Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayor'a pama

Талрау		Social Secur	ity nume	
SAD.	A SIVA RAO TUMPUDI	828-41	-468	0
Spouse	's name	Spouse's so	cial secu	urity number
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you a	are aut	thorizing.)
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	106,110.
2	Total tax		2	16,198.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,457.
4	Amount you want refunded to you		4	2,259.
5	Amount you owe		5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				FBO firm name	с :	Ē
X	l authorize	GLOBAL	TAXES	ГГС	to enter or generate my PIN	
\mathbf{x}		OT OD AT		110		11

1	4	6	8	0	
Ent don	er fiv n't er	ve di nter a	gits, all ze	but ros	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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signa	ature 🕨 🛛 Da	ate 🕨	•					 		
Practitioner PIN Method Returns Only—continue below										
Part III Ce	ertification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/P	IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6 all ze	 9	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/24/23 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		_{rn} 202	2	OMB No. 1545	-0074	IRS Use Or	nly—Do not	write or staple	in this space.
Filing Status		Single Married filing jointly	-	d filing separately (N	,			. ,	sp	alifying su	Ū.
one box.		u checked the MFS box, enter the nation is a child but not your dependent	,	our spouse. If you c	heck	ed the HOH or	QSS	box, enter	the child	's name if t	he qualifying
Your first name	and mi	ddle initial	Last nam	e					Your	social secur	ity number
SADA SIV	A RA	0A	TUMPU	JDI					828	-41-468	0
lf joint return, s	oouse's	first name and middle initial	Last nam	e					Spous	e's social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	IS.			A	Apt. no.	Presid	lential Elect	ion Campaign
4250 EAS	ST RE	ENNER ROAD					1	.734		k here if you	· ·
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ite	ZIP c	ode			ntly, want \$3 Checking a
RICHARDS	SON				TΣ	ζ	750	82		elow will no	•
Foreign country	name		Fc	oreign province/state/	count	ty	Foreig	n postal code	e your t	ax or refund	_
										You	Spouse
Digital		ny time during 2022, did you: (a) rece									
Assets		ange, gift, or otherwise dispose of a	-				asset)	? (See inst	ructions	.) _ Yes	X No
Standard	_	eone can claim: 🗌 You as a de		Your spous							
Deduction		Spouse itemizes on a separate retur	n or you \	were a dual-status	alien	1					
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore January	/ 2, 1958	ls b	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check the	box if qua	alifies for (se	e instructions):
If more	(1) Fi	irst name Last name		number		to you		Child tax	credit	Credit for c	ther dependents
than four											
dependents, see instructions											
and check											
here											
Income	1a	Total amount from Form(s) W-2, be	•	,							16,850.
Attach Form(s)	b	Household employee wages not re					• •			b	
W-2 here. Also	C	Tip income not reported on line 1a	•	,			• •			lc	
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	• •			d	
W-2G and 1099-R if tax	e	Taxable dependent care benefits f					• •			le	
was withheld.	f	Employer-provided adoption bene			•		• •			1f	
If you did not	g	Wages from Form 8919, line 6 .			• •		• •			g	0.
get a Form W-2, see	h :	Other earned income (see instruction	,		• •	· · · · ·	· ·		· -	h	0.
instructions.	i -	Nontaxable combat pay election (s Add lines 1a through 1h			• •	🔲				 z 1	16,850.
Attack Sak D	z 2a	· · · · · · · · · · · · · · · · · · ·	2a	· · · · ·	 ьт	axable interest	• •			2b	10,050.
Attach Sch. B if required.	2a 3a		2a 3a			Ordinary divide				Bb	
	4a		4a			axable amoun				lb	
Standard	5a		5a			axable amoun				5b	
Deduction for-	6a		6a			axable amoun				ib ib	
 Single or Married filing 	c	If you elect to use the lump-sum e		ethod, check here					n F		
separately,	7	Capital gain or (loss). Attach Sched								7	
\$12,950Married filing	8	Other income from Schedule 1, lin				-					10,740.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									06,110.
surviving spouse,	10	Adjustments to income from Sche		•						0	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is			ne				. 1	1 1	06,110.
household, \$19,400	12	Standard deduction or itemized								2	12,950.
If you checked	13	Qualified business income deducti				5-A				3	
any box under Standard	14	Add lines 12 and 13							. 1	4	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			our	taxable incom	e.		. 1	5	93,160.
See manucuons.				-							

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	16,	,198.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	16	,198.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	If zero or less,	enter -0				22	16	,198.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	16	,198.
Payments	25	Federal income tax withheld								
, ,	а	Form(s) W-2				25 a 18	3,457.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions				25c		1		
	d	Add lines 25a through 25c	,					25d	18	,457.
	26	2022 estimated tax payment						26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fror				28		1		
	29	American opportunity credit				29		-		
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. T	,					33	18	,457.
Defined	34	If line 33 is more than line 24						34	2	,259.
Refund	35a	Amount of line 34 you want I				,	🗆	35a	2	,259.
Direct deposit?	b	Routing number 1 1 1					Savings			
See instructions.	d	Account number 7 9 1					0			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24				1				
You Owe	07	For details on how to pay, go						37		
	38	Estimated tax penalty (see in	-			38				
Third Party		you want to allow another								
Designee		structions					omplete	below.	× No	
3	De	signee's		Phone			sonal identi	ification		
	nai	ne		no.		num	iber (PIN)			
Sign		der penalties of perjury, I declare t			1 2 0		,		,	0
Here		ief, they are true, correct, and com	plete. Declaration (ased on all informat	1			0
	Yo	ur signature		Date	Your occupation				nt you an Ide IN, enter it he	
Joint return?					SOFTWARE-	ARCHITECT		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, k	oth must sign.	Date	Spouse's occupa		If the	e IRS ser	nt your spous	se an
Keep a copy for your records.			Ū				Iden	tity Prote	ection PIN, er	
your records.							(see	inst.)		
		one no. (469)927-552		Email address	SIVA.TUM20	00@GMAIL.C	1			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				01/30/2023	P0247	0833	Self-en	nployed
Use Only	Fir	m's name GLOBAL TAX	KES LLC				Pho	ne no. (678)965	-9522
	Fir	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	88-21	45487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form 1 (040 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

01

Attachment

Internal nevenue Service			Sequence No. U
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SADA SIVA RAO	TUMPUDI	828-41	-4680

Par	t 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	-10,740.
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		
ĥ	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		
ο	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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	l, or 1040-NR, line 8	10	-10,740.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis 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 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Actor fush customer reported on line 8 from the rental of personal property engaged in for profit 24a 24 24a 24a 24d 24a 24a	Par	t II Adjustments to Income					8
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Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on							
 f Contributions to section 501(c)(18)(D) pension plans	Ũ		24e				
 g Contributions by certain chaplains to section 403(b) plans	f						
 h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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. k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 24i 24i<td>-</td><td></td><td></td><td></td><td></td><td></td><td></td>	-						
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 j Housing deduction from Form 2555			24i				
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k 20 Other adjustments. List type and amount: 21 24k 22 24z 23 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	i						
1041) 24k Z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	J k						
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25 Total other adjustments. Add lines 24a through 24z 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25	7					-	
 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

SCHEDULE E (Form 1040)		Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									OMB No. 1545-0074					
(Form	1040)	(Fr	om re	ental	real est				-			trusts, REMIC	s, etc.)	20)2:	2
	ent of the Treasury Revenue Service			Go	to www		to Form 1040, ScheduleE for					formation		Attachm Sequen	ient	13
	shown on return												Your soci	al security		
()	SIVA RAO	TUM	IPUD	I										1-4680		-
Part					om Rer	ntal Rea	I Estate an	d Ro	valties							
	Note: If yo	ou ar	e in th	ne bu	siness of	f renting p				le C. See	e instru	ctions. If you ar	e an indi	vidual, rep	ort farı	m
Α	id you make an							to file	Form(s)	10992	See in	structions			s X	No
	"Yes," did you															No
1a	Physical addr														<u>- </u>	
Α	ROAD NO-1	SR	UNG	ERI	COLO	NY KOT	HAPET HYI	DERAI	JAD I	N 500	035					
В																
С																
1b	Type of Prope		2				estate prope				Fa	air Rental	Person		Q	JV
-	(from list below	N)					umber of fair Check the Q					Days	Da	-	r	
 	3						irements to f			A B		365		0		
- <u>C</u>				qua	alified jo	int ventu	re. See instru	lctions	5.	C					[╡──
	of Property:									Ū					L	<u> </u>
	Single Family R	esid	ence	•	3 Vac	ation/Sho	ort-Term Ren	tal	5 Lan	d	7	Self-Rental				
	Multi-Family Re					nmercial			6 Roy	alties	8	Other (descril	be)			
	-								-							
Incom	•									Α		Propertie B	:5.		С	
3	Rents received	4						3			520.	В			0	
4	Royalties recei							4		~	20.					
Expen			· ·	•				-								
5								5								
6	Auto and trave							6								
7	Cleaning and r							7		1,3	300.					
8	Commissions							8								
9	Insurance							9								
10	Legal and othe							10								
11	Management f							11		1,1	.00.					
12	Mortgage inter							12								
13	Other interest	•	• •	·				13		2 /						
14 15	Repairs							14			150. 150.					
15 16								15 16		∠,٤	850.					
17	Taxes Utilities							17		2 5	60.					
18	Depreciation e							18		41-						
19	Other (list)				protion			19								
20	Total expenses	s. Ad	dd lin	es 5	through	n 19 .		20		11,2	260.					
21	Subtract line 2	0 fro	om lii	ne 3	(rents) a	and/or 4	(royalties). If									
	result is a (loss file Form 6198						•	21		-10,7	40.					
22	file Form 6198															
on Form 8582 (see instructions)			22				()	()					
23a	1 1				· ·		23a		520.							
b	Total of all amo										23b					
C	Total of all am								• •		23c					
d	Total of all am										23d	11	,260.			
е 24	Total of all ame Income. Add								 Ide anv l		23e		, 260. 24			
24 25	Losses. Add ro	-							-					(10,7	40.)
		,	,											· ·		/

26 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

For Paperwork Reduction Act Notice, see the separate instructions.

26

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-10,740.

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Part I

SADA SIVA RAO TUMPUDI

2022 Passive Activity Loss

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

Identifying number 828-41-4680

	Caution: Complete Parts IV and V before completing Part I.		
	I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a)).1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(10,740.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-10,740.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))Prior years' unallowed losses (enter the amount from Part V, column (c))Combine lines 2a, 2b, and 2c	2d	
3	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	-10,740.

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.

Pai	till Special Allowance for Rei	ntal Real Estate	Activities With	Active Pa	articip	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for ar	exam	ole.		
4	4 Enter the smaller of the loss on line 1d or the loss on line 3							10,740.
5	Enter \$150,000. If married filing separately, see instructions 5 150,000.					50,000.		
6	Enter modified adjusted gross income	e, but not less thar	tions 6	1	16,850.			
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5			7		33,150.		
8	8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions						8	16,575.
9 Enter the smaller of line 4 or line 8						9	10,740.	
Par	t III Total Losses Allowed							
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total				10	0.
11	Total losses allowed from all passiv	ve activities for 2022. Add lines 9 and 10. See				ions to find		
	out how to report the losses on your t	tax return				11	10,740.	
Par	t IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	ee instruc	tions.			
	Nome of optivity	Currer	Prior years Ove		erall ga	ain or loss		
Name of activity		(a) Net income (b) Net loss (line 1a) (line 1b)			(c) Unallowed loss (line 1c) (d) Gai		ı	(e) Loss
ROAD NO-1 SRUNGERI COLONY		0. 10,740.						10,740.

For Panarwork Peduation Act Nation son instructions								
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,740.						

For Paperwork Reduction Act Notice, see instructions. BAA

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Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Nome of optivity	Currei		Prior y	ears	Overall gain or loss				
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain	((e) Loss	
	(inte Za)	(11)	16 2.0)	1033 (111	6 20)				
							_		
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amo	unt Is Shown on I	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	Form or schedule and line number to be reported on) Loss	(b) Ra		(c) Special allowance	colur	Subtract nn (c) from	
	(see instructions)						co	lumn (a).	
ROAD NO-1 SRUNGERI COLONY	E Ln 22		10,740.	1.0000	0000	10,74	0.	0.	
Total			10,740.	1.00	0	10,74	0.	0.	
Part VII Allocation of Unallowed			S.		1				
Name of activity	Form or sch and line nur to be reporte (see instruct	nber ed on	(a) I	LOSS	(b) Ratio	(c) Unal	lowed loss	
Total						1.00			
Part VIII Allowed Losses. See ins	tructions.								
Name of activity	Form or sch and line nur to be report (see instruct	mber ed on (a) L		Loss	(b) Ur	(b) Unallowed loss		(c) Allowed loss	
Total									

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Form **8582** (2022)