| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use O | nly—Do n | ot write or | staple in this space. |
|--|---------------------------------------|--|--------------|-------------|-----------------|------------|------------------|----------|--------------|-----------|-------------|---------------------------------------|
| For the year Jan | . 1-Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ding | | | , 20 | See | separate | e instructions. |
| Your first name | ame and middle initial Last name Your | | | | | social s | ecurity number | | | | | |
| NIKHIL | YANAMADALA 8 | | | | | | | 0278 | | | | |
| | ouse's | s first name and middle initial | Last r | | <u> </u> | | | | | | | ial security number |
| | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | ctions. | | | | A | pt. no. | Pres | idential E | Election Campaigr |
| 2336 GOL | DDUS | ST TRAIL | | | | | | | | | | f you, or your |
| City, town, or po | ost offi | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | ate | ZIP co | ode | | | ig jointly, want \$3 fund. Checking a |
| LEANDER | | | | | | TΣ | X | 786 | 41 | | | ill not change |
| Foreign country | name | | | Foreign p | rovince/state/ | count | ty | Foreig | n postal coo | le your | tax or re | _ |
| | | | | | | | | | | | | You Spouse |
| Filing Status | X | Single | | | | | Head of he | ouseh | old (HOH) | | | |
| Check only | | Married filing jointly (even if only or | ne hao | d income) | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | | | | | | |
| | | you checked the MFS box, enter the | | | pouse. If you | u che | ecked the HOF | l or QS | SS box, er | nter the | child's r | name if the |
| | qu | alifying person is a child but not you | ir deb | endent: | | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (a | s a reward | d, award, or | payr | ment for prope | rty or : | services); | or (b) se | ell, | |
| Assets | exch | ange, or otherwise dispose of a dig | | | nancial inter | est ir | n a digital asse | t)? (Se | e instruct | ions.) | | Yes 🛛 No |
| Standard | _ | eone can claim: 🗌 You as a de | • | | • | | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | ou were a | dual-status | alien | ו | | | | | |
| Age/Blindness | You: | : 🗌 Were born before January 2, 1 | 959 | Are b | lind Spo | ouse | : 🗌 Was bor | n befc | ore Januar | y 2, 195 | 9 | Is blind |
| Dependents | s (see | instructions): | | (2) \$ | Social security | , | (3) Relationsh | ip (4 |) Check the | box if q | ualifies fo | or (see instructions): |
| If more | (1) Fi | irst name Last name | | | number | | to you | | Child tax | credit | Credit | t for other dependents |
| than four | | | | | | | | | |] | | |
| dependents, see instructions | | | | | | | | | |] | | |
| and check | · | | | | | | | | |] | | |
| here 🗌 | | | | | | | | | | <u> </u> | | |
| Income | 1a | Total amount from Form(s) W-2, b | | | | | | | | • - | 1a | 123,200. |
| Attach Form(s) | b | Household employee wages not re | • | | ., | | | • • | | · - | 1b | |
| W-2 here. Also attach Forms | C | Tip income not reported on line 1a | • | | | | · · · · | • • | | · - | 1c | |
| W-2G and | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | · - | 1d | | |
| 1099-R if tax was withheld. | e f | Employer-provided adoption bene | | | - | | | • • | | • - | 1e 1f | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | • • | | • - | 1g | |
| get a Form | 9 h | Other earned income (see instruct | | | | • • | | • • | | • - | 1h | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | structions) |) | | 11 | · · | | . – | | |
| | z | Add lines 1a through 1h | | | | | | | | | 1z | 123,200. |
| Attach Sch. B | 2a | - | 2a | | | bТ | axable interest | t. | | . [| 2b | 14. |
| if required. | 3a | Qualified dividends | 3a | | 14. | b C | Ordinary divider | nds . | | . [| 3b | 22. |
| | 4a | IRA distributions | 4a | | | | axable amoun | | | . [| 4b | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | bΤ | axable amoun | t | | · [| 5b | |
| Single or | 6a | , _ | 6a | | | | axable amoun | t | | <u> </u> | 6b | |
| Married filing separately, | С | If you elect to use the lump-sum e | | | | ` | , | | | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Scher | | • | • | | l, check here | | | \Box | 7 | 42. |
| jointly or Qualifying | 8 | Additional income from Schedule | | | | | | • • | | · - | 8 | -14,381. |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | - | our total ine | come | е | • • | | · - | 9 | 108,897. |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | · · | | | | · - | 10 | 100 007 |
| household, | 11 | Subtract line 10 from line 9. This is | - | | | | | • • | | · - | 11 | 108,897. |
| If you checked any box under | 12 13 | Standard deduction or itemized Qualified business income deduct | | | | | ···· | | | · - | 12 13 | 13,850. |
| Standard | 13 14 | Add lines 12 and 13 | | | SSO OF FORM | 1 099 | J-A | • • | | • - | 13 | 13,850. |
| Deduction, see instructions. | 14 | Subtract line 14 from line 11. If zer | ∵o or l≏ | | -0 This is v | /011r1 | taxable incom | e | | ; | 15 | 95,047. |
| | | | 5 51 10 | , | 5 | 501 | | | | • | | |

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

Form 1040 (2023)

| Form 1040 (2023 |) | | | | | | | | Page 2 |
|----------------------------------|--------|--|----------------------|---------------------|------------------|------------------|---------------|---------|---|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 16,213. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | [| 18 | 16,213. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 16,213. |
| | 23 | Other taxes, including self-e | | | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | | 24 | 16,213. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 18 | ,950. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | <i>.</i> | | | | | 25d | 18,950. |
| If you have a | 26 | 2023 estimated tax payment | | | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | B. line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | - | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | undable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | , | - | | | | 33 | 18,950. |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 2,737. |
| lioidiid | 35a | Amount of line 34 you want | | | | , , | . 🗆 İ | 35a | 2,737. |
| Direct deposit? | b | Routing number 0 2 1 | 2 0 0 3 | 3 9 | | | Savings | | |
| See instructions. | d | Account number 3 8 1 | | | | | Ũ | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | | |
| You Owe | 0. | For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | | |
| Third Party | Do | you want to allow another | , | | | | | | |
| Designee | | | • | | | | omplete b | elow. | × No |
| U | De | signee's | | Phone | | | onal identifi | cation | |
| | nai | | | no. | | | ber (PIN) | | |
| Sign | | der penalties of perjury, I declare tl ief, they are true, correct, and com | | | | | | | |
| Here | | · · · · | ploto. Doolaration o | | | | | • • | , , |
| | YO | ur signature | | Date | Your occupation | | | | nt you an Identity IN, enter it here |
| Joint return? | | | | | SOFTWARE 1 | DEVELOPER | (see ir | | , |
| See instructions. | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's occupat | | If the | IRS ser | nt your spouse an |
| Keep a copy for your records. | | | | | | | | | ection PIN, enter it here |
| your records. | | | | | | | (see ir | ist.) | |
| | | one no. (913) 230-503 | | Email address | NIKHIL.YANAMA | DALA20@GMAIL.C | | | |
| Paid | | eparer's name | Preparer's signat | | | Date | PTIN | | Check if: |
| Preparer | SYAM | I PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/22/2024 | P02082 | 703 | Self-employed |
| Use Only | Fin | m's name GLOBAL TAX | | | | | Phone | eno. (| (678)965-9522 |
| | Fir | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's | EIN | 84-3171965 |
| Go to www.irs.go | v/Forn | n1040 for instructions and the late | st information. | | BAA | REV 02/11/24 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.

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NIKHIL YANAMADALA 845-17-0278

| 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 | -14,381. |
| 6 | Farm income or (loss). Attach Schedule F. | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| I | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property \ldots | 81 | _ | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | _ | |
| n | Section 951(a) inclusion (see instructions) | 8n | _ | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | _ | |
| р | Section 461(I) excess business loss adjustment | 8p | _ | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | _ | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | _ | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| _ | 1040, line 1a or 1d | 8s (| <u>)</u> | |
| 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: | 0- | | |
| • | Tatal ather income. Add lines to through 27 | 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 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -14,381. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedule | 1 (Form 1040) 2023 |

| Par | Adjustments to Income | | | | |
|-----|--|--------|------------|-------|-----------------------|
| 11 | Educator expenses | | | . 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106 | basis | governmei | nt | |
| 13 | Health savings account deduction. Attach Form 8889 | | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | | |
| 17 | Self-employed health insurance deduction | | | | |
| 18 | Penalty on early withdrawal of savings | | | | |
| 19a | Alimony paid | | | | |
| b | Recipient's SSN | | | | |
| c | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | | 1 |
| 21 | Student loan interest deduction | | | | |
| 22 | Reserved for future use | | | | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | | | | |
| a | | 24a | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | |
| | | 24b | | | |
| с | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | | 24c | | | |
| d | Reforestation amortization and expenses | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | |
| | | 24e | | | |
| f | | 24f | | | |
| g | | 24g | | | |
| ĥ | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | | 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. | | | n | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | <u></u> | . 26 | |
| | BAA | REV 02 | /11/24 PRO | Sched | ule 1 (Form 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.

Attachment Sequence No. **12**

20

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

NIKHIL YANAMADALA

Your social security number 845-17-0278

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)

| | instructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | (g) Adjustments to gain or loss from | (h) Gain or (loss) Subtract column (e) from column (d) and |
|----|---|------------------------|-------------------|---|--|
| | form may be easier to complete if you round off cents to dollars. | (sales price) | (or other basis) | Form(s) 8949, Part I line 2, 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 | 19,040. | 19,040. | 42 | . 42. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 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 | | • | - | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | 42. | | |

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 e dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustmen to gain or loss Form(s) 8949, f line 2, colum | 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 | 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | | |
| 12 | | | | | | |
| 13 | Capital gain distributions. See the instructions | | | | 13 | |
| 14 | 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | | () |
| 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 42. |
| | • 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. | |
| | | Schedule D (Form 1040) 2023 |

REV 02/11/24 PRO BAA

Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury

Internal Revenue Service

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.



Sequence No. 12A

Go to www.irs.gov/Form8949 for instructions and the latest information.

| Name(s) shown on return | Social security number or taxpayer identification number | | | | | |
|-------------------------|--|--|--|--|--|--|
| NIKHIL YANAMADALA | 845-17-0278 | | | | | |

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

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

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

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

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

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

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

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | 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.) | | (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). |
| FIDELITY BROKERAGE SERVICES LLC | 01/01/23 | 12/31/23 | 2,953. | 2,883. | | | 70. |
| ROBINHOOD SECURITIES LLC | 01/01/23 | 12/31/23 | 16,087. | 16,157. | W | 42. | -28. |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | al here and inc is checked), lir | lude on your ne 2 (if Box B | 19,040. | 19,040. | | 42. | 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

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

| (From rental real estate, roya | ies, partnerships, S corporations, | , estates, trusts, REMICs, etc.) |
|--------------------------------|------------------------------------|----------------------------------|
|--------------------------------|------------------------------------|----------------------------------|

Department of the Treasury

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

| 2023 | |
|------------|--|
| Attachment | |

| | levenue Service | Go to www.irs.gov/Schedu | uleE for instru | ictions and the | latest l | mormation. | | | ce No. 13 | | |
|----------|---------------------------------------|--|-----------------|-----------------|--------------------|-------------------|--------------|-----------------------------|------------------|--|--|
| ame(s) | (s) shown on return | | | | | | | Your social security number | | | |
| | KHIL YANAMADALA | | | | | | 845-1 | 845-17-0278 | | | |
| Part | Income of | r Loss From Rental Real Esta | ate and Roy | yalties | | | | | | | |
| | Note: If you a | are in the business of renting personal e or loss from Form 4835 on page 2, li | l property, use | Schedule C. S | ee instru | uctions. If you a | are an indi | vidual, repo | ort farm | | |
| A D | | payments in 2023 that would requi | | Form(s) 10992 | See in | structions | | | s X No | | |
| | | will you file required Form(s) 109 | | | | | | | | | |
| | | s of each property (street, city, sta | | | | | | 10 | <u>5</u> _ NO | | |
| 1a | - | | | · | 01100 | <u></u> | | | | | |
| <u>A</u> | 4-/5,GUTTIM | UKALA KANCHEKACHARLA AN | NDHRA PRA | DESH IN 5 | 2118(|) | | | | | |
| B C | | | | | | | | | | | |
| 1b | Turne of Dremorts | 2 Foundation and a state | | I | | - in Denstal | David | | | | |
| a | Type of Property (from list below) | 2 For each rental real estate above, report the number | | | air Rental Days | | nal Use | QJV | | | |
| Α | 3 | personal use days. Check | | | | 365 | | 0 | | | |
| B | 5 | if you meet the requirement | nts to file as | a R | | 505 | | 0 | | | |
| c | | qualified joint venture. See | e instructions | . <u> </u> | | | | | | | |
| - | f Property: | | | U | | | | | | | |
| | Single Family Res | idence 3 Vacation/Short-Ter | m Rental | 5 Land | 7 | Self-Rental | | | | | |
| | Julti-Family Resid | | minoritar | 6 Royalties | | Other (desc | ribe) | | | | |
| | | | | e negatioe | 0 | | | | | | |
| | | | | | | Propert | ies: | | | | |
| com | | | | A | | В | | | С | | |
| | | | | | 674. | | | | | | |
| | | d | . 4 | | | | | | | | |
| pen | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | see instructions) | | | | | | | | | |
| | | intenance | | 2, | 897. | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | professional fees | | | | | | | | | |
| | • | S | | 2, | 513. | | | | | | |
| | | t paid to banks, etc. (see instructi | | | | | | | | | |
| | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | 745. | | | | | | | |
| | Supplies | | | 198. | | | | | | | |
| | Taxes | | | - | 010 | | | | | | |
| | | | | | 210. | | | | | | |
| | | ense or depletion | 10 | 2, | 492. | | | | | | |
| | Other (list) | | 19 | 4 - | 0 5 5 | | | | | | |
| | | Add lines 5 through 19 | | 15, | 055. | | | | | | |
| | | rom line 3 (rents) and/or 4 (royalti | | | | | | | | | |
| | | see instructions to find out if you | | _1 / | 381. | | | | | | |
| | | | | 4, | JUL. | | | | | | |
| | | real estate loss after limitation, if | | (14,3 | 381. |)(|) | (| | | |
| | | nts reported on line 3 for all rental | | | 23a | - | 674. | | | | |
| | | nts reported on line 4 for all royalt | | | 23b | | | | | | |
| | | nts reported on line 12 for all prop | | | 23c | | | | | | |
| | | nts reported on line 18 for all prop | | | 23d | | 2,492. | | | | |
| | | nts reported on line 20 for all prop | | | 23e | | , 055. | | | | |
| e | | sitive amounts shown on line 21. | | | | | | | | | |
| | Income. Add pos | | | | | | | | | | |
| 4 | | Ity losses from line 21 and rental rea | | • | | otal losses her | re 25 | (1 | 14,381. | | |

26

-14,381.

-14,381.

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