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

Submis	ission Identification Number (SID)			-		
Taxpaye	er's name		Social securit	y numb	er	
RAHU	UL HINDISKERE PARAMESHW		848-44-	-9433	3	
Spouse's	's name	:	Spouse's soci	ial secu	rity numbe	er
Part	Tax Return Information — Tax Year Ending December 31,	2022 (Enter v	ear vou a	re aut	horizina	1.)
	whole dollars only on lines 1 through 5.		, ca. , ca. a.		<u></u> <u>9</u>	,· <i>,</i>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income			1	113	3,752.
2	Total tax			2	18	3,028.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	21	L,484.
4	Amount you want refunded to you			4	3	3,456.
5	Amount you owe			5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure y	ou get and ke	ep a copy	y of y	our retu	ırn)
return (control to send for any Agent to payment authorize payment business taxes to personal	owledge and belief, it is true, correct, and complete. I further declare that the amount (original or amended) I am now authorizing. I consent to allow my intermediate service per design of the IRS and to receive from the IRS (a) an acknowledgement of receipt of delay in processing the return or refund, and (c) the date of any refund. If applicable, I to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institut not of my federal taxes owed on this return and/or a payment of estimated tax, and the fitzation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of the statement of the payment (settlement) date. I also authorize the financial institutions to receive confidential information necessary to answer inquiries and resolve issues all identification number (PIN) below is my signature for the income tax return (original of the Institution).	provider, transmitter reason for reject authorize the U.S authorize the U.S authorize the inancial institution pent to terminate the cancellation reques involved in the pay related to the pay	er, or electro tion of the trans. Treasury are ated in the ta to debit the the authoriza sts must be processing of tyment. I furt	nic retansmised its control it	urn origina sion, (b) the designated paration so to this according to revoke for the design of the d	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of the that the
	nic Funds Withdrawal Consent.					
	ayer's PIN: check one box only		4	9 4	1 3 3	
X	I authorize GLOBAL TAXES LLC to ente	er or generate m	Ent	er five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizi	ing.	dor	ı't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.					
Your si	signature	Date ►				
Snous	se's PIN: check one box only					
Opous	_	er or generate m	v DINI			ac my
	ERO firm name	or generate in	_	er five	diaits. but	as my
	signature on the income tax return (original or amended) I am now authorizi	ing.	dor	't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.					
Spouse	se's signature ▶	Date ►				
	Practitioner PIN Method Returns Only—co	ntinue below				
Part I	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 F	PIN. 2 2	2 4 9 0	6 6 er all ze		3 9
authoriz	y that the above numeric entry is my PIN, which is my signature for the electronic indicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirmments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	that I am submitt	ting this retu	rn in a	ccordance	
ERO's	s signature ►	Date ▶				
	ERO Must Retain This Form — See Ins					
	Don't Submit This Form to the IRS Unless Rec	quested To Do	So			

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

2022	
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OMB No. 1545-0074

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

Your social ascurity number RAHUL Last name and middle initial Last name S4 b - 44 - 94 33 S4 b - 44 - 94 34 S4	Filing Status Check only one box.	If yo	Single Married filing jointly under the non-	ame of y	ed filing separately (Noor spouse. If you cl				spo	use (QS	S)	
RAHUL HINDISKERE PARAMESHW S48 - 44 - 943 3 Spouse's social security number Apr. no. Ap	Your first name				me				Your se	ncial sec	urity nu	mher
If joint return, spouse's first name and middle initial Last name Last name Apt. no. Green from the form Agriculture								•				
A300 NE SUNSET BLVD						ESII	·VV					
A300 NE SUNSET BLVD	Homo addross	(numbo	r and street). If you have a P.O. box, see	inetruetia	one			Ant no	Dunnish	maiol Flo	-ti 0	
State Circle Ci					J115.			,				
Foreign country name Foreign province/state/country Foreign postal code Foreign				mploto si	nacos holow	Stat	^		chone			
Foreign country name		JUST UIIIC	ce. II you have a loreigh address, also co	ilibiete si	paces below.							_
Spouse Standard Deduction Spouse Standard S		v name			Foreign province/state/							nge
Assets sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	r oreign country	y mame		'	oreign province/state/t	Journey	<i>(</i>	r oreign postal code	, your ta	_	_	Spouse
Spouse itemizes on a separate return or you were a dual-status alien	Digital Assets										es 🛚	No
Comparison Com	Standard Deduction			•			a dependent					
If more than four dependents, see instructions and check here	Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before January	2, 1958	☐ Is	blind	
If more than four dependents, see instructions and check here	Dependents	s (see	instructions):				(3) Relationsh	ip (4) Check the	box if qual	ifies for (s	see instr	uctions):
dependents, see instructions and check here	If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	Credit fo	r other de	ependents
see instructions and check here												
Income In		s										
Income 1a Total amount from Form(s) W-2, box 1 (see instructions)	and check	,										
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Taxable dependent care benefits from Form 8839, line 29 f Employer-provided adoption benefits from Form 8839, line 29 f Wages from Form 8919, line 6 g Wages from Form 8919, line 6 f Other earned income (see instructions) d Nontaxable combat pay election (see instructions) d Add lines 1 a through 1h d It 2 125, 752. Attach Sch. B G Tax-exempt interest d It 2 125, 752. Attach Sch. B G Tax-exempt interest d It 3 125, 752. A	here]								<u> </u>		
Attach Forms W-26 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you declar dividends . 3a	Income	1a		•	,				. 1	3	<u>125,</u>	<u>752.</u>
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. Attach Sch. B 2a		b		•	• •				. 11)		
W-2G and 1099-R if tax was withheld. If you did not get a Form Ways get a Form Ways as withheld. If you did not get a Form Ways get a Form Ways as withheld. If you did not get a Form Ways ge	٠,	С	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f		d								_		
## was withheld. If you did not get a Form ## was withheld. If you did not get in the year was withheld. If you did not get in the year was withheld. If you did not get in the year was withheld. If you get get in the year was withheld. If you get get in the year was withheld. If you get get get in the year was with a final year was with a final year. If year year was with a final year was with a final year was with a final year. If year year was with												
See instructions See instruc		f										
W-2, see instructions. i Nontaxable combat pay election (see instructions)												
Instructions. Z Add lines 1 a through 1h			•	,					. 11	1		<u> </u>
Attach Sch. B if required. 3a Qualified dividends 3a b ordinary dividends 3b Backet In Example 1 or Interest 1 Standard Deduction for Single or Married filing separately, \$12,950			• • • • • • • • • • • • • • • • • • • •	see instr	ructions)		11				105	750
If required. 3a Qualified dividends 3a b Ordinary dividends				 			· · · · ·				125,	752.
Standard Pensions and annuities Sa Bandard Social security benefits Sa Bandard Sacial security benefits Sacial security ben												
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying source, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$200 checked any box under Standard Deduction Deduction, \$200 checked any box under Standard Deduction Deduction, \$200 checked any box under Standard Deduction Dedu												
Comparison of the diling separately separa	Standard									_		
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of Household, \$19,400 If you checked any box under <i>Standard Deduction</i> , Deduction, Single or Married filing separately, \$12,950 If you elect to use the lump-sum election method, check here (see instructions) Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Subtract line 10 Separately, \$12,950 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 113,752. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 11 113,752. 12 12,950. 13 2 12,950. 14 12,950. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Deduction for—		-	_								
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 8 Other income from Schedule 1, line 10 8 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 113,752. 10 Adjustments to income from Schedule 1, line 26 10 Head of Head of Household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 100 802	Single or			_	method check here				· •	,		
Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 113,752. May a filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 113,752. May a filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 10 10 11 113,752. May a filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 113,752. May a filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 113,752. May a filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 113,752. May a filing jointly or Qualifying 10 11 11 113,752. May a filing jointly or Qualifying 11 11 113,752. May a filing jointly or Qualifying 10 11 11 113,752. May a filing jointly or Qualifying 11 11 11 113,752. May a filing jointly or Qualifying 11 11 11 113,752. May a filing jointly or Qualifying 11 11 11 113,752. May a filing jointly or Qualifying 11 11 11 113,752. May a filing jointly or Qualifying 11 11 11 113,752. May a filing jointly or Qualifying 11 11 11 113,752. May a filing jointly or Qualifying 11 11 11 11 11 11 11 11 11 11 11 11 11	separately,		•			•	,					
jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 11 from separate spouse, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	. ,		,							_		000
Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Peduction, Peduction, 15 Subtract line 10 from line 9. This is your adjusted gross income 10 Subtract line 10 from line 9. This is your adjusted gross income 11 11 113,752. 12 Standard deduction or itemized deductions (from Schedule A) 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	jointly or		•									
Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income	surviving spouse,									_	<u> + + J /</u>	, , , ,
household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Number 12 Standard deduction or itemized deductions (from Schedule A)			•								113	752
Till you checked any box under Standard Deduction, Deduction, Deduction, Description, Descriptio	household,			-	-					_		
any box under Standard 14 Add lines 12 and 13	\$19,400 If you checked						5-A					
Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 1.00, 802	any box under										12.	950.
	Deduction,											

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	m(s): 1 881	4 2 4972	3 🗌		16	18,028.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	18,028.
	19	Child tax credit or credit for other depende	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	18,028.
	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	18,028.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 23	L,484.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	21,484.
If you have a	26	2022 estimated tax payments and amount	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	ır total other p	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	otal payments				33	21,484.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	. This is the amour	nt you overpaid		34	3,456.
	35a	Amount of line 34 you want refunded to yo		3 is attached, chec	k here	🗌	35a	3,456.
Direct deposit?	b	Routing number 2 1 1 3 9 1 8		c Type:	Checking	Savings		
See instructions.	d	Account number 4 1 6 0 7 7 6	3					
	36	Amount of line 34 you want applied to you	r 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 distructions				omplete b	elow.	⋉ No
		signee's	Phone			onal identif	ication	
	na		no.			iber (PIN)		
Sign		der penalties of perjury, I declare that I have examinief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation		If the	IRS ser	nt you an Identity
								N, enter it here
Joint return?				PROJECT MA		(see		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on		ity Prote	nt your spouse an ection PIN, enter it here
	Ph	one no. (312)504-9931	Email address	RAHUL.SHANM	UKA@GMAIL.C	MC		
Doid	Pre	eparer's name Preparer's signa	ature		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2023	P02082	2703	Self-employed
Preparer		m's name GLOBAL TAXES LLC						678)965-9522
Use Only	Fin	n's address 245 ROONEY CT E BR	UNSWICK N	J 08816			s EIN	88-2145487
								1010

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

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 I	Revenue Service	do to www.s.gov/ orm/o-to instructions and the latest information.		5	Sequence No. 01
Name((s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial s	security number
RAHU	L HINDISKE	RE PARAMESHW	848-44	-94	133
Par	t I Addition	onal Income			
1	Taxable refur	ids, credits, or offsets of state and local income taxes		1	
0-	A line only kood	had		20	

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. Att		5	-12,000.
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		
- 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)	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:			
_	T. I.	8z		
9	Total other income. Add lines 8a through 8z		9	10.000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	. or 1040-NK. line 8	10	-12,000.

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.

Your social security number

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

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

Attachment Sequence No. **13**

OMB No. 1545-0074

RAHU	L HINDISKERE	PARAMESHW						848-4	4-9433	
Part	Note: If you a	r Loss From Rental Real Estate and are in the business of renting personal properts or loss from Form 4835 on page 2, line 40.	d Roy ty, use	yalties Schedule	c . See	instruc	ctions. If you ar	e an indiv	vidual, rep	ort farm
		payments in 2022 that would require you								s 🛛 No
B	f "Yes," did you or	will you file required Form(s) 1099? .							. 🗌 Y e	es 🗌 No
1a		s of each property (street, city, state, ZIP								
Α	BTM LAYOUT I	BANGALORE BANGALORE IN 56	0029)						
В	2111 2111 001 1	<u> </u>	0023							
С										
1b	Type of Property (from list below)	above, report the number of fair r	rental	and		Fa	ir Rental Days	Person Da		QJV
Α	2	personal use days. Check the QJ			Α		365		0	
В		if you meet the requirements to fi qualified joint venture. See instruc			В					
С		quamica joint venture. Oce instru	Otionio	,.	С					
1	of Property: Single Family Resid Multi-Family Resid		tal	5 Land 6 Roya			Self-Rental Other (descri			
							Propertie	es:		
Incom					Α		В			С
3			3		6	00.				
_ 4		d	4							
Exper			_							
5			5							
6	•	see instructions)	6		1 0	00				
7		intenance	7		1,0	00.				
8			8							
9			9							
10		professional fees	10			0.0				
11		S	11 12		8	00.				
12 13		t paid to banks, etc. (see instructions)	13							
14			14		3,5	00				
15			15		2,8					
16			16		2,0	00.				
17			17		4,5	0.0				
18		ense or depletion	18		1,5	00.				
19			19							
20	Total expenses. A	Add lines 5 through 19	20		12,6	00.				
21	Subtract line 20 fr result is a (loss), s	from line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must	21		-12,0					
22	Deductible rental	I real estate loss after limitation, if any, ee instructions)	22		12,00		()	(,
23a	•	nts reported on line 3 for all rental proper				23a		600.	·	
b		nts reported on line 4 for all royalty prope				23b				
C						23c				
d		nts reported on line 18 for all properties				23d				
е		nts reported on line 20 for all properties				23e	12	,600.		
24		sitive amounts shown on line 21. Do not						24		
25	-	alty losses from line 21 and rental real estate		-		nter to	otal losses here		(12,000.
26	Total rental real	estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resul	t		
		III, IV, and line 40 on page 2 do not an 1040), line 5. Otherwise, include this an						1 26		-12,000.

Passive Activity Loss Limitations

See separate instructions.

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

OMB No. 1545-1008 Attachment Sequence No. **858**

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

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

_	L HINDISKERE PARAMESHW				848	3-44-	-9433
Par	2022 Passive Activity Loss Caution: Complete Parts IV an		eting Part I.				
	I Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the an Activities with net loss (enter the amou Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c le amount from Pa	olumn (b)) art IV, column (c))	1b (0. 12,000.) 	1d	-12,000.
All Ot	ner Passive Activities						
2a b c d	Activities with net income (enter the ar Activities with net loss (enter the amou Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co le amount from Pa	olumn (b)) art V, column (c))	2b (2c () 	2d	
3	Combine lines 1d and 2d. If this line is all losses are allowed, including any plosses on the forms and schedules no	s zero or more, sto prior year unallow	op here and included losses entered	de this form with y	our return; Report the	3	-12,000.
	If line 3 is a loss and: • Line 1d is a le • Line 2d is a le on: If your filing status is married filing Instead, go to line 10.	oss (and line 1d is	,,			year,	do not complete
Par	Special Allowance for Ren Note: Enter all numbers in Part			•			
4 5 6	Note: Enter all numbers in Part Enter the smaller of the loss on line 10 Enter \$150,000. If married filing separa Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	t II as positive amo d or the loss on lin ately, see instructi e, but not less thar	ounts. See instruction on the 3 consistence of the second	tions for an examp		4	12,000.
4 5 6 7 8	Note: Enter all numbers in Part Enter the smaller of the loss on line 10 Enter \$150,000. If married filing separa Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not en	t II as positive amo d or the loss on lir ately, see instructi b, but not less than to line 5, skip line	ounts. See instruction as a cero. See instruction as 7 and 8 and ent	tions for an examp	ole	8	12,124.
4 5 6 7 8 9	Note: Enter all numbers in Part Enter the smaller of the loss on line 10 Enter \$150,000. If married filing separate Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not enter the smaller of line 4 or line 8	t II as positive amo d or the loss on lir ately, see instructi b, but not less than to line 5, skip line	ounts. See instruction as a cero. See instruction as 7 and 8 and ent	tions for an examp	ole		
4 5 6 7 8 9	Note: Enter all numbers in Part Enter the smaller of the loss on line 10 Enter \$150,000. If married filing separate Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not enter the smaller of line 4 or line 8	t II as positive amod or the loss on lir ately, see instruction, but not less than to line 5, skip line	ounts. See instruction of a construction of the second of	tions for an example	ole	8 9	12,124. 12,000.
4 5 6 7 8 9 Part 10 11	Note: Enter all numbers in Part Enter the smaller of the loss on line 10 Enter \$150,000. If married filing separa Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not er Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a and Total losses allowed from all passiv out how to report the losses on your ta	t II as positive amodo or the loss on lire ately, see instruction, but not less than to line 5, skip line line 6, skip line	ounts. See instructions 3	tions for an example	24,248. instructions	8	12,124.
4 5 6 7 8 9 Part	Note: Enter all numbers in Part Enter the smaller of the loss on line 10 Enter \$150,000. If married filing separa Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not er Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a and Total losses allowed from all passiv out how to report the losses on your ta	t II as positive amodo or the loss on lire ately, see instruction, but not less than to line 5, skip line line 6, skip line	ounts. See instructions 3	tions for an example	24,248. instructions	8 9	12,124. 12,000. 0.
4 5 6 7 8 9 Part 10 11	Note: Enter all numbers in Part Enter the smaller of the loss on line 10 Enter \$150,000. If married filing separa Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not er Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a and Total losses allowed from all passiv out how to report the losses on your ta	t II as positive amod or the loss on lir ately, see instruction, but not less than to line 5, skip line line 5	ounts. See instructions 3	tions for an example	24,248. instructions	8 9	12,124. 12,000. 0.
4 5 6 7 8 9 Part 10 11	Note: Enter all numbers in Part Enter the smaller of the loss on line 10 Enter \$150,000. If married filing separa Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not er Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a and Total losses allowed from all passiv out how to report the losses on your ta	t II as positive and d or the loss on lir ately, see instruction, but not less than to line 5, skip line line 5,	ounts. See instruction of a construction of a co	tions for an example	24,248. instructions	8 9 10 11 rall ga	12,124. 12,000. 0. 12,000. ain or loss (e) Loss
4 5 6 7 8 9 Part 10 11	Note: Enter all numbers in Part Enter the smaller of the loss on line 10 Enter \$150,000. If married filing separa Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not er Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a and Total losses allowed from all passiv out how to report the losses on your ta	t II as positive amoder of or the loss on lire ately, see instruction, but not less than to line 5, skip line to line to line 5, skip line to line t	ounts. See instructions 3	tions for an example	24,248. instructions	8 9 10 11 rall ga	12,124. 12,000. 0. 12,000.

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

0.

12,000.

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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 y	ears Overal		ll ga	ain or loss
Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amour	nt Is	s Shown on F	Part II,	Line 9. S	ee instrud	ctions.			
Name of activity	For ar to	rm or schedule nd line number be reported on se instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).
BTM LAYOUT		E Ln 22		12,000.	1.0000	0000	12,00	0.	0.
Total				12,000.	1.0	0	12,00	0.	0.
Allocation of Orlanowed L	.05			5.					
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_OSS		(b) Ratio	(C) Unallowed loss
Total							1.00		
Part VIII Allowed Losses. See instru									
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss
		l							
Total									