# 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

	5				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social secur	ity numl	ber	
AASH	IRITH CHANDRA GUNDALA	117-85	-171	2	
Spouse's	s name	Spouse's so	cial sec	urity numbe	r
Dout	Toy Detrive Information Toy Veer Ending December 21		240 011	thorizina	\
Part	·	year you a	are au	tnorizing.	.)
	vhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1 1	110	,540.
	Total tax		2		,254.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,336.
	Amount you want refunded to you		4		,082.
	Amount you owe		5		,002.
Part		ep a cor	y of y	our retu	rn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above poriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicate of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution return in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I amonic Funds Withdrawal Consent.	are the ameter, or electricition of the table. Treasury a sated in the table the authorizests must be processing comment. I full	ronic recansing and its of ax preparation. The receipt the electron are receipt the receipt the receipt ax preparation.	from the incurrence from t	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
Taxpay	yer's PIN: check one box only	_		7 1 0	
X	l authorize GLOBAL TAXES LLC to enter or generate m	ny PIN 5		7 1 2	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but er all zeros	•
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metho below.				
Your si	gnature ▶ Date ▶				
Snous	e's PIN: check one box only	_			
	I authorize to enter or generate m	w PIN			as my
Ш	ERO firm name	_	nter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metho below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't en	6 6	1 9 8	9
		Don ren	cor an Ze	03	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Income.	ting this ret	urn in a	accordance	
FRO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To Do	o So			

# E 1040-NR Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

2022

OMB No. 1545-0074

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

For the year Ja	ın. 1–E	Dec. 31, 2022, or other tax year begi	nning	, 2022	ending	· ,	20	See separate instructions.
Filing Status	X	☐ Est	ate  Trust					
Check only one box.		you checked the QSS box, enter the		e ii the qualifying perso	·			
Your first name	e and	middle initial	Last na	ame				entifying number tructions)
AASHRITH	CHA	ANDRA	GUND.	ALA			117-	85-1712
Home address	(num	ber and street). If you have a P.O. b	ox, see ins	tructions.				Apt. no.
5112 MIL:	LENI	A WATERS DR			13	10		
City, town, or p	oost o	ffice. If you have a foreign address,	also comp	lete spaces below.		State		ZIP code
Orlando						FL		32839
Foreign countr	y nam	e	Foreign	n province/state/county		Foreign	postal cod	de
Digital Asset		ny time during 2022, did you: (a) receivise dispose of a digital asset (or						exchange, gift, or .  Yes X No
Dependents	s					(4) Ch	eck the box	if qualifies for (see inst.):
(see instructions		(1) First name Last nam	ne	(2) Dependent's identifying number	(3) Relationship to y	ou Chi	ld tax credi	t Credit for other dependents
If we are the section.								
If more than fou dependents, see								
instructions and								
check here								
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see i	nstructions)			. 1a	120,740.
Effectively	b	Household employee wages not r	eported or	Form(s) W-2			. 1b	
Connected	С	Tip income not reported on line 1a	a (see instr	uctions)			. 1c	
With U.S.	d	Medicaid waiver payments not rep		` '	,			
Trade or	е	Taxable dependent care benefits						
Business	f	Employer-provided adoption bene		·				
Attach	g	Wages from Form 8919, line 6 .					. 1g	
Form(s) W-2,	h	Other earned income (see instruct	ions) .				. 1h	
1042-S,	i	Reserved for future use						
SSA-1042-S, RRB-1042-S,	j	Reserved for future use			1 1		. <u>1j</u>	
and 8288-A	k	Total income exempt by a treaty fi						
here. Also		( )			1k			100 510
attach Form(s)	Z	Add lines 1a through 1h	1				. 1z	120,740.
1099-R if	2a	•	2a		xable interest			
tax was	_		3a		dinary dividends .		. 3b	
withheld.	4a	_	4a		xable amount			
If you did not get a Form	5a		5a		xable amount			
W-2, see	6	Reserved for future use						
instructions.	7	Capital gain or (loss). Attach Sche		10.000				
	8	Other income from Schedule 1 (Fo		<u>-10,200.</u>				
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, an	u o. 11115 IS	your total effectively (	Johneotea income		. 9	110,540.
	10	Adjustments to income: From Schedule 1 (Form 1040), line	. 26		100			
	a h	Reserved for future use						
	b c	Reserved for future use						
	d	Enter the amount from line 10a. The					104	
	11	Subtract line 10d from line 9. This	-					110,540.
	12	Itemized deductions (from Sche	-					110,540.
		deduction (see instructions)			Std Dedn	_US/India_Tre	- I	12,950.
	13a	Qualified business income deduct						
	b	Exemptions for estates and trusts						
	С	Add lines 13a and 13b					<del></del>	
	14							12,950.
	15	Subtract line 14 from line 11. If ze	ro or less.	enter -U This is vour <b>ta</b>	xable income .		. 15	97,590.

Tax and	16	Tax (see instructions). Check if any	from For	m(s): <b>1</b> 🗌 88	<b>1</b> 4 <b>2</b> 🗌 497	2 <b>3</b>			16	17,254.
Credits	17	Amount from Schedule 2 (Form 10	040), line	3					17	0.
	18	Add lines 16 and 17							18	17,254.
	19	Child tax credit or credit for other	depende	ents from Sched	ule 8812 (Form 10	40) .			19	
	20	Amount from Schedule 3 (Form 10	040), line	8					20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If zer	ro or less	s, enter -0					22	17,254.
	23a	Tax on income not effectively con				1 1				,
		Schedule NEC (Form 1040-NR), lir	ne 15 .			23a			-	
	b	Other taxes, including self-employ line 21		•	, , , , , , , , , , , , , , , , , , , ,	23b				
	С	Transportation tax (see instruction	ns)			23c				
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is your	total ta	x					24	17,254.
Payments	25	Federal income tax withheld from:								
•	а	Form(s) W-2				25a	19	,336.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c				$\overline{}$			25d	19,336.
	e	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g g	Form(s) 1042-S							25g	
	26	2022 estimated tax payments and							26	
	27	Reserved for future use				27			20	
	28	Additional child tax credit from Sc				28			-	
	29	Credit for amount paid with Form		` '		29			-	
		•								
	30	Reserved for future use				30			-	
	31	Amount from Schedule 3 (Form 10	,.			31				
	32	Add lines 28, 29, and 31. These are	-						32	10.006
	33	Add lines 25d, 25e, 25f, 25g, 26, a							33	19,336.
Refund	34	If line 33 is more than line 24, sub				•	-		34	2,082.
	35a	Amount of line 34 you want refund	35a	2,082.						
Direct deposit? See instructions.	b	Routing number 0 4 4 0			c Type:	Checkir	ıg <sub>,</sub> L	Savings		
see manuchons.	d	Account number 7 1 2 5								
	е	If you want your refund check ma	iled to ar	n address outsid	e the United State	es not sl	nown on	page 1,		
		enter it here.				T			- 1	
	36	Amount of line 34 you want applied			ed tax	36				
Amount	37	Subtract line 33 from line 24. This		-						
You Owe		For details on how to pay, go to w	_	-		1 1			37	
	38	Estimated tax penalty (see instruc				38				<b>F</b>
Third	Do yo	u want to allow another person to o	discuss t	his return with th	e IRS? See instru	ctions.	∐ Y€	s. Compl	ete bel	ow. 🗵 No
Party	Desig	nee's		Phone				nal identifi	cation [	
Designee	name						numbe	` '	L	
		penalties of perjury, I declare that I have they are true, correct, and complete. De								
Sign	Yours	signature		Date	Your occupation					ent you an Identity
Here								1	r	PIN, enter it here
					SOFTWARE E	NGINE	ER	(see	inst.)	
	Phone			Email address				D.T.I. :		
Paid	Prepa	rer's name	Preparer'	's signature		Date		PTIN		Check if:
Preparer			SYAM PR	IYA RAM SAGAF	GUPTA TALLAM	02/27	/2023	P02082	2703	Self-employed
Use Only	Firm's	s name SYAMILBBYAIRAMASXGAS GU	TALL ST	AM				Phone n	0. (67	78)965-9522
Cae Only	nly Firm's address 245 DOONEY OF E DDIINSWICK NT 08816 Firm's FIN								N Q	4-3171965

Form 1040-NR (2022)

# 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

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

AASHRITH CHANDRA GUNDALA

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
117-85	<b>-</b> 1712

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-10,200.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines to through the	8z		
9 10	Total other income. Add lines 8a through 8z		9	-10,200.
10	Combine lines i unough / and a. Enter here and on Form 1040, 1040-5H	i, or 1040-NH, IIIIe 8	10	, ∠∪U.

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-basin		
	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)		
b	Deductible expenses related to income reported on line 8I 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		
	zan		
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 <b>adjustments to income</b> . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

# SCHEDULE NEC (Form 1040-NR)

### Tax on Income Not Effectively Connected With a U.S. Trade or Business

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

OMB No. 1545-0074

2022
Attachment
Sequence No. 7B

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

AASHRITH CHANDRA GUNDALA

Your identifying number 117-85-1712

	ter amount of income under th	• • •			<b>(a)</b> 10%	(1) 450/	4.3.000/	(d) Other (specify)			
	Nature of Income  Dividends and dividend equivalents:				(a) 10%	<b>(b)</b> 15%	<b>(c)</b> 30%	%	%		
1	Dividends and divide	end equivalents:									
а	Dividends paid by U	S. corporations		1a							
b	Dividends paid by fo	reign corporations		1b							
С	Dividend equivalent p	payments received with respect to section 871(m)	transactions	1c							
2	Interest:										
а	Mortgage			2a							
b	Paid by foreign corp	orations		2b							
С	Other			2c							
3	Industrial royalties (p	atents, trademarks, etc.)		3							
4	Motion picture or TV	copyright royalties		4							
5		rights, recording, publishing, etc.)		5							
6	Real property incom	e and natural resources royalties		6							
7	Pensions and annuit	ies		7							
8	Social security bene-	fits		8							
9	Capital gain from line	e 18 below		9							
10	If zero or less, ente		c).								
а	Winnings										
b	Losses	<u> </u>		10c							
11	Gambling winnings –	Residents of countries other than Canada.		11							
12	Other (specify):	owed		H							
12	Other (specify).			12							
13	Add lines 1a through	. 12 in columns (a) through (d)		13							
14		rate of tax at top of each column		14							
15		ffectively connected with a U.S. trade or busine			hrough (d) of line 1	4 Enter the total here	and on Form 1040	0-NR. line 23a <b>15</b>			
	Tax on moonio not o	Capital Gains an						7 TH 1, 11110 Zod   10			
Enter only the capital gains and losses from property sales or exchanges that are from sources		16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date accomm/dd/y	quired	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).		
effectiv	he United States and not ely connected with a U.S.										
	ss. Do not include a gain on disposing of a U.S. real										
	y interest; report these nd losses on Schedule D										
(Form 1											
	property sales or										
connec	ges that are effectively ted with a U.S. business	17 Add columns (f) and (g) of line 16 .					17	( )			
	edule D (Form 1040), 1797, or both.	18 Capital gain. Combine columns (f) and									

#### SCHEDULE OI (Form 1040-NR)

Other Information

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

Answer all questions.

2022 Attachment Sequence No. 7C

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR Your identifying number 117-85-1712 AASHRITH CHANDRA GUNDALA Of what country or countries were you a citizen or national during the tax year? \_INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . . . Were you ever: X No Yes 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. Ε immigration status on the last day of the tax year. \_\_\_\_F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . . . . . . . . . Yes If you answered "Yes," indicate the date and nature of the change: G List all dates you entered and left the United States during 2022. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2020 \_\_\_\_\_\_, 2021 \_\_\_\_\_\_, and 2022 \_\_\_\_\_\_365 \_\_\_. Did you file a U.S. income tax return for any prior year? . . . . . . . . . . . . X Yes No Т If "Yes," give the latest year and form number you filed: 1040NR X No Ves J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a Yes No X No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? . . . . . . . . . . . . L Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (b) Tax treaty article (a) Country (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? No Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. M Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . . . . . . .

#### **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

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number AASHRITH CHANDRA GUNDALA 117-85-1712 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) HNO:1-3-7/706,OLD ALWAL SECUNDERABAD, HYD ANDHRA PRADESH IN 500010 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 650. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 950. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,550. 11 Management fees . . . . . . . . . 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,550. 14 14 Repairs . . . 15 Supplies 15 2,650. 16 16 Taxes 17 Utilities . . . . . . . 17 2,150. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 10,850. 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 -10,200.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . -10,200.650. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 10,850. Total of all amounts reported on line 20 for all properties 23e

**Income.** Add positive amounts shown on line 21. **Do not** include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

24

25

26

10,200.

-10,200.

24

25

26

## Form **8582**

### **Passive Activity Loss Limitations**

See separate instructions.

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

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

OMB No. 1545-1008

2022

Attachment
Sequence No. 858

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

Identifying number

AASI	HRITH CHANDRA GUNDALA				117	-85-	.1712		
Par	rt I 2022 Passive Activity Loss	S							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.						
	al Real Estate Activities With Active Parance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>				
1a b	1aActivities with net income (enter the amount from Part IV, column (a))1a0.bActivities with net loss (enter the amount from Part IV, column (b))1b ( 10,200.)								
c d	Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c				)	1d	-10,200.		
	ther Passive Activities					14	10,200.		
_		mount from Dort V	/ column (a))	00					
2a	Activities with net income (enter the a Activities with net loss (enter the amo				1				
b	Prior years' unallowed losses (enter the				)				
d					,	2d			
3	Combine lines 1d and 2d. If this line i								
3	all losses are allowed, including any								
	losses on the forms and schedules no					3	-10,200.		
	If line O is a less and a line 1 die a l	laaa wa ta Dawt II							
	If line 3 is a loss and: • Line 1d is a l	loss, go to Part II. loss (and line 1d is	zoro or moro) ek	in Part II and as to	lino 10				
	• Line 20 is a i	ioss (and line runs	zero or more), sk	ip Fait ii and go to	iiile 10.				
	on: If your filing status is married filing I. Instead, go to line 10.	separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete		
Par	t II Special Allowance for Rer	ntal Real Estate	<b>Activities With</b>	Active Participa	ation				
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	le.				
4	Enter the <b>smaller</b> of the loss on line 1	d or the loss on lin	ne 3			4	10,200.		
5	Enter \$150,000. If married filing separ	•			50,000.				
6	Enter modified adjusted gross income				20,740.				
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-					
7	0 1 1 1 0 6 1 5			7	29,260.				
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married filir		· · · · · · · · · · · · · · · · · · ·	8	14,630.		
9	Enter the <b>smaller</b> of line 4 or line 8					9	10,200.		
Par									
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	<b>22.</b> Add lines 9 an	nd 10. See instructi	ons to find				
	out how to report the losses on your t					11	10,200.		
Part	t IV Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.					
Current year  Name of activity				Prior years	Ove	rall ga	in or loss		
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	ı	(e) Loss		
HNO	:1-3-7/706,OLD ALWAL	0.	10,200.				10,200.		
		1		I .		- 1			

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

0.

10,200.

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Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•	
Name of activity		Currer	Current year Prior y			ears Overa			all 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 Amoun	nt Is	Shown on F	Part II.	<b>Line 9.</b> S	ee instruc	tions.				
Name of activity	Fo an to	Form or schedule and line number to be reported on (see instructions)		(a) Loss		ıtio	(c) Special allowance		(d) Subtract column (c) from column (a).	
HNO:1-3-7/706,OLD ALWAL		E Ln 22		10,200.	1.0000	0000	10,20	0.	0.	
Total				10,200.	1.00	)	10,20	0.	0.	
Part VII Allocation of Unallowed L	.oss	ses. See instr	uction	s.						
Name of activity	Form or sche and line nun to be reporte (see instructi		imber ted on (a) L		Loss		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr	ucti	ons.								
Name of activity		Form or sched and line numb to be reported (see instructio		mber ted on (a) L		(b) Unallowed loss		(	c) Allowed loss	
				-						
Total										