Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

| Taxpayer's name | | | Social security n | umber |
|---|-------------|-------------|-------------------|-------------------|
| SHARATH CHANDRA GUNDLAPALLY | | | 275-21-8 | 079 |
| Spouse's name | | | Spouse's social | security number |
| | | | | |
| Part I Tax Return Information – Tax Year Ending D | ecember 31, | 2022 (Enter | 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. | | | |
| 1 Adjusted gross income | | | | 1 115,302. |
| 2 Total tax | | | | 2 18,400. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) | 1099 | | | 3 23,483. |
| 4 Amount you want refunded to you | | | | 4 5,083. |
| 5 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

| Enter five digits, but don't enter all zeros | | | | | | | |
|---|---|---|---|---|--|--|--|
| 1 | 8 | 0 | 7 | 9 | | | |

my

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

| G | ullapa | lyS.C |
|---|--------|-------|
| | | , |

Date > 02/05/2023

| Spouse's PIN: check | c one box only | | | | |
|---------------------|--|-----------------------------|------------|---------------|-------|
| I authorize | | to enter or generate my PIN | | | as my |
| | ERO firm name | | Enter five | e digits, but | |
| cianaturo on | the income tax return (original or amended) I am now | authorizing | don't ent | ter all zeros | |

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

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

| Spouse's signature ► | Date 🕨 |
|--|--|
| Practitioner PIN Me | thod Returns Only—continue below |
| Part III Certification and Authentication – Pra | ctitioner PIN Method Only |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo | Ir five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 |

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

| ERO's signature 🕨 | Date ► |
|--|--|
| | in This Form — See Instructions In to the IRS Unless Requested To Do So |
| Experies of Deduction Astronomics and the second | |

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

| 1040 | | artment of the Treasury—Internal Revenue Service S. Individual Income Tax | | 202 | 2 | OMB No. 1545- | 0074 | IRS Use | Only | –Do not w | rite or staple | in this space. |
|---|---------------|--|-----------------|---|-------|------------------|---------------|------------|-------|-------------|--|------------------------------|
| Filing Status Check only one box. | lf yo | Single D Married filing jointly D uchecked the MFS box, enter the na | ame of your | ling separately (M spouse. If you ch | , | | | | , | spo | lifying sur use (QSS) name if th | 0 |
| | | on is a child but not your dependent | : | | | | | | | | | |
| Your first name | and mi | ddle initial | Last name | | | | | | | | cial securi | - |
| SHARATH | | | GUNDLA | PALLY | | | | | | | 21-807 | - |
| lf joint return, sp | ouse's | first name and middle initial | Last name | | | | | | | Spouse' | s social se | curity number |
| Home address (| numbe | er and street). If you have a P.O. box, see | instructions. | | | | A | pt. no. | | Preside | ntial Electi | on Campaign |
| 2201 3RD | AVI | 2 | | | | | 2 | 2106 | | | nere if you, | |
| City, town, or po | ost offic | ce. If you have a foreign address, also co | mplete space | es below. | Sta | te | ZIP c | ode | | | 0, | ntly, want \$3 Checking a |
| SEATTLE | | | | | WZ | 4 | 981 | 21 | | 0 | ow will not | 0 |
| Foreign country | name | | Forei | gn province/state/c | ount | ty | Foreig | n postal c | ode | your tax | c or refund. | |
| Digital Assets | | ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a | | | - | | • | | | . , | Yes | X No |
| Standard | | eone can claim: You as a de | - | Vour spouse | | | | . (000 | | | | |
| Deduction | | Spouse itemizes on a separate return | n or you we | re a dual-status a | alien | • | | | | | | |
| Age/Blindness | You: | Were born before January 2, 19 | 958 🗌 A | re blind Spo | use | : 🗌 Was bor | n befo | ore Janua | ary 2 | , 1958 | 🗌 ls bl | lind |
| Dependents | (see | instructions): | | (2) Social security | | (3) Relationsh | ip (4 |) Check t | he bo | ox if quali | fies for (see | instructions): |
| If more | (1) Fi | rst name Last name | | number | | to you | | Child t | ax cr | edit | Credit for ot | her dependents |
| than four | | | | | | | | [| | | | |
| dependents, see instructions | | | | | | | | [| | | | |
| and check | | | | | | | | | | | | |
| here 🗌 | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | | , | | | | | | | | 25,887. |
| Attach Form(a) | b | Household employee wages not re | | | | | • • | • • | • • | 1b | | |
| Attach Form(s) W-2 here. Also | c | Tip income not reported on line 1a | | | | | • • | • • | • • | 10 | - | |
| attach Forms | d | Medicaid waiver payments not rep | | | | | • • | | • • | 1d | | |
| W-2G and 1099-R if tax | e | Taxable dependent care benefits f | | - | | | • • | | • • | 1e | - | |
| was withheld. | f | Employer-provided adoption bene | | | | | • • | | • • | 1f | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | • | | • • | • • | • • | 1g | | |
| get a Form W-2, see | h | Other earned income (see instructi | , | | • | | · · | • • | • • | 1h | | 0. |
| instructions. | i _ | Nontaxable combat pay election (s | see instruction | ons) | • | <u>1</u> i | | | | 1z | 1 / | 25,887. |
| Attach Cab R | z 2a | Add lines 1a through 1h Tax-exempt interest | 2a | | ьт | axable interest | • • | | • • | 2b | | <u></u> |
| Attach Sch. B if required. | 2a 3a | | 3a | | | ordinary divider | | | • • | 3b | | |
| | 4a | | 4a | | | axable amount | | | • • | 4b | | |
| Standard | | | 5a | | | axable amount | | | • • | -15 5b | | |
| Deduction for – | 6a | | ba ba | | | axable amount | | | • • | 6b | | |
| Single or Married filing | c | If you elect to use the lump-sum el | | | | | | | Г | | | |
| separately, | 7 | Capital gain or (loss). Attach Sched | | | | | • • | | · _ | 7 | | |
| \$12,950Married filing | 8 | Other income from Schedule 1, line | | | | | | | | 8 | | 10,585. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | | 9 | | 15,302. |
| surviving spouse, | 10 | Adjustments to income from Sche | | - | | | | | | 10 | | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | | | 11 | | 15,302. |
| household, | 12 | Standard deduction or itemized | - | | | | | | | 12 | | 12,950. |
| \$19,400 • If you checked | 13 | Qualified business income deducti | | | | 5-A | | | | 13 | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 12,950. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | | е. | | | 15 | | 02,352. |
| | | | | | | | | | | | | |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | | Page 2 |
|---------------------------------|---------|--|-----------------------|---------------------|-----------------------|------------------------|---------------|---------|--------------------------------------|---------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 18,4 | 100. |
| Credits | 17 | Amount from Schedule 2, lin | ie3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 18,4 | 100. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | ie 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 18,4 | 100. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 18,4 | 100. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 23 | ,483. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 23,4 | 183. |
| 15 | 26 | 2022 estimated tax payment | ts and amount a | pplied from 20 | 21 return . | | | 26 | | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8. line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | - | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | • | - | - | | | 33 | 23,4 | 183. |
| | 34 | If line 33 is more than line 24 | , i | | | | | 34 | | 083. |
| Refund | 35a | Amount of line 34 you want | | | | • | | 35a | | 083. |
| Direct deposit? | b | Routing number 0 8 1 | | | | | Savings | | · · | |
| See instructions. | ď | Account number 3 5 5 | | | | | Savingo | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | | | |
| You Owe | 31 | For details on how to pay, g | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | 01 | | |
| Third Party | | you want to allow another | , | | | | | I | | |
| Designee | | structions | | | | | omplete b | elow. | × No | |
| 200.g.100 | De | signee's | | Phone | | | onal identifi | | | |
| | nar | | | no. | | | oer (PIN) | | | |
| Sign | | der penalties of perjury, I declare t | | | 1 2 0 | | , | | , | 0 |
| Here | bel | ief, they are true, correct, and com | plete. Declaration | of preparer (othe | r than taxpayer) is b | ased on all informatio | 1 | • • | | 0 |
| | Yo | ur signature | | Date | Your occupation | | | | nt you an Identi N, enter it here | |
| Joint return? | | GullapallySC | | 02/05/2023 | SOFTWARE DE | VELOPMENT ENG | 1 | | | , |
| See instructions. | Sp | ouse's signature. If a joint return, I | ooth must sign | Date | Spouse's occupat | | | IRS ser | t your spouse | an |
| Keep a copy for | op | subo o olghataro. In a joint rotarn, i | our maor orgin. | Duto | | | | | ection PIN, ente | |
| your records. | | | | | | | (see ir | ıst.) | | |
| | Ph | one no. (816) 456-960 | 6 | Email address | SHARATHCHANDF | AG1998@GMAIL.CO | M | | | |
| Daid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/05/2023 | P02082 | 703 | Self-emp | loyed |
| Preparer | Fin | m's name GLOBAL TAX | XES LLC | | | | Phone | eno. (| 678)965- | 9522 |
| Use Only | Fin | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's | | 88-214 | |
| Go to www.irs.go | ov/Forn | 1040 for instructions and the late | st information. | | BAA | REV 01/28/23 PRO | | | Form 104 | |

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

BAA REV 01/28/23 PRO

| 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

Attachment Sequence No. 01 social security number

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your social security |
|---|----------------------|
| SHARATH CHANDRA GUNDLAPALLY | 275-21-8079 |
| | |

| Par | t I Additional Income | | | |
|--------|---|-----------------------|--------|-----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E . | 5 | -10,585. |
| 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 | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (| | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| _ | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | R, or 1040-NR, line 8 | 10 | -10,585. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedu | le 1 (Form 1040) 2022 |

| Par | t II Adjustments to Income | | | | | |
|-----|---|---------|------------|---------|--------|------------------------|
| 11 | Educator expenses | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | e-basi | s gov | ernment | | |
| | officials. Attach Form 2106 | | | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | | 16 | |
| 17 | Self-employed health insurance deduction | | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | | 18 | |
| 19a | Alimony paid | | | | 19a | |
| b | Recipient's SSN | • | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | | |
| 20 | IRA deduction | | | | 20 | |
| 21 | Student loan interest deduction | | | | 21 | |
| 22 | Reserved for future use | | | | 22 | |
| 23 | Archer MSA deduction | | | | 23 | |
| 24 | Other adjustments: | | | | | |
| а | Jury duty pay (see instructions) | 24a | | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | | |
| | rental of personal property engaged in for profit | 24b | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | |
| | and USOC prize money reported on line 8m | 24c | | | | |
| d | Reforestation amortization and expenses | 24d | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | discrimination claims (see instructions) | 24h | | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | | |
| | tax law violations | 24i | | | | |
| j | Housing deduction from Form 2555 | 24j | | | _ | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | 1041) | 24k | | | | |
| Z | Other adjustments. List type and amount: | | | | | |
| •- | | 24z | | | - | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income | e. Ente | er here | and on | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | REV | 01/28/23 P | RO | Schedu | ile 1 (Form 1040) 2022 |

| | SCHEDULE E Supplementa | | | | | al Income and Loss | | | | | | | OMB No. 1545-0074 | | | |
|------------|------------------------|------------------|------------------|----------------------|---|--------------------|------------|----------------|----------|------------------|--------------|--------------|-------------------|------|--|--|
| (Form | 1040) | (Fro | om rental | l real estate, ro | oyalties, partnersl | hips, S | corporati | ions, es | states, | trusts, REMI | Cs, etc.) | ୭(| N9 | 2 | | |
| Departm | ent of the Treasury | | | | ch to Form 1040, | | | | | | | | ment | | | |
| | Revenue Service | | G | o to www.irs.g | ov/ScheduleE for | r instru | uctions an | d the la | itest in | formation. | | Sequer | nce No. | | | |
| . , | shown on return | | | | | | | | | | Your soci | | | r | | |
| | ATH CHANDR | | - | | | | | | | | 275-2 | 1-8079 |) | | | |
| Part | | | | | Real Estate an | | | • | : | | | بمبر امترامه | | | | |
| | rental inco | ou are ome or | r loss fror | m Form 4835 o | ng personal proper in page 2, line 40. | τy, use | Schedule | C . See | Instruc | ctions. If you a | are an indiv | viduai, rep | ort far | m | | |
| Α | | | | | ould require you | to file | Form(s) 1 | 099? 5 | See ins | tructions . | | . 🗌 Ye | es 🗵 | No | | |
| B II | f "Yes," did you | or wi | ' ill you fil | le required Fo | rm(s) 1099? | | | | | | | . 🗌 Ye | es 🗌 | No | | |
| 1a | | | | | et, city, state, ZIF | | | | | | | | | | | |
| A | | | | 1 3 (| .RMOOR, NIZA | | , | NCAN | ΔΤΝ | 503224 | | | | | | |
| | 11110.4-707 | 13/8 | | IIDIFALI A | INMOOR, NIZF | MADA | AD IDDA | INGAN. | A IN | JUJZZ4 | | | | | | |
| C | | | | | | | | | | | | | | | | |
| 1b | Type of Prope | rtv | 2 For | r each rental r | eal estate prope | nty liet | ted. | | Fa | ir Rental | Person | | | | | |
| 10 | (from list below | | | | e number of fair | | | | Ia | Days | Da | | C | ĮΛ | | |
| Α | 1 | | per | rsonal use day | /s. Check the Q | JV bo> | c only | Α | | 365 | | 0 | | | | |
| B | - | | | | equirements to f | | | B | | | | | | | | |
| С | | | qua | alified joint ve | nture. See instru | ictions | S | С | | | | | | - | | |
| Type of | of Property: | | | | | | | | 1 | | | | | | | |
| | Single Family R | eside | ence | 3 Vacation/ | Short-Term Ren | tal | 5 Land | l | 7 | Self-Rental | | | | | | |
| | Multi-Family Re | | | 4 Commerc | ial | | 6 Roya | alties | 8 | Other (desc | ribe) | | | | | |
| | | | | | | | - | | | Propert | | | | | | |
| Incom | | | | | | | | Α | | B | ies: | | С | | | |
| Incom 3 | | 4 | | | | 3 | | | 80. | D | | | C | | | |
| 4 | | | | | · · · · · · · | 4 | | 0 | 00. | | | | | | | |
| Expen | | iveu | <u>· · ·</u> | | | | | | | | | | | | | |
| 5 | | | | | | 5 | | | | | | | | | | |
| 6 | 0 | | | | | 6 | | | | | | | | | | |
| 7 | | • | | , | | 7 | | 1.2 | 75. | | | | | | | |
| 8 | - | | | | | 8 | | -/- | | | | | | | | |
| 9 | | | | | | 9 | | | | | | | | | | |
| 10 | | | | | | 10 | | | | | | | | | | |
| 11 | | | | | | 11 | | 1,3 | 65. | | | | | | | |
| 12 | Mortgage inter | | | | | 12 | | | | | | | | | | |
| 13 | Other interest | | | | | 13 | | | | | | | | | | |
| 14 | Repairs | | | | | 14 | | 3,2 | 50. | | | | | | | |
| 15 | Supplies . | | | | | 15 | | 3,1 | 75. | | | | | | | |
| 16 | Taxes | | | | | 16 | | | | | | | | | | |
| 17 | Utilities | | | | | 17 | | 2,2 | 00. | | | | | | | |
| 18 | | expen | ise or de | epletion | | 18 | | | | | | | | | | |
| 19 | Other (list) | | | | | 19 | | | | | | | | | | |
| 20 | • | | | • | | 20 | | 11,2 | 65. | | | | | | | |
| 21 | | | | () | r 4 (royalties). If | | | | | | | | | | | |
| | | | | | out if you must | 0.4 | | -10,5 | 05 | | | | | | | |
| 00 | | | | | mitation, if any, | 21 | | -10,5 | 05. | | | | | | | |
| 22 | | | | | | 22 | (| 10,58 | 25 \ | (|) | (| | ١ | | |
| 23a | | | | - | r all rental prope | | (| 10,30 | 23a | | 680. | (| |) | | |
| 23a b | | | | | r all royalty prope | | | • • | 23a | | | | | | | |
| c | | | | | or all properties | | | | 23c | | | | | | | |
| d | | | • | | or all properties | | | | 23d | | | | | | | |
| e | | | • | | or all properties | | | | 23e | 11 | ,265. | | | | | |
| 24 | | | | | n line 21. Do no | | | | | | . 24 | | | | | |
| 25 | | - | | | d rental real estat | | - | | Enter to | otal losses he | | (| 10,5 | 85.) | | |
| 26 | | | | | ome or (loss). | | | | | | | | | , | | |
| | | | | | page 2 do not | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-10,585.

26

.

| Form 8582 | |
|--|--|
| Department of the Treasury Internal Revenue Service | |

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 275-21-8079

| Name(s) | shown | on | return | |
|---------|-------|----|--------|--|

SHARATH CHANDRA GUNDLAPALLY

| Part I | 20 | 22 P | assive | A e | ctiv | ity | Los | S | | |
|--------|----|------|--------|-----|------|-----|-----|---|---|--|
| | - | | - | | _ | | | | - | |

Caution: Complete Parts IV and V before completing Part I.

| Renta Allow | | | |
|-------------------|--|----|----------|
| 1a b c 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(10,585.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c | 1d | -10,585. |
| | her Passive Activities | | |
| 2a b c d | Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine 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 | -10,585. |

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 I Special Allowance for Rental Real Estate Activities With Active Participation | | |
|-----|--|----|---------|
| | Note: Enter all numbers in Part II as positive amounts. See instructions for an example. | | |
| 4 | Enter the smaller of the loss on line 1d or the loss on line 3 | 4 | 10,585. |
| 5 | Enter \$150,000. If married filing separately, see instructions 5 150,000. | | |
| 6 | Enter modified adjusted gross income, but not less than zero. See instructions 6 125,887. | | |
| | Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | | |
| 7 | Subtract line 6 from line 5 | | |
| 8 | Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 8 | 12,057. |
| 9 | Enter the smaller of line 4 or line 8 | 9 | 10,585. |
| Par | t III Total Losses Allowed | | |
| 10 | Add the income, if any, on lines 1a and 2a and enter the total | 10 | 0. |
| 11 | Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find | | |
| | out how to report the losses on your tax return | 11 | 10,585. |
| Par | t IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. | | |
| | | | |

| | Currer | nt year | Prior years | Overall gain or loss | | | |
|---|--|---------|---------------------------------|----------------------|------------------|--|--|
| Name of activity | (a) Net income (b) Net loss (line 1a) (line 1b) | | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss | | |
| HNO:4-78/13/A1, MAMIDIPALY | 0. | 10,585. | | | 10,585. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0. | 10,585. | | | | | |
| For Paperwork Reduction Act Notice see instru | uctions | | BEV 01/20 | | Form 8582 (2022) | | |

For Paperwork Reduction Act Notice, see instructions. BAA REV 01/28/23 PRO

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

| | | Currer | Prior years | | Overall gain or loss | | | | | |
|------------------|--------------------------------|--|---------------------------|-----------|---------------------------------|--------|---------------------------------|------------|----------------------------------|--|
| | Name of activity | (a) Net income (line 2a) | (b) Net loss (line 2b) | | (c) Unallowed loss (line 2c) | | (d) Gain | (e) | (e) Loss | |
| | | (| | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total. Enter or | n Part I, lines 2a, 2b, and 2c | | | | | | | | | |
| Part VI | Use This Part if an Amoun | t Is Shown on I | Part II, | Line 9. S | ee instruc | tions. | 1 | | | |
| | Name of activity | Form or schedule and line number to be reported on (see instructions) | (a |) Loss | (b) Ra | itio | (c) Special allowance | colum | ubtract n (c) from mn (a). | |
| HNO:4-78/ | 13/A1,MAMIDIPALY | E Ln 22 | 10,585. | | 1.00000000 | | 10,585 | ō. | 0. | |
| | | | | | | | | | | |
| Total | | | | 10,585. | 1.00 |) | 10,585 | 5. | 0. | |
| Part VII | Allocation of Unallowed L | osses. See instr | | | I | | , , | | | |
| | Name of activity | Form or sch and line nur to be reporte (see instruct | mber ed on (a) L | | LOSS | | (b) Ratio | (c) Unallo | (c) Unallowed loss | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | 1.00 | | | |
| Part VIII | Allowed Losses. See instru | uctions. | | | | | | | | |
| Name of activity | | Form or sch and line nur to be reporte (see instruct | mber ed on (a) Lo | | Loss (b) U | | nallowed loss | (c) Allow | ed loss | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | |

REV 01/28/23 PRO

Form **8582** (2022)