### Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)		-	
Taxpayer's name	Social securit	ty number	
MAHARSHI NAGA KALYAN KONDAPANENI	298-77-	-6752	
Spouse's name	Spouse's soc	ial security nu	mber
YOGITHA MEDASANI	282-79	-8118	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (En	ter year you a	re authoriz	ing.)
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.		i i	
1 Adjusted gross income		1 :	160,466.
2 Total tax		2	19,804.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	17 <b>,</b> 309.
4 Amount you want refunded to you		4	
5 Amount you owe	<del></del>	5	2,495.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account i payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	rejection of the treation of the trace U.S. Treasury andicated in the taution to debit the late the authorizate the authorizate forcessing of a payment. I furt	ansmission, ( and its designa ax preparation entry to this ation. To revo e received no the electroni ther acknowle	b) the reason ated Financial in software for account. This oke (cancel) a o later than 2 ic payment of edge that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or general  **Tax Page 1. *	te my PIN	6 7 5	$\frac{2}{}$ as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	ter five digits, l n't enter all ze	but
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.			
Your signature ▶ Date ▶	04/13/2	024	
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or genera  FRO 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	Ent doi n now authorizii	ter five digits, land tenter all zerong. Check the	ros nis box <b>only</b>
Spouse's signature ► ✓ O 1 1 1 1 1 Date ►		·/13/2024	
Practitioner PIN Method Returns Only—continue belo	)W		
Part III Certification and Authentication — Practitioner PIN Method Only			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2		6 0 8 2 er all zeros	2 7 1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of	bmitting this retu	ırn in accorda	ance with the
ERO's signature ▶ Date ▶			
FRO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

# 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 S. Individual Income Tax		, 202	3	OMB No. 1545	-0074	IRS Use C	Only—E	Oo not wr	ite or stapl	e in thi	is space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding			, 20	s	ee sep	arate in:	struct	tions.
Your first name	e and m	iddle initial	Last name						Y	our so	cial secu	rity nu	umber
MAHARSH	I NA	GA KALYAN	KONDAP	ANENI						298	77	6752	2
		s first name and middle initial	Last name										ty numbe
YOGITHA			MEDASA	NI						282	79	8118	8
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				A	pt. no.					Campaigi
147 WIN	TERB	ERRY ST									ere if you		•
City, town, or	post offi	ce. If you have a foreign address, also co	mplete space	es below.	Sta	ite	ZIP co	ode			f filing jo this fund	•	
MOORESV	ILLE				NC	C	281	17		•	w will no		•
Foreign countr	y name		Fore	ign province/state/	count	ty	Foreig	n postal co	de y	our tax	or refund	_	Spouse
Filing Statu	s $\Box$	Single				Head of he	ouseh	old (HOH)	)				
Check only		Married filing jointly (even if only o	ne had inco	me)				,					
one box.		Married filing separately (MFS)		,		☐ Qualifying	surviv	ing spous	se (Q	SS)			
0.10 2071	If y	you checked the MFS box, enter the	name of yo	our spouse. If you	u che			• .	•	,	d's nam	e if th	ne
		alifying person is a child but not you											
District	Λ+ αι	ny time during 2023, did you: (a) rec	oivo (as a re	ward award or	navr	mont for propo	rty or	convicos):	or (b	) coll			
Digital Assets		nange, or otherwise dispose of a dig					-				Yes	. 🗵	No
Standard		neone can claim: You as a de		Your spous			,,, (00	30 111011 401		,			
Deduction		Spouse itemizes on a separate retur	•										
					unon								
		: Were born before January 2, 1	959 <u> </u>	re blind <b>Sp</b>	ouse	: U Was bor		re Januar				blind	
Dependent				(2) Social security	/	(3) Relationsh	ip (4	) Check the			,		
If more	<u>(1)</u> F	irst name Last name		number		to you		Child ta	x crea	lit '	Credit for o	otner a	ependent
than four dependents,												屵	
see instruction	ıs											屵	
and check	, —								<u> </u>			屵	
here L		Tatal and such from Farma(a) M. O. Is	1 ( !	-t						1 4 -	1 1		751
Income	1a	Total amount from Form(s) W-2, b	•	,						1a 1b	+	.94,	751.
Attach Form(s)	_	Household employee wages not re	•	. ,					•	1c			
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a Medicaid waiver payments not rep	•	,					•	1d			
W-2G and	-	Taxable dependent care benefits f							•	1e			
1099-R if tax was withheld.	e f	Employer-provided adoption bene							•	1f			
If you did not		Wages from Form 8919, line 6.	1115 110111110	7111 0039, IIIIe 29	•				•				
get a Form	g h	Other earned income (see instruct	 ions)						•	1g 1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	•				Ϊ.		•				
	z	Add lines 1a through 1h				· · <u> </u>				1z	1	94.	751.
Attach Sch. B	<u>-</u>	1	 2a │		b Т	axable interest	 t		•	2b	†		23.
if required.	3a	· –	3a	265.		Ordinary divider				3b			296.
	4a		4a			axable amount				4b			
Standard	5a		5a			axable amount				5b			
Deduction for— Single or	6a	_	6a			axable amount				6b			
Married filing separately,	С	If you elect to use the lump-sum e		hod, check here									
\$13,850	7	Capital gain or (loss). Attach Sche		•	•	,				7			-4.
Married filing jointly or	8	Additional income from Schedule								8	-	-34,	,600.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9			,466.
\$27,700	10	Adjustments to income from Sche		-						10			
Head of household,	11	Subtract line 10 from line 9. This is			ne					11	1	60,	466.
\$20,800 If you checked	12	Standard deduction or itemized	-							12			,700.
any box under	13	Qualified business income deduct				5-A				13			6.
Standard Deduction,	14	Add lines 12 and 13								14		27,	,706.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or less o	ntor O. This is a	our t	tavahla incom				15	1		760

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	19,804.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	19,804.
	19	Child tax credit or credit for	other dependen	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	19,804.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	19,804.
<b>Payments</b>	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				<b>25a</b> 17	,309.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	17,309.
If you have a	26	2023 estimated tax paymen	s and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. Eic.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	17,309.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	
Direct deposit?	b	Routing number X X X		<del></del>			Savings		
See instructions.	d	Account number X X X	X X X X	X X X X	X X X X	XX			
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							0 405
You Owe		For details on how to pay, g	=	-		1 1		37	2,495.
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another structions	•				amalata	halaur	⊠ No
Designee		structions		Phone		<del></del>	omplete onal ident		△ NO
		me		no.			ber (PIN)	uncation	
Sign	Un	der penalties of perjury, I declare t	nat I have examined	d this return and	accompanying sched	dules and statemen	ts, and to	the best	of my knowledge and
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (other	than taxpayer) is ba	sed on all informati	on of whic	ch prepar	er has any knowledge.
11010	Yo	ur signature		Date	Your occupation				nt you an Identity
								tection P e inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, I	acth must sign	Date	DEVELOPER Spouse's occupation				nt your spouse an
Keep a copy for	Sμ	ouse's signature. If a joint return, i	Join must sign.	Date	Spouse's occupan	JII			ection PIN, enter it here
your records.					SOFTWARE E	NGINEER	(see	e inst.)	
	Ph	one no. (510) 333-495	9	Email address	KALYANKONDAPA	NENI@GMAIL.C	OM		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY.	A RAM SAC	GAR GUPTA	04/13/2024	P0208	32703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC			•			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

M KONDAPANENI & Y MEDASANI

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

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

Attachment Sequence No. 01 Your social security number

298-77-6752

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	-21,348.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-13,252.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter			
	1040. 1040-SR. or 1040-NR. line 8		10	-34,600.

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

# SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Sequence No. 09

	of proprietor						security number (SSN)
	ITHA MEDASANI	n incl	luding product or consider /	o inst	uotiono)		-79-8118
Α	Principal business or profession	ווע, incl	uding product or service (se	e instri	ucuoris)		er code from instructions
	IT SERVICES						5 1 8 2 1 0
С	Business name. If no separate					-	ployer ID number (EIN) (see instr.)
	YOGI INFO SOLUTION					9 9	0 3 9 0 0 6 8
Е	Business address (including s	uite or	room no.) 14 / WIN'I	'ERBI	ERRY ST		
	City, town or post office, state						
F		<b>∢</b> Cas			Other (specify)		
G					2023? If "No," see instructions for li		
Н .	-		-		(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
١.					n(s) 1099? See instructions		
Par		e requi	red Form(s) 1099?				L Yes L No
1	•				this income was reported to you on		
•					1	1	
2							
3							
4	- · · · · · · · · · · · · · · · · · · ·						
5							
6			· ·		refund (see instructions)		
7 Port	Gross income. Add lines 5 ar		es for business use of yo	· ·		7	
Part	<u> </u>	8	is for business use of yo		Office expense (see instructions) .	40	
8	Advertising	-		18	, ,	18	
9	Car and truck expenses	9	9 198	19	Pension and profit-sharing plans .	19	
40	(see instructions)		9,498.	20	Rent or lease (see instructions):	00-	
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment		5,640.
11	Contract labor (see instructions)	11		b	Other business property		
12 13	Depletion	12		21	Repairs and maintenance		500.
10	expense deduction (not			22	Supplies (not included in Part III) .		
	included in Part III) (see	40		23	Taxes and licenses	23	
	instructions)	13		24	Travel and meals:	0.4	1 570
14	Employee benefit programs			a	Travel		1,570.
45	(other than on line 19) .	14		b	Deductible meals (see instructions)		2,400.
15	Insurance (other than health)	15		25	Utilities		1,740.
16	Interest (see instructions):	40		26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)		
b	Other	16b		b	Energy efficient commercial bldgs		
17	Legal and professional services	17		11:	deduction (attach Form 7205)	27b	21 240
28	Total expenses before expen				_	28	21,348.
29	Tentative profit or (loss). Subt					29	-21,348.
30	•	•	•	e expe	nses elsewhere. Attach Form 8829		
	unless using the simplified me Simplified method filers only			(3) (0)	ır home:		
				(a) you			
	and (b) the part of your home			·	. Use the Simplified	00	
04	Method Worksheet in the instruct		_	er on I	iirie 30	30	
31	Net profit or (loss). Subtract						
	<ul> <li>If a profit, enter on both Sch checked the box on line 1, see</li> </ul>	e instru	• • • • • • • • • • • • • • • • • • • •		* * *	31	-21,348.
	• If a loss, you must go to lin				J		
32	If you have a loss, check the b	ox tha	it describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter th	e loss	on both Schedule 1 (Form	1040),	line 3, and on Schedule		
	SE, line 2. (If you checked the		· · · · · · · · · · · · · · · · · · ·				X All investment is at risk.
	Form 1041, line 3.				J	32b	<del></del>
	<ul> <li>If you checked 32b, you mu</li> </ul>	st atta	ch Form 6198. Your loss ma	av he li	mited ,		at risk.

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory:  a   Cost  b   Lower of cost or market  c   Other (attack)	ich ev	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	γ?	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		truck		
43	When did you place your vehicle in service for business purposes? (month/day/year) 06/15/2021			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle during 2023, enter the number of miles you were your vehicle during 2023, enter the number of miles you were your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle	ehicle	e for:	
а	Business 14,500 b Commuting (see instructions) c C	ther		6 <b>,</b> 500
45	Was your vehicle available for personal use during off-duty hours?		X Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?			⊠ No
47a	Do you have evidence to support your deduction?		Tes	⊠ No
b	If "Yes," is the evidence written?		Tes	☐ No
Part	If "Yes," is the evidence written?	27b,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

#### SCHEDULE D (Form 1040)

Department of the Treasury

### **Capital Gains and Losses**

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Internal Revenue Service Name(s) shown on return Your social security number 298-77-6752 M KONDAPANENI & Y MEDASANI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (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 262. 266. -4.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 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 -4. 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 (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 Totals for all transactions reported on Form(s) 8949 with **Box E** checked . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -4.• 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 4.) • (\$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.

OMB No. 1545-0074

2023
Attachment Sequence No. 12A

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

M KONDAPANENI & Y MEDASANI

Social security number or taxpayer identification number

298-77-6752

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

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

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

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

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

(B) Short-term transactions (C) Short-term transactions	-		-	sis <b>wasn't</b> report	ed to the IF	RS	-1
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> 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.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	152.	188.			-36.
Morgan Stanley Smith Barney, LLC	01/01/23	12/31/23	110.	78.			32.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	262.	266.			-4.

**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.

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 298-77-6752 M KONDAPANENI & Y MEDASANI

Part	<b>Note:</b> If you are in the business of renting personal proper			<b>C</b> . See	e instru	ctions. If you a	are an indiv	idual, rep	ort farm
<b>A</b> [	rental income or loss from <b>Form 4835</b> on page 2, line 40. Did you make any payments in 2023 that would require you	to file	Form(s) 1	0002 9	See inc	etructions			e X No
	f "Yes," did you or will you file required Form(s) 1099?								
<u>-                                      </u>	Physical address of each property (street, city, state, ZIF								
	2-20 MAIN ROAD K.R.KONDURU DUGGIRALA		<u> </u>	Dem	אוטח	שמעמע אמ	CH TN 5	22220	
A B	2-20 MAIN ROAD K.R.KONDORO DOGGIRALA	(111)	GUNIUR	ואס	ANDR	KA PRADE	SH IN S	122330	
C									
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	qualified joint venture. See institu	ICTION	5.	С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
						Propert			
ncon	ne:			Α		В.			С
3	Rents received	3		6	84.				
4	Royalties received	4							
xper	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,5	98.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10			160				
11	Management fees	11		2, 1	63.				
12 13	Mortgage interest paid to banks, etc. (see instructions) Other interest	13							
14	Repairs	14		2 0	70.				
15	Supplies	15			64.				
16	Taxes	16		2,0	,01.				
17	Utilities	17		2.7	41.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		13,9	36.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	21	_	-13 <b>,</b> 2	52.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22		13,25		(	)(	(	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		684.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	13	936.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		•				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estat								13,252.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						on        <b>26</b>		-13 <b>,</b> 252

### Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

vame	e(s) snown on return		

M KONDAPANENI & Y MEDASANI

Your taxpayer identification number 298-77-6752

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3 4 -	Qualified business net (loss) carryforward from the prior year	3 (		
5 6	Qualified business income component. Multiply line 4 by 20% (0.20)	<b>6</b> 32.	5	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	<b>8</b> 32.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20) $$		9	6.
10	Qualified business income deduction before the income limitation. Add lines 5 an	i i	10	6.
11	Taxable income before qualified business income deduction (see instructions)	11 132,766.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	<b>12</b> 265.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 132,501.		06 500
14	Income limitation. Multiply line 13 by 20% (0.20)		14	26,500.
15	the applicable line of your return (see instructions)		15	6.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0-	nd 7. If greater than	17	( 0.)

**Itemization Statement** 

RENT PAID (470 PM\*12 M)

### Additional Information From 2023 Federal Tax Return

### $\label{eq:continuous} \textbf{Schedule C (IT SERVICES): Profit or Loss from Business}$

Line 20b

Description		Amount	
		5,640.	
	Total	5,640.	

### Schedule C (IT SERVICES): Profit or Loss from Business

### Line 25 Itemization Statement

Description	Amount
PHONE BILLS (75 PM*12 M)	900.
INTERNET BILLS (70 PM*12 M)	840.
Total	1,740.