Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Тахрау	er's name		Social securi	ty numbe	r			
KUN	TAL NAYAK		739-19	-7099				
Spouse	's name		Spouse's soc	ial securi	ty number			
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter 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	78,242.			
2	Total tax			2	9,470.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	19,050.			
4	Amount you want refunded to you			4	9,580.			
5	Amount you owe			5				
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

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 Authorize GLOBAL TAXES LLC to enter or denerate n	X I authorize	GLOBAL TAXES LLC	to enter or generate my PI
--	---------------	------------------	----------------------------

9	7	0	9	9	as my
Ent don	asiny				

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.

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 E							 		
Practitioner PIN Method Returns Only—continue below									
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei	 2	7 1	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 🕨	
	Instructions Requested To Do So		
For Denominarily Deduction Act Nation and Va			Earm 8870 (Bay, 01 2021)

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

REV 03/07/24 PRO

1040)-	VR Department of the Treasury-Inter U.S. Nonresident AI	nal Revenue Service ien Income Ta	x Return	2023	OMB No. 1	545-0074	or sta	Only—Do not write aple in this space.
For the year Jan	n. 1–		ning, 2023, ending				20		See separate
Your first name and middle initial							Your identifying number		
							(see in	structic	ons)
KUNTAL			NAYAK				739	-19-'	7099
Home address ((nun	ber and street). If you have a P.O. bo>	, see instructions.						Apt. no.
317 112TH									552
City, town, or po	ost o	office. If you have a foreign address, al	so complete spaces	below.		State		ZIP co	
BELLEVUE			L <u> </u>			WA		980	04
Foreign country	nan	16	Foreign province/st	tate/county		Foreign	postal co	ode	
Filing	5					(
Status		Single Married filing sep			g surviving spous		E E	state	☐ Trust
Check only	"	you checked the QSS box, enter the	child's name if the qu	lalitying perso	on is a child but h	ot your dep	endent:		
one box.								-	
Digital Assets	At	any time during 2023, did you: (a) rece	ive (as a reward, awa	rd, or paymer	nt for property or	services); c	or (b) sell	, excha	nge, or
	-	erwise dispose of a digital asset (or a	inancial interest in a	digital asset)?	? (See instruction:				
Dependents			(2) Depe	endent's					lifies for (see inst.): Credit for other
(see instructions):		(1) First name Last name		g number	(3) Relationship to	you Ch	ld tax cre	dit	dependents
If more than four dependents, see									
instructions and									
check here									
Income	1a	Total amount from Form(s) W-2, box							96,576.
Effectively	b	Household employee wages not rep						_	
Connected	с с	Tip income not reported on line 1a (
With U.S. Trade or	d e	Medicaid waiver payments not repo Taxable dependent care benefits fro					· 10		
Business	f	Employer-provided adoption benefit	-				. 1		
Dusiness	g	Wages from Form 8919, line 6					. 19		
Attach	h	Other earned income (see instructio							
Form(s) W-2, 1042-S,	i	Reserved for future use							
SSA-1042-S,	j	Reserved for future use					. 1	i	
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	m Schedule OI (Form	1040-NR), ite	em L,				
here. Also		line 1(e)			. 1 k				
attach Form(s)	z	Add lines 1a through 1h		1					96,576.
1099-R if	2a	Tax-exempt interest 2a			ble interest				432.
tax was withheld.	3a	Qualified dividends 3			hary dividends .			_	
If you did not	4a 5a	IRA distributions 44 Pensions and annuities 56		-	ble amount				
get a Form	5a 6	Reserved for future use					. 6		
W-2, see	7	Capital gain or (loss). Attach Schedu						_	-975.
instructions.	8	Additional income from Schedule 1	· · · · ·	•	•				-17,791.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is your total e	effectively co	nnected income		. 9		78,242.
	10	Adjustments to income from Scheo							
		income			•	-)	
	11	Subtract line 10 from line 9. This is	our adjusted gross	income .			. 1	ı 📃	78,242.
	12	Itemized deductions (from Schedu							10 0
		deduction (see instructions)				/india Tre	aty 1 2	2	13,850.
	13a	Qualified business income deductio							
	b	Exemptions for estates and trusts o							
	с 14	Add lines 13a and 13b Add lines 12 and 13c							13,850.
	15	Subtract line 14 from line 11. If zero							64,392.
		Cubirdot mile 14 Honrine 11: In 2010							01/0/21

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

Form **1040-NR** (2023)

Form 1040-NR (2	2023)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,470.
Credits	17	Amount from Schedule 2 (Form 1040), line 3	17	0.
	18	Add lines 16 and 17	18	9,470.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	19	
	20	Amount from Schedule 3 (Form 1040), line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	9,470.
	23a	Tax on income not effectively connected with a U.S. trade or business from		
		Schedule NEC (Form 1040-NR), line 15		
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),		
	с	Transportation tax (see instructions)	-	
	d	Add lines 23a through 23c	23d	
	24	Add lines 22 and 23d. This is your total tax	24	9,470.
Payments	25	Federal income tax withheld from:		5,470.
Payments	25 a	Form(s) W-2		
	b	Form(s) 1099	-	
			-	
	с с	Other forms (see instructions) . <th< th=""><th>25d</th><th>19,050.</th></th<>	25d	19,050.
	d	5		19,050.
	e	Form(s) 8805	25e	
	f	Form(s) 8288-A	25f	
	g	Form(s) 1042-S	25g	
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Reserved for future use 27	4	
	28	Additional child tax credit from Schedule 8812 (Form 1040) 28	_	
	29	Credit for amount paid with Form 1040-C	_	
	30	Reserved for future use .	4	
	31	Amount from Schedule 3 (Form 1040), line 15	_	
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	19,050.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9,580.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	9,580.
Direct deposit?	b	Routing number 1 2 2 1 0 0 2 4 c Type: C Checking Savings		
See instructions.	d	Account number 6 7 5 0 5 1 7 8 0 6		
	е	If you want your refund check mailed to an address outside the United States not shown on page 1,		
		enter it here Amount of line 34 you want applied to your 2024 estimated tax 36	_	
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third	Do yo	\sim want to allow another person to discuss this return with the IRS? See instructions. \Box Yes. Comp	lete below.	🔀 No
Party	Desig	nee's Phone Personal identif	fication	
Designee	name	no number (PIN)		
		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the		
Ciarra	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
Sign	Your			ou an Identity
Here			tection PIN,	enter it here
-	DI		e inst.)	
	Phone			
Paid	•			ck if: Salf amployed
Preparer		1 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/06/2024 P0208		Self-employed
Use Only		s name GLOBAL TAXES LLC Phone r	(- : -)	965-9522
		s address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E		171965
Go to www.irs.g	gov/Fo	m1040NR for instructions and the latest information. BAA REV 03/07/24 PRO	Form 1	040-NR (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 2 3

	Department of the Treasury Internal Revenue Service	' Co to unum ire dov/Eorm10/0 for instructions and the latest information					
Name(s) shown on Form 1040, 1040-SR, or 1040-NR				ial security number			
	KUNTAL NAYAK	739-19	-7099				

Par	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	-17,792.
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	_	
	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			
		8m	-	
	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	80 (
	1040, line 1a or 1d	8s (4	
t	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
u 7	Other income Lint type and encounty			
2	Other Income from box 3 of 1099-Misc 1.	8z 1.		
9	Total other income. Add lines 8a through 8z		9	1.
9 10	Combine lines 1 through 7 and 9. This is your additional income . Ente		-	±.
10	1040, 1040-SR, or 1040-NR, line 8		10	-17,791.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			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			
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
Ŭ	and USOC prize money reported on line 8m			
d			-	
e	Repayment of supplemental unemployment benefits under the Trade		-	
e	Act of 1974			
4			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans		-	
n	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 24j			
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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REVO	3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

KUNTAL NAYAK

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Name shown on Form 1040-NR

2023 Attachment Sequence No. 7B

Your identifying number

739-19-7099

Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other	(specify)
	Nature of income		(a) 10%	(d)	(C) 30%	%	%
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	1a	1				
b	Dividends paid by foreign corporations	1b)				
с	Dividend equivalent payments received with respect to section 871(m) transaction	is 1c	;				
2	Interest:						
а	Mortgage	2a	1				
b	Paid by foreign corporations	2b)				
с	Other	2c	;				
3	Industrial royalties (patents, trademarks, etc.)	3					
4	Motion picture or TV copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below	9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
а	Winnings						
b	Losses	100	C				
11	11 Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed 1						
12	Other (specify):						
		12					
13	Add lines 1a through 12 in columns (a) through (d)						
14	Multiply line 13 by rate of tax at top of each column						
15	Tax on income not effectively connected with a U.S. trade or business. Add col	umns (a	a) through (d) of line 14	 Enter the total here 	and on Form 1040-	NR, line 23a 15	
	Capital Gains and Losse	s Fron	n Sales or Excha	inges of Proper	ty		
losses f exchan within t	nly the capital gains and from property sales or ges that are from sources the United States and not 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) (b) Date a mm/dc		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	rely connected with a U.S. ss. Do not include a gain						
or loss	on disposing of a U.S. real						
gains a	nd losses on Schedule D						
(Form 1							
exchan	property sales or ges that are effectively						
	18 Capital gain. Combine columns (f) and (g) of line	17. En	ter the net gain here	e and on line 9 abo	ove. If a loss, enter	r-0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074 2023

	artment of the Treasury nal Revenue Service Go to www.irs.gov/Form1040NR for instructions and the latest information. Answer all questions.					Attachment Sequence No. 7C		
	Jame shown on Form 1040-NR Your iden				Your identif	ying number		
KUNI	AL NAYAK					739-19	-7099	
Α	Of what country	/ or countries v	vere you a citizen or nationa	al during the tax year?	? INDIA			
В	In what country	did you claim	residence for tax purposes	s during the tax year?	' United States			
С	Have you ever a	applied to be a	green card holder (lawful p	ermanent resident) of	the United States? .		. 🗌 Yes	🗙 No
D	Were you ever:						_	
	A U.S. citizen?							🗙 No
2.	-	• •	rmanent resident) of the Un				. 🗌 Yes	🗙 No
F	-		?), see Pub. 519, chapter 4, day of the tax year, enter y			tor your LL	c	
E	immigration sta	tus on the last o	day of the tax year. F1					_
F	If you answered	f "Yes," indicat	risa type (nonimmigrant state the date and nature of the	e change:	on status?		. 🗆 Yes	🔀 No
G	Note: If you're	a resident of C	left the United States during Canada or Mexico AND cor r Mexico and skip to item H	g 2023. See instructic nmute to work in the	ons. United States at frequ		S,	
	Date entered mm/c	United States	Date departed United State mm/dd/yy		ate entered United State mm/dd/yy	es Date c	leparted Unite mm/dd/yy	d States
н			vacation, nonworkdays, and , 2022,				g:	
I	Did you file a U	.S. income tax	return for any prior year? . nd form number you filed:				. 🛛 Yes	🗌 No
J	Are you filing a	return for a true	st?				. 🗌 Yes	🗙 No
			U.S. or foreign owner unde ribution from a U.S. person					🗌 No
K			ation of \$250,000 or more ative method to determine t					🔀 No 🗌 No
L			f you are claiming exempti v. See Pub. 901 for more inf			tax treaty v	with a foreign	country,
1.	,	• • • •	the applicable tax treaty art			claimed the	e treaty benefi	t, and the
	amount of exem	•	e columns below. Attach Fo	•				
		(a) Cou	ntry	(b) Tax treaty article	(c) Number of month claimed in prior tax ye		Amount of exe ne in current ta	
	(e) Total. Enter	r this amount o	n Form 1040-NR, line 1k. D	o not enter it anvwhe	re else on line 1			
2.			preign country on any of the			-	. 🗌 Yes	No
3.			ts pursuant to a Competent				. 🗌 Yes	🗙 No
	lf "Yes," attach	a copy of the (Competent Authority detern	nination letter to your	return.			
М	Check the appl							
1.			aking an election to treat in under section 871(d). See ir					

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 03/07/24 PRO Schedule OI (Form 1040-NR) 2023

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.

20**23** Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number 739-19-7099

KUNTAL NAYAK

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 below.	figure the amounts to enter on the complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1099-B for which bas which you have no However, if you choo	m transactions reported on Form is was reported to the IRS and for adjustments (see instructions). se to report all these transactions his line blank and go to line 1b.					
	ons reported on Form(s) 8949 with					
	ons reported on Form(s) 8949 with					
	ons reported on Form(s) 8949 with					
4 Short-term gain from	Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
	n or (loss) from partnerships,				5	
6 Short-term capital los Worksheet in the inst	s carryover. Enter the amount, if an ructions		-	-	6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back					7	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l 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	617.	1,592.			-975.
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		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	-975.			

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -975.
	• 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 (975.)
	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.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

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Schedule D (Form 1040) 2023

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KUNTAL NAYAK

739–19–7099

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.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	scription of property Date acquired Date sold or disposed of (sales		(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)			(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Webull Financial LLC	Various	12/31/23	617.	1,592.			-975.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			617.	1,592.			-975.

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.

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(Form	า 1040)	D) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						90	D9	
	ment of the Treasury							Attachr	Attachment	
	Revenue Service	Go to www.irs.gov/ScheduleE for instructions and the latest information.							Sequence No. 1	
								ocial security number		
	TAL NAYAK						739-19	9-7099		
Par	Note: If yo rental inco	or Loss From Rental Real Estate ar ou are in the business of renting personal prope ome or loss from Form 4835 on page 2, line 40.	rty, use	Schedule C						
Α	Did you make ar	y payments in 2023 that would require you	to file	Form(s) 109	99? See	e instructions .		. 🗌 Ye	es 🛛	
B	lf "Yes," did you	or will you file required Form(s) 1099? .						. 🗌 Ye	es 🗌	
1a	Physical addr	ess of each property (street, city, state, ZI								
Α	MOTINAGAR	SOCIETY, KALOL GANDHINAGAR G	UJAR/	AT IN 38	2721					
В										
С										
1b	Type of Prope		erty lis	ted		Fair Rental	Person	al Use	QJ	
	(from list below					Days	Da	ys	QU	
Α	3	personal use days. Check the Q if you meet the requirements to			Α	365		0		
В		qualified joint venture. See instru			В					
С	of Property:	4.4			С					
	Multi-Family Re			6 Royalti		8 Other (deso Proper	ties:			
Incon				A		В	,		С	
3		1	3		610	0.				
_4		ved	4							
Expe			-							
5	-		5		21/					
6 7		l (see instructions)	6		310					
8		maintenance	8		1,500	J.				
9			9							
10		er professional fees	10							
11	-	ees	11		1,320	0.				
12	-	est paid to banks, etc. (see instructions)	12							
13			13							
14			14		5,372	2.				
15	Supplies		15		5,030	0.				
16	Taxes		16							
17	Utilities		17		4,810	0.				
18	Depreciation e	xpense or depletion	18							
19	Other (list)		19							
20		s. Add lines 5 through 19	20	1	.8,402	2.				
21	result is a (loss	0 from line 3 (rents) and/or 4 (royalties). If s), see instructions to find out if you must								
00			21	-1	7,792	4.				
22	Deductible rer	tal real estate loss after limitation. if any.	1	1						

Supplemental Income and Loss

18,402. 24 . Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 17,792. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 -17,792. 26

610.

on Form 8582 (see instructions)

b

С

d

е 24

25

26

23a Total of all amounts reported on line 3 for all rental properties

Total of all amounts reported on line 12 for all properties

Total of all amounts reported on line 18 for all properties

Total of all amounts reported on line 20 for all properties

Total of all amounts reported on line 4 for all royalty properties

Income. Add positive amounts shown on line 21. Do not include any losses

SCHEDULE E

22

-17,792.)

23a

23b

23c

23d

23e

. . .

Schedule E (Form 1040) 2023

OMB No. 1545-0074

Attachment Sequence No. 13

🗌 Yes 🛛 No Yes No

QJV

8889 Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074 DAD3

0.

0.

0.

0.

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	Attachment Sequence No. 52
	ber of HSA beneficiary.
es hav	e HSAs, see instructions

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Social securi If both spous 739-19-7099 KUNTAL NAYAK Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. 1 Self-only Family 2 HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for 3 3,850. Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, 4 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also 4 5 5 3,850. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . 6 3,850. If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2023, enter your additional contribution amount. See instructions. 7 8 8 3,850. 9 Employer contributions made to your HSAs for 2023 9 406. 10 Qualified HSA funding distributions 10 406. 11 11 3,444. 12 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a 14a b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% 17a Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that b are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 17b Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21 21

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

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Form 8889 (2023)