# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| <b>1040</b>                      |          | artment of the Treasury-Internal Revenue Servi                                     |                  | ım  20   | 23           | OMB No. 1545-    | 0074    | IRS Use    | Only—          | Do not w | rite or sta       | ple in this space.                  |
|----------------------------------|----------|--|------------------|--|--------------|------------------|---------|------------|----------------|----------|-------------------|-------------------------------------|
| For the year Jar                 | n. 1–Dec | c. 31, 2023, or other tax year beginning   |                  | , 202  | 3, ending    |                  |         | , 20       | ;              | See se   | oarate i          | nstructions.                        |
| Your first name                  | and m    | iddle initial  | Last nar         | ne   |              |                  |         |            | ,              | Your so  | cial sec          | urity number                        |
| RAVISHA                          | NKAR     |  | VEMP.            | ATI  |              |                  |         |            |                | 084      | 99                | 7149                                |
| If joint return, s               | pouse's  | s first name and middle initial  | Last nar         |  |              |                  |         |            | :              |          |                   | security number                     |
| NAVYA                            |          |  | CHAL             | LA   |              |                  |         |            |                | APP      | LI                | ED F                                |
| Home address                     | (numbe   | er and street). If you have a P.O. box, see  | instructio       | ons.   |              |                  | А       | pt. no.    | 1              | Preside  | ntial Ele         | ction Campaig                       |
| _1018 OA                         | CNEY     | RIDGE LN   |                  |  |              |                  |         |            |                |          |                   | ou, or your                         |
| City, town, or p                 | ost offi | ice. If you have a foreign address, also co  | mplete sp        | paces below.                                     | Sta          | ite              | ZIP co  | de         |                | •        | 0,                | jointly, want \$3<br>nd. Checking a |
| MORRISV                          | ILLE     |  |                  |  | NO           | C                | 275     | 60         |                | •        |                   | not change                          |
| Foreign country                  | y name   |  | F                | oreign province/                                 | state/coun   | ty               | Foreig  | n postal c | ode            | your tax | or refu           |                                     |
| Filing Status                    | s [      | Single   |                  |  |              | ☐ Head of ho     | useho   | old (HOI   | <b>⊣</b> )     |          |                   |                                     |
| Check only                       |          | Married filing jointly (even if only o   | ne had ir        | ncome)   |              |                  |         |            |                |          |                   |                                     |
| one box.                         |          | Married filing separately (MFS)  |                  |  |              | Qualifying       | surviv  | ing spoi   | use (C         | QSS)     |                   |                                     |
|                                  | If y     | you checked the MFS box, enter the   | name o           | f your spouse.                                   | If you che   | ecked the HOH    | or QS   | SS box,    | enter          | the chi  | ld's nar          | me if the                           |
|                                  | qu       | ıalifying person is a child but not you  | ır depen         | dent:  |              |                  |         |            |                |          |                   |                                     |
| Digital                          | At a     | ny time during 2023, did you: (a) rec  | eive (as a       | a reward, awar                                   | d, or payr   | ment for proper  | ty or s | services   | ); or (l       | o) sell, |                   |                                     |
| Assets                           |          | nange, or otherwise dispose of a dig   |                  |  |              |                  |         |            |                |          | ☐ Ye              | es 🗵 No                             |
| Standard                         | Som      | neone can claim:   | pendent          | ☐ Your s   | pouse as     | a dependent      |         |            |                |          |                   |                                     |
| Deduction                        | □ ;      | Spouse itemizes on a separate retur  | n or you         | were a dual-st                                   | atus alier   | 1                |         |            |                |          |                   |                                     |
| Ago/Plindnoo                     | - Vau    | Mara barn before January 2, 1  | 050              | Are blind  | Chausa       |                  | hofo    | ro lonu    | 0010           | 1050     |                   | s blind                             |
|                                  | _        | : Were born before January 2, 1  | 939 _            | _  | Spouse       |                  | (4)     |            |                |          |                   | see instructions)                   |
| -                                |          | s (see instructions):  (1) First name  Last name                                   |                  | (2) Social security (3) Relationsh number to you |              | Child tax c      |         |            |                |          | r other dependent |                                     |
| If more<br>than four             | (1)      | East name  |                  | +  |              | ,                |         |            |                |          |                   |                                     |
| dependents,                      |          |  |                  |  |              |                  |         |            |                |          |                   | $\overline{\Box}$                   |
| see instruction                  | s —      |  |                  |  |              |                  |         |            |                |          |                   |                                     |
| and check here $\Box$            | ]        |  |                  |  |              |                  |         |            |                |          |                   |                                     |
| Income                           | 1a       | Total amount from Form(s) W-2, b   | ox 1 (see        | e instructions)                                  |              |                  |         |            | <del>-</del> . | 1a       |                   | 103,513.                            |
|                                  | b        | Household employee wages not re  | eported o        | on Form(s) W-2                                   | 2            |                  |         |            |                | 1b       |                   |                                     |
| Attach Form(s)<br>W-2 here. Also | С        | Tip income not reported on line 1a (see instructions)                              |                  |  |              |                  |         |            | 1c             |          |                   |                                     |
| attach Forms                     | d        |  |                  |  |              |                  |         |            | 1d             |          |                   |                                     |
| W-2G and<br>1099-R if tax        | е        | Taxable dependent care benefits from Form 2441, line 26                            |                  |  |              |                  |         | 1e         |                |          |                   |                                     |
| was withheld.                    | f        | Employer-provided adoption benefits from Form 8839, line 29                        |                  |  |              |                  |         |            | 1f             |          |                   |                                     |
| If you did not                   | g        | Wages from Form 8919, line 6 .   |                  |  |              |                  |         | 1g         |                |          |                   |                                     |
| get a Form<br>W-2, see           | h        | Other earned income (see instruct  |                  |  |              |                  |         |            | 1h             |          | 0.                |                                     |
| instructions.                    | i        | Nontaxable combat pay election (s  | see instr        | uctions)   |              | <u>1i</u>        |         |            |                |          |                   |                                     |
|                                  | Z        | Add lines 1a through 1h  | . <sub>i</sub> . |  |              |                  |         |            |                | 1z       |                   | 103,513.                            |
| Attach Sch. B                    | 2a       | Tax-exempt interest  | 2a               |  | =            | axable interest  |         |            |                | 2b       |                   |                                     |
| if required.                     | 3a       |  | 3a               | 6.   | - <b>-</b> - | Ordinary dividen |         |            |                | 3b       |                   | 22.                                 |
| Standard                         | 4a       |  | 4a               |  | _            | axable amount    |         |            |                | 4b       |                   |                                     |
| Deduction for—                   | 5a       | _  | 5a               |  |              | axable amount    |         |            |                | 5b       |                   |                                     |
| Single or<br>Married filing      | 6a       | ,  | 6a               |  | _            | axable amount    |         |            | ٠ ـ            | 6b       |                   |                                     |
| separately,                      | c        | f you elect to use the lump-sum election method, check here (see instructions)     |                  |  |              |                  |         |            |                |          | 2 000             |                                     |
| \$13,850<br>Married filing       | 7        | Capital gain or (loss). Attach Schedule D if required. If not required, check here |                  |  |              |                  |         |            | . L            | 7        |                   | -3,000.                             |
| jointly or<br>Qualifying         | 8        | Additional income from Schedule 1, line 10   |                  |  |              |                  |         | 8          |                | 100 525  |                   |                                     |
| surviving spouse,                | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>       |                  |  |              |                  |         |            | 9              |          | 100,535.          |                                     |
| \$27,700<br>Head of              | 10       | Adjustments to income from Schedule 1, line 26                                     |                  |  |              |                  |         |            | 10             |          | 100 525           |                                     |
| household,<br>\$20,800           | 11       | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>            |                  |  |              |                  |         | 11         |                | 100,535. |                   |                                     |
| If you checked                   | 12       |  |                  |  |              |                  |         |            |                | 12       |                   | 27,700.                             |
| any box under<br>Standard        | 13       | Qualified business income deduct Add lines 12 and 13                               |                  |  |              |                  |         |            |                | 13       |                   | 27 700                              |
| Deduction, see instructions.     | 14       | <del>-</del>   |                  |  |              |                  |         |            | 14             |          | 27 <b>,</b> 700.  |                                     |

| Form 1040 (202)                    | 3)      |  |                        |                      |                                 |                        |                       |   | Page Z            |  |
|------------------------------------|---------|--|------------------------|----------------------|---------------------------------|------------------------|-----------------------|---|-------------------|--|
| Tax and                            | 16      | Tax (see instructions). Check it   | f any from Form        | (s): <b>1</b> 881    | 4 <b>2</b> 🗌 4972               | з 🗌                    |                       | 16  | 8,299.            |  |
| Credits                            | 17      | Amount from Schedule 2, line 3   |                        |                      |                                 |                        |                       | 17  |                   |  |
|                                    | 18      | Add lines 16 and 17  |                        |                      |                                 |                        |                       |   | 8,299.            |  |
|                                    | 19      | Child tax credit or credit for c   | ther dependent         | ts from Sched        | ule 8812                        |                        |                       | 19  |                   |  |
|                                    | 20      | Amount from Schedule 3, line   | 8                      |                      |                                 |                        |                       | 20  | 4.                |  |
|                                    | 21      | Add lines 19 and 20  |                        |                      |                                 |                        |                       | 21  | 4.                |  |
|                                    | 22      | Subtract line 21 from line 18.   | If zero or less,       | enter -0             |                                 |                        |                       | 22  | 8,295.            |  |
|                                    | 23      | Other taxes, including self-en   | nployment tax,         | from Schedule        | e 2, line 21                    |                        |                       | 23  | 0.                |  |
|                                    | 24      | Add lines 22 and 23. This is y   | our <b>total tax</b>   |                      |                                 |                        |                       | 24  | 8,295.            |  |
| <b>Payments</b>                    | 25      | Federal income tax withheld  | from:                  |                      |                                 |                        |                       |   |                   |  |
| -                                  | а       | Form(s) W-2  |                        |                      |                                 | <b>25a</b> 15          | 5 <b>,</b> 343.       |   |                   |  |
|                                    | b       | Form(s) 1099   |                        |                      |                                 | 25b                    |                       |   |                   |  |
|                                    | С       | Other forms (see instructions)   | )                      |                      |                                 | 25c                    |                       |   |                   |  |
|                                    | d       | Add lines 25a through 25c .  |                        |                      |                                 |                        |                       | 25d   | 15,343.           |  |
| If you have a                      | 26      | 2023 estimated tax payments  | s and amount a         | pplied from 20       | 122 return                      |                        |                       | 26  |                   |  |
| qualifying child,                  | 27      | Earned income credit (EIC) .   |                        |                      |                                 | 27                     |                       |   |                   |  |
| attach Sch. EIC.                   | 28      | Additional child tax credit from   | Schedule 8812          |                      |                                 | 28                     |                       |   |                   |  |
|                                    | 29      | American opportunity credit f  | rom Form 8863          | 3, line 8            |                                 | 29                     |                       |   |                   |  |
|                                    | 30      | Reserved for future use  |                        |                      |                                 | 30                     |                       |   |                   |  |
|                                    | 31      | Amount from Schedule 3, line   |                        |                      |                                 |                        |                       |   |                   |  |
|                                    | 32      | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits |                        |                      |                                 |                        |                       |   |                   |  |
|                                    | 33      | Add lines 25d, 26, and 32. Th  | ese are your <b>to</b> | tal payments         |                                 |                        |                       | 33  | 15,343.           |  |
| Refund                             | 34      | If line 33 is more than line 24,   | subtract line 2        | 4 from line 33.      | This is the amour               | nt you <b>overpaid</b> |                       | 34  | 7,048.            |  |
|                                    | 35a     | Amount of line 34 you want re  | efunded to you         | ı. If Form 8888      | is attached, chec               | k here                 | 🗆                     | 35a   | 7,048.            |  |
| Direct deposit?                    | b       | Routing number 0 2 1   |                        |                      |                                 | Checking               | Savings               |   |                   |  |
| See instructions.                  | d       | Account number 4 8 3   | 0 5 4 6                | 3 8 7 9              | 9 9                             |                        |                       |   |                   |  |
|                                    | 36      | Amount of line 34 you want a   | pplied to your         | 2024 estimate        | ed tax                          | 36                     |                       |   |                   |  |
| Amount<br>You Owe                  | 37      | Subtract line 33 from line 24. For details on how to pay, go                             |                        |                      |                                 |                        |                       | 37  |                   |  |
| roa o we                           | 38      | Estimated tax penalty (see in:   | _                      | -                    |                                 | 38                     |                       | 31  |                   |  |
| Third Party<br>Designee            | Do      | you want to allow another structions   | person to disc         | cuss this retu       | n with the IRS?                 | See                    | omplete               | helow   | ⊠ No              |  |
| Designee                           |         | signee's   |                        | Phone                |                                 |                        | omplete<br>onal ident |   | <u> </u>          |  |
|                                    |         | me   |                        | no.                  |                                 |                        | ber (PIN)             |   |                   |  |
| Sign<br>Here                       |         | der penalties of perjury, I declare the<br>lief, they are true, correct, and comp        |                        |                      |                                 |                        |                       |   |                   |  |
| Here                               | Yo      | Your signature   |                        | Date Your occupation |                                 |                        |                       | If the IRS sent you an Identity   |                   |  |
|                                    |         |  |                        |                      |                                 |                        |                       | tection P<br>inst.)   | IN, enter it here |  |
| Joint return?<br>See instructions. |         |  |                        | 5.                   | SOFTWARE I                      |                        | APPOLEIV .            |   |                   |  |
| Keep a copy for your records.      | Sp      | Spouse's signature. If a joint return, <b>both</b> must sign.                            |                        | Date                 | Spouse's occupation  HOME MAKER |                        |                       | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |                   |  |
|                                    | Ph      | one no. (201) 899-6263   | }                      | Email address        | RAVIVEMPATI                     |                        | MC                    |   |                   |  |
| D.:.I                              | Pre     |  | Preparer's signat      | ure                  |                                 | Date                   | PTIN                  |   | Check if:         |  |
| Paid                               | SYAN    | M PRIYA RAM SAGAR GUPTA TALLAM   | SYAM PRIYA             | RAM SAGAR            | GUPTA TALLAM                    | 02/22/2024             | P0208                 | 2703  | Self-employed     |  |
| Preparer                           |         | <u> </u>   |                        |                      |                                 |                        |                       | hone no. (678) 965-9522   |                   |  |
| Use Only                           |         | m's address 245 ROONEY   |                        | NSWICK N             | J 08816                         |                        |                       | ı's EIN   | 84-3171965        |  |
|                                    | <u></u> | 4040 ( )   |                        |                      | -                               |                        | 1                     |   | = 1010            |  |

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

## **Additional Credits and Payments**

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RAVISHANKAR VEMPATI & NAVYA CHALLA

Your social security number 084-99-7149

| ıaı | Nonretundable Credits  |          |    |    |
|-----|--|----------|----|----|
| 1   | Foreign tax credit. Attach Form 1116 if required                               |          | 1  | 4. |
| 2   | Credit for child and dependent care expenses from Form 2441, line 11 Form 2441 | . Attach | 2  |    |
| 3   | Education credits from Form 8863, line 19                                      |          | 3  |    |
| 4   | Retirement savings contributions credit. Attach Form 8880                      |          | 4  |    |
| 5a  | Residential clean energy credit from Form 5695, line 15                        |          | 5a |    |
| b   | Energy efficient home improvement credit from Form 5695, line 32               |          | 5b |    |
| 6   | Other nonrefundable credits:   |          |    |    |
| а   | General business credit. Attach Form 3800 6a                                   |          |    |    |
| b   | Credit for prior year minimum tax. Attach Form 8801 6b                         |          |    |    |
| С   | Adoption credit. Attach Form 8839  |          |    |    |
| d   | Credit for the elderly or disabled. Attach Schedule R 6d                       |          |    |    |
| е   | Reserved for future use  |          |    |    |
| f   | Clean vehicle credit. Attach Form 8936 6f                                      |          |    |    |
| g   | Mortgage interest credit. Attach Form 8396 6g                                  |          |    |    |
| h   | District of Columbia first-time homebuyer credit. Attach Form 8859 6h          |          |    |    |
| i   | Qualified electric vehicle credit. Attach Form 8834 6i                         |          |    |    |
| j   | Alternative fuel vehicle refueling property credit. Attach Form 8911 6j        |          |    |    |
| k   | Credit to holders of tax credit bonds. Attach Form 8912 6k                     |          |    |    |
| I   | Amount on Form 8978, line 14. See instructions 61                              |          |    |    |
| m   | Credit for previously owned clean vehicles. Attach Form 8936 . <b>6m</b>       |          |    |    |
| z   | Other nonrefundable credits. List type and amount:                             |          |    |    |
|     | 6z   |          |    |    |
| 7   | Total other nonrefundable credits. Add lines 6a through 6z                     |          | 7  |    |
| 8   | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 104         | 0-SR, or |    |    |
|     | 1040-NR, line 20   |          | 8  | 4. |

Schedule 3 (Form 1040) 2023 Page **2** 

| Par | Other Payments and Refundable Credits   |     |    |    |  |
|-----|---|-----|----|----|--|
| 9   | Net premium tax credit. Attach Form 8962                                      |     | 9  |    |  |
| 10  | Amount paid with request for extension to file (see instructions)             |     | 10 |    |  |
| 11  | Excess social security and tier 1 RRTA tax withheld                           |     | 11 |    |  |
| 12  | Credit for federal tax on fuels. Attach Form 4136                             |     |    | 12 |  |
| 13  | Other payments or refundable credits:   |     |    |    |  |
| а   | Form 2439   | 13a |    |    |  |
| b   | Credit for repayment of amounts included in income from earlier years         | 13b |    |    |  |
| С   | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c |    |    |  |
| d   | Deferred amount of net 965 tax liability (see instructions)                   | 13d |    |    |  |
| Z   | Other payments or refundable credits. List type and amount:                   | 13z |    |    |  |
| 14  | Total other payments or refundable credits. Add lines 13a through             | 13z |    | 14 |  |
| 15  | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31      | -   | -  | 15 |  |

#### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

### **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** 

Name(s) shown on return Your social security number 084-99-7149 RAVISHANKAR VEMPATI & NAVYA CHALLA 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. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) 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) (or other basis) Form(s) 8949, Part I, combine the result 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 1,520. 1,732. -212. 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 . . . . . . . . . . . . . . . . . . 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 7,207.) 6 7 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 -7,419.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 (or other basis) Form(s) 8949, Part II, (sales price) 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).

11

12

13

14

15

-752.

-752.

1,012.

260.

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

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

Schedule D (Form 1040) 2023 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -8,171. • 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. ☐ 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 X 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.

## Form **8949**

### **Sales and Other Dispositions of Capital Assets**

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

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

084-99-7149

RAVISHANKAR VEMPATI & NAVYA CHALLA

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.

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). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions Robinhood Securities LLC 01/01/23 12/31/23 1,520. 1,732. -212. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

**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.

1,520.

-212.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

1,732.

Form 8949 (2023) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RAVISHANKAR VEMPATI & NAVYA CHALLA

Social security number or taxpayer identification number 084-99-7149

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.

| <ul><li>★ (D) Long-term transactions</li><li>(E) Long-term transactions</li><li>(F) Long-term transactions</li></ul> | reported on l     | Form(s) 1099                | -B showing bas                      |  |                                     |  | e)  |
|--|-------------------|-----------------------------|-------------------------------------|--|-------------------------------------|--|---|
| 1 (a) Description of property  | (b) Date acquired | (c) Date sold or            | <b>(d)</b><br>Proceeds              | (e) Cost or other basis See the <b>Note</b> below      |                                     | (h)<br>Gain or (loss)<br>Subtract column (e) |   |
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)   | disposed of (Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions. | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment        | from column (d) and<br>combine the result<br>with column (g). |
| Robinhood Securities LLC   | 01/01/23          | 12/31/23                    | 260.                                | 1,012.   |                                     |  | -752.   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
|  |                   |                             |                                     |  |                                     |  |   |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 8b (if Box D above    | al here and incl  | lude on your                |                                     |  |                                     |  |   |

**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.

above is checked), or line 10 (if Box F above is checked) .

260.

1,012.



# Application for IRS Individual Taxpayer Identification Number

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

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Before you begin: 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) ▶ RAVISHANKAR VEMPATI 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 Middle name Last name Name NAVYA CHALLA (see instructions) 1b First name Middle name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1018 OATNEY RIDGE LN Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 27560 MORRISVILLE USA 3 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 08/29/1996 Information TNDTA ▼ 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 ATOMT 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.: P0703749 Exp. date: 04/10/2026 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** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code