(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   | Social securi  | ty numl   | oer  |   |   |  |  |
| RAV.   | ALI KANCHETI   | 331-21  | 331-21-1471  |   |   |  |  |
| Spouse   | 's name  | Spouse's soc  | ocial security number  |   |   |  |  |
| Part   | Tax Return Information — Tax Year Ending December 31, 2022 (Ente   | ⊥<br>r year you a   | re au  | thoriz  | ing.)   |  |  |
| 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  | 1   |   | 469.   |  |
| 2  | Total tax  |   | 2  |   |   | 200.   |  |
| 3<br>4   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |   | 3  |   |   | 855.   |  |
| 5  | Amount you owe   |   | 5  |   | 4,  | <u>655.</u>  |  |
| Part   |  | keep a cop  | _  | our r   | eturi   | 1)   |  |
| return<br>to send<br>for any<br>Agent<br>payme<br>authori<br>payme<br>busine<br>taxes to<br>person | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account independent 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 terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the paint in the content of the payment (Senter of the Industrial Content of Industrial Industrial Content of Industrial Content of Industrial Content o | nitter, or electro-<br>ection of the to<br>.S. Treasury a<br>icated in the to<br>on to debit the<br>e the authorization<br>uests must be<br>processing of<br>payment. I fur | onic recansmind its of ax prepartion. The receipt of the elaction at the elaction at the elaction are the elaction at the elaction are the ela | turn ori<br>ssion, (<br>designa<br>paration<br>to this<br>To revo<br>ved no<br>ectroni<br>eknowle | ginato b) the ated Fi accou ke (ca later c payi | r (ERO) reason nancial vare for nt. This incel) a than 2 ment of hat the |  |
|  | nic Funds Withdrawal Consent.  |   |  |   | _   |  |  |
| -  | ayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate  | m, DIN 1  | 1   4  | 4   7   | 1   |  |  |
| ×  | ERO firm name  | ř En  |  | digits, l   | out   | 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 r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.   |   |  |   |   |  |  |
| Your   | signature ► Date ► _   |   |  |   |   |  |  |
| Spous  | se's PIN: check one box only   |   |  |   |   |  |  |
|  | I authorize to enter or generate   | my PIN  |  |   |   | as my  |  |
| ERO firm name  Enter five digits, but don't enter all zeros  |  |   |  |   |   |  |  |
|  | 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 r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.   | ow authorizi  | ng. Cl   | neck th   | nis bo  |  |  |
| Spous  | se's signature ▶ Date ▶  |   |  |   |   |  |  |
|  | Practitioner PIN Method Returns Only—continue below  |   |  |   |   |  |  |
| 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.   |   |  |   |   |  |  |
|  | , <u> </u>   | Don't ent   | er all ze  | eros  |   |  |  |
| author   | y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Inc.  | nitting this retu   | ırn in a   | accorda   | anće v  |  |  |
| ERO's  | s signature ▶ Date ▶   |   |  |   |   |  |  |
|  | ERO Must Retain This Form — See Instructions   |   |  |   |   |  |  |
|  | Don't Submit This Form to the IRS Unless Requested To I  | 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<br>Check only<br>one box.       | If yo     | Single Married filing jointly uchecked the MFS box, enter the noon is a child but not your dependent | ame of y   | ed filing separately (Nour spouse. If you c |              |                |                  |   | spou                           | fying surv<br>se (QSS)<br>name if th | Ü                |  |
|---|-----------|--|--|---|--------------|----------------|------------------|---|--------------------------------|--------------------------------------|------------------|--|
| Vour first name                               |           |  |  | mo  |              |                |                  | V   |                                | ial accurit                          |                  |  |
| Your first name and middle initial            |           |  | Last na  |   |              |                |                  |   | Your social security number    |                                      |                  |  |
|   |           |  | KANC   |   |              |                |                  |   | 331-21-1471                    |                                      |                  |  |
| ii joint return, s                            | pouse s   | first name and middle initial  | Last na  | me  |              |                |                  | ) Sp  | Spouse's social security numbe |                                      |                  |  |
| Home address                                  | (numbe    | er and street). If you have a P.O. box, see  | instruction  | ons.  |              |                | Apt. no.         | Pr  | esiden                         | tial Election                        | n Campaign       |  |
| 1215 AST                                      | ror (     | COMMONS PLACE  |  |   |              |                | 202              |   | Check here if you, or your     |                                      |                  |  |
| City, town, or p                              | ost offic | ce. If you have a foreign address, also co   | omplete spaces below. State ZI   |   |              | ZIP code       |                  | spouse if filing jointly, want \$3 to go to this fund. Checking a |                                |                                      |                  |  |
| BRANDON                                       |           |  | FL 3   |   |              | 33511          |                  |   | w will not                     |                                      |                  |  |
| Foreign country                               | y name    |  | F  | Foreign province/state/county Fo            |              |                | Foreign postal o | oreign postal code you  |                                | your tax or refund.                  |                  |  |
|   |           |  |  |   |              |                |                  |   | You Sp                         |                                      |                  |  |
| Digital<br>Assets                             |           | ny time during 2022, did you: (a) reca<br>ange, gift, or otherwise dispose of a                      |  |   |              |                |                  |   |                                | ☐ Yes                                | ⊠ No             |  |
| Standard                                      |           | eone can claim: You as a de  |  | <u>-</u> _                                  |              |                | , ,              |   |                                |                                      |                  |  |
| Deduction                                     |           | —<br>Spouse itemizes on a separate retur   |  | ·   |              | ·              |                  |   |                                |                                      |                  |  |
| Age/Blindness                                 | s You:    | ☐ Were born before January 2, 1  | 958  | Are blind <b>Spo</b>                        | ouse:        | ☐ Was bor      | n before Janua   | ary 2, 1  | 958                            | Is bli                               | nd               |  |
| Dependent                                     | s (see    | instructions):   |  | (2) Social security                         | ,            | (3) Relationsh | ip (4) Check to  | ne box i  | f qualifi                      | es for (see                          | instructions):   |  |
| If more                                       | (1) Fi    | (1) First name Last name   |  | number                                      |              | to you         | Child t          | ax credi  | t (                            | Credit for oth                       | er dependents    |  |
| than four                                     |           |  |  |   |              |                |                  |   |                                |                                      |                  |  |
| dependents,<br>see instruction                |           |  |  |   |              |                |                  |   |                                |                                      |                  |  |
| and check                                     |           |  |  |   |              |                |                  |   |                                |                                      |                  |  |
| here  |           |  |  |   |              |                |                  |   |                                |                                      |                  |  |
| Income  | 1a        | Total amount from Form(s) W-2, b   | ox 1 (se   | e instructions) .                           |              |                |                  |   | 1a                             | 12                                   | .5 <b>,</b> 216. |  |
|   | b         | Household employee wages not re  | eported  | on Form(s) W-2 .                            |              |                |                  |   | 1b                             |                                      |                  |  |
| Attach Form(s)<br>W-2 here. Also              | С         | Tip income not reported on line 1a (see instructions)  |  |   |              |                |                  |   | 1c                             |                                      |                  |  |
| attach Forms                                  | d         | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                              |  |   |              |                |                  |   | 1d                             |                                      |                  |  |
| W-2G and<br>1099-R if tax                     | е         | Taxable dependent care benefits from Form 2441, line 26  |  |   |              |                |                  |   | 1e                             |                                      |                  |  |
| was withheld.                                 | f         | Employer-provided adoption benefits from Form 8839, line 29  |  |   |              |                |                  |   | 1f                             |                                      |                  |  |
| If you did not                                | g         | Wages from Form 8919, line 6 .   |  |   |              |                |                  |   | 1g                             |                                      |                  |  |
| get a Form<br>W-2, see                        | h         | Other earned income (see instruct  | ions) .  |   |              |                |                  |   | 1h                             |                                      | 0.               |  |
| instructions.                                 | i         | Nontaxable combat pay election (s  | see instr  | ructions)                                   |              | <u>1i</u>      |                  |   |                                |                                      |                  |  |
|   | Z         | Add lines 1a through 1h  |  |   |              |                |                  |   | 1z                             | 12                                   | .5 <b>,</b> 216. |  |
| Attach Sch. B                                 | 2a        | · —  | 2a   |   |              | axable interes |                  |   | 2b                             |                                      |                  |  |
| if required.                                  | 3a_       | Qualified dividends  | 3a   |   | <b>b</b> O   | rdinary divide | nds              |   | 3b                             |                                      |                  |  |
|   | 4a        |  | 4a   |   |              |                | t                |   | 4b                             |                                      |                  |  |
| Standard<br>Deduction for—                    | 5a        | <del>-</del>   | 5a   |   |              |                | t                |   | 5b                             |                                      |                  |  |
| Single or                                     | 6a        | ,  | 6a   |   |              | axable amoun   | t                |   | 6b                             |                                      |                  |  |
| Married filing separately,                    | С         | If you elect to use the lump-sum e   |  |   |              | •              |                  | . 📙   |                                |                                      |                  |  |
| \$12,950                                      | 7         | Capital gain or (loss). Attach Sche  |  |   |              |                |                  | . Ш   | 7                              |                                      |                  |  |
| <ul> <li>Married filing jointly or</li> </ul> | 8         | Other income from Schedule 1, lin  |  |   |              |                |                  |   | 9                              |                                      | 0,747.           |  |
| Qualifying surviving spouse,                  | 9         |  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> |   |              |                |                  |   |                                | 11                                   | 4,469.           |  |
| \$25,900 spouse,                              | 10        | Adjustments to income from Sche  | ,  |   |              |                |                  |   | 10                             | 1                                    |                  |  |
| Head of household,                            | 11        | Subtract line 10 from line 9. This is  | •  | -   |              |                |                  |   | 11                             |                                      | 4,469.           |  |
| \$19,400                                      | 12        | Standard deduction or itemized   |  | ,   | ,            |                |                  |   | 12                             | + 1                                  | 2,950.           |  |
| If you checked<br>any box under               | 13        | Qualified business income deduct   |  |   |              |                |                  |   | 13                             |                                      | 0.055            |  |
| Standard<br>Deduction,                        | 14        | Add lines 12 and 13  |  |   |              |                |                  |   | 14                             |                                      | 2,950.           |  |
| see instructions.                             | 15        | Subtract line 14 from line 11. If zer  | o or less  | s, enter -u This is y                       | our <b>t</b> | axable incom   | ie               |   | 15                             | 1 10                                 | 1,519.           |  |

| Form 1040 (2022                    | 2)    |   |                      |                      |  |                     |         |                     | Page <b>2</b>                           |
|------------------------------------|-------|---|----------------------|----------------------|--|---------------------|---------|---------------------|---|
| Tax and                            | 16    | Tax (see instructions). Check if ar   | ny from Form         | (s): <b>1</b> 8814   | <b>2</b> 4972  | 3 🗌                 |         | . 16                | 18,200.                                 |
| Credits                            | 17    | Amount from Schedule 2, line 3  |                      |                      |  |                     |         | . 17                |   |
|                                    | 18    | Add lines 16 and 17   |                      |                      |  |                     |         | . 18                | 18,200.                                 |
|                                    | 19    | Child tax credit or credit for other  | er dependent         | s from Schedu        | ıle 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 z   | ero or less, e       | enter -0             |  |                     |         | . 22                | 18,200.                                 |
|                                    | 23    | Other taxes, including self-emplo   | oyment tax, f        | rom Schedule         | 2, line 21   |                     |         | . 23                | 0.                                      |
|                                    | 24    | Add lines 22 and 23. This is you  | r total tax          |                      |  |                     |         | . 24                | 18,200.                                 |
| Payments                           | 25    | Federal income tax withheld from  |                      |                      |  |                     |         |                     |   |
| -                                  | а     | Form(s) W-2   |                      |                      |  | 25a                 | 22,8    | 355.                |   |
|                                    | b     | Form(s) 1099  |                      |                      |  | 25b                 |         |                     |   |
|                                    | С     | Other forms (see instructions) .  |                      |                      |  | 25c                 |         |                     |   |
|                                    | d     | Add lines 25a through 25c   |                      |                      |  |                     |         | . 25d               | 22,855.                                 |
| If you have a                      | 26    | 2022 estimated tax payments ar  | nd amount ap         | oplied from 20       | 21 return  |                     |         | . 26                |   |
| qualifying child,                  | 27    | Earned income credit (EIC)  |                      |                      | No .   | 27                  |         |                     |   |
| attach Sch. EIC.                   | 28    | Additional child tax credit from So   | chedule 8812         |                      |  | 28                  |         |                     |   |
|                                    | 29    | American opportunity credit from  | n Form 8863          | , line 8             |  | 29                  |         |                     |   |
|                                    | 30    | Reserved for future use   |                      |                      |  | 30                  |         |                     |   |
|                                    | 31    | Amount from Schedule 3, line 15   | 5                    |                      |  | 31                  |         |                     |   |
|                                    | 32    | Add lines 27, 28, 29, and 31. The   | ese are your         | total other pa       | yments and refu  | undable cr          | edits . | . 32                |   |
|                                    | 33    | Add lines 25d, 26, and 32. These  | e are your <b>to</b> | tal payments         |  |                     |         | . 33                | 22,855.                                 |
| Refund                             | 34    | If line 33 is more than line 24, su   | btract line 24       | from line 33.        | This is the amou   | nt you <b>ove</b> r | paid .  | . 34                | 4,655.                                  |
| riorana                            | 35a   | Amount of line 34 you want refu   |                      |                      | is attached, che   | ck here .           |         | ☐ 35a               | 4,655.                                  |
| Direct deposit?                    | b     | Routing number 0 1 1 9  |                      |                      |  | Checking            | Sav     | /ings               |   |
| See instructions.                  | d     | Account number 3 8 5 0  | 2   1   3            | 2 1 7 6              | 5 8  |                     |         |                     |   |
|                                    | 36    | Amount of line 34 you want appl   | ied to your 2        | 2023 estimate        | d tax  | 36                  |         |                     |   |
| Amount<br>You Owe                  | 37    | Subtract line 33 from line 24. The For details on how to pay, go to                   |                      | •                    | see instructions .   |                     |         | . 37                |   |
|                                    | 38    | Estimated tax penalty (see instru   | uctions) .           |                      |  | 38                  |         |                     |   |
| Third Party Designee               |       | you want to allow another perstructions   |                      |                      |  |                     | es. Com | plete below.        | X No                                    |
|                                    |       | signee's  |                      | Phone                |  |                     |         | l identification    |   |
|                                    |       | me  |                      | no.                  |  |                     | number  | · /                 |   |
| Sign<br>Here                       |       | der penalties of perjury, I declare that I lief, they are true, correct, and complete |                      |                      |  |                     |         |                     |   |
| 11010                              | Yo    | Your signature  |                      | Date Your occupation |  |                     |         | ent you an Identity |   |
| laint vatuus 0                     |       |   |                      |                      | SOFTWARE ENGINEER  |                     |         | (see inst.)         | PIN, enter it here                      |
| Joint return?<br>See instructions. | ———Sp | Spouse's signature. If a joint return, <b>both</b> must sign.                         |                      | Date                 | Spouse's occupat   |                     |         | If the IRS se       | ent your spouse an                      |
| Keep a copy for your records.      | -,-   | ,   |                      |                      | органия станувания ста |                     |         |                     | tection PIN, enter it here              |
|                                    | Ph    | one no. (620) 704-6003  |                      | Email address        | RAVALI.KANCI   | HETI@GMA            | IL.COM  | 1                   | , |
| Deid                               | Pre   | · /   | parer's signati      | ure                  |  | Date                |         | TIN                 | Check if:                               |
| Paid                               |       |   |                      |                      |  |                     |         |                     | Self-employed                           |
| Preparer                           | Fir   | m's name GLOBAL TAXES   | LLC                  |                      |  |                     | '       | Phone no.           | •                                       |
| Use Only                           | Fir   | m's address 245 ROONEY C  | T E BRU              | NSWICK NO            | Л 08816  |                     |         | Firm's EIN          |   |
|                                    |       |   |                      |                      |  |                     |         |                     | 1010                                    |

### SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

RAVALI KANCHETI

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

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

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

|          | Sequence No. <b>01</b> |
|----------|------------------------|
| Your soc | ial security number    |
| 331-21   | -1471                  |

| 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 | ach Schedule E .  | 5  | -10,747. |
| 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                |    |          |
| 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-SE         | or 1040-NR line 8 | 10 | -10.747  |

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-base        |     |     |  |
|           | 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)   | 1   |     |  |
| 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  | i e |     |  |
| 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                   | 1   |     |  |
| h         | Attorney fees and court costs for actions involving certain unlawful             |     |     |  |
|           | discrimination claims (see instructions)   | 1   |     |  |
| 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:   |     |     |  |
| 05        | Tatal athous diseases and Add lines Of a three will Of                           |     | 05  |  |
| <b>25</b> | 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> . En |     | 00  |  |
|           | 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 RAVALI KANCHETI 331-21-1471 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:1-102, GANDHI NAGAR SANGEM, WARANGAL TELANGANA IN 506330 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed 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: 3 684. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,754. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 1,696. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,447. 14 14 Repairs . . . . 2,636. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 1,898. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 11,431. 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 -10,747.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 10,747.) 684. 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 Total of all amounts reported on line 20 for all properties 23e 11,431. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,747. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 .

-10,747.