### **IRS e-file Signature Authorization**

OMB No. 1545-0074 ERO must obtain and retain completed Form 8879.

Submission Identification Number (SID)

Taxpayer's name Social security number PRUDHVI RAJ SALAPU 205-25-8276 Spouse's name Spouse's social security number SRI VASUKI ADATRAO 698-68-7718 Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. 56,016. Adjusted gross income 1 1 2,959. 2 2 3 3 8,732. 4 4 5,773. 5 5

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

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

ERO firm name	,	Er
X I authorize GLOBAL TAXES LLC to enter or genera	te my PIN <sup> </sup>	

5	8	2	7	6	
Ent don	er fiv n't er	ve dig nter a	gits, all ze	but ros	as

8

as mv

1

Enter five digits, but don't enter all zeros

7 7

8

my

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.

Date

to enter or generate my PIN

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 Method Returns Only—continu	e be	low							
Part III Certification	and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter you	r six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		0 all ze	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 🕨	
ERO Must Retain This I Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/04/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite or sta	ple in this space.
For the year Jar	n. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
PRUDHVT	RAJ		SAT.	APII						205	25	8276
		s first name and middle initial										
SRT VASI	IKT			TRAO						698	68	7718
		er and street). If you have a P.O. box, see						A	pt. no.			
21150 N	TATI	UM BLVD						3	3020			
			mplete	spaces be	elow.	Sta	ite				0.	, ,, .
PHOENIX						AZ	Z	850	50	, v		•
	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code			0
											🗌 Yo	u 🗌 Spouse
Filing Status	; [	Single					Head of h	ouseh	old (HOH)			
-		Married filing jointly (even if only o	ne had	l income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the chi	ild's na	me if the
	qu	alifying person is a child but not you	3020       Check here if you, or your spouse if filing jointly, want \$3         ass, also complete spaces below.       State       ZIP code       spouse if filing jointly, want \$3       to go to this fund. Checking a box below will not change your tax or refund.         if only one had income)       Head of household (HOH)       In if only one had income)       You       Spouse (QSS)         enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the ut not your dependent:       Yes       No         out: (a) receive (as a reward, award, or payment for property or services); or (b) sell, es of a digital asset()? (See instructions.)       Yes       No         out as a dependent       Your spouse as a dependent arate return or you were a dual-status alien       Yes       No         nuary 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         number       (a) Relationship       (b) Check the box if qualifies for (see instructions);       Image: the structions);       Image: the structions);         number       (b) Social security       (c) Relationship       (c) Check the box if qualifies for (see instructions);       Image: the structions);         number       (c) Social security       (c) Relationship       Image: the structions);       Image: the structions);       Image: the structions);         number       (c) Social security       (c									
Digital	Atar	av time during 2023, did you: (a) rec	eive (a	s a rewar	d award or	navr	ment for prope	rtv or	services): or	(h) sell		
								-			ΠYe	es 🛛 No
								, (		,		
Deduction	_		•									
Age/Blindnes	s You:	: Were born before January 2, 1	959	Are b	lind Spc	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	∏ ls	s blind
	-	•		(2)				14	,		fies for (	see instructions)
-				(					Child tax c	redit	Credit fo	r other dependents
than four												
dependents,												
	s —											
here	]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a		71 <b>,</b> 938.
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	ı (see i	nstructior	าร)					. 1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(	s) W-2 (see ir	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		
W-2, see	h		,					· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	)		<b>1</b> i					
	Z		• ;					• •			-	
Attach Sch. B	2a										-	15.
											-	
Standard											-	
Deduction for –	_										-	
								t	· · ·	. 6b	)	
separately,		, ,				`	,	• •	L	$\exists \mid$		2 000
Image: Second												
								• •			_	
surviving spouse,								• •				56,016.
<ul> <li>Head of</li> </ul>								• •				EC 010
			-					• •				56,016.
• If you checked							 	• •				27,700.
Standard					ass or form	999	ъ-А.	• •				27 700
						· ·	· · · ·		· · ·			27,700.
	10			ss, enter	-o mis is y	Juri		. 5		. 15	<u>'</u>	20,310.

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 🗌		16	2,959.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	2 <b>,</b> 959.
	19	Child tax credit or credit for	other dependent	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	2,959.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	2,959.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				<b>25a</b> 8	,732.		
	b	Form(s) 1099				25b	•		
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	8,732.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	•	•		• •	33	8,732.
Defined	34	If line 33 is more than line 24					• •	33	5,773.
Refund	34 35a		-			, .	· ·	35a	5,773.
Direct deposit?	b 35a	Amount of line 34 you want Routing number $0 \mid 6 \mid 1$					. 🛄	30a	5,775.
See instructions.		Account number 3 3 4					Savings		
	d	· · · · · ·							
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	<b>0</b> 0					1 1		37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•		n with the IRS?		omplete b	alaw	× No
Designee							•		
	nai	signee's ne		Phone no.			onal identifi ber (PIN)	cation	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statemen	ts, and to th	e best i	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	than taxpayer) is ba	ased on all informati	on of which	prepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
					-				IN, enter it here
Joint return?						RE DEVELOPE			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEI	B	(see in	•	cuon Fin, enter it here
	Ph	one no. (980) 636-945	Λ	Email address		JS@GMAIL.CC	`		
		parer's name	4 Preparer's signat	1	INUDAVIRA	Date	PTIN		Check if:
Paid					גשמוזי סגי			0700	Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA		A RAM SAU	DAR GUPIA	03/20/2024	P02082		
Use Only		m's name GLOBAL TAX			T 0001C				678)965-9522
			Y CT E BRU	NSWICK N			Firm's	3 EIN	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 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 205-25-8276

Internal Revenue Service	Go to www.irs.gov/Fo
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

PRUDHVI	RAJ	SALAPU	&	SRI	VASUKI	ADATRAO

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	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch	edule E .	5	-12,937.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss			
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555			
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards		_	
j	Activity not engaged in for profit income			
k	Stock options			
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			
	instructions)			
n	Section 951(a) inclusion (see instructions)		-	
0	Section 951A(a) inclusion (see instructions)		-	
р	Section 461(I) excess business loss adjustment		-	
q	Taxable distributions from an ABLE account (see instructions)     8q		-	
r	Scholarship and fellowship grants not reported on Form W-2		-	
S	Nontaxable amount of Medicaid waiver payments included on Form	,		
	1040, line 1a or 1d		4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan		-	
u _	Wages earned while incarcerated   8u     Other income   List type and empounts		-	
z	Other income. List type and amount: 8z			
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here a		3	
10	1040, 1040-SR, or 1040-NR, line 8		10	-12,937.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			le 1 (Form 1040) 2023

1	Educator expenses		 	11	
2	Certain business expenses of reservists, performing artists, and fee		nment		
-	officials. Attach Form 2106		 	12	
3	Health savings account deduction. Attach Form 8889		 	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
5	Deductible part of self-employment tax. Attach Schedule SE			15	
6	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
8	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN			Tou	
c	Date of original divorce or separation agreement (see instructions):	•			
20				20	
21	Student loan interest deduction			20	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	· · ·	 • •	23	
<u>а</u>		24a			
a b	Deductible expenses related to income reported on line 81 from the	24a		-	
D		24b			
•	Nontaxable amount of the value of Olympic and Paralympic medals	240		-	
С	and USOC prize money reported on line 8m	24c			
А	Reforestation amortization and expenses	240 24d		-	
d	Repayment of supplemental unemployment benefits under the Trade	24u		-	
е		24e			
	Act of 1974	24e 24f		-	
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)	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	24i		_	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
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				
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	 	26	

#### 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

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

PRUDHVI RAJ SALAPU & SRI VASUKI ADATRAO

Your social security number 205-25-8276

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)

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) Adjustments to gain or loss fr 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 <b>Box A</b> checked	32,838.	37,382.	2,87	2,8701,6			
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. Otherwise	•			7	-1,674.		

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

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> 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)				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	6,189.	9,437.	515.		-2,733.	
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.						
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	. ,	11				
12	dule(s) K-1	12					
13	Capital gain distributions. See the instructions		13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .				15	-2,733.	

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-4,407.
	• 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?			
	<b>No.</b> 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)	21	(	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 03/04/24 PRO

Schedule D (Form 1040) 2023

	0100	
Form		

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 returnSocial security number or taxpayer identification numberPRUDHVI RAJ SALAPU & SRI VASUKI ADATRAO205-25-8276

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.

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) (d) Cost or other basis end Date sold or Proceeds See the Note below See the			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.)	(, yr.) (Mo., day, yr.) (see instructions) in the		and see Column (e) in the separate instructions.	(f) (g) Code(s) from Instructions adjustment		from column (d) and combine the result with column (g).		
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	32,837.	37,381.	EW	2,870.	-1,674.		
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	1.	1.			0.		
2 Totals. Add the amounts in columns negative amounts). Enter each tota 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	32,838.	37,382.		2,870.	-1,674.		

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

Form 8949 (2023)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

PRUDHVI RAJ SALAPU & SRI VASUKI ADATRAO

Social security number or taxpayer identification number 205-25-8276

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	te sold or Proceeds See the Note below See the separate inst				<b>(h)</b> Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	yr.) (see instructions) in the separate instructions.		<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	6,189.	9,437.	W	515.	-2,733.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D	lude on your ne 9 (if Box E	6,189.	9,437.		515.	-2,733.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 03/04/24 PRO

	EDULE E 1040)	Supplemental Income and Loss       OMB No. 1545-0074         (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)       Omega Omega												
	-	(Fr	rom renta		to Form 1040,		-	Cs, etc.)	2023					
	ent of the Treasury Revenue Service		c	Attach Go to www.irs.gov/						nformation.	Attachment Sequence No. <b>13</b>			
	shown on return									Your social security number				
PRUD	HVI RAJ SA	LAP	V & S	RI VASUKI AD	ATRAO						205-2	5-8276		
Part		or l	Loss F	rom Rental Rea	al Estate an	d Ro	yalties							
	Note: If yo	ou are	e in the b	usiness of renting p	ersonal proper	ty, use	Schedule	C. See	instru	ctions. If you a	are an indi	vidual, rep	ort farm	
<b>A</b> [				om Form 4835 on p in 2023 that would		to filo	Form(c) 1	0002 0	Soo in	structions				
				ile required Form										No
				property (street, o										10
1a	-						•							
	4-345 SUN	DAR	NAGA:	R NEAR OLD D	IARY FARM	1 VIS	SAKHAPA	TNAM	IN	530040				
B														
<u>C</u>			0 5			سار د السا	had		E.	in Dontol	Deve ev			
1b	Type of Prope (from list below			or each rental real pove, report the n					Fa	ir Rental Days		nal Use ays	QJ	V
Α	3	~		ersonal use days.				Α		365		0		1
B				you meet the requ				B		505		0		1
С			qı	alified joint ventu	re. See instru	ictions	S	С						
Туре	of Property:						1		1		1			
1	Single Family R	esid	lence	3 Vacation/Sho	ort-Term Ren	tal	5 Land		7	Self-Rental				
2	Multi-Family Re	side	ence	4 Commercial			6 Roya	lties	8	Other (desc	ribe)			
										Propert				
Incom	ie.							Α		B			С	
3		1.				3			14.				•	
4						4								
Exper														
5						5								
6	Auto and trave	el (se	e instru	ctions)		6								
7	Cleaning and r	main	ntenance	)		7		2,5	64.					
8	Commissions					8								
9						9								
10	•			al fees		10								
11						11		2,2	30.					
12				oanks, etc. (see in		12								
13 14						13 14		3,0	24					
14	- ···					14		3,0						
16						16		5,0	05.					
17						17		1,9	68.					
18				epletion		18		, -						
19	Other (list)					19								
20	Total expense			5 through 19 .		20		13,6	51.					
21	Subtract line 2	0 fro	om line 3	8 (rents) and/or 4	(royalties). If									
				ictions to find out										
						21	-	-12,9	37.					
22				te loss after limita						,				,
				tions)		22	(	12,93		(	)	(		)
23a			-	ed on line 3 for al					23a		714.			
b			-	ed on line 4 for al ed on line 12 for a					23b 23c					
c d			-	ed on line 12 for a			· · ·		23c 23d					
e			-	ed on line 20 for a					23u	1 3	3,651.			
24			-	ounts shown on lir					200		. 24			
25				from line 21 and re						tal losses hei		(	12,93	7.)
26				nd royalty incom										
	here. If Parts I	I, III,	, and IV	, and line 40 on p	bage 2 do no	t appl	ly to you,	also e	nter tl	his amount o				
	Schedule 1 (Fo	orm	1040), li	ne 5. Otherwise, i	nclude this ar	mount	in the tot	al on li	ne 41	on page 2	· 26	-	-12 <b>,</b> 9	37.

Schedule E (Form 1040) 2023