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

| Subm | ission Identification Number (SID) | | | | | | |
|---|--|--|---|--|--|--|--|
| Taxpay | er's name | Social securit | y number | | | | |
| JIT | HENDER DASARI | 785-86- | 785-86-8190 | | | | |
| Spouse | 's name | Spouse's soci | ial security numb | er | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2022 (Ent | er year you aı | re authorizing | g.) | | | |
| 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 9 | 3,979. | | | |
| 2 | Total tax | | 2 1 | 3,443. | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 1 | 6,166. | | | |
| 4 | Amount you want refunded to you | | 4 | 2,723. | | | |
| _ 5 | Amount you owe | | 5 | | | | |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get and | keep a cop | y of your ret | urn) | | | |
| return to send for any Agent payme authori payme busine taxes to person Electro | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial transport of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lal identification number (PIN) below is my signature for the income tax return (original or amended) I write Funds Withdrawal Consent. **Rayer's PIN: check one box only** | emitter, or electro- ejection of the tra U.S. Treasury andicated in the ta tion to debit the atte the authoriza equests must be ne processing of payment. I furt am now authoria | nic return original ansmission, (b) and its designate expreparation sentry to this acution. To revoke a received no late the electronic per acknowled exing and, if app | nator (ERO) the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the | | | |
| X | | 6 my DIN | 8 1 9 0 | ac my | | | |
| | I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing. | ř Ent | er five digits, but n't enter all zeros | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below. | | | | | | |
| Yours | signature ► D.jithender Date ► | 01/26/2023 | | | | | |
| _ | | | | | | | |
| Spous | se's PIN: check one box only | - | | 7 | | | |
| L | I authorize to enter or generate to enter or generate | , | | as my | | | |
| | signature on the income tax return (original or amended) I am now authorizing. | | er five digits, but n't enter all zeros | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below. | | | | | | |
| Spous | se's signature ▶ Date ▶ | | | | | | |
| | Practitioner PIN Method Returns Only—continue belo | w | | | | | |
| Part | III Certification and Authentication — Practitioner PIN Method Only | | | | | | |
| ERO's | s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 | | 6 6 1 9 er all zeros | 8 9 | | | |
| author | y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of | mitting this retu | rn in accordand | | | | |
| FRO'° | s signature ▶ Date ▶ | | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | | |
| | | | | | | | |

Don't Submit This Form to the IRS Unless Requested To Do So

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 Check only one box. | If yo | Single Married filing jointly u checked the MFS box, enter the non is a child but not your dependent | ame of y | ed filing separately (l | , | _ | | ` | , | spou | fying surv se (QSS) name if th | Ü | |
|---|--|--|--|-------------------------|-------------|-----------------|----------|-----------|---------|---------------------------------|--------------------------------------|-----------------------------|--|
| Your first name | and mi | ddle initial | Last na | me | | | | | Yo | ur so | ial securit | y number | |
| JITHENDE | ΣR | | DASA | RI | | | | | 7 | 785-86-8190 | | | |
| If joint return, spouse's first name and middle initial | | | | me | | | | | Sp | Spouse's social security number | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | A | ot. no. | Pr | Presidential Election Campaign | | | |
| 3820 EST | TERS | ROAD | | | | | 2 | 11 | | or your | | | |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete s | paces below. | Stat | е | ZIP co | | | | | tly, want \$3 Checking a | |
| IRVING | | | | | TX | | 7503 | | | | w will not | | |
| Foreign country | y name | | F | oreign province/state/ | count | у | Foreigr | postal co | de yo | ur tax | or refund. | refund. | |
| Digital | Δt ar | ny time during 2022, did you: (a) rec | aiva (as | a reward award or | navn | ent for prope | rty or s | envices): | or (b) | المء | You | Spouse | |
| Assets | | ange, gift, or otherwise dispose of a | , | | | | • | ,. | ` ' | | Yes | X No | |
| Standard | | eone can claim: You as a de | | <u>_</u> | | a dependent | 4000191 | (000 | | | | | |
| Deduction | | Spouse itemizes on a separate retur | • | • | | а аоронаот | | | | | | | |
| Age/Blindness | S You: | ☐ Were born before January 2, 1 | 958 | Are blind Spe | ouse: | ☐ Was bor | rn befoi | e Januai | y 2, 1 | 958 | ☐ Is bli | ind | |
| Dependents | s (see | instructions): | | (2) Social security | , | (3) Relationsh | nip (4) | Check the | box i | qualif | es for (see | instructions): | |
| If more | • | rst name Last name | number | | | to you | · | Child ta | k credi | t (| Credit for other dependent | | |
| than four | | | | | | | |] | | [| | | |
| dependents, see instruction | s | | | | | | | |] | | [| | |
| and check | | | | | | | | |] | | [| | |
| here |] | | | | | | | |] | | [| | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) . | | | | | | 1a | 10 | 03,079. | |
| | b | Household employee wages not re | eported | on Form(s) W-2. | | | | | | 1b | | | |
| Attach Form(s) W-2 here. Also | С | c Tip income not reported on line 1a (see instructions) | | | | | | | | | | | |
| attach Forms | d | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | | |
| W-2G and 1099-R if tax | е | e Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | | | | |
| was withheld. | f | f Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | | | | |
| If you did not | g | g Wages from Form 8919, line 6 | | | | | | | | 1g | | | |
| get a Form W-2, see | h | n Other earned income (see instructions) | | | | | | | | 1h | | 0. | |
| instructions. | i | Nontaxable combat pay election (see instructions) | | | | | | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | 1z | 10 | 03,079. | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Ta | axable interest | t. | | | 2b | | | |
| if required. | <u>3a</u> | | 3a | | | rdinary divide | | | | 3b | | | |
| | 4a | _ | 4a | | | axable amoun | | | | 4b | | | |
| Standard Deduction for— | 5a | - | 5a | | | axable amoun | | | | 5b | | | |
| Single or | 6a | , | 6a | | | axable amoun | | | | 6b | | | |
| Married filing separately, | С _ | • | u elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | | |
| \$12,950 | 7 | , , | · · · · · · · · · · · · · · · · · · · | | | | | | Ш | 7 | | | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | | | | | | | 9 | | <u>-9,100.</u> | | |
| Qualifying surviving spouse, | 9 | | 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | + 5 | 93,979. | |
| \$25,900 | 10 | Adjustments to income from Sche | , | | | | | | | 10 | + | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is Standard deduction or itemized | | | | | | | | 11 | | | |
| \$19,400 | 12 | | | • | , | 5 A | | | | | 12,950. | | |
| If you checked any box under | 13 14 | Qualified business income deduct Add lines 12 and 13 | | | | | | | | 13 | 1 | 12 050 | |
| Standard Deduction, | 14 15 | | | | | | | | | 15 | | L2,950. B1,029. | |
| see instructions. | 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | | | 13 | |) , U Z J . | | |

| 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 | 13 | 3,443. |
| Credits | 17 | Amount from Schedule 2, line | e3 | | | | | . 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | . 18 | 13 | 3,443. |
| | 19 | Child tax credit or credit for o | other dependen | ts from Sched | ule 8812 | | | . 19 | | |
| | 20 | Amount from Schedule 3, line | e8 | | | | | . 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | | |
| | 22 | Subtract line 21 from line 18. | If zero or less, | enter -0 | | | | . 22 | 13 | 3,443. |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | 2, line 21 . | | | . 23 | | 0. |
| | 24 | Add lines 22 and 23. This is | our total tax | | | | | . 24 | 13 | 3,443. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 16,1 | 66. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | . 25d | 16 | 5,166. |
| | 26 | 2022 estimated tax payment | | | | | | | | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit fron | | | | 28 | | | | |
| | 29 | American opportunity credit | | | | 29 | | | | |
| | 30 | Reserved for future use | | • | | 30 | | | | |
| | 31 | Amount from Schedule 3, line | | | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31. | . 32 | 1 | | | | | | |
| | 33 | Add lines 25d, 26, and 32. The | | 16 | 5,166. | | | | | |
| | 34 | If line 33 is more than line 24 | | | | | | | | 2,723. |
| Refund | 35a | Amount of line 34 you want | | | | • | - | | | 2,723. |
| Direct deposit? | b | Routing number 0 5 4 | | | | Checking | | | | |
| See instructions. | d | Account number 5 3 8 | 95 | | | | | | | |
| | 36 | Amount of line 34 you want a | | | nd tay | 36 | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. For details on how to pay, go | This is the amo | ount you owe. | | | | . 37 | | |
| rou owc | 38 | | . 31 | | | | | | | |
| Thind Doob | | Estimated tax penalty (see in | | | | | | | | |
| Third Party Designee | | you want to allow another structions | • | | | | Ves Comr | olete below. | × No | |
| Designee | | signee's | | Phone | | Ш | | identification | _ | |
| | nar | | | no. | | | number (| | | |
| Sign | | der penalties of perjury, I declare the ief, they are true, correct, and comp | | | | | | | | |
| Here | Yo | Your signature Date Your occupation If the I | | | | | | | | dentity here |
| Joint return? | | | | | COMPUTER S | CIENCE E | NGINEER | (see inst.) | | |
| See instructions. | Sp | ouse's signature. If a joint return, b | Date | Spouse's occup | ation | | If the IRS se | | | |
| Keep a copy for your records. | | | | | Identity Prot (see inst.) | ection PIN, | enter it here | | | |
| you. 1000.uo. | | | | | | | | (See IIISL.) | | |
| | | one no. (770) 616-9758 | | Email address | DASARI19 | | | -15.1 | T 01 1 15 | |
| Paid | | eparer's name | Preparer's signat | | | Date | PT | | Check if: | |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM | | RAM SAGAR | GUPTA TALLA | M 01/27, | 2023 PO | 2082703 | 1 | employed |
| Use Only | | m's name GLOBAL TAX | | | | | | | (678) 96 | |
| | Fin | m's address 245 ROONE | CT E BRU | NSWICK N | J 08816 | | | Firm's EIN | - | 145487 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the lates | st information. | | BAA | REV 01/24 | 23 PRO | | Form ' | 1040 (2022) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

| JITH | HENDER DASARI | 785- | 86-819 | 0 |
|------|---|------|--------|---------|
| 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. Attach Scho | | 5 | -9,100. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | |) | |
| b | Gambling | | | |
| С | Cancellation of debt | | | |
| d | Foreign earned income exclusion from Form 2555 8d (| |) | |
| е | Income from Form 8853 | | | |
| f | Income from Form 8889 | | | |
| g | Alaska Permanent Fund dividends 8g | | | |
| h | Jury duty pay | | | |
| i | Prizes and awards | | | |
| j | Activity not engaged in for profit income | | | |
| k | Stock options | | | |
| -1 | 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) | | | |
| n | Section 951(a) inclusion (see instructions) | | | |
| 0 | Section 951A(a) inclusion (see instructions) | | | |
| р | Section 461(I) excess business loss adjustment | | | |
| 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 | |) | |
| 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: | | | |
| | Ω ₇ | | | |

-9,100.

10

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 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 Your social security number JITHENDER 785-86-8190 DASARI Part I Income or Loss From Rental Real Estate and Royalties

| rait | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | | | C. See | e instru | ctions. If you a | re an indiv | /idual, rep | ort farn | n |
|------------|--|---------|------------|--------------|------------|--------------------|--------------|--------------------|---------------|--------------|
| A [| Did you make any payments in 2022 that would require you | to file | Form(s) 10 |)99? 5 | See ins | structions. | | . \(\text{Ye} \) | s X | No |
| | f "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | No |
| 1a | Physical address of each property (street, city, state, ZIF | | | | | | | | | |
| | | | | T.1.7 | <u> </u> | 0.7 | | | | |
| <u>A</u> | 6-553 RAM NAGAR MIRYALAGUDA ,NALGONDA | TEL | ANGANA | IN | 5082 | 0 / | | | | |
| B | | | | | | | | | | |
| | Toward Durants 0 5 1 1 1 1 1 | | | | _ | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair | | | | Fa | nir Rental Days | Person Da | | Q. | JV |
| Α | personal use days. Check the Q | | | Α | | 365 | Da | 0 | Г | |
| В | if you meet the requirements to f | ile as | a T | В | | 303 | | 0 | | ┽─ |
| С | qualified joint venture. See instru | ctions | s. – | C | | | | | <u>L</u> | ╪─ |
| | of Property: | | | | | | | | L | |
| | Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Land | | 7 | Self-Rental | | | | |
| | Multi-Family Residence 4 Commercial | lai | 6 Royal | tion | | | ibo) | | | |
| | Multi-Family nesidence 4 Commercial | | o noyai | LIES | 0 | Other (desci | | | | |
| _ | | | | | | Properti | es: | | | |
| ncom | | | | Α | | В | | | С | |
| 3 | Rents received | 3 | | 5 | 00. | | | | | |
| 4 | Royalties received | 4 | | | | | | | | |
| xper | | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 8 | 50. | | | | | |
| 8 | Commissions | 8 | | | | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | |
| 11 | Management fees | 11 | | 1,2 | 250. | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest | 13 | | | | | | | | |
| 14 | Repairs | 14 | | | 50. | | | | | |
| 15 | Supplies | 15 | | 2,5 | 50. | | | | | |
| 16 | Taxes | 16 | | | | | | | | |
| 17 | Utilities | 17 | | 2,1 | .00. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | |
| 19 | Other (list) Total expenses. Add lines 5 through 19 | 19 | | | | | | | | |
| 20 | | 20 | | 9,6 | 500. | | | | | |
| 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 | | | 0 1 | 0.0 | | | | | |
| 00 | | 21 | | -9, 1 | .00. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 00 | , | 0 10 | ١ | , | , | , | | |
| 00- | | 22 | I | | 00.) | (| 500. | (| | |
| 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 prop | | | | 23b | | | | | |
| Q C | Total of all amounts reported on line 12 for all properties | | | | 23c 23d | | | | | |
| d | Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties | | | | 23a 23e | 0 | ,600. | | | |
| е 24 | Income. Add positive amounts shown on line 21. Do no | tinol | | | 23e | 9 | . 24 | | | |
| 24 25 | Losses. Add royalty losses from line 21 and rental real estat | | - | | · · · | | | 1 | 9,10 | <u> </u> |
| | | | | | | | | 1 | J , ⊥(| <i>,</i> 0 . |
| 26 | Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this ar | | | | | | . 26 | | -9, | 100. |

Passive Activity Loss Limitations

See separate instructions.

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

OMB No. 1545-1008 Attachment Sequence No. 858

Identifying number

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

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

785-86-8190 JITHENDER DASARI Part I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 9,100. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -9,100. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d 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 -9,100.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. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 4 9,100. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 103,079. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 46,921. Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 8 23,461. Enter the **smaller** of line 4 or line 8 9 9 9,100. **Total Losses Allowed** Part III 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 9,100. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c) 0. 9,100. 9,100. 6-553 RAM NAGAR

0.

BAA

9,100.

Total. Enter on Part I, lines 1a, 1b, and 1c

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| Part V Complete This Part Befor | e P | art I, Lines 2 | a, 2b, | and 2c. S | ee instru | ctions. | | | • | |
|--|-------|--|---------------------|---------------------------|------------|--------------------|-----------------------|------------------|--|--|
| Name of activity | | Currer | nt year | | Prior year | | S Overall o | | ain or loss | |
| Name of activity | | (a) Net income (line 2a) | | (b) Net loss (line 2b) | | lowed le 2c) | | | (e) Loss | |
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| | | | | | | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | | | | | | | | | |
| Part VI Use This Part if an Amour | nt Is | Shown on F | Part II, | Line 9. S | ee instru | ctions. | | | | |
| Name of activity | | Form or schedule and line number to be reported on (see instructions) | | (a) Loss | | atio | (c) Special allowance | | (d) Subtract column (c) from column (a). | |
| 6-553 RAM NAGAR | | E Ln 22 | 9,100. | | 1.0000 | 0000 | 9,10 | 0. | 0. | |
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| Total | | | | 9,100. | 1.0 | 0 | 9,10 | 0. | 0. | |
| Part VII Allocation of Unallowed L | .oss | ses. See instr | uction | S. | | | | | | |
| Name of activity | | Form or sche and line nur to be reporte (see instruct | mber ed on (a) l | | Loss | | (b) Ratio | | (c) Unallowed loss | |
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| Total | | | | | | | 1.00 | | | |
| Part VIII Allowed Losses. See instru | ucti | ons. | | | | | | | | |
| Name of activity | | Form or sched and line num to be reported (see instruction | | mber ed on (a) L | | (b) Unallowed loss | | (c) Allowed loss | | |
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| Total | | | | | | | | | | |