E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

| Filing Status Check only one box. | If yo | Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent | name of y | ed filing separately your spouse. If you | | _ | | , , | _ | - | | . , . , |
|---|---------------|--|--|--|---------------------------|------------------|----------------|-----------------------------|-------------|--|--------------|---------|
| Your first name | iddle initial | me | | | | | Your | Your social security number | | | | |
| RESHMA | | | KALI | CHETI | | | | | 696 | 696-54-1234 | | |
| If joint return, s | pouse's | s first name and middle initial | Last na | me | | | | | Spou | Spouse's social security number | | |
| | • | er and street). If you have a P.O. box, se | e instruction | structions. | | | | | | Presidential Election Campaign | | |
| 201 S H | | | | | T 01 | | 710 | 2024 | - 1 | Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a | | |
| | ost otti | ce. If you have a foreign address, also c | complete s | paces below. | Sta | | | code | to go | | | |
| HOUSTON | ı nama | | 1.0 | Foreign province/state | | | - | 007 | | | v will not o | change |
| Foreign country | y name | | | -oreign province/state | Couri | ty | Fore | Foreign postal code | | your tax or refund. You Spouse | | |
| At any time du | ıring 20 | 020, did you receive, sell, send, ex | change, c | or otherwise acquire | any | financial intere | est in | any virtual | currency | /? [| Yes | ⊠ No |
| Standard Deduction | | eone can claim: You as a d Spouse itemizes on a separate retu | • | - | | | | | | | | |
| Age/Blindness | s You | Were born before January 2, | 1956 | Are blind Sp | ouse | : Was bo | rn be | fore Januar | y 2, 1956 | 3 | ☐ Is blir | nd |
| Dependents | s (see | instructions): | | (2) Social securi | ty | (3) Relationsh | nip | (4) 🗸 ii | f qualifies | qualifies for (see instructions): | | |
| If more | | irst name Last name | | number to you | | | Child tax cred | | | edit Credit for other dependent | | |
| than four | | | | | | | | |] | | | |
| dependents, see instruction | . — | | | | | | | |] | | | |
| and check | | | | | | | | | | | |] |
| here ▶ □ | | | | | | | | |] | | |] |
| | _1_ | Wages, salaries, tips, etc. Attach | Form(s) \ | N-2 | | | | | | 1 | 10 | 4,105. |
| Attach Sch. B if | 2a | Tax-exempt interest | 2a | | b T | axable interes | t | | : | 2b | | |
| required. | 3a | Qualified dividends | 3a | b Ordinary dividends | | | nds | s | | 3b | | |
| | 4a | IRA distributions | 4a | | b Taxable amount . | | | | | 4b | | |
| | 5a | Pensions and annuities | 5a | | b T | axable amoun | ıt . | | | 5b | <u> </u> | |
| Standard | 6a | Social security benefits | 6a | | b T | axable amoun | ıt. | | (| 6b | | |
| Deduction for— Single or | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ | | | | | | | | 7 | | |
| Married filing | 8 | Other income from Schedule 1, line 9 | | | | | | | . <u>L</u> | 8 | _ | 5,950. |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7 | es 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | 9 | 9 | 8,155. |
| Married filing | 10 | Adjustments to income: | | | | | | | | | | |
| jointly or Qualifying | а | From Schedule 1, line 22 | | | | | | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take the standard deduction. See instructions 10b | | | | | | | | | | |
| Head of | С | Add lines 10a and 10b. These are your total adjustments to income | | | | | | | ▶ 1 | I0c | | |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This is your adjusted gross income | | | | | | | • | 11 | 9 | 8,155. |
| If you checked | 12 | Standard deduction or itemized | d deducti | ions (from Schedul | e A) | | | | . [| 12 | 1 | 2,400. |
| any box under Standard | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | | | | | | 13 | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | . [| 14 | | 2,400. |
| 222 111011 40110113. | 15 | Taxable income. Subtract line 1 | 4 from lin | e 11. If zero or less | , ente | er -0 | | | . 🗔 | 15 | 8 | 5,755. |

| Form 1040 (2020 | 0) | | | | | | | | | Page 2 | | |
|--------------------------------------|------------------|---|--------------------------|-------------------|--------------------|----------|-----------------|--------------------|---|------------------------|--|--|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | | 16 | 14,666. | | |
| | 17 | Amount from Schedule 2, lin | ie3 | | | | | | 17 | | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 14,666. | | |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | 19 | | | |
| | 20 | Amount from Schedule 3, lin | ie 7 | | | | | | 20 | | | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 14,666. | | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | 2, line 10 . | | | | 23 | 0. | | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | . • | 24 | 14,666. | | |
| | 25 | Federal income tax withheld | from: | | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 15 | , 987 | | | | |
| | b | Form(s) 1099 | | | | 25b | | 12 | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 15,999. | | |
| If you have a | 26 | 2020 estimated tax payment | | | | | | | 26 | | | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | <mark>N</mark> O . | 27 | | | | | | |
| If you have | 28 | Additional child tax credit. A | ttach Schedule | 8812 | | 28 | | | | | | |
| nontaxable combat pay, | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | | | |
| see instructions. | 30 | | | | | | | | | | | |
| | 31 | Amount from Schedule 3, lin | ie 13 | | | 31 | | | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tota | al other paym | ents and refund | able cr | redits | | 32 | | | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | | | | | | | 15,999. | | |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 2 | 4 from line 33. | This is the amou | ınt you | overpaid | | 34 | 1,333. | | |
| Horana | 35a | | | | | | | | 35a | 1,333. | | |
| Direct deposit? | ►b | | | | | | | | s | | | |
| See instructions. | ►d | | | | | | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2021 estimate | ed tax 🕨 | 36 | | | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | now | | | . • | 37 | | | |
| You Owe | | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for | | | | | | | | | | |
| For details on how to pay, see | | 2020. See Schedule 3, line 12e, and its instructions for details. | | | | | | | | | | |
| instructions. | 38 | Estimated tax penalty (see in | nstructions) . | | 🕨 | 38 | | | | | | |
| Third Party | | you want to allow another | | | | | | | | | | |
| Designee | ins | structions | | | | | Yes. Co | • | | | | |
| | | signee's me ▶ | | Phone no. ▶ | | | | nal ide er (PIN | ntification | | | |
| 0: | | der penalties of perjury, I declare t | hat I have examine | | l accompanying ac | hadulaa | | | / | at of my knowledge and | | |
| Sign | | ief, they are true, correct, and com | | | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | l If | the IRS se | ent you an Identity | | |
| | No. organization | | | | | | | | | PIN, enter it here | | |
| Joint return? | | | | SOFTWARE ENGINEER | | | | | (see inst.) ▶ | | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, t | Date Spouse's occupation | | | | | | ent your spouse an | | | |
| your records. | , | | | | | | | | Identity Protection PIN, enter it h (see inst.) ▶ | | | |
| | | one no. (909)676-178 | 5 | Email address | RESHMAKALICH | JETT O / | @CMXTI CO | | | | | |
| | | eparer's name | Preparer's signat | | LICHARMINGER | Date | | PTIN | | Check if: | | |
| Paid | | I PRIYA RAM SAGAR GUPTA TALLAM | | | מווסיים ייםו.ד.או | | | | 82703 | Self-employed | | |
| Preparer | | m's name GLOBAL TA | | TOTAL DUCKE | OULTA TADUAN | 1 00/ | 00/2021 | | | one no. (678)965-9522 | | |
| Use Only | | | | | | | | rm's EIN | | | | |
| Co to warming = | | | | ii Callilli | | 55: | 1.07/00/01 55 5 | | III 9 EIIN | | | |
| GO TO WWW.Irs.go | JV/FOrn | n1040 for instructions and the late | ระ เทเงกาเสนิดก. | | BAA | KE/ | / 07/28/21 PRO | | | Form 1040 (2020) | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

Your social security number

696-54-1234

Department of the Treasury Internal Revenue Service

RESHMA KALICHETI

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

OMB No. 1545-0074

Additional Income Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -6,000. 6 6 7 7 Other income. List type and amount ▶ Other Income from box 3 of 1099-Misc 50. 8 8 50. Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -5,950. Adjustments to Income Part II 10 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 13 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 Self-employed SEP, SIMPLE, and qualified plans 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) ▶ 19 19 IRA deduction 20 20 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a 22

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 (99) Name(s) shown on return

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

Your social security number

| Common or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property. use | RESH | MA KALICHETI | | | | | | | 696- | -54-12 | 34 | |
|---|-------|---|---|-------------|--|------------|-----------|--------------|---|-------------|-----------|--------------|
| A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions | Part | Income or Loss Fro | om Rental Real Estate and Roy | yaltie | s Note | : If you | are in th | e business o | f renting | personal p | property, | use |
| Bit Yes, did you or will you file required Form(s) 10997 1a Physical address of each property (street, city, state, ZIP code) | | | uctions. If you are an individual, repo | ort farr | n rental i | ncome | or loss f | rom Form 48 | 35 on pa | age 2, line | 40. | |
| Bit Yes, did you or will you file required Form(s) 10997 1a Physical address of each property (street, city, state, ZIP code) | A Dic | vou make anv pavments i | n 2020 that would require you to | file F | orm(s) 1 | 099? 5 | See inst | ructions . | | <u> п</u> | Yes X | No |
| Thysical address of each property (street, city, state, ZIP code) A MASJIDBANDA, KONDAPUR HYDERABAD TELANGANA IN 500084 B C Ib Type of Property (from list below) (| | | | | . , | | | | | | | |
| A MASJIDBANDA , KONDAPUR HYDERABAD TELANGANA IN 500084 | | | | | | | | | | | | |
| B | | | | | <u>, </u> | 0084 | | | | | | |
| Type of Property (from list below) (from list below) Personal Use days. Check the QNV box only if you meet the requirements to file as qualified pint venture. See instructions. A 3 3 3 3 4 365 0 □ | | 111001221111111111111111111111111111111 | | | | 7001 | | | | | | |
| Type of Property (from list below) | | | | | | | | | | | | |
| | | Type of Property 2 | For each rental real estate pror | arty li | etad | | Fair | Rental | Perso | nal Use | | |
| B | | | above, report the number of fai | r renta | al and | | | Days | D | ays | Q | JV |
| B | Α | , | personal use days. Check the | JV b | ox only | Δ | | 365 | | | 7 | |
| Type of Property: C | | | qualified joint venture. See inst | ructio | ns. | | | 303 | | | + | - |
| Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) | | | | | | | | | | | + | |
| Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) | | of Property: | | | | | | | | | | |
| Multi-Family Residence | | | 3 Vacation/Short-Term Bental | 5 laı | nd | | 7 Salf- | Rontal | | | | |
| Rents received | _ | | | | | | | | | | | |
| Rents received | | | | 0 110 | yaities | | o Othe | | | | | |
| Expenses: Advertising 5 150 | | <u> </u> | <u> </u> | 2 | | | 600 | | <u>, </u> | | | |
| Advertising | | | | | | | 000. | | | | | |
| 5 150. 6 Auto and travel (see instructions) 6 250. 7 Cleaning and maintenance 7 8 Commissions. 8 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 6,000. 11 14 200. 12 15 15 15 16 17 18 19 19 20 20 10 19 20 10 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,000. 22 0 -6,000. 22 (| | | | - | | | | | | | | |
| 6 Auto and travel (see instructions) | - | | | _ | | | 1 5 0 | | | | | |
| 7 Cleaning and maintenance 7 | | | | | | | | | | | | |
| 8 | | • | | | | | 250. | | | | | |
| 9 | | | | | | | | | | | | |
| 10 Legal and other professional fees | | | | | | | | | | | | |
| 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest. 13 6,000. 14 Repairs. 14 200. 15 Supplies 15 16 Taxes. 16 17 Utilities. 17 18 Depreciation expense or depletion 18 19 Other (list) ► 19 20 6,600. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 23 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 23 Total of all amounts reported on line 4 for all royalty properties 23a 24 25 26 25 26 26 27 27 28 28 29 29 20 20 6,600. 21 29 | | | | | | | | | | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest | | = | | | | | | | | | | |
| 13 Other interest. 13 6,000. 14 Repairs. 14 200. 15 Supplies 15 16 Taxes 16 17 Utilities. 17 18 Depreciation expense or depletion 18 19 Other (list) ► 19 20 6,600. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 22 Coda of all amounts reported on line 3 for all rental properties 23a 6 Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties 23e e Total of all amounts reported on line 20 for all properties 23e e Total of all amounts reported on line 20 for all properties 23e e Total of all | | | | | | | | | | | | |
| 14 Repairs. 14 200. 15 Supplies 15 16 Taxes 16 17 Utilities. 17 18 Depreciation expense or depletion 18 19 Other (list) ► 19 20 6,600. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 (-6,000.) 23a Total of all amounts reported on line 3 for all rental properties 23a b Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties 23d e Total of all amounts reported on line 20 for all properties 23d e Total of all amounts reported on line 20 for all properties 23d e Total of all amounts reported on line 20 for all properties 23d | | | | | | | 000 | | | | | |
| 15 Supplies | | | | | | О, | | | | | | |
| 16 Taxes | | | | | | | 200. | | | | | |
| 17 Utilities | | | | | | | | | | | | |
| 18 Depreciation expense or depletion | | | | | | | | | | | | |
| 19 Other (list) ► 19 | | | | | | | | | | | | |
| Total expenses. Add lines 5 through 19 | | | depletion | | | | | | | | | |
| Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | | ` ' | | _ | | | | | | | | |
| result is a (loss), see instructions to find out if you must file Form 6198 | | • | • | 20 | | 6, | 600. | | | | | |
| file Form 6198 | 21 | | | | | | | | | | | |
| Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | | | | 0.4 | | c | 000 | | | | | |
| on Form 8582 (see instructions) | | | | | | - o , | 000. | | | - | | |
| Total of all amounts reported on line 3 for all rental properties | 22 | | | 20 | , | <i>c (</i> | ۱ ۱ | , | | | | ١ |
| b Total of all amounts reported on line 4 for all royalty properties | 00- | | | | <u> </u> | -6,(| | (| 600 | Ж | |) |
| c Total of all amounts reported on line 12 for all properties | | · · | · · · | | | | | | 600 | - | | |
| d Total of all amounts reported on line 18 for all properties | | | | erties | | | | | | | | |
| e Total of all amounts reported on line 20 for all properties | | • | | | | | | | | | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | | · · | | | | | | | <i>C C O O</i> | | | |
| · · · · · · · · · · · · · · · · · · · | | | | داخمانا | | | | | | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 (6,00 | | | | | , | | | | | _ | | ,,,,, |
| | | * * | | | | | | | | o (| 6,0 | 100.) |
| Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result | 26 | | | | | | | | | | | |
| here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise include this amount in the total on line 41 on page 2 | | | | | - | | | | - 1 | 6 | c | 000. |

Department of the Treasury

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**

Internal Revenue Service (99) Name(s) shown on return RESHMA KALICHETI

Identifying number 696-54-1234

| Par | t I 2020 Passive Activity Loss | | |
|--------|---|-------|-----------------|
| | Caution: Complete Worksheets 1, 2, and 3 before completing Part I. | | |
| Renta | al Real Estate Activities With Active Participation (For the definition of active participation, see | | |
| Speci | ial Allowance for Rental Real Estate Activities in the instructions.) | | |
| 1a | Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 0. | | |
| b | Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b (6,000.) | | |
| С | Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c (| | |
| d | , , | 1d | -6,000. |
| Comr | mercial Revitalization Deductions From Rental Real Estate Activities | | |
| 2a | Commercial revitalization deductions from Worksheet 2, column (a) 2a () | | |
| b | Prior year unallowed commercial revitalization deductions from Worksheet 2, | | |
| | column (b) | | |
| С | Add lines 2a and 2b | 2c | () |
| All Ot | ther Passive Activities | | |
| 3a | Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a | | |
| b | Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b (| | |
| С | Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c (| | |
| d | Combine lines 3a, 3b, and 3c | 3d | |
| 4 | Combine lines 1d, 2c, and 3d. 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, 2b, or 3c. | | |
| | Report the losses on the forms and schedules normally used | 4 | -6,000. |
| | If line 4 is a loss and: • Line 1d is a loss, go to Part II. | | |
| | Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. | | |
| | Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III ar | _ | |
| | on: If your filing status is married filing separately and you lived with your spouse at any time during the | year, | do not complete |
| | I or Part III. Instead, go to line 15. | | |
| Part | | | |
| | Note: Enter all numbers in Part II as positive amounts. See instructions for an example. | | |
| 5 | Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | 6,000. |
| 6 | Enter \$150,000. If married filing separately, see instructions | | |
| 7 | Enter modified adjusted gross income, but not less than zero. See instructions 7 104,155. | | |
| | Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on | | |
| | line 10. Otherwise, go to line 8. | | |
| 8 | Subtract line 7 from line 6 | | |
| 9 | Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | 22,923. |
| 10 | Enter the smaller of line 5 or line 9 | 10 | 6,000. |
| | If line 2c is a loss, go to Part III. Otherwise, go to line 15. | | |
| Part | | | ctivities |
| | Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction | | |
| 11 | Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . | 11 | |
| 12 | Enter the loss from line 4 | 12 | |
| 13 | Reduce line 12 by the amount on line 10 | 13 | |
| 14 | Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | |
| Part | | 4- | |
| 15 | Add the income, if any, on lines 1a and 3a and enter the total | 15 | 0. |
| 16 | Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions | | |
| | to find out how to report the losses on your tax return | 16 | 6,000. |

| Caution: The worksheets must be filed to | | | | / for your | record | S. | | | | |
|--|--|---------------------------|-----------------|------------------------------|--|-------------|----------------------|---|--|--|
| Worksheet 1—For Form 8582, Lines 1 | a, 1b, and 1c (se | e instruction | ns) | | | | | | | |
| Name of activity | Currer | nt year | | Prior years | | | Overall g | erall 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 | | |
| MASJIDBANDA, KONDAPUR | 0. | 6,0 | 00. | | | | | 6,000. | | |
| | | | | | | | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, | | | | | | | | | | |
| and 1c | 0. | 6,0 | 00. | | | | | | | |
| worksheet 2—For Form 6562, Lines 2 | | | | | | | | | | |
| Name of activity | (a) Current deductions (| | ar 2a) unall | | (b) Prior year allowed deductions (| | (c) | Overall loss | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total. Enter on Form 8582, lines 2a and | | | | | | | | | | |
| 2b ▶ Worksheet 3—For Form 8582, Lines 3a | a, 3b, and 3c (se | e instruction | ns) | | | | | | | |
| Name of a divide | Currer | nt year | | Prior | years | | Overall gain or loss | | | |
| Name of activity | (a) Net income (line 3a) | (b) Net Io | | (c) Una | | (d) |) Gain | n (e) Loss | | |
| | , | | , | , | , | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, | | | | | | | | | | |
| and 3c · · · · · · · · · · · · · · · ► Worksheet 4—Use This Worksheet if a | n Amount Is Sh | own on Fo | rm 8 | ⊥ 582. Line | 10 or | 14. See | e instructi | ons. | | |
| | | | | | | | | | | |
| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Los | 6 | (b) Ratio | | | Special wance | (d) Subtract column (c) from column (a) | | |
| MASJIDBANDA, KONDAPUR | E Ln 22 | 6,0 | 00. | 1.0000000 | | 6,00 | | 0. | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | 6,00 | | 1.00 | | 6,000. | | 0. | | |
| Worksheet 5—Allocation of Unallowed | Losses (see in | structions) | | | | | | | | |
| Name of activity | Form or schedule and line number to be reported on (see instructions) (a) | | (a) Lo | oss (b | | o) Ratio (c | | c) Unallowed loss | | |
| | | | | | | | | | | |
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| Total | | | | | | 1 00 | | | | |