, see instructions													
and check	»												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .						1a		99,136.
Attach Form(s)	b	Household employee wages not re	•								1b		
W-2 here. Also	C	Tip income not reported on line 1a	•					• •	• •		1c	_	
attach Forms W-2G and	d	Medicaid waiver payments not rep						· ·	• •	· ·	1d		
1099-R if tax	e	Taxable dependent care benefits f							• •	1e	-		
was withheld.	f	Employer-provided adoption bene						• •	• •	• •	1f		
lf you did not get a Form	g L	Wages from Form 8919, line 6 .				• •		• •	• •	• •	1g		0.
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (s	,	· · ·		• •	· · · · ·	i ·		• •	1h		0.
instructions.	z	Add lines 1a through 1h	500 1113	siluctions		• •	11				1z	1	99,136.
Attach Sch. B	2a	-	2a			 ь т	axable interest	• •		• •	2b	+	
if required.	3a	· ·	 3a		33.		Ordinary divider				3b		34.
	4a		4a				axable amount				4b		
Standard Deduction for—	5a		5a				axable amount				5b		
Single or	6a	Social security benefits	6a			bТ	axable amount				6b		
Married filing separately,	с	If you elect to use the lump-sum e	lectior	n method,	check here	(see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	uired	, check here			. 🗆	7		1,199.
 Married filing jointly or 	8	Additional income from Schedule	1, line	10							8		-17,431.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	3. This is y	our total inc	com	e				9		82,938.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1	, line 26							10		
household,	11	Subtract line 10 from line 9. This is									11		82,938.
\$20,800 • If you checked _г	12	Standard deduction or itemized				'					12		13,850.
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	95-A				13		
Deduction, see instructions.	14		· ·	• • •						• •	14		13,850.
	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our	taxable incom	е.		<u> </u>	15		69,088.

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

Form **1040** (2023)

Form 1040 (2023	3)							P	Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 🗌 881	4 2 4972	3 🗌	[1	10,50	04.
Credits	17	Amount from Schedule 2, line 3					1	17	
	18	Add lines 16 and 17					1	10,50	04.
	19	Child tax credit or credit for othe	er dependent	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, line 8					2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18. If a	zero or less,	enter -0			2	10,50	04.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	e 2, line 21 .		2	23	0.
	24	Add lines 22 and 23. This is you	r total tax				2	24 10,50	04.
Payments	25	Federal income tax withheld fro							
-	а	Form(s) W-2				25a 14	,558.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c					2	5d 14,55	58.
If you have a	26	2023 estimated tax payments a	nd amount a	pplied from 20	22 return		2	26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from S				28			
	29	American opportunity credit from	m Form 8863	8. line 8		29			
	30	Reserved for future use		-		30			
	31	Amount from Schedule 3, line 1				31			
	32	Add lines 27, 28, 29, and 31. Th				-	3	32	
	33	Add lines 25d, 26, and 32. Thes		•	-			3 14,55	58.
Refund	34	If line 33 is more than line 24, su						34 4,05	
neruna	35a	Amount of line 34 you want refu				, .		5a 4,05	
Direct deposit?	b	Routing number 0 8 1 0					Savings		
See instructions.	ď	Account number 1 5 2 3					ournige		
	36	Amount of line 34 you want app				36			
Amount	37	Subtract line 33 from line 24. Th	-						
You Owe	57	For details on how to pay, go to					3	37	
	38	Estimated tax penalty (see instr				38			
Third Party		you want to allow another pe							
Designee		structions					omplete belo	w. 🗙 No	
	De	signee's		Phone		Perso	onal identificat	ion	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare that I							
Here		ief, they are true, correct, and complet	e. Declaration o			ased on all mormalic			
	Yo	ur signature		Date	Your occupation			S sent you an Identity on PIN, enter it here	/
Joint return?					SOFTWARE	ENGINEER	(see inst.	,	
See instructions.	Sp	ouse's signature. If a joint return, both	must sian.	Date	Spouse's occupat		If the IRS	S sent your spouse ar	
Keep a copy for	-1-	,,,,,					Identity F	Protection PIN, enter	
your records.							(see inst.	.)	
	Ph	one no. (773)999-5789		Email address	JYOTHIKA.DUD	AGONDA@GMAIL.CO	M	1	
Paid	Pre	eparer's name Pro	eparer's signat	ure		Date	PTIN	Check if:	
	SYA	M PRIYA RAM SAGAR GUPTA SY	YAM PRIY	A RAM SAG	GAR GUPTA	04/04/2024	P0208270) 3 Self-emplo	yed
Preparer Use Only	Fir	m's name GLOBAL TAXE	S LLC				Phone no	o. (678)965-9	522
	Fir	m's address 245 ROONEY(CT E BRU	NSWICK N	J 08816		Firm's El	N 84-3171	965
Go to www.irs.go	ov/Form	n1040 for instructions and the latest in	formation.		BAA	REV 03/07/24 PRO		Form 1040) (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
JYOTHIKA DUDAG	ONDA	747-77	-0410

Par	t 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	-17,431.
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	<u>,</u>	
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	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see		-	
111	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Section 461(I) excess business loss adjustment	8p	-	
۳ q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form	-		
-	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or		-	
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-17,431.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	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

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

JYOTHIKA DUDAGONDA

Your social security number

747-77-0410

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) Adjustments to gain or loss from Form(s) 8949, Part I,		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
whol	e dollars.		, , , , , , , , , , , , , , , , , , ,	line 2, columr	ı (g)	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	507.	465.			42.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	7,252.	6,095.			1,157.
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. Otherwis		7	1,199.		

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

lines This	m may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949		(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
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	tions, 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 1,199.
	• 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?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

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.



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

Social security number or taxpayer identification number

747-77-0410

JYOTHIKA DUDAGONDA

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) (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). 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) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
Robinhood Securities LLC	C Various	12/31/23	507.	465.			42.	
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Box	otal here and inc ve is checked), li	lude on your ne 2 (if Box B	507.	465.			42.	

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

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

Form **8949**

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

747-77-0410

JYOTHIKA DUDAGONDA

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		(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(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 <i>Column (e)</i> in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
Robinhood Crypto LLC	Various	12/31/23	7,252.	6,095.			1,157.	
2 Totals. Add the amounts in colun negative amounts). Enter each t Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Bo	otal here and inc ove is checked), li	lude on your ne 2 (if Box B	7,252.	6,095.			1,157.	

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

SCHE	HEDULE E Supplemental Income and Loss							OMB No	o. 1545-0074			
(Form	1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									90	192
Departn	nent of the Treasury			Attach to Form 1040,	1040-	SR, 1040-	NR, or	1041.			Attachm	
	Revenue Service		Go to www	<i>.irs.gov/ScheduleE</i> for	r instru	uctions an	d the la	itest in	formation.		Sequen	ce No. 13
Name(s) shown on return									Your soci	al security	number
	HIKA DUDAG									747-7	7-0410	
Part				tal Real Estate an								
	Note: If yo	ou are in t	the business of	renting personal proper 835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	are an indiv	vidual, rep	ort farm
A [nat would require you	to file	Form(s) 1	0992.5	See ins	structions			s X No
				ed Form(s) 1099?								
1a				(street, city, state, ZIF								
	-					,						
Α	17-1-391/5	r/54SA	ARASWATNAC	GAR SAIDABAD, HY	DERA	ABAD TE	LANG	ANA	IN 50005	9		
B												
С										_		
1b	Type of Prope			ntal real estate prope				Fa	ir Rental	Person		QJV
	(from list below	~)		ort the number of fair the days. Check the Q					Days	Da	-	
A B	3			the requirements to f			A B		365		0	
C			qualified joi	nt venture. See instru	ctions	s	В С					
-	of Property:						C					
	Single Family R	ocidono		ation/Short-Term Ren ⁻	tal	5 Land		7	Self-Rental			
	Multi-Family Re			imercial	lai	6 Roya				ribo)		
2	Multi-Family ne	Siderice	; 4 COII	Intercial			lilles	0	Other (desc	nbe)		
									Propert	ies:		
Incom	ne:						Α		В			С
3					3		5	80.				
4		ived.			4							
Exper												
5					5							
6		-			6							
7					7		1,7	50.				
8					8							
9					9							
10					10							
11					11		1,5	60.				
12				c. (see instructions)	12							
13	Other Interest	• •			13		4 0	1 1				
14 15	Repairs Supplies	• •			14 15		4,8					
15 16		• •			15		5,5	20.				
17	Utilities				17		4,5	70				
18					18		т, Ј	/0.				
19	Other (list)	-			19							
20	· · · ·			19	20		18,0	11				
21			•	nd/or 4 (royalties). If			10,0	<u>++</u> .				
21			(/	find out if you must								
	file Form 6198			•	21	-	-17,4	31.				
22	Deductible ren	ital real	estate loss af	ter limitation, if any,								
					22	(17,43	31.)	()	(
23a		-	-	e 3 for all rental prope	rties		•	23a		580.	·	
b				e 4 for all royalty prop				23b				
с				e 12 for all properties				23c				
d				e 18 for all properties				23d				
е				20 for all properties				23e	18	3,011.		
24				wn on line 21. Do not		de any los	sses			. 24		
25	Losses. Add ro	yalty los	ses from line 2	1 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses hei	re 25	(17,431.
26	Total rental re	eal esta	te and rovalt	y income or (loss).	Comb	ine lines :	24 and	25. E	nter the resi	ult		

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

26

.

-17,431.

OMB No. 1545-0074

Form 8582	
Department of the Treasury Internal Revenue Service	

Passive 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**

Name(s)	shown on return				Iden	tifying n	umber
JYOI	THIKA DUDAGONDA				74	7-77-	0410
Par	rt I 2023 Passive Activity Loss						
	Caution: Complete Parts IV an	nd V before comple	eting Part I.				
	I Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net loss (enter the amor Prior years' unallowed losses (enter th	unt from Part IV, co	olumn (b)) .rt IV, column (c))	1b (1c (0. 17,431.)) 1d	-17,431.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the an Activities with net loss (enter the amou Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co	olumn (b)) art V, column (c))	2b (2c ()) 2d	
3	Combine lines 1d and 2d and subtra- zero or more, stop here and include prior year unallowed losses entered of normally used	this form with you	ur return; all losse	es are allowed, inc	luding any	3	-17,431.
	If line 3 is a loss and: • Line 1d is a l	oss, go to Part II.					
	• Line 2d is a l	oss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
	on: If your filing status is married filing I. Instead, go to line 10.	separately and yo	ou lived with your	spouse at any tim	e during the	e year,	do not complete
Par	t II Special Allowance for Rer	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	le.		
4	Enter the smaller of the loss on line 1	d or the loss on lin	e3			4	17,431.
5	Enter \$150,000. If married filing separ	ately, see instruction	ons	5 1	50,000.		
6	Enter modified adjusted gross income	e, but not less than	zero. See instruc	tions 6 1	00,369.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	49,631.		
8	Multiply line 7 by 50% (0.50). Do not er	nter more than \$25	,000. If married fili	ng separately, see i	nstructions	8	24,816.
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	CRD, see instruction	ctions		9	17,431.
Part	t III Total Losses Allowed						
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv out how to report the losses on your ta	t				11	17 /21
Part				ee instructions.			17,431.
		Curren		Prior years	Ove	erall ga	in or loss
	Name of activity(a) Net income (line 1a)(b) Net loss (line 1b)(c) Unallowed loss (line 1c)(d) (c)						(e) Loss
17-1	1-391/T/54SARASWATNAGAR	0.	17,431.				17,431.
Total.	. Enter on Part I, lines 1a, 1b, and 1c	0.	17,431.				
For Pa	aperwork Reduction Act Notice, see instru	uctions.		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 activity	Current year			Prior years		Overall gain or loss			
Name of activity		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		red (d) Gain		(e) Loss	
		(iiiie Za)	(II)	116 2.0)	1035 (111	6 20)				
Total Enter on	Part I, lines 2a, 2b, and 2c									
	Use This Part if an Amou	nt Is Shown on I	 Part II.	Line 9. S	ee instruc	tions.				
		Form or schedule								
I	Name of activity	and line number to be reported on (see instructions)) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
17-1-391/	T/54SARASWATNAGAR	E Ln 22		17,431.	1.0000	0000	17,43	81.	0.	
Total				10 401	1.0	0	19.42		0	
	Allocation of Unallowed L	osses. See inst	l ruction	17,431. s	1.0	0	17,43	<u>, 1 </u>	0.	
		Form or sch								
	Name of activity	and line nu to be report (see instruct	mber ed on	(a) I	LOSS	(b) Ratio	(c) Unallowed loss	
Total							1.00			
	Allowed Losses. See instr	uctions.					1100			
		Form or sch	edule							
	Name of activity	and line nu to be report (see instruc	mber ed on	(a) I	Loss (b) Unallowed		nallowed loss	(c) Allowed loss	
		1								
Total										

REV 03/07/24 PRO

Form 8582 (2023)