Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	er's name	Social security numb	ber
MAH	ESHWAR REDDY MADDULA	652-81-013	C
Spouse	's name	Spouse's social secu	rity number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are au	thorizing.)
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	85,885.
2	Total tax	2	11,153.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,362.
4	Amount you want refunded to you	4	3,209.
5	Amount you owe	5	

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 lauthorize GLOBAL TAXES LLC to enter or generate my PIN

	T	0	Ŧ	5	0	as m
1 1	1	0	1	3	0	
	1		1	2		

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	
------	-----------	--

M. Maheenwoon Reddy.

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 03|20|2024

		as my
er fiv n't er		

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

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

Spouse's signature >	Date					 			
Practitioner PIN Method Returns Only—contin	le pe	low							
Part III Certification and Authentication – Practitioner PIN Method Only	'								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7 1	

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

ERO's signature 🕨		Date 🕨	
Dor	ERO Must Retain This Form — Se a't Submit This Form to the IRS Unless		
For Demonstrate Deduction Act Nation		REV 00/07/04 RRO	Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	/rite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
MAHESHWA	AR RI	EDDY	MAD	DULA						652	81	0130
		s first name and middle initial	Last r									I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	vpt. no.	Preside	ntial Ele	ection Campaigr
		VIEWBEND										ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
WESLEY C						FI		335		box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	in postal code	your tax		_
		۹ .										ou Spouse
Filing Status		Single		、			Head of he	buseh	old (HOH)			
Check only		Married filing jointly (even if only or Married filing concretely (MEC)	he hac	i income)								
one box.	L.	Married filing separately (MFS) you checked the MFS box, enter the	nomo	ofvouro	nouse If you	u obr			ring spouse	. ,	ild'e ne	mo if the
		alifying person is a child but not you									nu s na	
Digital		ny time during 2023, did you: (a) rece						-				
Assets		hange, or otherwise dispose of a digi					-	t)? (Se	e instructio	ns.)		es 🛛 No
Standard		eone can claim: 🗌 You as a de	•				a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	bu were a	dual-status	alien						
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	Are bl	lind Sp o	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959		s blind
Dependents	s (see	instructions):		(2) 8	Social security	/	(3) Relationsh	ip (4) Check the b	ox if qual	ifies for	(see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions	s ——											
and check	ı —											
here	1	Total amount from Form(a) W(0, b)	av 1 /a		ationa)					1		 103,580.
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re			,					. 1a . 1b	-	103,300.
Attach Form(s)	c	Tip income not reported on line 1a	•		. ,					. 10	_	
W-2 here. Also attach Forms	d			on Form(s) W-2 (see instructions)				. 10	-			
W-2G and	e	Taxable dependent care benefits f							. 1e	_		
1099-R if tax was withheld.	f	Employer-provided adoption bene							. 1f	:		
lf you did not	g	Wages from Form 8919, line 6 .								. 1g	I	
get a Form W-2, see	h	Other earned income (see instruction					_. .			. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i					
	z	Add lines 1a through 1h	• •		· · ·					. 1z	:	103,580.
Attach Sch. B	2a	· · -	2a				axable interest			. 2b	-	
if required.	3a		3a				Ordinary divider			. 3b	-	
Standard	4a		4a				axable amoun		· · ·	. 4b	-	
Deduction for—	5a Ga		5a				axable amount			. 5b	-	
 Single or Married filing 	6a	, _	6a	mothed	chock have		axable amount	ι		. 6b	·	
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Scher						• •	L [7		-3,000.
 Married filing 	8	Additional income from Schedule		•	•			• •	l	. 8	-	-14,695.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		85,885.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	-	,000.
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		85,885.
\$20,800	12	Standard deduction or itemized	-							. 12		13,850.
 If you checked any box under 	13	Qualified business income deducti					5-A			. 13		<u> </u>
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our 1	taxable incom	е.		. 15	;	72,035.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	11,153.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	11 , 153.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,153.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	11,153.
Payments	25	Federal income tax withheld							
. aymente	а	Form(s) W-2				25a 14	,362.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	14,362.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T		-				33	14,362.
Defined	34	If line 33 is more than line 24						33	3,209.
Refund	34 35a	Amount of line 34 you want	-				· ·	35a	3,209.
Direct deposit?	b 35a	Routing number 0 4 4						3 5a	5,205.
See instructions.		Account number 7 5 1					Savings		
	d								
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe						1 1	• •	37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				omplete b	alour	🔀 No
Designee							•		
	nai	signee's ne		Phone no.			onal identifi ber (PIN)	Jation	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statemen	ts, and to th	e best i	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which	prepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
		Pro						IN, enter it here	
Joint return?					SOFTWARE 1		(see ir	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	lion			nt your spouse an ection PIN, enter it here
your records.							(see in		sector r int, enter it here
	Ph	one no. (216) 612-942	5	Email address	MAHECHWAR REI	DDY245@GMAIL.C	I		
		eparer's name	Preparer's signat		PAILEOIIWAR , REI	DD1243@GMAIL.C			Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CIIDTA	03/21/2024	P02082	702	Self-employed
Preparer		m's name GLOBAL TAX		A TATA DAG	JUN OULIA	00/21/2024			(678) 965-9522
Use Only			Y CT E BRU	NOWICK N	J 08816		Firm's		0101905-9522
Co to union inc.		1040 for instructions and the late		TIONICI II					Form 1040 (2023)
GO 10 WWW.115.90	JVITOIT	TO TO INSTRUCTORS and the late	scinionnation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

REV 03/07/24 PRO

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 20 6

Attachment

Internal Revenue Service	Sequence No. 01		
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
MAHESHWAR REDD	Y MADDULA	652-81	-0130

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. Attach Schedul		5	-14,695.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
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)		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan		-	
u	Wages earned while incarcerated 8u		4	
z	Other income. List type and amount:			
•	Table 1 and			
9	Total other income. Add lines 8a through 8z.		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and o 1040, 1040-SR, or 1040-NR, line 8	n ⊦orm	10	-14,695.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	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 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:		
а	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		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses 24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 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.

Attachment Sequence No. **12**

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

MAHESHWAR REDDY MADDULA

Your social security number 652-81-0130

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

	nstructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustments		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part I, line 2, column (g)		from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	0.	2,755.			-2,755.
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	24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	(3,403.)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-6,158.		

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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	0.	1,968.			-1,968.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	-1,968.

Part III Summary -8,126. 16 Combine lines 7 and 15 and enter the result 16 • 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? **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 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. 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 21 3,000.) • (\$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. X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification number
MAHESHWAR REDDY MADDULA	652-81-0130

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	V See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)		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).
COINBASE	01/01/23	12/31/23	0.	2,755.			-2,755.
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	0.	2,755.			-2,755.

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

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

Form 8949 (2023)	Attachment Sequence No. 12A
------------------	------------------------------------

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MAHESHWAR REDDY MADDULA

Social security number or taxpayer identification number 652-81-0130

Page 2

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	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			(f) (g) Code(s) from Amount of instructions adjustment		from column (d) and combine the result with column (g).	
COINBASE	01/01/22	12/31/23	0.	1,968.			-1,968.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	lude on your ne 9 (if Box E	0.	1,968.			-1,968.		

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.

(Form 1040) (From rental real estate, royalties, partnersh						ships, S corporations, estates, trusts, REMICs, etc.)								2	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleE for													Attachm	リ ム へ 1ent	
	Revenue Service			Go to w	ww.irs.gov/S	ScheduleE for	r instru	actions and	d the la	atest in	formation.		Sequen	ce No. 1	
.,	shown on return												al security		
	SHWAR REDD			-	antel Deel							652-8	1-0130		
Part						I Estate an ersonal proper			C See	instru	ctions If you :	are an indiv	vidual ren	ort farn	n
	rental inco	ome c	or loss	from Fori	m 4835 on pa	ge 2, line 40.	-				-		-		
	Did you make ar														No
Bl	f "Yes," did you	or w	vill yo	u file req	uired Form(s	s) 1099? .							. 🗌 Ye	s 🗌	No
1a	Physical addr	ress	of ea	ch prope	rty (street, c	ity, state, ZIF	code	e)							
Α	MANSOORAB	AD I	HYDI	ERABAD	TELANGAN	JA IN 500	070								
В															
С										1		1			
1b	Type of Prope		2			estate prope				Fa	ir Rental	Person		Q	JV
•	(from list belov	w)				mber of fair Check the Q			•		Days	Da	iys		
 	3			if you me	eet the requi	irements to f	ile as	a	A B		365		0		
- C				qualified	joint ventur	e. See instru	ictions	s	C						<u>-</u>
	of Property:								-						<u> </u>
	Single Family R	esid	ence	3 Va	acation/Sho	rt-Term Ren	tal	5 Land		7	Self-Rental				
2	Multi-Family Re	side	ence	4 C	ommercial			6 Roya	lties	8	Other (desc	ribe)			
											Propert				
Incom	e:								Α		В			С	
3	Rents received	d.					3			89.					
4	Royalties rece						4								
Expen															
5	Advertising .						5								
6	Auto and trave	el (se	e inst	tructions)			6								
7	Cleaning and r	main	itenar	nce			7		1,9	984.					
8	Commissions						8								
9	Insurance						9								
10	Legal and othe						10								
11	Management f						11		1,3	85.					
12	Mortgage inter					,	12								
13	Other interest						13 14		2 1	.06.					
14 15	Repairs Supplies						14			63.					
16	Taxes						16		211	0.5.					
17	Utilities						17		2.4	52.					
18	Depreciation e						18			94.					
19	Other (list)	-		-			19								
20	Total expense						20		15,2	84.					
21	Subtract line 2														
	result is a (loss					5									
	file Form 6198						21	-	-14,6	95.					
22	Deductible ren on Form 8582						22	(14,69	95.)	()	()
23a	Total of all am	ount	s rep	orted on	line 3 for all	rental prope	rties			23a		589.			
b	Total of all am					• • • •				23b					
С	Total of all am									23c					
d	Total of all am									23d		1,594.			
e	Total of all am									23e	15	5,284.			
24 05	Income. Add							-		· ·	••••••••	. 24	/	1 1	<u>) </u>
25	Losses. Add ro	yany	/ 1055	es from lin	ie zi and rer	ital real estat	e iosse	es from line	e 22. E	nter to	ial losses nel	re 25		14,69	1) .)

Supplemental Income and Loss

SCHEDULE E

26 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

For Paperwork Reduction Act Notice, see the separate instructions.

-14,695.

26

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OMB No. 1545-0074

Form UUUL Department of the Treasury			See sepa Attach to Form		OMB No. 1545-1008																														
	s) shown on return	GO to WWW.I	rs.gov/Form8582 to	or instructions and	the latest information.	Identi	fying nu																												
•	ESHWAR REDD	ν μαρριτα					-81-(
		Passive Activity Lose	2			052	-01-0	0130																											
I U		n: Complete Parts IV ar		eting Part I.																															
		ctivities With Active Pa I Real Estate Activities			ive participation, see S	Special																													
1a	Activities with	net income (enter the a	mount from Part IN	/, column (a)) .	1a	0.																													
b		net loss (enter the amo				,695.)																													
с		allowed losses (enter th)																													
d	-	1a, 1b, and 1c					1d	-14,695.																											
All Of	ther Passive Ac																																		
2a	Activities with	net income (enter the a	mount from Part V	column (a))	2a																														
b		net loss (enter the amo)																													
C		allowed losses (enter th)																													
d	•	2a, 2b, and 2c					2d																												
Part I	on: If your filing Instead, go to till Specia Note: E Enter the smal Enter \$150,000	status is married filing line 10. al Allowance for Rer	oss, go to Part II. oss (and line 1d is separately and yo	zero or more), ski ou lived with your	p Part II and go to line spouse at any time di		3 year, d	-14,695. do not comple																											
6	Enter modified	l ler of the loss on line 1 D. If married filing separ	t II as positive amo d or the loss on lin ately, see instructi	ounts. See instruct le 3 ons	tions for an example.		4	14,695.																											
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Total. Enter on Part I, lines 1a, 1b, and 1cFor Paperwork Reduction Act Notice, see instructions.

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14,695.

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Form 8582 (202										Page 2	
Part V	Complete This Part Bo	efore P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.				
			Currer	nt year		Prior y	ears	Overa	ull ga	ain or loss	
	Name of activity		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter Part VI	on Part I, lines 2a, 2b, and 2 Use This Part if an Arr		s Shown on F	Dart II	line 9 S	ee instruc	tions				
	Name of activity	Fo ar to	rm or schedule nd line number be reported on ee instructions)	(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
MANSOOR	ABAD		E Ln 22		14,695.	1.00000000		14,695.		0.	
Total .					14,695.	1.0	0	14,69	95.	0.	
Part VII	Allocation of Unallowe	ed Los	ses. See instr	uction	s.		1				
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a)	LOSS	(1	(b) Ratio) Unallowed loss	
Total .	<u></u>							1.00			
Part VIII	Allowed Losses. See in	nstructi									
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a)	LOSS	(b) Un	allowed loss	(c) Allowed loss	
Total											

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