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)

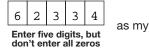
Taxpayer's name	Social security number
ABHINAY KOLUGURI	835-26-2334
Spouse's name	Spouse's social security number
DEEPTHI GOVINDUGARI	867-68-2005
Part I Tax Return Information – Tax Year Ending December 31, 2023	3 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	<b>1</b> 184,173.
<b>2</b> Total tax	<b>. 2</b> 25,039.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 29,075.
4 Amount you want refunded to you	<b>4</b> ,036.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	

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

		-		EBO firm name	5 ,	Ē
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	6



2

0 0

Enter five digits, but don't enter all zeros

8

5

as mv

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

#### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature >	Date 🕨
Practitioner PIN Meth	od Returns Only—continue below
Part III Certification and Authentication – Practi	tioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your f	ive-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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 🕨	
	This Form — See Instructions the IRS Unless Requested To Do So	
	DEV 00/07/01 DDO	E 9970 (D 01 0001)

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	rite or sta	aple in this space.
For the year Jar	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
ABHINAY			KOT.	UGURI						835	26	2334
	pouse's	s first name and middle initial	Last r									security number
DEEPTHI			GOV	INDUGA	ART					867	68	2005
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ection Campaign
	•	ARTHURBLVD							012			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	-	spouse	if filing	jointly, want \$3
IRVING		,	•			ТУ	ζ	750	63			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/c				n postal code			0
0				0 1			,			,	Y	_
Filing Status	. [	Single					Head of ho	huseh	old (HOH)			
•		Married filing jointly (even if only o	ne had	l income)				500011				
Check only		Married filing separately (MFS)	ie nae	i inconic)			Qualifying	surviv	ina enouse	(099)		
one box.	lf v	ou checked the MFS box, enter the	name	of your s	nouse If voi	ı che			÷ .	. ,	ild'e na	me if the
		alifying person is a child but not you										
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi									ΠYe	es 🛛 No
Standard		eone can claim: 🗌 You as a de					a dependent	/ (		- /		
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status a	alien	1					
Age/Blindness	You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	□ l:	s blind
Dependents	•	,		(2)	Social security		(3) Relationsh	ip <b>(4</b>				(see instructions):
If more	(1) First name Last name				number		to you		Child tax o	credit	Credit fo	or other dependents
than four												
dependents, see instructions	s ——											
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)			• •		. 1a	1	201,661.
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	(see i	nstructior	ıs)			• •		. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)	• •		. 1d		
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441	, line 26 .					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	3839, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 1g	ı	
get a Form W-2, see	h	Other earned income (see instruction	ions)					· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	)		<b>1</b> i					
	z	Add lines 1a through 1h	• •							. 1z	:	201,661.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	: .		. 2b	)	
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b	)	
	4a	IRA distributions	4a			bΤ	axable amount	t		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amount	t		. 5b		
<ul> <li>Single or</li> </ul>	6a	Social security benefits	6a			bΤ	axable amount	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lection	n method,	check here (	(see	instructions)					
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	iired	, check here			7		-3,000.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line	10						. 8		-14,488.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is y	our total inc	ome	е			. 9		184,173.
\$27,700	10	Adjustments to income from Sche								. 10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			gross incon	ne				. 11		184,173.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12	2	27,700.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti					5-A			. 13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer			-0 This is v	our	taxable incom	e .		. 15		156,473.
				,	,							

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌	1	16	25,039.
Credits	17	Amount from Schedule 2, lin	ie3				1	17	
	18	Add lines 16 and 17					1	18	25,039.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	e8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	25,039.
	23	Other taxes, including self-e					2	23	0.
	24	Add lines 22 and 23. This is					2	24	25,039.
Payments	25	Federal income tax withheld							
· · · <b>,</b>	а	Form(s) W-2				<b>25a</b> 29	,075.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	5d	29,075.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .		2	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T			-			33	29,075.
Refund	34	If line 33 is more than line 24						34	4,036.
norana	35a	Amount of line 34 you want	-			, ,	. 🗆 3	5a	4,036.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 9 0 2					J.		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				See			
Designee		structions	•				omplete belo	w.	X No
U	De	signee's		Phone			onal identificat	tion	
	nar			no.			ber (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com							, ,
Here		· · · ·	piete. Deciaration		,				, ,
	YO	ur signature		Date	Your occupation				: you an Identity I, enter it here
Joint return?					SOFTWARE :	ENGINEER	(see inst		.,
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	tion	If the IRS	3 sent	your spouse an
Keep a copy for your records.									ction PIN, enter it here
your records.					SOFTWARE	ENGINEER	(see inst	.)	
		one no. (940)442-893		Email address	KOLUGURIABHII	NAYRAO@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/20/2024	P0208270		Self-employed
Use Only	Fin	m's name GLOBAL TAX					Phone n	o. (6	578)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (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

Attachment Sequence No. 01 Your social security number 835-26-2334

Internal Revenue Service	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

• • •				
ABHINAY	KOLUGURI	&	DEEPTHI	GOVINDUGARI

Par	t Additional Income	I		
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	ch Schedule E .	5	-14,488.
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	81	_	
m	Olympic and Paralympic medals and USOC prize money (see	-		
	, , , , , , , , , , , , , , , , , , ,	<u>8m</u>	_	
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	0- (		
	1040, line 1a or 1d	<u>8s (</u>	4	
τ		0+		
	a nongovernmental section 457 plan	8t 8u	-	
u 7		ou	-	
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	-14,488.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s 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:			
 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			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO	)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

#### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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** 

Internal Revenue Service Name(s) shown on return

Department of the Treasury

ABHINAY KOLUGURI & DEEPTHI GOVINDUGARI

Your social security number 835-26-2334

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes 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)

See instructions for how to figure the amounts to enter on the lines below.		<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and		
	form may be easier to complete if you round off cents to dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	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 <b>Box A</b> checked	1,795,789.	1,847,368.	45,1	39.	-6,440.		
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked							
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> 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 <b>Worksheet</b> 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. Otherwis	e any long- 	7	-6,440.				

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.								
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked								
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked								
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.								
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11						
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions		12 13						
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	Carryover	14	( )					
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	<b>16</b> -6,440.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	$\square$ No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	☐ 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)	<b>21</b> ( 3,000.)
	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 03/07/24 PRO

Schedule D (Form 1040) 2023

	0100	
Form	0343	

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.



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

Name(s) shown on return		Social security number or taxpayer identification number
ABHINAY KOLUGU	RI & DEEPTHI GOVINDUGARI	835-26-2334

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

1 (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> 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) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).		
Robinhood Securities LLC	01/01/23	12/31/23	1.	297.			-296.		
Apex Clearing	01/01/23	12/31/23	1,795,788.	1,847,071.	W	45,139.	-6,144.		
<b>2</b> 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 (	ked).	1,795,789.	1,847,368.		45,139.	-6,440.			

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

	EDULE E 1040)	Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										OMB No. 1545-0074				
	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICS, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041.										20 <b>23</b>					
Departm Internal	Go to www.irs.gov/ScheduleE for instructions and the latest information.									Attachment Sequence No. <b>13</b>						
Name(s) shown on return								Your so						al security	numbe	ər
	NAY KOLUGU						8	35-2	6-2334							
Part	Note: If yo	ou are	in the	e busines	s of rentin	g personal prope n page 2, line 40.	erty, use		<b>C</b> . See	e instru	ctions. If you	are a	an indiv	vidual, rep	ort far	m
Α	Did you make ar							Form(s) 1	099?	See ins	structions .			. 🗌 Ye	s X	No
B li	f "Yes," did you	ı or wi	ill yo	u file red	quired For	rm(s) 1099?								. 🗌 Ye	es 🗌	No
1a	Physical addr	ress o	of ead	ch prope	erty (stree	t, city, state, Z	IP code	e)								
Α	DHARUR, JAGITIAL KARIMNAGAR TELANGANA IN 505455															
B																
С																
1b	Type of Prope		2	For eac	h rental re	eal estate prop	erty list	ted		Fa	ir Rental	P	erson	al Use	0	γJV
	(from list below	w)				number of fair					Days		Da	ys		
	3					s. Check the C equirements to			Α		365			0		<u> </u>
B C						nture. See instr			B C							
	of Property:								C							
	Single Family R	leside	ence	3 \	/acation/s	Short-Term Rei	ntal	5 Land		7	Self-Rental					
	Multi-Family Re				Commerci			6 Roya			Other (desc		<del>)</del> )			
	, ,							, 			Propert					
Incom									Α		B	lies.			С	
3	Rents received	Ч					3			518.					0	
4	Royalties rece						4		-							
Expen																
5	Advertising						5									
6	Auto and trave	el (see	e inst	ructions	s)		6									
7	Cleaning and r						7		1,7	42.						
8	Commissions						8									
9	Insurance .						9									
10 11	Legal and othe Management f						10		1 0	236.						
12	Mortgage inter						12		±,2	.50.						
13	Other interest				· ·	,	13									
14	Repairs						14		2,3	317.						
15	Supplies .						15		2,5	61.						
16	Taxes						16									
17	Utilities						17			394.						
18	Depreciation e	expens	se or	r depleti	on		18		4,3	356.						
19 20	Other (list)	s Ada	d linc	as 5 thro	uah 10		19 20		15,1	06						
20 21	Subtract line 2				0				1,71							
<u> </u>	result is a (loss															
	file Form 6198						21		-14,4	88.						
22	Deductible rer															
	on Form 8582						22	(	14,488.)(				)	(		)
23a	Total of all am									23a		6	18.			
b		tal of all amounts reported on line 4 for all royalty properties							•	23b						
c d		Total of all amounts reported on line 12 for all properties Total of all amounts reported on line 18 for all properties								23c 23d		<u>4</u> २	56.			
e e										23u 23e			.06.			
24										24						
25	Losses. Add ro							-		inter to	tal losses he	re	25	(	14,4	88.)
26	Total rental re	eal es	state	and ro	yalty inc	ome or (loss).	Comb	ine lines a	24 and	1 25. E	nter the res	ult				
	here. If Parts I											on				
						e, include this a				ine 41			26		-14,	488.
For Pa	perwork Reduct	ion Ad	ct No	tice, see	the separ	rate instructions	s.	NF	PΑ		-14,488	в.	Sch	nedule E (F	orm 10	)40) 2023

Schedule E (Form 1040) 2023