| Form <b>8879</b>           |
|----------------------------|
| (Rev. January 2021)        |
| Department of the Treasury |

#### Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

| Taxpayer's name  | Social security number        |  |  |  |
|--|-------------------------------|--|--|--|
| NIKHIL SHRAVAN KRI SANKA   | 027-02-6165                   |  |  |  |
| se's name Spouse's social security numb                                      |                               |  |  |  |
|  |                               |  |  |  |
| Part I Tax Return Information – Tax Year Ending December 31, 2022 (Ent       | er year you are authorizing.) |  |  |  |
| Enter whole dollars only on lines 1 through 5.                               |                               |  |  |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. |                               |  |  |  |
| <b>1</b> Adjusted gross income   | <b>1</b> 95,054.              |  |  |  |
| <b>2</b> Total tax   | <b>2</b> 13,685.              |  |  |  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099              | <b>3</b> 15,647.              |  |  |  |
| 4 Amount you want refunded to you  | <b>4</b> 1,962.               |  |  |  |
| <b>5</b> Amount you owe  | 5                             |  |  |  |

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

| <b>X</b>   Authorize GLOBAL TAXES LLC to enter or denerate r | X | l authorize | GLOBAL TAXES LLC | to enter or generate my l | PIN |
|--|---|-------------|------------------|---------------------------|-----|
|--|---|-------------|------------------|---------------------------|-----|

| 2   | 6     | 1 | 6 | 5 | as mv |
|-----|-------|---|---|---|-------|
| Ent | asiny |   |   |   |       |

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

#### Spouse's PIN: check one box only

I authorize

| to | enter | or | generate | my | PIN |
|----|-------|----|----------|----|-----|

Enter five digits, but don't enter all zeros

as mv

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature >  | Date I |   |   |  |      |             | <br>  |    |   |
|---|--------|---|---|--|------|-------------|-------|----|---|
| Practitioner PIN Method Returns Only—continue below   |        |   |   |  |      |             |       |    |   |
| Part III Certification and Authentication – Practitioner PIN Method Onl                         | /      |   |   |  |      |             |       |    |   |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2      | 2 | 2 |  | <br> | 6<br>all ze | <br>9 | 89 | ) |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature >                                 | nature Date Date   |                          |  |  |  |  |  |  |  |
|---|--|--------------------------|--|--|--|--|--|--|--|
|   | st Retain This Form — See Instructions<br>is Form to the IRS Unless Requested To Do So |                          |  |  |  |  |  |  |  |
| For Denemicarly Deduction Act Nation and your toy |  | Earm 8870 (Payr 01 2021) |  |  |  |  |  |  |  |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

| <b>1040</b>                                      |               | artment of the Treasury–Internal Revenue Serv<br><b>5. Individual Income Ta</b> |                  | urn                   | 202                  | 2              | OMB No. 1545             | -0074        | IRS Use    | e Only | —Do not v           | vrite or staple                           | in this space.  |
|--|---------------|---|------------------|-----------------------|----------------------|----------------|--------------------------|--------------|------------|--------|---------------------|---|-----------------|
| Filing Status<br>Check only<br>one box.          |               | Single D Married filing jointly   | _                | 0                     |                      | ,              | Head of<br>ed the HOH or |              |            | ,      | spo                 | llifying sur<br>use (QSS)<br>s name if tl | 0               |
|  | pers          | on is a child but not your dependen   | t:               |                       |                      |                |                          |              |            |        |                     |   |                 |
| Your first name                                  | and mi        | ddle initial  | Last na          | me                    |                      |                |                          |              |            |        |                     | ocial securi                              | -               |
| NIKHIL S   |               |   | SANK             |                       |                      |                |                          |              |            |        |                     | 02-616                                    |                 |
| lf joint return, sp                              | oouse's       | first name and middle initial   | Last na          | me                    |                      |                |                          |              |            |        | Spouse              | 's social se                              | curity number   |
| Home address                                     | numbe         | r and street). If you have a P.O. box, see                                      | instructio       | 2006                  |                      |                |                          |              | pt. no.    |        | Dreside             | ntial Electi                              | on Compoint     |
|  |               |   | ; instructio     | 5115.                 |                      |                |                          |              | .26        |        |                     | here if you,                              | on Campaigr     |
| <u>4720 VIN</u>                                  |               | се. If you have a foreign address, also co                                      | omolete si       | naces hel             | ow                   | Sta            | te                       | ZIP c        |            |        |                     | , ,                                       | ntly, want \$3  |
| PLANO  | 001 0111      |   |                  |                       |                      | TΣ             |                          | 750          |            |        | •                   |   | Checking a      |
| Foreign country                                  | name          |   | F                | oreign pr             | ovince/state/o       |                |                          |              | n postal c | ode    |                     | low will not<br>x or refund               | 0               |
| с ,  |               |   |                  | 0 1                   |                      |                |                          | 0            | ·          |        | -                   | Vou                                       | Spouse          |
| Digital  | At ar         | ny time during 2022, did you: (a) rec   | eive (as         | a reward              | l, award, or         | payr           | ment for prope           | rty or       | services   | ); or  | (b) sell,           |   |                 |
| Assets   | exch          | ange, gift, or otherwise dispose of a   | -                |                       |                      |                | _                        | asset)       | ? (See ir  | nstru  | ctions.)            | Yes                                       | X No            |
| Standard   | _             | eone can claim: 🗌 You as a de   | •                |                       | •                    |                | a dependent              |              |            |        |                     |   |                 |
| Deduction  |               | Spouse itemizes on a separate retur   | n or you         | were a c              | dual-status          | alien          | 1                        |              |            |        |                     |   |                 |
| Age/Blindness                                    | You:          | Were born before January 2, 1   | 958              | Are bli               | ind Spc              | ouse           | : 🗌 Was bor              | n befo       | ore Janu   | ary 2  | 2, 1958             | Is b                                      | lind            |
| Dependents                                       | (see          | instructions):  |                  | (2) S                 | ocial security       | ,              | (3) Relationsh           | ip <b>(4</b> | ) Check t  | he b   | ox if qual          | ifies for (see                            | instructions):  |
| If more  | <b>(1)</b> Fi | rst name Last name  |                  |                       | number               |                | to you                   |              | Child      | tax ci | redit               | Credit for ot                             | ther dependents |
| than four  |               |   |                  |                       |                      |                |                          |              |            |        |                     |   |                 |
| dependents,<br>see instructions                  |               |   |                  |                       |                      |                |                          |              |            |        |                     |   | <u> </u>        |
| and check  |               |   |                  |                       |                      |                |                          |              |            |        |                     |   | <u> </u>        |
| here   |               |   |                  |                       |                      |                |                          |              |            |        |                     |   | <u>∟</u>        |
| Income   | 1a            | Total amount from Form(s) W-2, b  | •                |                       | ,                    |                |                          | · ·          | • •        | •      | . <u>1</u> a        |   | 03,994.         |
| Attach Form(s)                                   | b             | Household employee wages not re   | •                |                       |                      |                |                          | · ·          | • •        | ·      | . <u>1k</u>         |   |                 |
| W-2 here. Also                                   | c             | Tip income not reported on line 1a  |                  |                       |                      |                |                          | • •          | • •        | ·      | . 10                |   |                 |
| attach Forms<br>W-2G and                         | d             | Medicaid waiver payments not rep  |                  |                       |                      |                |                          | • •          | • •        | ·      | . 10                |   |                 |
| 1099-R if tax                                    | e             | Taxable dependent care benefits t   |                  | -                     |                      |                |                          | • •          | • •        | ·      | . 16                |   |                 |
| was withheld.                                    | f             | Employer-provided adoption bene   |                  |                       | -                    | •              |                          | • •          | • •        | ·      | . 11                | -   |                 |
| lf you did not<br>get a Form                     | g<br>h        | Wages from Form 8919, line 6 .<br>Other earned income (see instruct             |                  |                       |                      | • •            |                          | • •          |            | •      | . <u>1ç</u><br>. 1ŀ |   | 0.              |
| W-2, see   | i             | Nontaxable combat pay election (  | ,                |                       |                      | • •            | · · · · ·                |              | • •        | •      |                     |   | 0.              |
| instructions.                                    | z             | Add lines to through th   |                  | ,                     |                      | • •            | 11                       |              |            |        | . 1z                | , 1                                       | 03,994.         |
| Attach Sch. B                                    | 2a            | -   | 2a               |                       |                      | <br><b>ь</b> т | axable interest          |              |            | •      | . 12                |   |                 |
| if required.                                     | 3a            |   | 3a               |                       |                      |                | rdinary divider          |              |            |        | . 3t                |   |                 |
|  | 4a            |   | 4a               |                       |                      |                | axable amoun             |              |            |        | . 4t                |   |                 |
| Standard   | 5a            |   | 5a               |                       |                      |                | axable amoun             |              |            |        | . 5t                |   |                 |
| Deduction for –                                  | 6a            | Social security benefits  | 6a               |                       |                      | bТ             | axable amoun             | t            |            |        | . 6t                | )   |                 |
| <ul> <li>Single or<br/>Married filing</li> </ul> | с             | If you elect to use the lump-sum e  | election r       | nethod,               | check here           | (see           | instructions)            |              |            | . [    |                     |   |                 |
| separately,<br>\$12,950                          | 7             | Capital gain or (loss). Attach Sche   | dule D if        | <sup>;</sup> required | l. If not requ       | ired           | , check here             |              |            | . [    | 7                   |   |                 |
| <ul> <li>Married filing</li> </ul>               | 8             | Other income from Schedule 1, lin   | ne 10 .          |                       |                      |                |                          |              |            |        | . 8                 |   | -8,940.         |
| jointly or<br>Qualifying                         | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7   | , and 8.         | This is yo            | our <b>total inc</b> | com            | e                        |              |            |        | . 9                 |   | 95,054.         |
| surviving spouse,<br>\$25,900                    | 10            | Adjustments to income from Sche   | dule 1, l        | ine 26                |                      |                |                          |              |            |        | . 10                | )   |                 |
| <ul> <li>Head of</li> </ul>                      | 11            | Subtract line 10 from line 9. This is   | s your <b>ac</b> | djusted g             | gross incor          | ne             |                          |              |            |        | . 11                |   | 95,054.         |
| household,<br>\$19,400                           | 12            | Standard deduction or itemized  | deducti          | i <b>ons</b> (from    | m Schedule           | A)             |                          |              |            |        | . 12                | 2   | 12,950.         |
| <ul> <li>If you checked</li> </ul>               | 13            | Qualified business income deduct  | ion from         | Form 89               | 995 or Form          | 899            | 5-A                      |              |            |        | . 13                | 3   |                 |
| any box under<br>Standard                        | 14            | Add lines 12 and 13   |                  |                       |                      |                |                          |              |            |        | . 14                | <u>ا ا</u>                                | 12,950.         |
| Deduction, see instructions.                     | 15            | Subtract line 14 from line 11. If zer   | ro or less       | s, enter -            | 0 This is y          | our            | taxable incom            | е.           |            |        | . 15                | 5   | 82,104.         |
| )  |               |   |                  |                       |                      |                |                          |              |            |        |                     |   |                 |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

| Form 1040 (2022                    | 2)     |   |                         |                     |                  |                     |           |                | Page <b>2</b>                                    |
|------------------------------------|--------|---|-------------------------|---------------------|------------------|---------------------|-----------|----------------|--|
| Tax and                            | 16     | Tax (see instructions). Check   | if any from Form        | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972  | 3                   |           | . 16           | 13,685.  |
| Credits                            | 17     | Amount from Schedule 2, lin   | ne3                     |                     |                  |                     |           | . 17           |  |
|                                    | 18     | Add lines 16 and 17   |                         |                     |                  |                     |           | . 18           | 13,685.  |
|                                    | 19     | Child tax credit or credit for  | other dependen          | ts from Sched       | ule 8812         |                     |           | . 19           |  |
|                                    | 20     | Amount from Schedule 3, lin   | ne8                     |                     |                  |                     |           | . 20           |  |
|                                    | 21     | Add lines 19 and 20   |                         |                     |                  |                     |           | . 21           |  |
|                                    | 22     | Subtract line 21 from line 18   | 3. If zero or less,     | enter -0            |                  |                     |           | . 22           | 13,685.  |
|                                    | 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 <b>total tax</b>   |                     |                  |                     |           | . 24           | 13,685.  |
| Payments                           | 25     | Federal income tax withheld   |                         |                     |                  |                     |           |                |  |
| 2                                  | а      | Form(s) W-2   |                         |                     |                  | 25a                 | 15,6      | 47.            |  |
|                                    | b      | Form(s) 1099  |                         |                     |                  | 25b                 |           |                |  |
|                                    | с      | Other forms (see instruction  | s)                      |                     |                  | 25c                 |           |                |  |
|                                    | d      | Add lines 25a through 25c   |                         |                     |                  |                     |           | . <b>25</b> d  | 15,647.  |
| If you have a                      | 26     | 2022 estimated tax paymen   | ts and amount a         | pplied from 20      | 21 return        |                     |           | . 26           |  |
| qualifying child,                  | 27     | Earned income credit (EIC)  |                         |                     | No .             | 27                  |           |                |  |
| attach Sch. EIC.                   | 28     | Additional child tax credit fro   | 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, lin   | ne 15                   |                     |                  | 31                  |           |                |  |
|                                    | 32     | Add lines 27, 28, 29, and 31  | . These are your        | total other pa      | ayments and refu | undable cred        | lits .    | . 32           |  |
|                                    | 33     | Add lines 25d, 26, and 32. 1  | hese are your <b>to</b> | tal payments        |                  |                     |           | . 33           | 15,647.  |
| Refund                             | 34     | If line 33 is more than line 24   | 4, subtract line 2      | 4 from line 33.     | This is the amou | nt you <b>overp</b> | aid.      | . 34           | 1,962.   |
|                                    | 35a    | Amount of line 34 you want  |                         |                     | is attached, che | ck here .           |           | <b>35a</b>     | 1,962.   |
| Direct deposit?                    | b      | Routing number 0 8 1  |                         |                     |                  | Checking            | 🗌 Savi    | ngs            |  |
| See instructions.                  | d      | Account number 3 5 5  | 0 0 4 5                 | 963                 | 5 9              |                     |           |                |  |
|                                    | 36     | Amount of line 34 you want  | applied to your         | 2023 estimate       | edtax            | 36                  |           |                |  |
| Amount<br>You Owe                  | 37     | Subtract line 33 from line 24<br>For details on how to pay, g               |                         |                     |                  |                     |           | . 37           |  |
|                                    | 38     | Estimated tax penalty (see i  | -                       |                     |                  | 38                  |           |                |  |
| Third Party<br>Designee            |        | you want to allow another   | person to disc          | cuss this retu      |                  | See                 | s. Comp   | lete below.    | X No   |
| Deelghee                           |        | signee's  |                         | Phone               |                  |                     |           | identification |  |
|                                    | nai    |   |                         | no.                 |                  |                     | number (F | PIN)           |  |
| Sign                               |        | der penalties of perjury, I declare<br>ief, they are true, correct, and con |                         |                     |                  |                     |           |                |  |
| Here                               | Yo     | ur signature  |                         | Date                | Your occupation  |                     |           | If the IRS se  | ent you an Identity                              |
|                                    |        |   |                         |                     |                  |                     |           |                | PIN, enter it here                               |
| Joint return?<br>See instructions. |        |   |                         |                     | SOFTWARE I       |                     |           | (see inst.)    |  |
| Keep a copy for your records.      | Sp     | ouse's signature. If a joint return,  | <b>both</b> must sign.  | Date                | Spouse's occupat | ion                 |           |                | ent your spouse an<br>tection PIN, enter it here |
|                                    | Ph     | one no. (816)756-901  | 5                       | Email address       | NIKHILKRISHN     | AS97@GMAI           | L.COM     |                |  |
| Dela                               |        | eparer's name   | Preparer's signat       | ure                 |                  | Date                | PT        | IN             | Check if:  |
| Paid                               | SYAM   | I PRIYA RAM SAGAR GUPTA TALLAM  | SYAM PRIYA              | RAM SAGAR           | GUPTA TALLAM     | 03/02/20            | 23 PO     | 2082703        | Self-employed                                    |
| Preparer                           |        | m's name GLOBAL TA  |                         |                     |                  |                     | ·         |                | (678)965-9522                                    |
| Use Only                           | Fir    | m's address 245 ROONE   | Y CT E BRU              | NSWICK N            | J 08816          |                     |           | Firm's EIN     | 84-3171965                                       |
| Co to ununu iro a                  | ov/Eor | a 1040 for instructions and the late  | et information          |                     | DAA              | DEV 00/04/22        |           |                | Earm 1040 (2022)                                 |

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

Internal Revenue Service

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022 Attachment Sequence No. 01

| NIKHIL SHRAVAN KRI SANKA   027-0 | 02-6165 |
|----------------------------------|---------|
|----------------------------------|---------|

| Pa | 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. Att |                        | 5        | -8,940. |
| 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                     | _        |         |
| I  | Income from the rental of personal property if you engaged in the rental      |                        |          |         |
|    | for profit but were not in the business of renting such property              | 81                     | _        |         |
| m  | Olympic and Paralympic medals and USOC prize money (see                       |                        |          |         |
|    |   | 8m                     | _        |         |
|    | 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                | 0- (                   |          |         |
|    | 1040, line 1a or 1d   | 8s (                   | <u> </u> |         |
| t  | Pension or annuity from a nonqualifed deferred compensation plan or           |                        |          |         |
|    | a nongovernmental section 457 plan  | 8t                     | _        |         |
|    | Wages earned while incarcerated   | 8u                     | _        |         |
| Z  | Other income. List type and amount:   | 0-                     |          |         |
| 0  | Total other income. Add lines 8a through 8z                                   | 8z                     | 9        |         |
| 9  | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR         |                        | -        | -8,940. |
| 10 | Combine lines i through / and 9. Enter here and on Form 1040, 1040-5H         | , OF TU4U-INE, IITIE 8 | 10       | -0,940. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

| 11       Educator expenses       11         12       Certain business expenses of reservists, performing artists, and fee-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 SEP, SIMPLE, and qualified plans.       16         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         19a       Alimony paid       19a         11       22         23       Archer MSA deduction       21         24       Rededuction       21         25       Archer MSA deduction       24a         24       24a       24a         <  | Par    | t II Adjustments to Income   |         |            |      |    |                    |
|---|--------|--|---------|------------|------|----|--------------------|
| officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       15         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       18       Penalty on early withdrawal of savings       18         19a       Alimony paid       18       19a         19a       Alimony paid       18       19a         19a       Alimony paid       12       20         21       Student loan interest deduction       21         22       Archer MSA deduction       21         23       Archer MSA deduction       22         24       Other adjustments:       23         24       Other adjustments:       23         25       Archer MSA deduction       24a         24d       24a       24a  | 11     | Educator expenses  |         |            |      | 11 |                    |
| officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       15         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       18       Penalty on early withdrawal of savings       18         19a       Alimony paid       18       19a         19a       Alimony paid       18       19a         19a       Alimony paid       12       20         21       Student loan interest deduction       21         22       Archer MSA deduction       21         23       Archer MSA deduction       22         24       Other adjustments:       23         24       Other adjustments:       23         25       Archer MSA deduction       24a         24d       24a       24a  | 12     | Certain business expenses of reservists, performing artists, and fee | -basi   | is governm | nent |    |                    |
| 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       Healty on early withdrawal of savings       18         19a       Image: SSN       18         19a       Image: SSN       18         20       IFA deduction       21         21       Student loan interest deduction       21         22       Archer MSA deduction       23         24       Other adjustments:       22         23       Archer MSA deduction       23         24       Other adjustments:       24a         24       Other adjustments:       24a         24       Edd       24d         24       Edd       24d </td <td></td> <td>officials. Attach Form 2106</td> <td></td> <td></td> <td></td> <td>12</td> <td></td>   |        | officials. Attach Form 2106  |         |            |      | 12 |                    |
| 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       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       22         23       Archer MSA deduction       22         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         c       Nontaxable amount of supplemental unemployment benefits under the Trade Act of 1974       24d         4       Contributions to section 501(c)(18)(D) pension plans       24d         4       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24g         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         d       Reforestation amortization andexpenses       2  | 13     |  |         |            |      | 13 |                    |
| 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       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       22         23       Archer MSA deduction       22         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         c       Nontaxable amount of supplemental unemployment benefits under the Trade Act of 1974       24d         4       Contributions to section 501(c)(18)(D) pension plans       24d         4       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24g         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         d       Reforestation amortization andexpenses       2  | 14     | Moving expenses for members of the Armed Forces. Attach Form 3903    |         |            |      | 14 |                    |
| 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       20         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         21       Student loan interest deduction       22         22       Archer MSA deduction       22         23       Archer MSA deduction       22         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 88       24c         c       Nontaxable amount of supplemental unemployment benefits under the Trade Act of 1974       24d         f       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions to section 501(c)(18)(D) pension plans       24d         i       Attorney fees and court costs   | 15     |  |         |            |      | 15 |                    |
| 17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       22         23       Archer MSA deduction       23       24         24       Other adjustments:       24       24         a       Jury duty pay (see instructions)       24a       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24d         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         g       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions by certain chaplains to section 403(b) plans       24f         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 ta klaw violations       24i         j       Housing deduction from Form 2555       24i   | 16     |  |         |            |      | 16 |                    |
| 18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       21       22         21       Student loan interest deduction       21         22       23       Archer MSA deduction       21         23       Archer MSA deduction       23         24       Other adjustments:       23         a       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       24d         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         d       Reforestation amortization and expenses       24d         f       Contributions to section 501(c)(18)(D) pension plans       24d         g       Contributions by certain chaplains to section with an award from the IRS for information you provided that helped the IRS detect ta klaw violations       24i         j       Housing deduction from Form 2555       24j         z       Other adjustments. List type and amount:       24z         z4i  | 17     |  |         |            |      |    |                    |
| 19a Alimony paid 19a   b Recipient's SSN 20   c Date of original divorce or separation agreement (see instructions): 20   21 Student loan interest deduction 21   22 Reserved for future use 21   23 Archer MSA deduction 23   24 Other adjustments: 24a   25 Total other adjustments. Add lines 24a through 24z 24a  | 18     |  |         |            |      | 18 |                    |
| b       Recipient's SSN   | 19a    |  |         |            | 1    |    |                    |
| c Date of original divorce or separation agreement (see instructions): 20   20 IRA deduction 20   21 Student loan interest deduction 21   22 Reserved for future use 22   23 Archer MSA deduction 22   23 Archer MSA deduction 23   24 Other adjustments: 24a   a 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   c 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   e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24g   f Contributions to section 501(c)(18)(D) pension plans 24g   f Contributions by certain chaplains to section 403(b) plans 24g   i Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24g   i Attorney fees and court costs you paid in connection with an award from the IRS detect tax law violations 24i   j Housing deduction form Form 2555 24i   i Ktocess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k   zo Zet 24z   zo Zet   za Zet 24z   za Zet 24z  |        |  |         |            |      |    |                    |
| 20       IRA deduction  |        | Date of original divorce or separation agreement (see instructions): |         |            |      |    |                    |
| 21       Student loan interest deduction       21         22       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       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       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         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       24i         z       Z4i       24i         z4i       24i       24i         z24i       24i       24i         z4i       24i       24i         z4i       24i       24i  | 20     |  |         |            |      | 20 |                    |
| 22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         25       Jury duty pay (see instructions)       24a         26       Add lines 214 through 23 and 25. These are your adjustments to income. Enter here and on       24a         27       Other adjustments:       24a         28       24a       24a         29       24a       24a         24       24a       24a         24a       24a       24a         24b       24c       24a         24c       24d       24d         24d       24d       24d         24d       24e       24d         24d       24e       24f         24d       24f       24g         24h       24h       24h         24h       24h       24h         24h       24h  |        |  |         |            |      |    |                    |
| 23       Archer MSA deduction       23         24       Other adjustments:       a       Jury duty pay (see instructions)       24a         24       Deductible expenses related to income reported on line 8 from the rental of personal property engaged in for profit       24a       24a         25       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c       24d         24       24c       24d       24d         24       24d       24c       24d         25       Total other adjustments. Add lines 24a through 24z       24c       24d         25       Total other adjustments. Add lines 24a through 24z       24c       24d  |        |  |         |            |      |    |                    |
| 24       Other adjustments:       a       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       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c       24d         d       Reforestation amortization and expenses       24d       24d       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d       24d       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g       24g       24g         f       Contributions by certain chaplains to section 403(b) plans       24g       24g       24g         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24h       24h       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       24i       24i         j       Housing deduction from Form 2555       24i       24i       24k       24i         z       Other adjustments. List type and amount:       24z       24z       24z       24z       24z   |        |  |         |            |      |    |                    |
| a       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         c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g         g       Contributions by certain chaplains to section 403(b) plans       24g         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deduction from Form 2555       24i         z4i       24i       24i         24i       24i       24i         z4i       24i       24i         j       Housing deductions of section 67(e) expenses from Schedule K-1 (Form 1041)       24k       24k         z4z       24z       24z       24z         z5       Total other adjustments. Add lines 24a through 24z       24z       24z         z4a       24a       24a       24a         z4a       24a <t< td=""><td></td><td></td><td> </td><td> </td><td></td><td></td><td></td></t<>   |        |  |         |            |      |    |                    |
| b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e         f       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions by certain chaplains to section 403(b) plans       24g         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24h         i       Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations       24i         j       Housing deduction from Form 2555       24j         k       Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)       24k         z       24k       24k         24z       24z         25       Total other adjustments. Add lines 24a through 24z       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. Enter here and on <td></td> <td>•</td> <td>24a</td> <td></td> <td></td> <td></td> <td></td>   |        | •  | 24a     |            |      |    |                    |
| rental of personal property engaged in for profit 24b   c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m   d Reforestation amortization and expenses   e Repayment of supplemental unemployment benefits under the Trade Act of 1974   Act of 1974 24e   g Contributions to section 501(c)(18)(D) pension plans   g Contributions by certain chaplains to section 403(b) plans   h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)   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   j Housing deduction from Form 2555   j Housing deduction of 7(e) expenses from Schedule K-1 (Form 1041)   i Other adjustments. List type and amount:   z 24z  | _      |  |         |            |      |    |                    |
| c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974.       24d         f       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions by certain chaplains to section 403(b) plans       24g         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24h         i       Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations       24i         j       Housing deduction from Form 2555       24j         z       Other adjustments. List type and amount:       24k         z24       24z       24z         z25       Total other adjustments. Add lines 24a through 24z       24z         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on   |        |  | 24b     |            |      |    |                    |
| and USOC prize money reported on line 8m 24c   d Reforestation amortization and expenses   e Repayment of supplemental unemployment benefits under the Trade Act of 1974   f Contributions to section 501(c)(18)(D) pension plans   g Contributions by certain chaplains to section 403(b) plans   h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)   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   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   1041)  | c      |  |         |            |      |    |                    |
| d Reforestation amortization and expenses 24d   e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans 24e   g Contributions by certain chaplains to section 403(b) plans 24g   h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h   i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i   j Housing deduction from Form 2555 24j   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k   z Other adjustments. List type and amount: 24z   25 Total other adjustments. Add lines 24a through 24z 25   | · ·    |  | 24c     |            |      |    |                    |
| <ul> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li></ul>  | Ь      |  |         |            |      |    |                    |
| Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans   g Contributions by certain chaplains to section 403(b) plans   h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)   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   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   1041)   |        |  |         |            |      |    |                    |
| <ul> <li>f Contributions to section 501(c)(18)(D) pension plans</li></ul>   | Ŭ      |  | 24e     |            |      |    |                    |
| <ul> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)</li> <li>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</li> <li>j Housing deduction from Form 2555</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>24k</li> <li>24i</li> <li>24i&lt;</li></ul> | f      |  |         |            |      |    |                    |
| <ul> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).</li> <li>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</li> <li>j Housing deduction from Form 2555.</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>24k</li> <li>24k</li> <li>24k</li> <li>24k</li> <li>24k</li> <li>24z</li> <li>25</li> <li>Total other adjustments. Add lines 24a through 24z</li> <li>26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on</li> </ul>  | -      |  |         |            |      |    |                    |
| <ul> <li>discrimination claims (see instructions).</li> <li>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</li> <li>j Housing deduction from Form 2555</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>24i</li> <li>24i</li></ul>    |        |  | 5       |            |      |    |                    |
| <ul> <li>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</li> <li>j Housing deduction from Form 2555</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>24i</li> <li></li></ul>    |        |  | 24h     |            |      |    |                    |
| <pre>from the IRS for information you provided that helped the IRS detect<br/>tax law violations</pre>  | i      |  |         |            |      |    |                    |
| tax law violations 24i   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   z Other adjustments. List type and amount:   24i   24j   24k   24i   24j   24j   24j   24j   24j   24j   24j   24j   24j   24k  |        | from the IRS for information you provided that helped the IRS detect |         |            |      |    |                    |
| <ul> <li>j Housing deduction from Form 2555</li></ul>   |        |  | 24i     |            |      |    |                    |
| k       Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)         z       Other adjustments. List type and amount:         25       Total other adjustments. Add lines 24a through 24z         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on   | i      |  |         |            |      |    |                    |
| 1041)       24k         2       Other adjustments. List type and amount:         25       Total other adjustments. Add lines 24a through 24z         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on   | J<br>k |  | <u></u> |            |      |    |                    |
| <ul> <li>z Other adjustments. List type and amount:</li></ul>   | K      |  | 24k     |            |      |    |                    |
| 25       Total other adjustments. Add lines 24a through 24z       24z       25         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on       25  | 7      |  | 270     |            |      |    |                    |
| <ul> <li>25 Total other adjustments. Add lines 24a through 24z</li></ul>  | ~      |  | 247     |            |      |    |                    |
| 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on  | 25     | Total other adjustments. Add lines 24a through 24z                   |         |            |      | 25 |                    |
|   |        |  |         |            |      | 20 |                    |
|   | 20     |  |         |            |      | 26 |                    |
| BAA REV 02/24/23 PRO Schedule 1 (Form 1040) 20  |        |  |         |            |      |    | 0.1 (Eorm 1040) 0( |

| (Form 1040) (From rental real estate, royalties, |                                   | rental real estate, royalties, partners | hips, S   | 6 corporat | tions, es  | states,   | trusts, REMI | Cs, etc.)          | 90                           | 99                    |                  |
|--|-----------------------------------|---|---|------------|------------|-----------|--------------|--------------------|------------------------------|-----------------------|------------------|
|  | nent of the Treasury              |   | Attach to Form 1040,  |            |            |           |              | <i>.</i>           |                              | Attachm               | nent 10          |
|  | Revenue Service                   |   | Go to www.irs.gov/ScheduleE fo  | rinstr     | uctions ar | nd the la | atest in     | formation.         |                              |                       | ce No. <b>13</b> |
| • •  | ) shown on return                 | VDT                                     | () A NTIZ A   |            |            |           |              |                    |                              | al security<br>2-6165 | number           |
| Part   | IIL SHRAVAN                       |   | ss From Rental Real Estate an   | d Po       | valties    |           |              |                    | 027-0                        | 2-0105                |                  |
| I all  | Note: If vo                       | ou are in                               | the business of renting personal proper   |            |            | e C. See  | e instru     | ctions. If you     | are an indiv                 | vidual, rep           | ort farm         |
|  | rental inco                       | ome or lo                               | oss from Form 4835 on page 2, line 40.  | -          |            |           |              | -                  |                              | -                     |                  |
|  |                                   |   | nents in 2022 that would require you  |            |            |           |              |                    |                              |                       |                  |
|  |                                   |   |   |            |            |           |              |                    |                              | . <b></b> Ye          | s 🗌 No           |
| <b>1</b> a                                       |                                   |   | each property (street, city, state, ZII   | P code     | e)         |           |              |                    |                              |                       |                  |
| A  | SIRCILLA                          | SIRCI                                   | LLA TELANGANA IN 505301   |            |            |           |              |                    |                              |                       |                  |
| <u> </u>   |                                   |   |   |            |            |           |              |                    |                              |                       |                  |
| <br>1b   |                                   |   |   |            | ted        |           |              |                    | Devee                        |                       |                  |
| a  | Type of Prope<br>(from list below |   | Provide the state of the sta |            |            |           | Fa           | air Rental<br>Days | Person<br>Da                 |                       | QJV              |
| A  | 3                                 |   | personal use days. Check the Q  | JV bo      | x only     | Α         |              | 365                |                              | 0                     |                  |
| В  | -                                 |   | if you meet the requirements to f   |            |            | В         |              |                    |                              | _                     |                  |
| С  |                                   |   | qualified joint venture. See instru   | JCTION     | 5.         | С         |              |                    |                              |                       |                  |
| Туре   | of Property:                      |   |   |            |            |           |              |                    |                              |                       |                  |
|  | Single Family R                   |   |   | ntal       | 5 Land     |           |              | Self-Rental        |                              |                       |                  |
| 2  | Multi-Family Re                   | sidenc                                  | e 4 Commercial  |            | 6 Roya     | alties    | 8            | Other (desc        | ribe)                        |                       |                  |
|  |                                   |   |   |            |            |           |              | Propert            | ies:                         |                       |                  |
| Incom  | ne:                               |   |   |            |            | Α         |              | В                  |                              |                       | С                |
| 3  |                                   |   |   | 3          |            | 6         | 00.          |                    |                              |                       |                  |
| 4  |                                   | ived .                                  |   | 4          |            |           |              |                    |                              |                       |                  |
| Exper  |                                   |   |   | 5          |            |           |              |                    |                              |                       |                  |
| 5<br>6   | •                                 |   | nstructions)  | 5          |            |           |              |                    |                              |                       |                  |
| 7  |                                   |   |   | 7          |            | 1.0       | 00.          |                    |                              |                       |                  |
| 8  | •                                 |   |   | 8          |            | _,-       |              |                    |                              |                       |                  |
| 9  |                                   |   |   | 9          |            |           |              |                    |                              |                       |                  |
| 10   | Legal and othe                    | er profe                                | essional fees   | 10         |            |           |              |                    |                              |                       |                  |
| 11   | •                                 |   |   | 11         |            | 8         | 00.          |                    |                              |                       |                  |
| 12   |                                   | •                                       | d to banks, etc. (see instructions)   | 12         |            |           |              |                    |                              |                       |                  |
| 13   |                                   |   |   | 13         |            | <u> </u>  | 20           |                    |                              |                       |                  |
| 14<br>15   | -                                 |   |   | 14<br>15   |            |           | 20.          |                    |                              |                       |                  |
| 16   |                                   |   |   | 16         |            | 2,1       | 20.          |                    |                              |                       |                  |
| 17   |                                   |   |   | 17         |            | 3,0       | 00.          |                    |                              |                       |                  |
| 18   |                                   |   | or depletion  | 18         |            | -         |              |                    |                              |                       |                  |
| 19   | Other (list)                      |   |   | 19         |            |           |              |                    |                              |                       |                  |
| 20   | Total expense                     | s. Add                                  | lines 5 through 19  | 20         |            | 9,5       | 40.          |                    |                              |                       |                  |
| 21   |                                   |   | line 3 (rents) and/or 4 (royalties). If   |            |            |           |              |                    |                              |                       |                  |
|  |                                   |   | instructions to find out if you must  |            |            | -8,9      | 40           |                    |                              |                       |                  |
| 22   |                                   |   | l estate loss after limitation, if any,   | 21         |            | د, ن      | 10.          |                    |                              |                       |                  |
| ËĽ   |                                   |   | structions)   | 22         | (          | 8.94      | 10.)         | (                  | )                            | (                     |                  |
| 23a  |                                   | •                                       | eported on line 3 for all rental prope  |            |            |           | 23a          | 1                  | 600.                         |                       |                  |
| b  |                                   |   | eported on line 4 for all royalty prop  |            |            |           | 23b          |                    |                              |                       |                  |
| с  |                                   |   | eported on line 12 for all properties   |            |            |           | 23c          |                    |                              |                       |                  |
| d  |                                   |   | eported on line 18 for all properties   |            |            |           | 23d          |                    |                              |                       |                  |
| e  |                                   |   | eported on line 20 for all properties   |            |            |           | 23e          |                    | 9,540.                       |                       |                  |
| 24<br>25   |                                   | -                                       | e amounts shown on line 21. <b>Do no</b><br>osses from line 21 and rental real esta   |            | -          |           | <br>Intor t  |                    | . <b>24</b><br>ere <b>25</b> | (                     | 8,940.           |
| 20   | Losses. Auu l                     | σγαιτή Ι                                | המשלה המוזה ווויה לי המות ובוונמו ובמו בפומ   | 1033       |            |           |              | 5.ai 103363 [[6    |                              | 1                     | 0,/10.           |

**Supplemental Income and Loss** 

SCHEDULE E

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here
 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

-8,940.

\_\_\_\_

OMB No. 1545-0074

| Form <b>8582</b>          |
|---------------------------|
| Department of the Treasur |

## **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 20 Attachment Sequence No. 858

Identifying number 027-02-6165

| Internari | Revenue Service |  |
|-----------|-----------------|--|
| Name(s)   | shown on return |  |

Part I

NIKHIL SHRAVAN KRI SANKA

2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.

|                   | al Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)  |    |         |
|-------------------|--|----|---------|
| 1a<br>b<br>c<br>d | Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(8,940.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c                                  | 1d | -8,940. |
| All Ot            | her Passive Activities   |    |         |
| 2a<br>b<br>c<br>d | Activities with net income (enter the amount from Part V, column (a))       2a         Activities with net loss (enter the amount from Part V, column (b))       2b         Prior years' unallowed losses (enter the amount from Part V, column (c))       2c         Combine lines 2a, 2b, and 2c | 2d |         |
| 3                 | Combine lines 1d and 2d. 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 normally used                                    | 3  | -8,940. |

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. ----

| Par | t II Special Allowance for Re  | ntal Real Estate            | Activities With                  | Active Particip                 | ation        |          |             |
|-----|--|-----------------------------|----------------------------------|---------------------------------|--------------|----------|-------------|
|     | Note: Enter all numbers in Par   | t II as positive amo        | ounts. See instruc               | tions for an exam               | ole.         |          |             |
| 4   | Enter the smaller of the loss on line 1  | d or the loss on lir        | ne3                              |                                 |              | 4        | 8,940.      |
| 5   | Enter \$150,000. If married filing separ   | rately, see instructi       | ions                             | 5                               | L50,000.     |          |             |
| 6   | Enter modified adjusted gross income   | e, but not less thar        | n zero. See instruc              | tions 6                         | LO3,994.     |          |             |
|     | <b>Note:</b> If line 6 is greater than or equa on line 9. Otherwise, go to line 7. |                             |                                  |                                 |              |          |             |
| 7   | Subtract line 6 from line 5  |                             |                                  | 7                               | 46,006.      |          |             |
| 8   | Multiply line 7 by 50% (0.50). Do not e  | nter more than \$25         | ,000. If married fili            | ng separately, see              | instructions | 8        | 23,003.     |
| 9   | Enter the smaller of line 4 or line 8  |                             |                                  |                                 |              | 9        | 8,940.      |
| Par | t III Total Losses Allowed   |                             |                                  |                                 |              |          |             |
| 10  | Add the income, if any, on lines 1a ar   | nd 2a and enter the         | etotal                           |                                 |              | 10       | 0.          |
| 11  | Total losses allowed from all passiv<br>out how to report the losses on your t     |                             | <b>)22.</b> Add lines 9 ar       |                                 |              | 11       | 8,940.      |
| Par | t IV Complete This Part Befor  | e Part I, Lines 1           | a, 1b, and 1c. S                 | ee instructions.                | _            |          |             |
|     | Name of activity   | Currer                      | nt year                          | Prior years                     | Ove          | erall ga | ain or loss |
|     | Name of activity   | (a) Net income<br>(line 1a) | <b>(b)</b> Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | (d) Gair     | ſ        | (e) Loss    |
| SIR | CILLA  | 0.                          | 8,940.                           |                                 |              |          | 8,940.      |
|     |  |                             |                                  |                                 |              |          |             |
|     |  |                             |                                  |                                 |              |          |             |

| For Paperwork Reduction Act Notice see instructions |    |        |  | Form 8582 (2022 |
|---|----|--------|--|-----------------|
| Total. Enter on Part I, lines 1a, 1b, and 1c        | 0. | 8,940. |  |                 |

erwork Reduction Act Notice, s ee instructions. BAA REV 02/24/23 PRO

### Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Part V Co      | mplete This Part Before     | e Part I, Lines 2  | a, 2b,                                 | and 2c. S   | ee instruc   | ctions.       |                          |  |  |
|----------------|-----------------------------|--|--|-------------|--|---------------|--------------------------|--|--|
|                | e                           | Current year   |  |             | Prior years<br>et loss (c) Unallowed<br>2b) loss (line 2c) |               | Overall gain or loss     |  |  |
| Nar            | Name of activity            |  | (a) Net income (b) N<br>(line 2a) (lin |             |  |               | (d) Gain                 | (e) Loss                                       |  |
|                |                             | (into Eu)  | (11                                    | 10 20)      |  | 0 20)         |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                | art I, lines 2a, 2b, and 2c |  |  |             |  | 12            |                          |  |  |
| Part VI Us     | e This Part if an Amoun     |  | Part II,                               | , Line 9. S | ee instruc   | tions.        |                          |  |  |
| Nar            | ne of activity              | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a                                     | ) Loss      | <b>(b)</b> Ra  | atio          | (c) Special<br>allowance | (d) Subtract<br>column (c) from<br>column (a). |  |
| SIRCILLA       |                             | E Ln 22  |  | 8,940.      | 1.0000   | 0000          | 8,94                     | 0. 0   |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
| otal           |                             |  |  | 8,940.      | 1.00   | 0             | 8,94                     | 0. 0   |  |
| Part VII Alle  | ocation of Unallowed L      |  | uction                                 |             | •  | 1             |                          |  |  |
| N              | ame of activity             | Form or scho<br>and line nur<br>to be reporte<br>(see instruct                 | nber<br>ed on                          | (a) I       | LOSS   |               | (b) Ratio                | (c) Unallowed loss                             |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
| otal           | <u></u>                     |  |  |             |  |               | 1.00                     |  |  |
| Part VIII Alle | owed Losses. See instru     |  |  |             |  | 1             |                          |  |  |
| N              | ame of activity             | Form or sche<br>and line nur<br>to be reporte<br>(see instruct                 | nber<br>ed on                          | (a) I       | LOSS   | <b>(b)</b> Ur | nallowed loss            | (c) Allowed loss                               |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
|                |                             |  |  |             |  |               |                          |  |  |
| otal           |                             |  |  |             |  |               |                          |  |  |

REV 02/24/23 PRO

Form **8582** (2022)