E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

| 2023 |
|------|
| |
| |

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

| For the year Jar | n. 1–De | c. 31, 2023, or other tax year beginning | | , 2023, end | ding | | , 20 | | See ser | parate instr | uctions. |
|---------------------------------------------------|------------|------------------------------------------------------------------------------------|-----------------|----------------------------|---------|------------------|-----------------|----------|-------------------------------------------------------|-------------------------------------|----------|
| Your first name | and m | niddle initial | Last n | ame | | | | | Your so | cial security | number |
| PRABHU I | KTRA | N | BAN | DT | | | | | 302 | 49 48 | |
| | | 's first name and middle initial | Last n | | | | | | | s social seci | |
| KEERTHI | PRT | ΥΑ | CHTI | NTALAPATI | | | | | APP | LI EI |) F |
| | | er and street). If you have a P.O. box, see | | | | | Apt. no. | | | ntial Electio | |
| 7159 NW | 159 | AVE | | | | | 108 | | Check h | nere if you, o | or your |
| | | ice. If you have a foreign address, also co | mplete | spaces below. | Sta | te | ZIP code | | spouse if filing jointly, wa | | |
| PORTLANI |) | | | OR 97229 | | | | | to go to this fund. Checkir box below will not change | | |
| Foreign country | y name | 1 | | Foreign province/state/ | count | ty | Foreign postal | code | | or refund. | , |
| | | | | | | | | | | You | Spouse |
| Filing Status | s [| Single | • | | | Head of ho | ousehold (HO | H) | | | |
| Check only | | Married filing jointly (even if only or | ne had | income) | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | ☐ Qualifying | surviving spo | use (| QSS) | | |
| | lf : | you checked the MFS box, enter the | name | of your spouse. If you | u che | ecked the HOH | l or QSS box, | ente | r the chi | ld's name i | if the |
| | qι | ualifying person is a child but not you | ır depe | ndent: | | | | | | | |
| Digital | Δta | ny time during 2023, did you: (a) rece | aiva (as | a reward award or | navr | ment for proper | rty or services | s). or i | (h) sell | | |
| Digital Assets | | hange, or otherwise dispose of a digi | , | | | | • | , . | . , | Yes | ⊠ No |
| Standard | | neone can claim: You as a de | | _ | | | , (| | | | |
| Deduction | | Spouse itemizes on a separate return | • | • | | - | | | | | |
| | | · | | _ | | | | | | | |
| | | : Were born before January 2, 1 | 959 | Are blind Spe | ouse | : U Was bor | n before Janu | <u> </u> | | ls blir | |
| Dependent | • | • | | (2) Social security number | У | (3) Relationshi | ib I., | tne bo | | fies for (see i Credit for other | , |
| If more | (1) F | First name Last name | | number | | to you | Cillia | | Suit | | |
| than four dependents, | | | | | | | | <u> </u> | | | |
| see instruction | s | | | | | | | <u> </u> | | | |
| and check here [| 1 — | | | | | | | <u> </u> | \longrightarrow | | |
| - | 10 | Total amount from Form(a) W 2 h | ov 1 (o | ao inatruationa) | | | | Ш | 110 | 17 | |
| Income | 1a b | Total amount from Form(s) W-2, be | • | • | | | | | 1a 1b | | 0,007. |
| Attach Form(s) | C | Household employee wages not reported on Form(s) W-2 | | | | | | | | | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not rep | • | • | | | | | 1c | | |
| W-2G and | e | Taxable dependent care benefits f | | ., | iiistiu | ictions, | | | 1e | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | • | | | | | 1f | | |
| If you did not | g | Wages from Form 8919, line 6. | | | • | | | | 1g | | |
| get a Form | h | Other earned income (see instructi | | | | | | | 1h | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | tructions) | | 1 _{1i} | | | | | |
| | z | Add lines 1a through 1h | | | | | | | . 1z | 17 | 8,667. |
| Attach Sch. B | 2a | | 2a | j | b Ta | axable interest | | | 2b | | 71. |
| if required. | 3a | | 3a | | | ordinary divider | | | 3b | | |
| | 4a | · | 4a | | | axable amount | | | 4b | | |
| Standard | 5a | Pensions and annuities | 5a | | b T | axable amount | t | | . 5b | | |
| Deduction for— Single or | 6a | Social security benefits | 6a | | | axable amount | | | 6b | | |
| Married filing separately, | С | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | 1,352. |
| Married filing jointly or | 8 | Additional income from Schedule 1, line 10 | | | | | | | | | 3. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | 17 | 7,389. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1, | line 26 | | | | | . 10 | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | s your a | ndjusted gross inco | me | | | | . 11 | 17 | 7,389. |
| \$20,800 If you checked | 12 | Standard deduction or itemized | deduc | tions (from Schedule | e A) | | | | . 12 | 2 | 7,700. |
| any box under | 13 | Qualified business income deducti | ion fror | n Form 8995 or Form | า 899 | 5-A | | | . 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | . 14 | | 7,700. |
| see instructions. | 15 | Subtract line 1/1 from line 11 If zer | n or le | se antar -0- This is v | (OUR 1 | tavahla incom | • | | 15 | 1 1/ | 9 689 |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 | |
|--------------------------------------|------|---------------------------------------------------------------------|---------------------------|----------------------|-----------------------|----------------------------|-------------|-----------------------------------------------------------------------|-----------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | 3 🗌 | | 16 | 23,547. | |
| Credits | 17 | Amount from Schedule 2, lin | ne3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 23,547. | |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | ne 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | B. If zero or less, | enter -0 | | | | 22 | 23,547. | |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | e 2, line 21 . | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 23,547. | |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| _ | а | Form(s) W-2 | | | | 25a 2' | 7,068. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 27,068. | |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 | 022 return | | | 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit fro | m Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lir | | | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | 32 | | | | | | | |
| | 33 | Add lines 25d, 26, and 32. T | 33 | 27,068. | | | | | | |
| Refund | 34 | If line 33 is more than line 24 | 34 | 3,521. | | | | | | |
| | 35a | Amount of line 34 you want | 35a | 3,521. | | | | | | |
| Direct deposit? | b | Routing number 0 4 4 | | | | | | | | |
| See instructions. | d | Account number 7 9 0 | | | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | l. This is the amo | ount you owe | | | | | | |
| You Owe | | For details on how to pay, g | see instructions | | | 37 | | | | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | |
| Third Party | | you want to allow another | • | | | _ | | | | |
| Designee | | instructions | | | | | | | ⊠ No | |
| | | signee's me | | Phone no. | | sonal identi nber (PIN) | itication | | | |
| Sign | Un | der penalties of perjury, I declare t | hat I have examined | d this return and | accompanying sche | edules and statemer | nts, and to | the best | of my knowledge and | |
| _ | be | lief, they are true, correct, and com | plete. Declaration of | of preparer (othe | r than taxpayer) is b | ased on all informat | ion of whic | h prepar | er has any knowledge. | |
| Here | Yo | ur signature | | Date Your occupation | | | | | nt you an Identity | |
| | | | | | | | | Protection PIN, enter it here | | |
| Joint return? | | | Date | SOFTWARE ENGINEER | | | (see inst.) | | | |
| See instructions. Keep a copy for | Sp | Spouse's signature. If a joint return, both must sign. | | | Spouse's occupation | | | If the IRS sent your spouse an Identity Protection PIN, enter it here | | |
| your records. | | | | HOME MAKER | | | | inst.) | | |
| | Ph | Phone no. (580)340-1150 Email address prabhukiran.bandi07@gmail.com | | | | | | | | |
| D-:-I | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| Paid | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/06/2024 | P0208 | 2703 | Self-employed | |
| Preparer | | m's name GLOBAL TA | 1 | | | | | | (678)965-9522 | |
| Use Only | | | Y CT E BRU | NSWICK N | NSWICK NJ 08816 | | | | Firm's EIN 84-3171965 | |
| | | | | | - | | 1 | | | |

SCHEDULE 1 (Form 1040)

9

10

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

| Name | (s) shown on Form 1040, 1040-SR, or 1040-NR | | Your so | cial security number |
|------|--------------------------------------------------------------------------------|--------------|---------|----------------------|
| PRAE | BHU KIRAN BANDI & KEERTHI PRIYA CHINTALAPATI | | 302-4 | 9-4871 |
| Par | t I Additional Income | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 |
| 2a | Alimony received | | | 2a |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 |
| 4 | Other gains or (losses). Attach Form 4797 | [| 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule | E . [| 5 |
| 6 | Farm income or (loss). Attach Schedule F | | [| 6 |
| 7 | Unemployment compensation | | [| 7 |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| | 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 | 00 (| | |
| | 1040, line 1a or 1d | 8s (| / | |
| τ | Pension or annuity from a nonqualifed deferred compensation plan or | o | | |
| | a nongovernmental section 457 plan | 8t | | |
| | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |

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

3.

8z

1040, 1040-SR, or 1040-NR, line 8

Other Income from box 3 of 1099-Misc

3.

3.

9

10

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

| Par | t II Adjustments to Income | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------|----------|-------------|-----|--|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | | | | |
| | officials. Attach Form 2106 | | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | 16 | |
| 17 | Self-employed health insurance deduction | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | 18 | |
| 19a | Alimony paid | | | 19a | |
| b | Recipient's SSN | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | 20 | |
| 21 | Student loan interest deduction | | | 21 | |
| 22 | Reserved for future use | | | 22 | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | | | | |
| а | , | 24a | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | | 24b | | _ | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | _ | | | |
| | · · · · · · · · · · · · · · · · · · · | 24c | | | |
| d | | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | discrimination claims (see instructions) | 24h | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | |
| | tax law violations | 24i | | | |
| j | Housing deduction from Form 2555 | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | | | | |
| | | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10 | e. Enter | here and on | 26 | |
| | , - , - , - , , , , , , | | - | | |

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 302-49-4871 PRABHU KIRAN BANDI & KEERTHI PRIYA CHINTALAPATI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 334. -298. 36. Totals for all transactions reported on Form(s) 8949 with Box B checked 48. 49. -1. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 1,053.) 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -1,352. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

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

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,352.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 1,352.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

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.

302-49-4871 PRABHU KIRAN BANDI & KEERTHI PRIYA CHINTALAPATI Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (g). instructions ROBINHOOD SECURITIES LLC 01/01/23 12/31/23 36. 334. -298.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 36. 334. -298. above is checked), or line 3 (if Box C above is checked) .

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

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Sequence No. 12A

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

PRABHU KIRAN BANDI & KEERTHI PRIYA CHINTALAPATI

Social security number or taxpayer identification number

302-49-4871

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)

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

| (C) Shor | t-term trar | sactions | not reported | to you on F | orm 1099-B | | | | |
|-----------------------------|----------------|-------------------------------|------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|--------------------------------------------------------|--------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------|
| 1 (a) Description of prope | | perty | (b) Date acquired | (c) Date sold or | (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) | |
| | olė: 100 sh. X | | (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 | 01/01/23 | 12/31/23 | 48. | 49. | | | -1. |
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| 2 Totals. Add | the amounts | in column | 2 (d) (o) (a) 222 | d (b) (qubtract | | | | | |
| negative ame Schedule D, | ounts). Enter | each tota x A above | s (a), (e), (g), and al here and inc s is checked), lir C above is chec | lude on your ne 2 (if Box B | 48. | 49. | | | -1. |

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.



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ PRABHU KIRAN BANDI f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Last name Middle name Name KEERTHI PRIYA CHINTALAPATI (see instructions) **1b** First name Middle name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 7159 NW 159 AVE Apt 108 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 97229 PORTI_{AND} USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** Information 12/31/2001 ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other **TNDTA** Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: W7841258 Exp. date: 11/30/2032 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code