Form	88	37	'9	
(Rev.	Januar	y 202	21)	
-			-	

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.

Submission Identification Number (SID)

Taxpay	/er's name	Social secur	ity numb	er
YES	SHWANTH YENUGULA	181-13	8-6988	3
Spouse	o's name	Spouse's so	cial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ent	ter year you a	are aut	horizing.)
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	112,887.
2	Total tax		2	17,818.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,924.
4	Amount you want refunded to you		4	1,106.
5	Amount you owe		5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a cor	ov of v	our 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

3	6	9	8	8	
Ent dor	er fiv n't er	ve di nter a	gits, all ze	but ros	as my

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.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter	or	generate	my	PIN

Enter five digits, but don't enter all zeros

as mv

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 signature ►										
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a	 	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 F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separate vour spouse. If yo	,			()	spo	alifying sun use (QSS) s name if th	0
Your first name	and m	iddle initial	Last na	me					Your so	ocial securi	ty number
YESHWANI	ч		YENU	GULA						13-698	-
-		s first name and middle initial	Last na						-		curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	ot. no.	Preside	ential Election	on Campaign
109 N MA	IN :	STREET					5	14		here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP co	de			ntly, want \$3 Checking a
MEMPHIS					TN	I	381	03	Ŭ Ŭ	low will not	•
Foreign country	/ name		F	oreign province/st	ate/count	у	Foreigr	n postal code	your ta	x or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec nange, gift, or otherwise dispose of a									🗙 No
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retur		— ·		a dependent					
Age/Blindness	You	: 🗌 Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor	rn befo	re January	2, 1958	Is bl	ind
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4)	Check the b	box if qual	ifies for (see	instructions):
If more		irst name Last name		number	-	to you		Child tax of	credit	Credit for ot	her dependents
than four											
dependents, see instructions											
and check											
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)					. 1a	a 11	24,411.
	b	Household employee wages not re	•						. 1k	>	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							. 10	>	
attach Forms	d	Medicaid waiver payments not rep			ee instru	ctions)			. 10	ł	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		-					. 16		
was withheld.	f	Employer-provided adoption bene		-			· ·		. 11	F	
If you did not	g	Wages from Form 8919, line 6 .					· ·		. 10		
get a Form W-2, see	h	Other earned income (see instruct	,				· ·		. <u>1</u> ł	1	0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)						1 1	04 411
		Add lines 1a through 1h	· · ·		1				. 12		24,411.
Attach Sch. B if required.	2a	· ·	2a		1	axable interest			. 2k		
	<u>3a</u>		3a 4a		1	rdinary divide axable amoun			. 3k . 4k		
Chandard	4a 5a		4a 5a		1	axable amoun					
Standard Deduction for –	5a 6a		5a 6a		1	axable amoun			. 6k		
 Single or Married filing 	c	If you elect to use the lump-sum e		nethod check h	1						
separately,	7	Capital gain or (loss). Attach Sche			`	,	• •		7		б.
\$12,950Married filing	8	Other income from Schedule 1, lin							. 8		<u> </u>
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		12,887.
surviving spouse,	10	Adjustments to income from Sche							. 10		,,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11	-	12,887.
household, \$19,400	12	Standard deduction or itemized							. 12		12,950.
If you checked	13	Qualified business income deduct			,	5-A			. 13		
any box under Standard	14								. 14		12,950.
Deduction,	15	Subtract line 14 from line 11. If zer							. 15		99,937.
see instructions.					-						

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 a	any from Form(s): 1 🗌 8814	4 2 4972	3		. 16	1	7,818.
Credits	17	Amount from Schedule 2, line 3	3					. 17	,	
	18	Add lines 16 and 17						. 18	1	7,818.
	19	Child tax credit or credit for oth	ner dependents	s from Schedu	ule 8812			. 19)	
	20	Amount from Schedule 3, line 8	3					. 20)	
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				. 22	1	7,818.
	23	Other taxes, including self-emp	oloyment tax, f	rom Schedule	2, line 21 .			. 23	;	0.
	24	Add lines 22 and 23. This is you						. 24	. 17	7,818.
Payments	25	Federal income tax withheld fro								
	а	Form(s) W-2				25a	18,9	24.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						. 25	18	8,924.
If you have a	26	2022 estimated tax payments a	and amount ap	plied from 20	21 return			. 26	;	
If you have a ¹ qualifying child,	27	Earned income credit (EIC) .			No	27				
attach Sch. EIC.	28	Additional child tax credit from S				28				
	29	American opportunity credit fro	m Form 8863,	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1				31				
	32	Add lines 27, 28, 29, and 31. T				Indable crec	lits .	. 32	2	
	33	Add lines 25d, 26, and 32. The						. 33	18	3,924.
Refund	34	If line 33 is more than line 24, s	ubtract line 24	from line 33.	This is the amou	nt you overp a	aid.	. 34		1,106.
neiuliu	35a	Amount of line 34 you want ref	unded to you	. If Form 8888	is attached, che	ck here .		35	a	1,106.
Direct deposit?	b	Routing number 1 1 1 0				Checking	🗌 Sav			
See instructions.	d	Account number 3 1 8 0	0 8 3	8 7						
	36	Amount of line 34 you want app	olied to your 2	2023 estimate	dtax	36				
Amount	37	Subtract line 33 from line 24. T	his is the amo	unt you owe.						
You Owe		For details on how to pay, go to						. 37		
	38	Estimated tax penalty (see inst	ructions) .			38				
Third Party	Do	you want to allow another po	erson to discu	uss this retur	n with the IRS?	See				
Designee	ins	tructions				. 🗌 Ye	s. Comp	lete below	7. 🗙 No	
		signee's		Phone				identificatio	n 🗖 🗖 🗖	
	na			no.			number (,		
Sign		der penalties of perjury, I declare that ief, they are true, correct, and comple								
Here		ur signature	1	Date	Your occupation				sent you an lo	0
	10			Duto					PIN, enter it	
Joint return?					SOFTWARE I	ENGINEER		(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, bot	h must sign.	Date	Spouse's occupat	ion			sent your spo	
your records.								(see inst.)	otection PIN,	
	Ph	one no. (309)569-2462		Email address	VENUCIUA VECU	шамтцасма т	T COM	(
		(reparer's signatu		YENUGULA.YESH	Date		IN	Check if:	
Paid			1 0		AR DUDIPALLI	04/04/20		247083		employed
Preparer		n's name GLOBAL TAXE			W DODIENTIT	101/01/20	2J FU		(678)96	
Use Only		n's address 245 ROONEY		NSWICK N.	T 08816			Firm's EIN		145487
		1040 for instructions and the latest i		NONTON IN						1040 (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDUL	.E 1
(Form 1040))

Department of the Treasury

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 2

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR YESHWANTH YENUGULA

	Attachment Sequence No. 01
Your soc	ial security number
181-13	-6988

Additional Income Part I

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. Atta	ach Schedule E .	5	-11,530.
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		
i	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)	8g		
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-SR			-11,530.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
1	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s aov	rnmer	nt 🗌	
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans					
17	Self-employed health insurance deduction				17	
8	Penalty on early withdrawal of savings					
19a						
b	Recipient's SSN					
	Date of original divorce or separation agreement (see instructions):	• _			-	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				23	
24	Other adjustments:	· ·	• •			
а		24a				
	Deductible expenses related to income reported on line 81 from the	2-70			_	
D		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals	270			_	
C	and USOC prize money reported on line 8m	24c				
d		240 24d			-	
	Repayment of supplemental unemployment benefits under the Trade	24u			_	
е	Act of 1974	24e				
4	Contributions to section 501(c)(18)(D) pension plans	24e 24f			_	
					_	
g		24g			_	
h	Attorney fees and court costs for actions involving certain unlawful					
_		24h			_	
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	24i			_	
	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	,	24k			_	
Ζ	Other adjustments. List type and amount:					
_		24z				
25	Total other adjustments. Add lines 24a through 24z					
26	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

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

YESHWANTH YENUGULA

Your social security number

181-13-6988

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the am lines below. This form may be easier to complete if yo whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transaction 1099-B for which basis was reporte which you have no adjustments However, if you choose to report a on Form 8949, leave this line blank	ed to the IRS and for (see instructions). Il these transactions					
1b Totals for all transactions reported of Box A checked						
2 Totals for all transactions reported of Box B checked						
3 Totals for all transactions reported of Box C checked	on Form(s) 8949 with					
4 Short-term gain from Form 6252 an	d short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	24	4	
5 Net short-term gain or (loss) to Schedule(s) K-1					5	
6 Short-term capital loss carryover. E Worksheet in the instructions	inter the amount, if any		•	-	6	()
7 Net short-term capital gain or (lost term capital gains or losses, go to F	-	•	.,		7	

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions					
8b		106.	100.			б.
9						
10						
11			• •	· · ·	11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14		y, from line 13 of y	-	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•		o to Part III	15	б.
	an annual Daduation Ast Nation and construction water water in the state					

Par	Summary	
16	Combine lines 7 and 15 and enter the result	16 6.
	 If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. 	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.	
	☐ No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 03/22/23 PRO	Schedule D (Form 1040) 2022

Form 8949 (2022)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxoaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side YESHWANTH YENUGULA

181-13-6988

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/03/21	12/31/22	106.	100.			б.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	106.	100.			б.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 03/22/23 PRO

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Inte

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

)	2022
	Attachment Sequence No. 13

Internal I	Revenue Service			Go to www.irs.gov/ScheduleE fo	or instru	uctions a	nd the la	test ir	formation.		Sequenc	ce No. 13
Name(s)	shown on return									Your soci	ial security r	number
YESH	WANTH YENU	GULA								181-1	3-6988	
Part				From Rental Real Estate an								
	Note: If yo	ou are i	n the	e business of renting personal prope	rty, use	Schedu	le C. See	instru	ctions. If you	are an indi	vidual, repo	ort farm
Λ Γ				from Form 4835 on page 2, line 40. ts in 2022 that would require you		Eorm(o)	10002 0	oo ing	tructiono			
											. <u>re</u> :	S [] NO
1 a	Physical add	ress of	ead	ch property (street, city, state, ZI	P code	e)						
Α	PRAGATHI	NAG	AR	HYDERABAD TELANGANA	IN 50	00090						
В												
С												
1b	Type of Prope	erty	2	For each rental real estate prope	erty list	ted		Fa	ir Rental	Persor	nal Use	QJV
	(from list below	w)		above, report the number of fair	rental	and			Days	Da	ays	QJ V
Α	3			personal use days. Check the Q			Α		365		0	
В				if you meet the requirements to			В					
С				qualified joint venture. See instru	JCLIONS	.	С					
Гуре о	of Property:	I						1			I	
1	Single Family R	Resider	nce	3 Vacation/Short-Term Rer	ntal	5 Lan	d	7	Self-Rental			
	Multi-Family Re			4 Commercial		6 Roy	alties	8	Other (desc	ribe)		
	,							_				
									Propert	ies:		
ncom							Α		В			C
3							5	20.				
4		ived.	•		4							
Expen												
5	-				-							
6		•		ructions)								
7	-			ce			1,3	50.				
8	Commissions				8							
9					-							
10	-			onal fees	10							
11	Management	fees .			11		1,0	30.				
12	Mortgage inte	rest pa	aid t	o banks, etc. (see instructions)	12							
13	Other interest				13							
14	Repairs				14		3,5	60.				
15	Supplies .				15		3,2	20.				
16	Taxes				16							
17	Utilities				17		2,8	90.				
18	Depreciation e	expens	e or	depletion	18							
19	Other (list)				19							
20	Total expense	s. Add	line	es 5 through 19	20		12,0	50.				
21	Subtract line 2	20 fron	n lin	e 3 (rents) and/or 4 (royalties). If								
				tructions to find out if you must								
	file Form 6198	З			21		-11,5	30.				
22	Deductible rer	ntal rea	al es	state loss after limitation, if any,								
				uctions)	22	(11,53	80.)	()	(
23a	Total of all am	ounts	repo	orted on line 3 for all rental prope	erties			23a	*	520.		
b			-	orted on line 4 for all royalty prop				23b				
С			•	orted on line 12 for all properties				23c				
d			-	orted on line 18 for all properties				23d				
e			-	orted on line 20 for all properties				23e	12	2,050.		
24			-	mounts shown on line 21. Do no						. 24		
25		•		es from line 21 and rental real esta							(1	L1,530.
26				and royalty income or (loss).							<u> </u>	, • •
				and line 40 on page 2 do not								

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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-11,530.

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

YESHWANTH YENUGULA

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 181-13-6988

Par	2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.		
	al 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(11,530.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-11,530.
All Ot	her Passive Activities		
2a b c	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2c		
d	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	-11,530.

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	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active	Par	ticipa	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for	an e	examp	le.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3					4	11,530.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons		5	1	50,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions	6	1	24,417.		
	Note: 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	Subtract line 6 from line 5			[7		25,583.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filin	ng separ	ately	, see i	nstructions	8	12,792.
9	Enter the smaller of line 4 or line 8							9	11,530.
Par	t III Total Losses Allowed								
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	22. Add lines 9 ar	nd 10. Se	e in	structi	ons to find		
	out how to report the losses on your t	ax return						11	11,530.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instr	ructi	ons.			
	Nome of optivity	Currer	nt year	Prior	r yea	ırs	Ove	erall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Un loss ((d) Gair	ı	(e) Loss
PRA	GATHI NAGAR	0.	11,530.						11,530.

11,530.

 Total. Enter on Part I, lines 1a, 1b, and 1c
 0.

For Paperwork Reduction Act Notice, see instructions. BAA

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Form 8582 (2022)

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

Part V	Complete This Part Befo	re Part I, Lines	s 2a, 2b,	and 2c. S	See instruc	tions.				
	Name of activity	Current year			Prior ye	ears	Overall gain or loss			
Name of activity		(a) Net incom (line 2a)	ne (b) (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain	(e) Loss		
				,		,				
	on Part I, lines 2a, 2b, and 2c			1						
Part VI	Use This Part if an Amou			, Line 9. S	ee instruc	tions.				
	Name of activity	Form or schedu and line numb to be reported (see instruction	on (a) Loss	(b) Ra	tio	(c) Special allowance	(d) Subtract column (c) fror column (a).		
PRAGATHI	NAGAR	E Ln 22		11,530.	1.0000	0000	11,53	0. 0		
otal				11,530.	1.00		11,53	0. 0		
Part VII	Allocation of Unallowed				1100		11,55	0. 0		
	Name of activity		schedule number orted on ructions)	mber ed on (a) L			(b) Ratio	(c) Unallowed loss		
otal							1.00			
Part VIII	Allowed Losses. See inst	ructions.					1.00			
	Name of activity	Form or s and line to be rep (see instr	number orted on	(a) I	(a) Loss (b) Ui		nallowed loss	(c) Allowed loss		
				1		1				

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