Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		•					
Taxpayer's name	Social	security numl	per				
MONIKA INAPAKOLLA	899	899-90-8485					
Spouse's name	Spouse	's social sec	urity number				
Part I Tax Return Information — Tax Year Ending December 31, 2	022 (Enter year y	ou are au	thorizing.)				
Enter whole dollars only on lines 1 through 5.	, , , ,		<u> </u>				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income				469.			
2 Total tax				813.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				354.			
4 Amount you want refunded to you			1,	<u>541.</u>			
5 Amount you owe	u get and keep a	copy of v	our returr	n)			
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original my knowledge and belief, it is true, correct, and complete. I further declare that the amounts is return (original or amended) I am now authorizing. I consent to allow my intermediate service protosend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I au Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the final authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agen payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relipersonal identification number (PIN) below is my signature for the income tax return (original or a Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	I or amended) I am no in Part I above are the prider, transmitter, or exact for rejection of athorize the U.S. Treas a account indicated in incial institution to debut to terminate the autorized in the process ated to the payment. The amended I am now a cor generate my PIN p.	w authorizine amounts electronic re the transmisury and its the tax prepit the entry horization. In the entry horization and the electronic forms of t	g, and to the from the inco turn originato ssion, (b) the designated Fi paration softw to this accour Fo revoke (caved no later ectronic payrocknowledge tond, if applicated 4 8 5 digits, but the rall zeros	best of bme tax r (ERO) reason nancial vare for nt. This ancel) a than 2 ment of hat the ble, my			
Spouse's PIN: check one box only							
I authorize to enter o	or generate my PIN	Enter five	digits, but	as my			
signature on the income tax return (original or amended) I am now authorizing	1.		er all zeros				
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practitional below.	nded) I am now auth						
Spouse's signature ▶	Date ►						
Practitioner PIN Method Returns Only—cont							
Part III Certification and Authentication — Practitioner PIN Method Or	nly						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		9 6 6 n't enter all ze	1 9 8 eros	9			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individ authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file File File File File File File File F	at I am submitting thi	s return in a	accordance w				
ERO's signature ▶	Date ►						
ERO Must Retain This Form — See Instr Don't Submit This Form to the IRS Unless Requ							

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

2022

OMB No. 1545-007

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)		ifying su	U	J	
Check only one box.	•	u checked the MFS box, enter the nonis a child but not your dependen	,	our spouse. If yo	u check	ed the HOH or	QSS box, enter th		use (QSS name if	,	alifying	
Your first name			Last nar	me				Your so	cial secu	ritv nur	nber	
MONIKA				AKOLLA				899-90-8485				
	pouse's	first name and middle initial	Last nar					Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elec	tion Ca	mpaign	
3219 S (RANC	GE AVE					333	1	Check here if you, or your			
		ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
ORLANDO					FI	J	32806		tnis tunc www.will no			
Foreign countr	y name		F	oreign province/sta	ate/coun	ty	Foreign postal code	-1	or refun		9-	
									You		Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				, ,	. ,	Yes	; X	No	
Standard		eone can claim: You as a de		<u>_</u>		a dependent		201.01.01,				
Deduction		Spouse itemizes on a separate return	•	•		•						
Age/Blindnes	s You:	Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before January 2			blind		
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh			,		,	
If more	(1) Fi	rst name Last name		number		to you	Child tax c	redit	Credit for	other dep	pendents	
than four dependents,							<u> </u>			ᆜ		
see instruction	s ——						<u> </u>			ᆜ		
and check	, —									ᆜ		
here	1								_			
Income	1a	Total amount from Form(s) W-2, b	`	,				. 1a		86,9	912.	
Attach Form(s)	b	Household employee wages not r		` '				. 1b				
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)										
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f		doption benefits from Form 8839, line 29									
If you did not get a Form	g	Wages from Form 8919, line 6 .						. 1g			0.	
W-2, see	h :	Other earned income (see instruct	,	· · · · ·				. 1h				
instructions.	i z	Nontaxable combat pay election (Add lines 1a through 1h	see msu	uctions)		!!		. 1z		86 (912.	
Attach Sch. B	2 2a		2a	· · · · · i	 h T	axable interes		. 2b			212.	
if required.	3a		3a			ordinary divide		. 3b				
	4a		4a			axable amoun		41				
Standard	5a		5a			axable amoun		. 5b				
Deduction for—	6a		6a			axable amoun		. 6b				
Single or Married filing	С	If you elect to use the lump-sum e		nethod, check he			[
separately, \$12,950	7	Capital gain or (loss). Attach Sche		•	`	,	[8.	
• Married filing	8	Other income from Schedule 1, lin						. 8		-9,6	663.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9			469.	
surviving spouse,	10	Adjustments to income from Sche		-				. 10				
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		77,4	469.	
household, \$19,400	12	Standard deduction or itemized	-					. 12			950.	
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Fo	orm 899	5-A		. 13				
any box under Standard	14	Add lines 12 and 13						. 14		12,9	950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This	is your	taxable incom	ie	. 15			519.	
)												

Form 1040 (2022	2)										Pr	age 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		9,81	3.
Credits	17	Amount from Schedule 2, lin	ne 3						17			
	18	Add lines 16 and 17							18		9,81	.3.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lin	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22		9,81	.3.
	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		9,81	.3.
Payments	25	Federal income tax withheld										
-	а	Form(s) W-2				25a	11,	354.				
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c							25d	1	11,35	54.
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)				27						
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28						
	29	American opportunity credit	from Form 8863	8, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lir				31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable cre	dits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	1	1,35	<u>4.</u>
Refund	34	If line 33 is more than line 24							34		1,54	11.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here .			35a		1,54	11.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type: X	Checking	S	avings				
See instructions.	d	Account number 4 8 8	0 8 5 5	1 9 6 7			_	· ·				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36						
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					37			
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party Designee		you want to allow another	•		n with the IRS?		es Cor	nplete b	elow	X No		
Designee		signee's	Phone Personal									
		me		no.			numbe					
Sign Here		der penalties of perjury, I declare tilef, they are true, correct, and com										
пеге	Yo	ur signature		Date	Your occupation					nt you an		,
										IN, enter i	t here	
Joint return? See instructions.				5.	SOFTWARE I			(see		\coprod	$\bot\bot$	Ш
Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupat	ion			ity Prot	nt your sp ection PIN		
	Ph	one no. (361) 228-076	5	Email address	MONICAINAPAR	KOLLA@GMA	IL.COM	I				
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if	f:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/15/2	023 I	02082	2703	Self	f-employ	yed
Preparer	Fin	m's name GLOBAL TA	XES LLC					Phon	e no.	(678) 9	65-95	 522
Use Only	Ei.		V CT F BDII	MCMICK N	T 00016			Eirm'			21710	

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

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

REV 02/05/23 PRO

BAA

84-3171965

Form **1040** (2022)

Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

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

internal nevenue Service			Sequence No. U I
Name(s) shown on Fe	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
MONIKA INAPAKO	DLLA	899-90	-8485

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	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. Atta		5	-9,663.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
_	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				
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
•	Total ather income. Add lines On three the On	8z		
9	Total other income. Add lines 8a through 8z		9	0.662
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-INH, line 8	10	-9 , 663.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	a	_	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses	ła	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	łq		
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h		
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	1j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
	24			
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			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 899-90-8485 MONIKA INAPAKOLLA

-	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	-	•			
	rt I Short-Term Capital Gains and Losses—Ge	•			e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked			2.	8.	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	8.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	instructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	1 3				13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	o to Part III	45	

BAA

Schedule D (Form 1040) 2022 Page **2**

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 8. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

899-90-8485

MONIKA INAPAKOLLA

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions 01/01/22 12/31/22 563. 557. W 2. 8.

ROBINHOOD SECURITIES LLC 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 563. 557. above is checked), or line 3 (if Box C above is checked) . 8.

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return 899-90-8485 MONIKA INAPAKOLLA

Your social security number

Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Ro	yalties Schedule	C. See	instru	ctions. If you are	e an indi	vidual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	0992 5	See ins	structions		☐ Ye	s X No	_
	If "Yes," did you or will you file required Form(s) 1099? .									
1a										
Α	VALLURI VARI ST, 16-2-26 MANDAPETA AND	HRA	PRADES	H TN	533	308				_
В	VIIIIORI VIIRI 61, 10 2 20 IIIRBIII IIRB	,111(11	TIGIDED		000	300				_
c										_
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair in the following state of the fo					air Rental Days	Persor Da	QJV	_	
Α	g personal use days. Check the Qu			Α		365		0		_
В	if you meet the requirements to f			В						_
C	qualified joint venture. See instru	ctions	S	C						_
Tvpe	of Property:		-		1	l .				_
1	Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (describ	oe)			
						Propertie	s:			
Inco	me:			Α		В			С	
3	Rents received	3		5	71.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,6	96.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,6	96.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			05.					
15	Supplies	15		1,6	96.					
16	Taxes	16								
17	Utilities	17		2,0	41.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,2	34.					_
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-9, 6	63.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,66		()	()
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		571.			Ì
b					23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d					23d					
е	Total of all amounts reported on line 20 for all properties				23e	10,	234.			
24	Income. Add positive amounts shown on line 21. Do no	t inclu		sses			24			
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	otal losses here		(9,663.)
26	Total rental real estate and royalty income or (loss).									
-	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply	to you, a	also er	nter th	nis amount on			-9,663.	