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



1040		artment of the Treasury-Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	oace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instruction	ns.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numb	ber
VENKATA	SIV	AKUMAR	GAND	IKOTA							334	15	8917	
		s first name and middle initial	Last na										security no	umber
LALITHY	A		KOTH	AKOTA							030	17	8811	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Cam	npaign
9680 CAI	RROL	L CANYON RD						I	4		Check h	nere if y	ou, or you	r
		ce. If you have a foreign address, also co	mplete s	paces belo	W.	Sta	te	ZIP c	ode		•	•	jointly, war	
SAN DIE	GO					CA	A	921	26		•		nd. Checki not change	•
Foreign countr	y name		F	oreign pro	ovince/state/	count	ty	Foreig	ın postal o		your tax		nd.	pouse
Filing Status	s [Single					☐ Head of h	useh	old (HOI	—— ∃)				
Check only	_	Married filing jointly (even if only or	ne had ii	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ing spo	use (0	QSS)			
	If y	ou checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward,	award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a digi											es 🗵 N	0
Standard	Som	eone can claim:	pendent	t 🗌 \	our spous	e as	a dependent							
Deduction	\square :	Spouse itemizes on a separate retur	n or you	were a d	lual-status	alien								
Age/Blindnes	e Vou	: Were born before January 2, 1	050 F	Are blir	nd Sn e	ouse:	: Was bor	n hafe	oro Janu	an, 2	1050		s blind	
				Ī	•			11					see instruc	tions):
Dependent		irst name Last name			ocial security number		(3) Relationsh to you	iib	Child t				r other depe	
If more than four	(-,-												$\overline{\Box}$	
dependents,													一一	
see instruction	s —												一一	
and check here]												一一	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions) .						1a		217,45	52.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	•	•						1c			
attach Forms	d	Medicaid waiver payments not rep	•		•	nstru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instructi	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i							
	z	Add lines 1a through 1h									1z		217,45	52.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method, c	heck here	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required	. If not requ	ıired,	, check here				7		-3,00	00.
Married filing jointly or	8	Additional income from Schedule	1, line 10	0							8		-35 , 60	01.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is yo	ur total inc	ome	e				9		178,85	51.
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26							10			
 Head of household, 	11	Subtract line 10 from line 9. This is	s your ac	djusted g	ross incor	ne					11		178,85	51.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (fron	n Schedule	A)					12		27,70	
any box under	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,70	00.
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or less	c ontor (This is v	our t	tavabla incom				15		151 1	51

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	23,868.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	23,868.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	23,868.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	23,868.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 21	.,849.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	21,849.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
attach Sch. ElC.	28	Additional child tax credit from	m 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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	21,849.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	
	35a	Amount of line 34 you want			is attached, che	ck here		35a	
Direct deposit?	b	Routing number X X X							
See instructions.	d	Account number X X X	XXXXX	XXXX	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	. This is the am	ount you owe.					
You Owe		For details on how to pay, g	37	2,019.					
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?				
Designee	ins	structions				 Yes. C	omplete l	below.	⋉ No
		signee's me		Phone no.			onal identi ber (PIN)	fication	
<u>C:</u>		der penalties of perjury, I declare t	hat I have evamine		accompanying sche		. ,	the heet	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yο	ur signature		Date	Your occupation		lf the	e IRS se	nt you an Identity
		ar oignataro		Duto	Tour occupation		Prot	ection P	IN, enter it here
Joint return?					SENIOR SOFT	WARE ENGINE	ER (see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
1 17						I .	inst.)	ection PIN, enter it here	
		ono no (COO) 704 OO4	0	Email address			,		
		one no. (620) 704-284 eparer's name	Preparer's signat	Email address	GSIVAKUMAK.	608@GMAIL.C	PTIN		Check if:
Paid			1		משמוזט פגי	04/10/2024		2702	Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA		A KAM SAC	SAR GUPIA	04/10/2024	P0208		
Use Only		m's name GLOBAL TA		NI CIAIT CIZ NI	T 00016				(678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	MOMICK N	η ηράτρ		Firm	i's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

VENKATA SIVAKUMAR GANDIKOTA & LALITHYA KOTHAKOTA

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

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

Sequence No. 01

Your social security number
334-15-8917

Par	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	-17,983.
4	Other gains or (losses). Attach Form 4797		4	•
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-17,618.
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 ()		
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 additional income . Enter 1040, 1040, SR, or 1040, NR, line 8	r here and on Form	10	-35 601

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 adjustments to income 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

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.

Attachment Sequence No. **09**

	of proprietor						security number (SSN) -17-8811
A	ITHYA KOTHAKOTA Principal business or profession	n inclu	ding product or conice (co	a inctr	ictions)		er code from instructions
A	·						
	IT SERVICES	la cada a a	an anna an Innia blanta			-	5 1 8 2 1 0
С	Business name. If no separate	busines	ss name, leave blank.			D Emp	bloyer ID number (EIN) (see instr.)
E	Business address (including si	uite or ro	oom no.) 9680 CAF	RROLI	CANYON RD, Apt. A4		
	City, town or post office, state						
F	Accounting method: (1)	∢ Cash	(2) Accrual (3) 🗌	Other (specify)		
G	Did you "materially participate	" in the	operation of this business	during	2023? If "No," see instructions for I	mit on lo	osses . X Yes No
Н	If you started or acquired this	busines	s during 2023, check here				\square
I	Did you make any payments in	n 2023 tl	hat would require you to fil	e Form	n(s) 1099? See instructions		🗌 Yes 🕱 No
J	If "Yes," did you or will you file	e require	ed Form(s) 1099?				🗌 Yes 🗌 No
Par							
1					this income was reported to you or		
2	Returns and allowances					. 2	
3	Subtract line 2 from line 1 .					. 3	
4	Cost of goods sold (from line	42) .				. 4	
5	Gross profit. Subtract line 4 f	rom line	3			. 5	
6			•		refund (see instructions)		
7	Gross income. Add lines 5 ar	nd 6 .				. 7	
Part	Expenses. Enter ex	penses	for business use of yo	our ho	me only on line 30.		
8	Advertising	8		18	Office expense (see instructions)		
9	Car and truck expenses			19	Pension and profit-sharing plans	. 19	
	(see instructions)	9	3,603.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	6,000.
12	Depletion	12		21	Repairs and maintenance	. 21	4,000.
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)	. 22	
	included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel		
	(other than on line 19) .	14		b	Deductible meals (see instructions		2,400.
15	Insurance (other than health)	15		25	Utilities		1,980.
16	Interest (see instructions):			26	Wages (less employment credits)	26	
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48) .	27a	
b	Other	16b		b	Energy efficient commercial bldgs		
17	Legal and professional services	17			deduction (attach Form 7205) .		
28	•				3 through 27b		17,983.
29	, ,						-17,983.
30	Expenses for business use of unless using the simplified me Simplified method filers only	thod. Se	ee instructions.		nses elsewhere. Attach Form 8829		
	and (b) the part of your home		·	,-, , 500	. Use the Simplified	-	
			·	ter on I	ine 30	30	
31	Net profit or (loss). Subtract		=				
	• If a profit, enter on both Sch checked the box on line 1, see		• • • • • • • • • • • • • • • • • • • •			31	-17,983.
	• If a loss, you must go to line	e 32.			J		
32	If you have a loss, check the b	ox that	describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3.		•			32a 32b	
	• If you checked 32b, you mu	st attach	n Form 6198. Your loss ma	av be lii	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 (atta	ach ex	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	. 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				
43	When did you place your vehicle in service for business purposes? (month/day/year) 08/01/2019			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehicle	e for:	
а	Business 5,500 b Commuting (see instructions) c C	Other		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 334-15-8917 VENKATA SIVAKUMAR GANDIKOTA & LALITHYA KOTHAKOTA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with 31,469. 34,679. -3,210.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 -3,210.Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). 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** -3,210. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

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

VENKATA SIVAKUMAR GANDIKOTA & LALITHYA KOTHAKOTA

Social security number or taxpayer identification number

334-15-8917

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 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 a enter a co	any, to gain or loss amount in column (g), de 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 Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).			
COINBASE	01/01/23	12/31/23	31,469.	30,901.			568.			
KAMAKOLAM NADHAMUNI - bad debt statement attached	11/04/22	12/31/22	0.	1,233.			-1,233.			
KAMAKOLAM NADHAMUNI - bad debt statement attached	08/26/22	12/31/23	0.	2,545.			-2,545.			
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 6).	al here and inc e is checked), lir	lude on your ne 2 (if Box B	31.469.	34.679.			-3.210.			

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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

	KATA SIVAKUMAR GANDIKOTA & LALITHYA KOTI	HAKOT.	A				334-	15-8917		
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	C. See	instru	ctions. If you a	re an ind	dividual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you		=orm(e) 1	0002 S	Saa ing	etructions		\ \\ \big \V_6	se X No	_
				• •	• •		· · ·		, ito	
1a	Physical address of each property (street, city, state, ZII									
Α	AVILALA, TIRUPATHI ANDHRA PRADESH IN S	51750	7							
В										
С						T				
1b	Type of Property 2 For each rental real estate property				Fa	ir Rental		onal Use	QJV	
_	(from list below) above, report the number of fair personal use days. Check the Q			_		Days		ays		
_ <u>A</u>	personal use days. Check the Q			_ <u>A</u> _		365		0		
B C	qualified joint venture. See instru			B C						
	of Duomoutou			C						
	of Property: Single Family Residence 3 Vacation/Short-Term Ren	***	5 Land		7	Self-Rental				
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ııaı	6 Roya				iba)			
	Width-Family nesidence 4 Confinercial		о поуа	ities	0	Other (descri				
						Propertie	es:			
Incon				Α		В			С	
3	Rents received	3		7	24.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,6	52.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10		0 1	1.0					
11	Management fees	11		2,1	40.					_
12 13	Mortgage interest paid to banks, etc. (see instructions) Other interest	13								_
14	Repairs	14		3 5	20.					_
15	Supplies	15		3,3						_
16	Taxes	16		3,3	10.					_
17	Utilities	17		3.2	10.					_
18	Depreciation expense or depletion	18		3,5						_
19	Other (list)	19		-,-						_
20	Total expenses. Add lines 5 through 19	20		18,3	42.					_
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 Form 6198	21		-17 , 6	18.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22 (17 , 61	8.)	()()
23a	Total of all amounts reported on line 3 for all rental prope				23a		724.			
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		,510.	_		
е	Total of all amounts reported on line 20 for all properties				23e	18	,342.			
24	Income. Add positive amounts shown on line 21. Do not		•				. 24			
25	Losses. Add royalty losses from line 21 and rental real estat							(17,618.)
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 at						n . 26		- 17.618	
	- Constant I troffi rustor, intera, contenuase, incidios inis at	шоши		ai Uii II	115 4 1	UII DAUE /	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		- 1 1 2 2 2 2 2 2 2 2 2 2	

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment

Department of the Treasury Internal Revenue Service

Sequence No. 858

Name(s) shown on return Identifying number VENKATA SIVAKUMAR GANDIKOTA & LALITHYA KOTHAKOTA 334-15-8917 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . **d** Combine lines 1a, 1b, and 1c 1d **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b 0.) **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (-13,448. 2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -13,448. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 4 4 5 Enter \$150,000. If married filing separately, see instructions 6 Enter modified adjusted gross income, but not less than zero. See instructions 6 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions 9 0. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 11 0. Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c)

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023)

Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			. 490 =	
			Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss	
	Name of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall		(d) Gain		(e) Loss	
AVILALA,	TIRUPATHI		0.	,	0.	-	448.			13,448.	
Total Enter	on Part I, lines 2a, 2b, and 2c		0.		0.	13	448.				
Part VI	Use This Part if an Amou	nt Is		Part II.							
	Name of activity	Fo an to	rm or schedule ad line number be reported on ee instructions)	•) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
Total						1.00)				
Part VII	Allocation of Unallowed L	oss	ses. See instr	uction	S.						
	Name of activity		Form or scho and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio	(c) Unallowed loss		
AVILALA,	TIRUPATHI		E Ln 2	2		13,448.	1.0	00000000		13,448.	
Total						13,448.		1.00		13,448.	
Part VIII	Allowed Losses. See instr	ucti	ons.								
	Name of activity		Form or scho and line nur to be reporte (see instruct	nber ed on	(a) l	Loss (b) Un		nallowed loss		(c) Allowed loss	
AVILALA,	TIRUPATHI		E Ln 22	2	-	13,448.		13,448.		0.	
Total			1			13 119		13 // 0		0	

Nonbusiness Bad Debt Explanation Statement

2023

Name(s) VENKATA SIVAKUMAR GANDIKOTA & LALITHYA KOTHAKOTA		Social Security Number 334-15-8917					
Form/Line: Form 8949	Li	ne 1					
Explanation of: Nonbusiness Bad Debt							
Description of debt: BAD DEBTS Amount: \$1,233 Date debt became due: 12/31/2023 Name of debtor: KAMAKOLAM NADHAMUNI							
Relationship to debtor: FRIEND							
Efforts to collect:							
EFFORTS HAS BEEN PLACED TO RECOVER THE DEBT							
Why decided debt was worthless: AMOUNT IS NOT RECOVERABLE FROM KAMAKOLAM NADHAMUNI							

Nonbusiness Bad Debt Explanation Statement

2023

Name(s) VENKATA SIVAKUMAR GANDIKOTA & LALITHYA KOTHAKOTA	Social Security Number 334-15-8917
Form/Line: Form 8949 L:	ine 1
Explanation of: Nonbusiness Bad Debt	
Description of debt: BAD DEBTS Amount: \$2,545	
Date debt became due: 12/31/2023	
Name of debtor: KAMAKOLAM NADHAMUNI	_
Relationship to debtor: FRIEND	
Efforts to collect:	
EFFORTS HAS BEEN PLACED TO RECOVER THE DEBT	_
Why decided debt was worthless:	_
AMOUNT IS NOT RECOVERABLE FROM KAMAKOLAM NADHAMUNI	

Additional Information From 2023 Federal Tax Return

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

Ln 24b: 50% limit Itemization Statement

Description	Amount
M&E (240D*\$20P.D) AS PER IRS PUB 1542	4,800.
Total	4,800.

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

Line 20b Itemization Statement

Description	Amount
RENT (500PM*12M)	6,000.
Total	6,000.

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

Line 25 Itemization Statement

Description	Amount
INTERNET BILL (65 PM*12 M)	780.
PHONE BILL (100 PM*12 M)	1,200.
Total	1,980.