Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security nu	umber						
ATEEV GOYAL	664-85-33	307						
Spouse's name	Spouse's social s	ecurity number						
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)								
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	•	77,086.						
2 Total tax		2 9,217.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	🤇	3 12,005.						
4 Amount you want refunded to you	4	1 2,788.						
5 Amount you owe		5						
Dout II Townover Declaration and Signature Authomization (Decure you get a		f)						

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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
100	I ddthonzo		

5	3	3	0	7	
Ent don	er fiv i't er	ve di nter a	gits, all ze	but ros	as

my

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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	► Da	ate 🕨					 				
Practitioner PIN Method Returns Only—continue below											
Part III Certific	ication and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. En	nter 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 🕨	
	ust Retain This Form — See Instructions his Form to the IRS Unless Requested To Do So	
For Denergy and Deduction Act Nation and your to		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 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 wi	rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	5	See sep	oarate i	instructions.
Your first name	and m	iddle initial	Last r	ame							Your so	cial sec	urity number
ATEEV			GOY	ΔT.									3307
	pouse's	s first name and middle initial	Last r							5			security number
-													
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	F	Presider	ntial Ele	ection Campaigr
7700 WII	LOW	CHASE BLVD						1	621		Check h	ere if y	ou, or your
		ce. If you have a foreign address, also co	mplete								jointly, want \$3		
HOUSTON					TΣ	K	770	70		0		nd. Checking a not change	
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	n postal co		your tax		0
												Yo	ou 🗌 Spouse
Filing Status	; 🛛] Single					Head of ho	ouseho	old (HOH)			
Check only] Married filing jointly (even if only o	ne hac	l income)			_						
one box.		Married filing separately (MFS)					Qualifying		• •		,		
		ou checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or QS	SS box, e	enter	the chil	d's na	me if the
	qu	alifying person is a child but not you	ur depe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or s	services);	; or (t	o) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instruc	tions	s.)	🗌 Ye	es 🛛 No
Standard	Som	leone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı						
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	🗌 Are b	lind Spo	ouse	: 🗌 Was bor	n befc	ore Janua	rv 2.	1959		s blind
Dependents		•		<u> </u>	Social security		(3) Relationsh	10					see instructions):
If more		irst name Last name		(2)	number	/	to you		Child ta	ix cree	dit	Credit fo	r other dependents
than four													
dependents,													
see instructions and check	s ——												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .						1a		89,722.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		•				• •		1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f			·	• •		· ·	• •	• •	1e	_	
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	8839, line 29	•		· ·	• •	• •	1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .	•••			• •		• •	• •	• •	1g	_	0
W-2, see	h	Other earned income (see instruct	,	· · ·		• •	· · · ·	· ·	• •	•••	1h		0.
instructions.	-	Nontaxable combat pay election (s	see ins	tructions)		• •	1 i				- 4-		80 722
	z 2a	Add lines 1a through 1h	2a		· · ·	 ьт	axable interest	· ·		• •	1z 2b		89,722. 129.
Attach Sch. B if required.	2a 3a	· ·	2a 3a				Ordinary divider		• •	•••	20 3b		127.
	<u> </u>		3a 4a				axable amount		• •	• •	4b		
Standard	ч а 5а						axable amount				- 1 5		
 Deduction for — Single or 	6a		6a				axable amount				6b		
Married filing	c	If you elect to use the lump-sum e		method	check here					. П			
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,			. 🗆	7		0.
 Married filing jointly or 	8	Additional income from Schedule		•	•		-				8		-12,765.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	,								9		77,086.
\$27,700	10	Adjustments to income from Sche									10		
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	ne					11		77,086.
\$20,800 • If you checked	12	Standard deduction or itemized									12		13,850.
any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	ı 899	95-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our t	taxable incom	е.			15		63,236.

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	9,217.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17					[18	9,217.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,217.
	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 total tax				[24	9,217.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 12	,005.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,005.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC)			No .	27	[
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	12,005.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,788.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆 🛛	35a	2,788.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 4 8 8	1 0 6	4 1 0	5 1 2 3				
	36	Amount of line 34 you want a	applied to your :	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	structions					omplete be		× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	ation	
Ciana		der penalties of perjury, I declare th	nat I have examined		accompanying sch		()	a hest	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
		0							IN, enter it here
Joint return?					SOFTWARE 1		(see in	- /	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.							(see in		ection Fin, enter it here
	Ph	one no. (346)818-776	0	Email address		EV@GMAIL.CO)M		
		eparer's name	0 Preparer's signat		JOIND'AIE	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		TATH DAGAN	GOLIA IAUDAM	02/07/2024			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN			111115		Form 1040 (2023)
		in the instructions and the late	scinomation.		BAA	REV 02/05/24 PRO			10m 10m (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023 Attachment Sequence No. **01**

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ATEEV GOYAL 664-85-3307

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-12,765.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property \ldots	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:	0-		
•	Tatal ather income. Add lines to through the	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-12,765.
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-basi			
	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			19a	
b	Recipient's SSN			
c	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:		20	
2 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
h			-	
d			-	
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:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV	02/05/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

20**23** Attachment Sequence No. **12**

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

ATEEV GOYAL

Your social security number 664-85-3307

664-

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fi Form(s) 8949, Pa line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) 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					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	10,000.	10,000.			0.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	., .	, ,	7	0.

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

lines	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
This who	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	• •	11	
	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions		13			
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions						()
15	Net long-term capital gain or (loss). Combine lines 8a on the back		15			

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

BAA REV 02/05/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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



Sequence No. 12A

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

Name(s) shown on returnSocial security number or taxpayer identification numberATEEV GOYAL664-85-3307

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)

X (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	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(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 <i>Column</i> (e) in the separate instructions.	(f) (g) Code(s) from Amount of instructions adjustment		from column (d) and combine the result with column (g).	
MERRILL LYNCH, PIERCE, FENNER & SMITH INC	01/01/23	12/31/23	10,000.	10,000.			0.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			10,000.	10,000.			0.	

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

SCHE	DULE	Ε
(Form	1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information

ic.)	2023
	Attachment Sequence No. 13

Name(s	s) shown on return								Your soci	al security	number	
ATE	EV GOYAL								664-8	5-3307		
Par	Note: If you a	re in th	s From Rental Real Estate ar he business of renting personal prope s from Form 4835 on page 2, line 40.	erty, use		C . See	e instrue	ctions. If you	are an indi [,]	vidual, rep	ort farm	
	Did you make any p	ayme	ents in 2023 that would require you	ı to file								
В	If "Yes," did you or will you file required Form(s) 1099?								lo			
1 a			ach property (street, city, state, Zl		,							
Α	H.N.O - 262	, SEC	TOR - 51-A CHANDIGARH	PUNJ	AB IN 1	6004	7					
В												
С												
1b	Type of Property (from list below)	2	· · · · · · · · · · · · · · · · · · ·					air Rental Personal U Days Days			Use QJV	
Α	3		personal use days. Check the Q			Α		365	0			
В		1	if you meet the requirements to qualified joint venture. See instru			В						
С		1	quaimed joint venture. See instru	uction	5.	С						
Туре	of Property:											
	Single Family Reside Multi-Family Reside		 a Vacation/Short-Term Rer 4 Commercial 	ntal	5 Land 6 Royal	Ities	-	Self-Rental Other (desc	ribe)			
	-							Propert				
Incor	ne:					A		B			С	
3	Rents received .			3			20.				-	
4				4								
Expe												
5	Advertising			5								
6	Auto and travel (s	ee ins	structions)	6								
7	Cleaning and main	ntena	nce	7		1,8	54.					
8	Commissions .			8								
9	Insurance			9								
10	Legal and other p	rofess	sional fees	10								
11	Management fees	s		11		1,7	76.					
12	Mortgage interest	paid	to banks, etc. (see instructions)	12								
13	Other interest .			13								
14	•			14			54.					
15				15		3,1	14.					
16				16								
17				17		3,2	87.					
18		ense o	or depletion	18								
19						10.0	0.5					
20	-		nes 5 through 19	20		13,3	85.					
21	result is a (loss), s	see in	ne 3 (rents) and/or 4 (royalties). If structions to find out if you must		_	12,7	65.					
22			estate loss after limitation, if any, tructions)	22	(1	L2,76	55.)	()	()
2 3a	Total of all amoun	its rep	ported on line 3 for all rental prope	erties			23a		620.			
b			ported on line 4 for all royalty prop				23b					
С			ported on line 12 for all properties				23c					
d			ported on line 18 for all properties				23d					
е			ported on line 20 for all properties				23e	13	3,385.			
24			amounts shown on line 21. Do no		-				. 24			
25		-	ses from line 21 and rental real estat							(12,76	5.)
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.

26

-12,765.