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

Submissio	n Identification Number (SID)				
Taxpayer's na	ame	Social securi	ty numl	per	
DURGA	CHARAN DANDA	843-60	-349	5	
Spouse's nar		Spouse's soo	ial sec	urity numbe	r
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizina	.)
	le dollars only on lines 1 through 5.	<i>y y</i>			
	n 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adj	usted gross income		1	105	,009.
2 Tot	ral tax		2	7	,866.
3 Fed	deral income tax withheld from Form(s) W-2 and Form(s) 1099		3	18	,856.
4 Am	ount you want refunded to you		4	10	,990.
5 Am	ount you owe		5		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of y	our retu	ırn)
to send my for any dela Agent to ini payment of authorizatio payment, I business da taxes to re- personal ide	nal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectly in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.Stiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requively prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment (settlement) date. I also authorize the financial institutions revolved in the payment (PIN) below is my signature for the income tax return (original or amended) I amended.	ction of the to S. Treasury a cated in the to to debit the the authorizests must be processing or ayment. I fur	ransmis nd its of ax prepared entry ation. The ereceif the el	ssion, (b) the designated paration so to this according revoke (ved no late ectronic packnowledge	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	funds Withdrawal Consent.				
	's PIN: check one box only	0	3 4	4 9 5	
×	authorize GLOBAL TAXES LLC to enter or generate n	ř En		digits, but	as my
S	ignature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
if	will enter my PIN as my signature on the income tax return (original or amended) I am no you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Your signa	ature ▶ Date ▶				
Snouse's	PIN: check one box only				
· —	authorize to enter or generate n	nv PIN			as my
	ERO firm name	_	ter five	digits, but	ao my
S	ignature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
if	will enter my PIN as my signature on the income tax return (original or amended) I am no you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Spouse's	signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part III	Certification and Authentication — Practitioner PIN Method Only				
ERO's EF	IN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 Don't ent	6 0 er all ze	8 2 7 eros	1
authorized '	t the above numeric entry is my PIN, which is my signature for the electronic individual income tax to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submits of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub.	tting this reti	urn in a	accordance	
ERO's sign	nature ▶ Date ▶				
91	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

2023

OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, en	ding		, 20		See sep	oarate instru	uctions.	
Your first name	and m	niddle initial	Last n	ame					Your so	cial security	number	
DURGA CI	HARA	N	DANI	DΆ					843	60 34		
		's first name and middle initial		t name						Spouse's social security number		
Home address	(numb	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.		Presider	ntial Election	Campaigr	
4230 FAIRWAY DR							12309			ere if you, or		
City, town, or post office. If you have a foreign address, also of			mplete	spaces below.	Sta	te	ZIP code			if filing jointly this fund. Ch		
CARROLL'	TON				TX	ζ	75010		•	ow will not ch	•	
Foreign countr	y name	÷		Foreign province/state	/count	ty	Foreign postal of			or refund.	_	
										You	Spouse	
Filing Status	s 🛚	Single				☐ Head of ho	ousehold (HOI	⊣)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.	L	Married filing separately (MFS)				☐ Qualifying	surviving spo	use (C	JSS)			
		you checked the MFS box, enter the			u che	ecked the HOH	l or QSS box,	enter	the chil	d's name if	the	
	qu	ualifying person is a child but not you	ır depe	ndent:								
Digital	At a	any time during 2023, did you: (a) rece	eive (as	s a reward, award, or	payr	ment for prope	rty or services); or (b) sell,			
Assets	excl	hange, or otherwise dispose of a digi	tal ass	et (or a financial inte	rest ir	n a digital asse	t)? (See instru	ctions	s.)	Yes	⊠ No	
Standard	Son	neone can claim: 🗌 You as a dep	pender	nt 🗌 Your spous	se as	a dependent						
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	alien	1						
Age/Blindnes	s You	: Were born before January 2, 19	959	Are blind Sp	ouse	: Was bor	n before Janu	ary 2.	1959	☐ Is bline	d	
Dependent		•	•	(2) Social securit	v	(3) Relationsh	(4) Ob 1 - 4			fies for (see in	nstructions):	
If more	•	First name Last name		number	У	to you	Child	tax cre	edit (Credit for other	r dependents	
than four]	
dependents,]	
see instruction and check	s —]	
here]	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions) .					1a	120	0,950.	
Attach Form(s)	b	Household employee wages not re	portec	I on Form(s) W-2 .					1b			
W-2 here. Also	С	Tip income not reported on line 1a	(see ir	nstructions)					1c			
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see	instru	ıctions)			1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits for	rom Fo	orm 2441, line 26					1e			
was withheld.	f	Employer-provided adoption benef	fits fro	m Form 8839, line 29					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	ons)						1h		0.	
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)		<u>li</u>				4		
	Z	Add lines 1a through 1h							1z	120	0,950.	
Attach Sch. B if required.	2a	· —	2a	2		axable interest			2b	+		
ii required.	3a	- · ·	3a	2.		ordinary divider			3b		2.	
Standard	4a	-	4a			axable amount			4b	+		
Deduction for—	5a	-	5a			axable amount			5b	+		
Single or Married filing	6a	,	6a	mothed cheek have		axable amount			6b	_		
separately, \$13,850	_ C	If you elect to use the lump-sum el Capital gain or (loss). Attach Scheo		,	`	,			1 7	-	3,000.	
Married filing	7 8	1 0 ()				•		. ∟	8		2,943.	
jointly or Qualifying	9	Additional income from Schedule 1 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9		5,009.	
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Scheo		•					10	+ 105	,,005.	
Head of	11	Subtract line 10 from line 9. This is			 me				11	100	5,009.	
household, \$20,800	12	Standard deduction or itemized	•						12		3,850.	
If you checked any box under	13	Qualified business income deducti		•	,	 5-Α			13	+	,,050.	
Standard Deduction,	14								14	1:	3,850.	
see instructions.	15	Subtract line 14 from line 11. If zero			· ·	lavable incom			15		1 150	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	15,366.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	15,366.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	7,500.
	21	Add lines 19 and 20						21	7,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,866.
	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	7,866.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 18	3,856		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	18,856.
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	2		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	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	18,856.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	10,990.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	10,990.
Direct deposit?	b	Routing number 0 2 1			c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 9 3 4	5 9 1 9	6 0 3					
	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	
100 0 110	38	Estimated tax penalty (see in	_	-		38		37	
Third Party		you want to allow another							
Designee		,	•				omplete	below.	X No
Doolgiloo	De	esignee's		Phone			onal iden		
	na	me		no.		num	ber (PIN)		
Sign		ider penalties of perjury, I declare the							, ,
Here		lief, they are true, correct, and com	ipiete. Declaration t		 I	seu on an imorman			, ,
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	NGTNEER		e inst.)	irv, onto it nore
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation		If th	ne IRS se	nt your spouse an
Keep a copy for your records.		, ,	· ·						ection PIN, enter it here
	Ph	one no. (814)384-314	2	Email address	CHARANDANDA	12@GMAIL.C	DM MC		
Doid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/10/2024	P0208	32703	Self-employed
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC							(678)965-9522
Use Only	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							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 Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your so	ocial s	ecurity number
DURG	GA CHARAN DANDA	843-6	60-34	195
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 Schedule	∍E .	5	-12,943.
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 8d ()	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends 8g			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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)			
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 8r			
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated 8u			

z Other income. List type and amount:

9

10

-12,943.

9

10

8z

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		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		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	e. Enter	here and on	26	
	·				

SCHEDULE 3 (Form 1040)

Department of the Treasury

Additional Credits and Payments 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. **03**

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR DURGA CHARAN DANDA

Your social security number 843-60-3495

Par	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	I, lin 	e 11. Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15		5a		
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6с			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f	7,500.		
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	7,500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20	040, 	1040-SR, or	8	7,500.

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions) .			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	•	15	

SCHEDULE D (Form 1040)

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.

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

DURGA CHARAN DANDA

Your social security number 843-60-3495

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) Form(s) 8949, Part I, combine the result (or other basis) 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 1,203. 2,115. -912. Totals for all transactions reported on Form(s) 8949 with Box B checked 0. 1. 1. 3 Totals for all transactions reported on Form(s) 8949 with 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 -912. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 2,260. 5,716. -3,456.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)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-3,456.

11

12

13

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -4,368. 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 amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. 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 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.

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 Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

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

843-60-3495 DURGA CHARAN DANDA 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 broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions 1,203. 2,115. -912.

Robinhood Securities LLC | 01/01/23 | 12/31/23 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 1,203. 2,115. -912. above is checked), or line 3 (if Box C above is checked) .

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.

Form 8949 (2023) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side DURGA CHARAN DANDA

Social security number or taxpayer identification number 843-60-3495

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				e)
1 (a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or	Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)			(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/23	2,260.	5,716.			-3,456.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	I here and inc	lude on your					

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.

above is checked), or line 10 (if Box F above is checked) .

-3,456.

2,260.

5,716.

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

2023 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

DURGA CHARAN DANDA

Social security number or taxpayer identification number

843-60-3495

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 not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	W See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
					instructions	adjustment	
Robinhood Crypto LLC	01/01/23	12/31/23	1.	1.			0.
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).	1.	1.			0.		

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

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.

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

2023
Attachment
Sequence No. 13

OMB No. 1545-0074

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

Your social security number

DURG	GA CHARAN DANDA						8	843-6	0-3495		
Part	Note: If you are in the busine rental income or loss from F	Rental Real Estate and ess of renting personal proper orm 4835 on page 2, line 40.	ty, use	Schedule							
	Did you make any payments in 20										
В	f "Yes," did you or will you file re	equired Form(s) 1099? .							. <u> </u>	s No	
1a	Physical address of each prop	perty (street, city, state, ZIF	code	e)							
Α	NELAKONDAPALLI KHAMM	AM ANDHRA PRADESH	IN 5	507160							
В											
С											
1b	(from list below) above	ch rental real estate prope , report the number of fair	rental	and		Fa	ir Rental Days			QJV	
Α		nal use days. Check the Qu			Α		365		0		
В	qualifie	meet the requirements to f ed joint venture. See instru	ctions	a	В						
С				"	С						
1	•	Vacation/Short-Term Rent Commercial	tal	5 Land 6 Roya		-	Self-Rental Other (describ				
							Properties	s:			
Incon					Α		В			С	
3	Rents received		3		6	00.					
4	Royalties received		4								
Expe			_								
5	Advertising		5 6								
6	Auto and travel (see instruction Cleaning and maintenance.		7		1,7	E /I					
7 8	Commissions		8		Ι,/	54.					
9			9								
10	Insurance		10								
11	Management fees		11		1,2	nn					
12	Mortgage interest paid to bank		12		1,2	00.					
13	Other interest		13								
14	Repairs		14		1,8	81.					
15	Supplies		15		2,3						
16	Taxes		16								
17	Utilities		17		2,4	15.					
18	Depreciation expense or deple		18		3,9	47.					
19	Other (list)		19								
20	Total expenses. Add lines 5 thi	rough 19	20		13,5	43.					
21	Subtract line 20 from line 3 (rerresult is a (loss), see instruction file Form 6198	ns to find out if you must	21	-	-12,9	43.					
22	Deductible rental real estate lo on Form 8582 (see instructions	, ,,	22	(12,94	3.)	()	()	
23a	Total of all amounts reported of	on line 3 for all rental prope	rties			23a		600.			
b	Total of all amounts reported of	on line 4 for all royalty prop	erties			23b					
С	Total of all amounts reported of	on line 12 for all properties				23c					
d	Total of all amounts reported of					23d		947.			
е	Total of all amounts reported of					23e	13,	543.			
24	Income. Add positive amounts			-				24			
25	Losses. Add royalty losses from							25	(:	12,943.)	
26	Total rental real estate and r										
	here. If Parts II, III, and IV, and Schedule 1 (Form 1040), line 5							26		-12,943.	

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

DURGA CHARAN DANDA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 843-60-3495

Betoi	<i>re you begin:</i> Complete Form 8853, Archer MSAs and Long-Term Care Ins	surance Contracts, if	requir	ed.
Part	HSA Contributions and Deduction. See the instructions before com and both you and your spouse each have separate HSAs, complete a			
1	Check the box to indicate your coverage under a high-deductible health plan (See instructions		☐ Self	only 🗷 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including unextended due date of your tax return that were for 2023. Do not include empleontributions through a cafeteria plan, or rollovers. See instructions	those made by the ployer contributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every more were, or were considered, an eligible individual with the same coverage, enter family coverage). All others , see the instructions for the amount to enter	r \$3,850 (\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 20 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any tir include any amount contributed to your spouse's Archer MSAs	me during 2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate F			7,730.
U	coverage under an HDHP at any time during 2023, see the instructions for the amount		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse			7,750.
7	under an HDHP at any time during 2023, enter your additional contribution amoun		7	0.
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023	9 2,817.		
10		10		
11	Add lines 9 and 10		11	2,817.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	4,933.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See			
Part			rate H	SAs, complete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also contributions (and the earnings on those excess contributions) included on withdrawn by the due date of your return. See instructions	line 14a that were	445	
•	Subtract line 14b from line 14a		14b	
C			14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enteramount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions include the subject to the additional 20% tax. Also, include this amount in the total of 1040), Part II, line 17c	n Schedule 2 (Form	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage completing this part. If you are filing jointly and both you and your specomplete a separate Part III for each spouse.	ge. See the instruct	ions be	
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 104)		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total of		20	
41	10.40\ Part II line 17d	ni ochedule 2 (FUIII		

8936

Clean Vehicle Credits

OMB No. 1545-2137 Attachmen

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

Name(s) shown on return Identifying number DURGA CHARAN DANDA 843-60-3495 Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year. • Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below. **Modified Adjusted Gross Income Amount** Part I 1a Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR 105,009 Enter any income from Puerto Rico you excluded 1b c Enter any amount from Form 2555, line 45 1c Enter any amount from Form 2555, line 50 1d Enter any amount from Form 4563, line 15 1e е 2 Add lines 1a through 1e 2 105,009. 69,803. За Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a Enter any income from Puerto Rico you excluded 3b Enter any amount from Form 2555, line 45 3с Enter any amount from Form 2555, line 50 3d Enter any amount from Form 4563, line 15 Add lines 3a through 3e 69,803. 4 Enter the **smaller** of line 2 or line 4 5 69,803. Credit for Business/Investment Use Part of New Clean Vehicles Part II Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936) . . . 6 6 7 New clean vehicle credit from partnerships and S corporations (see instructions) 7 Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y . . . 8 Part III **Credit for Personal Use Part of New Clean Vehicles** Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) 9 7,500. 10 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 10 15,366. Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 11 11 12 Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use 12 15,366. 13 Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form 13 7,500. Part IV Credit for Previously Owned Clean Vehicles Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household). 14 Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936) 14 15 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 15 16 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 16 Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit 17 17 Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is 18 18 **Credit for Qualified Commercial Clean Vehicles** Part V Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936) 19 19 20 Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) . 20

Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule

K. All others, report this amount on Form 3800, Part III, line 1aa .

21

21

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Attachment Sequence No. **69A**Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return Attach to your tax return.

Go to www.irs.gov/Form8936 for instructions and the latest information.

DUR	GA CHARAN DANDA	843	3-60-3495	
Part	Vehicle Details			
1a b	Year	TES	2023 SLA	
С	Model		DEL Y	
2	Vehicle identification number (VIN) (see instructions) 7 S A Y G D E F 6	5 P	F 7 8 '	5 8 2 2
3	Enter date vehicle was placed in service (MM/DD/YYYY)	06/	/02/2023	0 2 2
4	Was the vehicle used primarily outside the United States? Answer "No" if it was but an excepti Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the Ur No.		-	tructions.
5	Does the VIN entered on line 2 belong to a new clean vehicle placed in service during the tax definitions. Yes. Go to Part II. No. Go to line 6.	year?	See instructi	ons for
6	Does the VIN entered on line 2 belong to a previously owned clean vehicle acquired after 202 the tax year? See instructions for definitions. Yes. Go to Part IV. No. Go to line 7.	22 and	d placed in se	rvice during
7 Part	Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after during the tax year? See instructions for definitions. Yes. Go to Part V. No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described to the commercial clean vehicle acquired after during the tax year? See instructions for definitions. Credit Amount for Business/Investment Use Part of New Clean Vehicle	A	IA	
8	 Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person. ☒ Yes. ☐ No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or t resale. 		-	
9	Tentative credit amount (see instructions)	9		7,500.
10	Business/investment use percentage (see instructions)	10		%
11	Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below	11		
Part	Credit Amount for Personal Use Part of New Clean Vehicle	_		
12	Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936	12		7,500.

For Paperwork Reduction Act Notice, see the Form 8936 instructions. BAA

REV 02/05/24 PRO

Schedule A (Form 8936) 2023



Part	le A (Form 8936) 2023 Credit Amount for Previously Owned Clean Vehicle		Page					
13a	Is the sales price of the vehicle more than \$25,000?							
100	 Yes. Stop here. The vehicle doesn't qualify for the Part IV credit. No. 							
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person. Yes.							
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.							
С	Can you be claimed as a dependent on another person's tax return, such as your parent's return? Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent. No.							
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions. ☐ Yes. ☐ No.	ı						
14	Enter the sales price of the vehicle	14						
15	Multiply line 14 by 30% (0.30)	15						
16	Maximum vehicle credit amount	16	4,000.					
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936	17						
Part			I					
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exceentities discussed in the instructions applies. Yes. No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception		·					
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person. Yes. No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.	are le	easing the vehicle from					
С	Is the vehicle also powered by gas or diesel? See instructions. Yes. No.	ı						
19	Enter the cost or other basis of the vehicle. See instructions	19						
20	Section 179 expense deduction (see instructions)	20						
21	Subtract line 20 from line 19	21						
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22						
23	Enter the incremental cost of the vehicle. See instructions	23						
24	Enter the smaller of line 22 or line 23	24						
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is	25						

Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936

26

26

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 Sequence No. 858

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

Part I

DURGA CHARAN DANDA

2023 Passive Activity Loss

Identifying number 843-60-3495

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 12,943. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -12,943. **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 **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (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 -12,943. 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 12,943. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 117,952. 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 32,048. Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 16,024. 9 12,943. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 11 12,943.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of a ski th	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
NELAKONDAPALLI	0.	12,943.			12,943.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	12,943.				

Form 8582 (2023)

1 01111 0302 (202	0)									rage Z
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			
	Name of activity		Current year			Prior years (c) Unallowed loss (line 2c)		Overall gain or loss		ain or loss
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)				(d) Gain		(e) Loss
	on Part I, lines 2a, 2b, and 2c	L								
Part VI	Use This Part if an Amour	1		Part II,	, Line 9. S	ee instruc	tions.			
	Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	datio (c) Special		(d) Subtract column (c) from column (a).	
NELAKONI	DAPALLI		E Ln 22		12,943.	1.0000	0000	12,943.		0.
Total					12,943.	1.00)	12,94	3.	0.
Part VII	Allocation of Unallowed L	oss	ses. See instr	uction	s.	•				
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio		(c) Unallowed loss	
Total								1.00		
Part VIII	Allowed Losses. See instr	ucti	ons.							
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Unallowed loss		(c) Allowed loss	
Total										