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

| IIILEITIAIT | leveriue dei vice | | | | | |
|---|---|--|--|--|--|--|
| Submi | ssion Identification Number (SID) | | | | | |
| Taxpaye | r's name | Social secu | rity numl | ber | | |
| AMOC | SHA JAYARAMU | 139-83 | 3-764 | 0 | | |
| Spouse's | | Spouse's so | cial sec | urity nu | mber | |
| D | To Date of the Town of the December 24 | | | 11 | • • • • | |
| Part | , , | year you | are au | thoriz | ing.) | |
| | whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 | Adjusted gross income | | 1 1 | | 97 | 264. |
| 2 | Total tax | | 2 | | | $\frac{201.}{169.}$ |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | | 538. |
| 4 | Amount you want refunded to you | | 4 | | | 369. |
| 5 | Amount you owe | | 5 | | ۷, | 307. |
| Part | | | py of y | our r | eturi | <u>1)</u> |
| my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) whedge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmally my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the payment (PIN) below is my signature for the income tax return (original or amended) I and identification number (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended) I and income tax return (original or amended) I and its funds withdrawal Consent. | e are the ar tter, or elect ection of the S. Treasury cated in the en to debit the the authori lests must I processing ayment. I fu | nounts in ronic retransminand its and its and its and its and its and its prepared and its prepared and its an | from the turn or ssion, (designation this to this To revolved no lectronic knowless) | ne inco iginato (b) the ated F n softw accou oke (ca o later ic payredge t | ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the |
| | | | | | | |
| Тахра | yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate | my DINI | 3 7 (| 6 4 | 0 | 00 1001 |
| _ | ERO firm name | · E | nter five on't ente | | but | as my |
| | 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 n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | |
| Your s | ignature ▶ Date ▶ | | | | | |
| Snous | e's PIN: check one box only | _ | | | | |
| Г | I authorize to enter or generate | my PINI | | | | as my |
| | ERO firm name | | nter five | digits, | | ao my |
| | signature on the income tax return (original or amended) I am now authorizing. | d | on't ente | er all ze | ros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | _ | | | _ |
| Spous | e's signature ▶ Date ▶ | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | |
| Part | Certification and Authentication — Practitioner PIN Method Only | | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 | 2 4 9 | 6 6 | 1 9 | 8 8 | 9 |
| | | Don't er | nter all z | eros | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir | itting this re | turn in a | accord | anće v | |
| ERO's | signature ▶ Date ▶ | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To I | o So | | | | |

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

| 2022 | |
|------|--|
|------|--|

OMB No. 1545-0074

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

| Filing Status Check only | s 🗙 🤄 | Single Married filing jointly | Marrie | ed filing separately | (MFS) | ☐ Head of | household (HOH) | | | g surviv QSS) | /ing | | |
|----------------------------------|---|---|------------|------------------------|---------|--------------------------------|---------------------|-------------|-----------------------------|----------------------|--------------------------|--|--|
| one box. | • | u checked the MFS box, enter the n on is a child but not your dependent | • | our spouse. If you | check | ed the HOH or | QSS box, enter t | he child's | s nam | e if the | qualifying | | |
| Your first name | ur first name and middle initial Last name Yo | | | | | | | | Your social security number | | | | |
| AMOGHA | | | JAYA | RAMU | | | | 139- | 139-83-7640 | | | | |
| If joint return, s | pouse's | first name and middle initial | Last nar | me | | | | Spouse | 's soc | ial secu | rity number | | |
| Home address | (numbe | r and street). If you have a P.O. box, see | instructio | ons. | | | Apt. no. | 1 | | | n Campaign | | |
| 4198 FOR | REST | SPRINGS RD | | | | | | | | f you, o | • | | |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | te | ZIP code | | | | y, want \$3 hecking a | | |
| DUBLIN | | | | | CA | 1 | 94568 | box be | low w | ill not cl | 0 | | |
| Foreign country | y name | | F | Foreign province/state | e/count | У | Foreign postal code | your ta | _ | efund. You | Spouse | | |
| Digital | | ny time during 2022, did you: (a) rec | , | | | | , , , | . , | | | | | |
| Assets | exch | ange, gift, or otherwise dispose of a | | | | | asset)? (See instr | uctions.) | Ш | Yes | ⊠ No | | |
| Standard Deduction | _ | eone can claim: | • | | | a dependent | | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind Sp | ouse | : Was bor | n before January | 2, 1958 | | ls blin | d | | |
| Dependents | s (see | instructions): | | (2) Social securi | ty | (3) Relationsh | ip (4) Check the I | oox if qual | ifies fo | or (see in | structions): | | |
| If more | (1) Fi | rst name Last name | | number | | to you | Child tax | credit | Credi | t for othe | r dependents | | |
| than four | | | | | | | | | | |] | | |
| dependents, see instruction | s —— | | | | | | | | | |] | | |
| and check | | | | | | | | | | |] | | |
| here | | | | | | | | | <u> </u> | |] | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) . | | | | . 18 | 1 | 10 | 7,264. | | |
| | b | Household employee wages not re | eported | on Form(s) W-2. | | | | . 1k | <u> </u> | | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | | | | |
| attach Forms | d | | | | | | | | | | | | |
| W-2G and 1099-R if tax | е | | | | | | | | | | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | 1 Form 8839, line 29 | 9. | | | . 11 | | | | | |
| If you did not | g | Wages from Form 8919, line 6. | | | | | | . 10 | | | | | |
| get a Form W-2, see | h | Other earned income (see instruct | , | | | · · · · · · | | . 1h | 1 | | 0. | | |
| instructions. | i | Nontaxable combat pay election (s | see instr | fuctions) | | <u>1i</u> | | | | 101 | 7 064 | | |
| | <u>z</u> | Add lines 1a through 1h | | | | | | . 12 | _ | | 7,264. | | |
| Attach Sch. B if required. | 2a | · – | 2a | | | axable interes | | . 2k | _ | | | | |
| | 3a_ | | 3a | | | rdinary divide axable amoun | | - | | | | | |
| Standard | 4a 5a | _ | 4a 5a | | | axable amoun | | . 4k | _ | | | | |
| Standard Deduction for— | 6a | | 6a | | | axable amoun | | . 6k | _ | | | | |
| Single or | C | If you elect to use the lump-sum e | | method check here | | | t | | | | | | |
| Married filing separately, | 7 | Capital gain or (loss). Attach Sche | | * | ` | , | | | | | | | |
| \$12,950 Married filing | 8 | Other income from Schedule 1, lin | | | | | | . 8 | _ | | 0,000. | | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | . 9 | _ | | 7,264. | | |
| surviving spouse, | 10 | Adjustments to income from Sche | | • | | | | . 10 | _ | | 7201. | | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | . 11 | _ | 9, | 7,264. | | |
| household, | 12 | Standard deduction or itemized | • | | | | | . 12 | | | 2,950. | | |
| \$19,400 If you checked | 13 | Qualified business income deduct | | • | , | | | . 13 | | | _, | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | _ | 1: | 2,950. | | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | | | | \neg | | 4,314. | | |
| JUE INSTRUCTIONS. | | | | | | | | | | | | | |

| Form 1040 (2022 | 2) | | | | | | | Page 2 |
|---------------------------------|------|---|-------------------------|---------------------|----------------------|------------|-----------------------------|---|
| Tax and | 16 | Tax (see instructions). Check if any from Form | n(s): 1 | 4 2 4972 | 3 🗌 | | . 16 | 14,169. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | | . 17 | |
| | 18 | Add lines 16 and 17 | | | | | . 18 | 14,169. |
| | 19 | Child tax credit or credit for other depender | nts from Sched | ule 8812 | | | . 19 | |
| | 20 | Amount from Schedule 3, line 8 | | | | | . 20 | |
| | 21 | Add lines 19 and 20 | | | | | . 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, | enter -0 | | | | . 22 | 14,169. |
| | 23 | Other taxes, including self-employment tax, | , from Schedule | e 2, line 21 | | | . 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | | | | | . 24 | 14,169. |
| Payments | 25 | Federal income tax withheld from: | | | | | | |
| - | а | Form(s) W-2 | | | 25a | 16,53 | 8. | |
| | b | Form(s) 1099 | | | 25b | | | |
| | С | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | . 25d | 16,538. |
| If you have a | 26 | 2022 estimated tax payments and amount a | applied from 20 | 021 return | | | . 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 881 | 2 | | 28 | | | |
| | 29 | American opportunity credit from Form 886 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are you | r total other pa | ayments and refu | ındable cred | its . | . 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your to | otal payments | | | | . 33 | 16,538. |
| Refund | 34 | If line 33 is more than line 24, subtract line 2 | 24 from line 33. | . This is the amour | nt you overpa | id . | . 34 | 2,369. |
| riciana | 35a | Amount of line 34 you want refunded to yo | u . If Form 8888 | 3 is attached, ched | ck here | | 35a | 2,369. |
| Direct deposit? | b | Routing number 0 1 1 4 0 0 4 9 5 c Type: X Checking Savings | | | | | | |
| See instructions. | d | Account number 3 8 8 0 0 4 8 | 8 4 3 | 6 8 | | | | |
| | 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. This is the am For details on how to pay, go to <i>www.irs.go</i> | • | | | | . 37 | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | |
| Third Party Designee | | you want to allow another person to dis | | | | . Comple | ete below. | X No |
| | | signee's | Phone | | | | lentification | |
| | | me | no. | | | number (Pl | | |
| Sign Here | | der penalties of perjury, I declare that I have examin ief, they are true, correct, and complete. Declaration | | , , , | | , | | , , |
| пеге | Yo | ur signature | Date | Your occupation | | | | nt you an Identity |
| | | | | | | | Protection P (see inst.) | IN, enter it here |
| Joint return? See instructions. | | avan's signature If a isint vature heath sovert sign | Data | SOFTWARE E | | ЛАЦ | , | nt vous en oues en |
| Keep a copy for your records. | Sp | ouse's signature. If a joint return, both must sign. | Date | Spouse's occupati | ion | | | nt your spouse an ection PIN, enter it here |
| | Ph | one no. (313)888-5178 | Email address | Jayamogh89 | @gmail.d | com | | |
| Doid | Pre | eparer's name Preparer's signa | ature | | Date | PTIN | 1 | Check if: |
| Paid | SYAN | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 01/05/20 | 23 P02 | 082703 | Self-employed |
| Preparer | | m's name GLOBAL TAXES LLC | | | | | | (678)965-9522 |
| Use Only | | n's address 245 ROONEY CT E BRU | JNSWICK N | J 08816 | | | Firm's EIN | 88-2145487 |
| | | | | | | | | 1010 |

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

AMOGHA JAYARAMU

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

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

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

| | Sequence No. 01 |
|----------|------------------------|
| Your soc | ial security number |
| 130_83 | -7640 |

| 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. Atta | | 5 | -10,000. |
| 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 | - | |
| 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 () | | |
| t | The second secon | 04 | | |
| | a nongovernmental section 457 plan | 8t | - | |
| u – | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | 8z | | |
| 0 | Total other income. Add lines 8a through 8z | | 9 | |
| 9 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR. | | 10 | -10,000. |
| 10 | Combine inles i through r and s. Litter here and our rollin 1040, 1040-3h. | , or rotorivit, life o | 10 | -10,000. |

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-basis governr | | | |
| | officials. Attach Form 2106 | L | 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 | L | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | rental of personal property engaged in for profit | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | | |
| d | Reforestation amortization and expenses | | | |
| е | 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 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | | | |
| İ | 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) | | | |
| Z | Other adjustments. List type and amount: | | | |
| 25 | | | 25 | |
| 25 26 | 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 an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |
| | Form 1040 or 1040-on, little 10, or Form 1040-inn, little 10a | | 20 | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment

2022 Attachment Sequence No. 13

OMB No. 1545-0074

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

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

Your social security number

| AMOG | HA JAYARAMU | | | | | 1 | .39-83 | -7640 | Į |
|----------|--|----------------|--------------|----------------|----------|--------------------|-----------|-----------|----------------|
| Part | | | | | | | | | |
| | Note: If you are in the business of renting personal proper | ty, use | Schedule | C . See | e instru | ctions. If you are | an indivi | dual, rep | ort farm |
| A 1 | rental income or loss from Form 4835 on page 2, line 40. | 4 - 61 - | | 10000 | ! | | | | - V IN- |
| | Did you make any payments in 2022 that would require you | | | | | | | | |
| В | f "Yes," did you or will you file required Form(s) 1099? . | | | | | | | Y€ | es U No |
| 1a | Physical address of each property (street, city, state, ZIF | ode | e) | | | | | | |
| Α | GOPAL RAJU COLONY TIRUPATI ANDHRA PRAD | DESH | IN 517 | 7501 | | | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate proper | rty list | ted | | Fa | ir Rental F | Persona | ıl Use | QJV |
| | (from list below) above, report the number of fair | | | | | Days | Day | 'S | Q0 V |
| Α | gersonal use days. Check the Quif you meet the requirements to fi | | | Α | | 365 | | 0 | |
| В | qualified joint venture. See instru | | | В | | | | | |
| С | | | | С | | | | | |
| | of Property: | | | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Rent | tal | 5 Lanc | | | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | alties | 8 | Other (describ | e) | | |
| | | | | | | Properties | ;; | | |
| Incon | ne: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 6 | 00. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Exper | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 8 | 00. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 8 | 00. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | | 00. | | | | |
| 15 | Supplies | 15 | | 2,2 | 00. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 4,0 | 00. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 20 | Other (list) Total expenses. Add lines 5 through 19 | 19 | | 10,6 | .00 | | | | |
| | · | 20 | | 10,0 | | | | | |
| 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 | | -10,0 | 00. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | -,0 | • | | | | |
| | on Form 8582 (see instructions) | 22 | (| 10,00 | 00.) | (|)(| |) |
| 23a | Total of all amounts reported on line 3 for all rental proper | | | | 23a | ` (| 500. | | , |
| b | Total of all amounts reported on line 4 for all royalty prope | | | | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 10,6 | 500. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | t inclu | ide any lo | sses | | | 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | te loss | ses from lin | ne 22. E | Enter to | otal losses here | 25 (| | 10,000.) |
| 26 | Total rental real estate and royalty income or (loss). | Comb | ine lines | 24 and | 25. E | nter the result | | | |
| | here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | | | | |
| | Schedule 1 (Form 10/0) line 5. Otherwise, include this ar | mount | t in the to | tal on li | ina /11 | on nage 2 | 06 | | _10 000 |

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

| | 2022 | | | | | | |
|--------------------|---------------------------------------|--|--|--|--|--|--|
| | Attachment Sequence No. 858 | | | | | | |
| Identifying number | | | | | | | |

| AMOG | SHA JAYARAMU | | | | | 139 | 9-83- | -7640 | |
|------------|---|---------------------|---------------------------|-------------|--------------|-------------------|---------|-----------------|--|
| Par | _ | | | | | | | | |
| | Caution: Complete Parts IV ar | nd V before comple | eting Part I. | | | | | | |
| | I Real Estate Activities With Active Pa ance for Rental Real Estate Activities | | | tive partic | ipation, s | ee Special | | | |
| 1a | 1a Activities with net income (enter the amount from Part IV, column (a)) 1a 0. | | | | | | | | |
| b | Activities with net loss (enter the amount | | | | | | | | |
| С | Prior years' unallowed losses (enter th | | | | | | | | |
| d | Combine lines 1a, 1b, and 1c | | | – | | | 1d | -10,000. | |
| All Ot | her Passive Activities | | | | | | | | |
| 2 a | Activities with net income (enter the a | mount from Part V | , column (a)) . | | 2a | | | | |
| b | Activities with net loss (enter the amount | | | _ | 2b (|) | | | |
| С | Prior years' unallowed losses (enter th | ne amount from Pa | rt V, column (c)) | [| 2c (|) | | | |
| d | Combine lines 2a, 2b, and 2c | | | – | | | 2d | | |
| 3 | Combine lines 1d and 2d. If this line i | | | | | | | | |
| | all losses are allowed, including any | | | | | | | | |
| | losses on the forms and schedules no | ormally used | | | | | 3 | -10,000. | |
| | If line 3 is a loss and: • Line 1d is a l | oss ao to Part II | | | | | | | |
| | | oss (and line 1d is | zero or more) sk | in Part II | and go to | line 10 | | | |
| | | • | | | _ | | | | |
| | on: If your filing status is married filing | separately and yo | u lived with your | spouse a | at any tim | ne during the | year, | do not complete | |
| Part | Instead, go to line 10. Special Allowance for Rer | stal Dool Estata | Activities With | Activo | Dartiain | ation | | | |
| Pai | Note: Enter all numbers in Par | | | | - | | | | |
| 4 | Enter the smaller of the loss on line 1 | <u> </u> | | 10113 101 1 | ari Charri | JIO. | 4 | 10,000. | |
| 5 | Enter \$150,000. If married filing separ | | | | 5 1 | 50,000. | | 10,000. | |
| 6 | Enter modified adjusted gross income | - | | _ | | 07,264. | | | |
| | Note: If line 6 is greater than or equal | | | _ | | | | | |
| | on line 9. Otherwise, go to line 7. | to mile o, emp mile | or and o and one | .0. 0 | | | | | |
| 7 | Subtract line 6 from line 5 | | | | 7 | 42,736. | | | |
| 8 | Multiply line 7 by 50% (0.50). Do not en | | .000. If married filin | na separa | | | 8 | 21,368. | |
| 9 | Enter the smaller of line 4 or line 8 | | | | | | 9 | 10,000. | |
| Part | | | | | | | | 20,000. | |
| 10 | Add the income, if any, on lines 1a an | d 2a and enter the | total | | | | 10 | 0. | |
| 11 | Total losses allowed from all passiv | e activities for 20 | 22. Add lines 9 ar | nd 10. Se | e instruct | ions to find | | | |
| | out how to report the losses on your to | ax return | | | | | 11 | 10,000. | |
| Part | IV Complete This Part Before | e Part I, Lines 1 | a, 1b, and 1c. S | ee instr | uctions. | | | | |
| | | Curren | t year | Prior | years | Ove | rall ga | in or loss | |
| | Name of activity | (a) Net income | (b) Net loss | | allowed | (d) Gair | า | (e) Loss | |
| | | (line 1a) | (line 1b) | IOSS (I | ine 1c) | . , | | | |
| GOPA | AL RAJU COLONY | 0. | 10,000. | | | | | 10,000. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | Enter on Part I lines 1a 1b and 1c | _ | 10 000 | | | | | | |

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Form 8582 (2022)

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|--|---|--|---------------------|---------------------------|---------------|----------------|-----------------------|----|--------------------|--|--|
| Part V Complete This Part Befor | e P | art I, Lines 2 | a, 2b, | and 2c. S | ee instruc | ctions. | | | : | | |
| N | | Currer | nt year | | Prior y | ears Overall ç | | | gain or loss | | |
| Name of activity | | (a) Net income (line 2a) | | (b) Net loss (line 2b) | | owed e 2c) | (d) Gain | | (e) Loss | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | | | | | | | | | | |
| Part VI Use This Part if an Amour | Ι | | Part II, | Line 9. S | ee instruc | tions. | I | | | | |
| Name of activity | ar to | rm or schedule nd line number be reported on se instructions) | (a |) Loss | (b) Ra | atio | (c) Special allowance | | colu | | (d) Subtract column (c) from column (a). |
| GOPAL RAJU COLONY | | E Ln 22 | | 10,000. | 1.0000 | 0000 | 10,00 | 0. | 0. | | |
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| | | | | | | | | | | | |
| Total | | | | 10,000. | 1.00 | 0 | 10,00 | 0. | 0. | | |
| Part VII Allocation of Unallowed L | oss | | | s. | | | | | | | |
| Name of activity | Form or sche and line num to be reporte (see instructi | | mber ed on (a) L | | Loss | | (b) Ratio | | (c) Unallowed loss | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Total | | | | | | | 1.00 | | | | |
| Part VIII Allowed Losses. See instr | ucti | | | | | | | | | | |
| Name of activity | | Form or schedu and line number to be reported of (see instruction | | mber ed on (a) Lo | | (b) Ur | nallowed loss | (| c) Allowed loss | | |
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| Total | | <u></u> | | | | | | | | | |
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