Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)		·			
Taxpaye	er's name	Social securit	y numl	per		
SAI	CHARAN REDDY NALLAPU	811-71-	-120	5		
Spouse'	's name	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizing	j.)	
	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		1		3 , 782.	
2	Total tax		2		2,891.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		9,033.	
4 5	Amount you want refunded to you		5	(5,142.	
Part	Amount you owe	eep a cop	_	⊥ ⁄our retı	urn)	
my know return (to send for any Agent to payment authorize payment business taxes to personal Electro	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I amic Funds Withdrawal Consent.	e are the ameter, or electro- ction of the treatment of t	ounts for its of an armind its of ax prepartion. The receiption the elements of the elements o	from the inturn original sion, (b) to designate control sion so to this according to the control in the control	ncome tax ator (ERO) the reason I Financial oftware for count. This (cancel) a ter than 2 ayment of e that the	
Taxpa	yer's PIN: check one box only	1	1 2	2 0 5		
X	5	nv PIN 🖳		digits, but	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Your s	signature ▶ Date ▶					
Spous	se's PIN: check one box only					
Г	I authorize to enter or generate r	nv PIN			as my	
	ERO firm name	Ent		digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 0		7 1	
		Don't ent	ər all Ze	2108		
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income talged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submisments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	accordanc		
ERO's	s signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning		c. 31, 2023, or other tax year beginning		, 2023, end	ding		,	20	{	See separate instructions.			
Your first name and middle initial			Last name					٠,	Your social security number			_	
SAI CHAI	RAN	REDDY	NAL	LAPU						811	71	1205	
		s first name and middle initial	Last r						- 5			security numb	ber
-												-	
Home address	(numb	er and street). If you have a P.O. box, see	instruc	tions.			Ар	t. no.	1	Preside	ntial Ele	ection Campai	ign
1089 OVI	ERTO	N ST							(Check h	nere if y	ou, or your	•
		ice. If you have a foreign address, also co	mplete	spaces below.	State)	ZIP coc	e				jointly, want \$	
FRISCO					TX		7503	6		to go to this fund. Checking a box below will not change			
Foreign countr	y name	1		Foreign province/state/o				postal co		your tax		•	
									1	,		ou 🗌 Spou	se
Filing Status	s X	Single				Head of ho	ousehol	d (HOF	 -				
Check only		Married filing jointly (even if only o	ne had	l income)				`	,				
one box.		Married filing separately (MFS)		•		Qualifying	survivir	ıg spol	use (C	JSS)			
00 20	If [,]	you checked the MFS box, enter the	name	of your spouse. If you	u chec			•	•	,	ld's na	me if the	
		ualifying person is a child but not you											
<u></u>	^+-	and the analysis at 10000 alid a control of the	-: /-										_
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig					-				×Υε	es No	
		neone can claim: You as a de		<u>_</u>			1): (366	IIIStiuc		·. <i>j</i>		,5 <u> 140</u>	_
Standard Deduction		Spouse itemizes on a separate retur	•	•		dependent							
Deduction	<u> </u>		ii oi yc		allell								_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	☐ Was bor	n before	3 Janua	ary 2,	1959	ls	s blind	
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationshi	ip (4)				,	see instruction	,
If more	(1) F	(1) First name Last name		number		to you		Child tax		dit	Credit fo	or other depende	nts
than four													
dependents, see instruction	s —								<u></u>				
and check	. —								<u></u>				
here L								[<u> </u>				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instructions)						1a		107,717	•
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2						1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructions)						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see in	nstruc	tions)				1d			
1099-R if tax	е	Taxable dependent care benefits f		•						1e			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g			
W-2, see	h	Other earned income (see instruct	ions)							1h		0	•
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		<u>li</u>						400	
	Z	Add lines 1a through 1h	· ;							1z	4	107,717	
Attach Sch. B if required.	2a	' <u>-</u>	2a			xable interest				2b		13	
ii requirea.	3a	· · · —	3a	77.		dinary divider				3b		77	•
Standard	4a	-	4a			xable amount				4b			
Deduction for—	5a	-	5a			xable amount				5b			
Single or Married filing	6a	,	6a			xable amount	t		٠.	6b	_		
separately,	C									1		_	
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche			-	check here			. Ш	7	+-	0	
jointly or Qualifying	8	Additional income from Schedule								8	+	-14,025	_
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	+-	93,782	<u>.</u>
\$27,700 • Head of	10	Adjustments to income from Sche								10			
household, \$20,800	11	Subtract line 10 from line 9. This is	-							11		93,782	
If you checked	12	Standard deduction or itemized								12		13,850	•
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8995 or Form	1 8995	-A				13		40.0	
Deduction, see instructions.	14	Add lines 12 and 13								14		13,850	
JUU II ISTI UUTION	15	Subtract line 1/1 from line 11 If zer	n or la	ce antar - N - This is v	Our to	vahla incom				15	. 1	79 932	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	12,891.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	12,891.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,891.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	12,891.
Payments	25	Federal income tax withheld	l from:						
_	а	Form(s) W-2				25a 19	0,033.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	19,033.
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			
allacii Scii. 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, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	19,033.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	6,142.
	35a	Amount of line 34 you want			is attached, chec	k here		35a	6,142.
Direct deposit?	b	Routing number 0 4 4			c Type:	Checking	Savings		
See instructions.	d	Account number 9 3 2	6 0 7 7	2 9					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		structions				. 🗌 Yes. C	omplete l	below.	⋈ No
		Designee's					identification		
<u></u>		me	hat I have evenine	no.			ber (PIN)	the best	of my lenguilodes and
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic								
Here	Your signature Date Your occupation					lf the	· · ·	nt you an Identity	
	10	di Signature		Date	Tour occupation				PIN, enter it here
Joint return?					CLOUD SUPP	ER (see	(see inst.)		
See instructions. Keep a copy for		ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.							I .	inst.)	ection PIN, enter it here
	Ph	one no. (330) 541-087	7	Email address	CHARANREDDY2	304@GMAIL.C	 MC		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/13/2024	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC			•			(678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			ı'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

SAI CHARAN REDDY NALLAPU

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 soc	ial security number
811-71	-1205

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			-14,025.
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			
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on l	-orm	14.005
	1040, 1040-SR, or 1040-NR, line 8		10	-14,025.

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	041			
_	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:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k		24k			
-	1041)	24K			
Z		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA FINO	uu	10 10, 2020

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 811-71-1205 SAI CHARAN REDDY NALLAPU Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 2,400. 2,400. 0. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 0. 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. to gain or loss from from column (d) and Proceeds 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** 16 Combine lines 7 and 15 and enter the result 16 0. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • 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 0.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

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

Part I

Social security number or taxpayer identification number

811-71-1205

SAI CHARAN REDDY NALLAPU

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

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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate combine the result (g) Code(s) from Amount of adjustment with column (a). instructions. instructions FIDELITY BROKERAGE SERVICES LLC 01/01/23 12/31/23 2,400. 2,400. 0. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

2,400.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

2,400.

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.

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

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

Name(s	shown on return						Your socia	al security	number
SAI	CHARAN REDDY NALLAPU						811-7	1-1205	
Part	Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line	operty, use 40.	Schedul						
Α [Did you make any payments in 2023 that would require y	you to file	Form(s)	1099? S	See ins	tructions .		. 🗌 Ye	s 🗵 No
B	f "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state,	. ZIP code	e)						
	PLOT NO: 34, SURVEY NO: 13 KUNDANPALLY VILLAGE,		<u> </u>	CIDATIO	1V ME	DOUNT MATE		DI AMCAMA	TM E01201
<u>A</u>	PLOT NO: 34, SURVET NO: 13 KUNDANPALLT VILLAGE,	DAMMAT	GUDA MUN	CIPALII	I, ME	DCHAT-MATV	AUGIRI, I	LLANGANA	1 IN 201201
	Tuno of Dynamouth O Fee and by worth and and anti-		4l			D t - 1	D	-111	
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of the first property of the number of the first property of the first proper	tea and		га	r Rental Days	Person Da		QJV	
A	personal use days. Check the			Α		365	Da	0	
B	if you meet the requirements	to file as	a	В		303		0	
	qualified joint venture. See in	structions	S.	C					
	of Property:			C					Ш
		Pontal	5 Land	4	7	Self-Rental			
	g	nemai					wib a)		
2	Multi-Family Residence 4 Commercial		6 Roya	aities	0	Other (desc	mbe)		
						Propert	ies:		
Incom	ne:			Α		В			С
3	Rents received	3		6	90.				
4	Royalties received	4							
Exper	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		8	50.				
8	Commissions								
9	Insurance	9							
10	Legal and other professional fees								
11	Management fees			1,4	20.				
12	Mortgage interest paid to banks, etc. (see instructions	_							
13	Other interest								
14	Repairs			3,7	50.				
15	Supplies			4,1					
16	Taxes	16							
17	Utilities	17		1,4	50.				
18	Depreciation expense or depletion	18		3,0	95.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		14,7	15.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).			· ·					
-	result is a (loss), see instructions to find out if you mu								
	file Form 6198			-14,0	25.				
22	Deductible rental real estate loss after limitation, if ar	ny,							
	on Form 8582 (see instructions)	22	(14,02	25.))	()
23a	Total of all amounts reported on line 3 for all rental pro-	operties			23a		690.		
b	Total of all amounts reported on line 4 for all royalty p	•			23b				
С	Total of all amounts reported on line 12 for all propert	-			23c				
d	Total of all amounts reported on line 18 for all propert				23d	3	3,095.		
е	Total of all amounts reported on line 20 for all propert				23e	14	1,715.		
24	Income. Add positive amounts shown on line 21. Do		de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real es		•		nter to	al losses he		(14,025.)
26	Total rental real estate and royalty income or (los								
-	here. If Parts II, III, and IV, and line 40 on page 2 do								
	Schedule 1 (Form 1040), line 5. Otherwise, include thi						. 26		-14, 025.