# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	5.0.000 00.000				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social secur	ity numl	ber	
AJAY	KUMAR KALIKIVAI	779-05	-566	5	
Spouse's	name	Spouse's so	cial sec	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	Vear Voll (	ro au	thorizing	1
	hole dollars only on lines 1 through 5.	year you a	ale au	uionzing.	)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1 1	112	,484.
	Total tax		2		<del>,</del> 722.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,473.
	Amount you want refunded to you		4		751.
5	Amount you owe		5		
Part I		еер а сор	y of y	our retu	rn)
my know return (of to send for any of Agent to payment authoriz payment business taxes to persona	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the patentification number (PIN) below is my signature for the income tax return (original or amended) I are	e are the ameter, or electrication of the test. Treasury a cated in the test the authorizests must be processing cayment. I full	counts fronic re- ransmin and its cax prepare entry ation. The entry ation of the election at	from the incurrence from t	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	ic Funds Withdrawal Consent. /er's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to enter or generate r	nv PIN	5 (	6 6 5	as my
•	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	aomy
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholelow.				
Your si	gnature ► Date ►				
Spous	e's PIN: check one box only				
	I authorize to enter or generate r	nv PIN			as my
	ERO firm name	Er		digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 1	8 9 5 Don't en	2 3	1 9 8	9
		2011 ( 011	20		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tall ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this ret	urn in a	accordance	
ERO's	signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

# Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2022 OMB No. 1545-0074

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

For the year Ja	ın. 1–C	Dec. 31, 2022, or other tax year beginn	ing	, 2022,	ending		, 20		separate tructions.
Filing Status	☑ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:								☐ Trust
Check only one box.	If :	you checked the QSS box, enter the ch	ild's nan	ne if the qualifying persor	n is a child but not yo	our deper	ndent:		
Your first name	and i	middle initial	Last na	ame				entifying tructions	number
AJAY KUM	AR		KALI	KIVAI			779-	05-56	65
Home address	(num	ber and street). If you have a P.O. box	, see ins	structions.			'	1	Apt. no.
718 MING	LEWO	OD DR			11	407			
City, town, or p	oost o	ffice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP code	Э
CHARLOTTI	Ξ					NC		28262	
Foreign country name Foreign province/state/county Foreign posta								de	
Digital Asset		ny time during 2022, did you: (a) recei erwise dispose of a digital asset (or a f					or (b) sell, o		
Dependents	s					(4) Ch	neck the box	if qualifies	s for (see inst.):
(see instructions		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to yo	Ch	ild tax credi	ax credit Credit for o	
		(1) First Harrie Last Harrie		identifying number	(3) Nelationship to yo	ou		ue	ependents
If more than fou									$\dashv$
dependents, see instructions and									$\dashv$
check here									一
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. 1a	T 1	 21 <b>,</b> 984.
Effectively	b	Household employee wages not rep	`	,					
Connected	С	Tip income not reported on line 1a (s							
With U.S.	d	Medicaid waiver payments not report							
Trade or	е	Taxable dependent care benefits fro	m Form	2441, line 26			. 1e		
Business	f	Employer-provided adoption benefit					. 1f		
	g	Wages from Form 8919, line 6							
Attach Form(s) W-2,	h	Other earned income (see instruction	. 1h						
1042-S,	i	Reserved for future use							
SSA-1042-S,	j	Reserved for future use	. <u>1j</u>						
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from							
here. Also		line 1(e)			1k				
attach Form(s)	Z	Add lines 1a through 1h					. 1z	1:	21,984.
1099-R if	2a	Tax-exempt interest 2a			able interest				
tax was	3a	Qualified dividends			dinary dividends .				
withheld.	4a	IRA distributions 4a			able amount				
If you did not get a Form	5a	Pensions and annuities 5a			able amount		. 5b		
W-2, see	6	Reserved for future use					. 6		
instructions.	7 8	Capital gain or (loss). Attach Schedu Other income from Schedule 1 (Forn	,	, ,	•				0 500
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	,,					1	<u>-9,500.</u>
	10	Add lines 12, 25, 35, 45, 35, 7, and 8 Adjustments to income:	ا ۱۱۱۱۵ د	your total effectively C			. 9	<u></u>	12,484.
	а	From Schedule 1 (Form 1040), line 2	6		10a				
	b	Reserved for future use							
	c	Reserved for future use							
	d	Enter the amount from line 10a. The					. 10d		
	11	Subtract line 10d from line 9. This is						+	12,484.
	12	Itemized deductions (from Schedu			tain residents of Ind	ia, standa	ard		
		deduction (see instructions)			Std Dedn	.US/India.Tr	eaty <b>12</b>		12,950.
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995-					
	b	Exemptions for estates and trusts or			13b				
	С	Add lines 13a and 13b							
	14						-		12,950.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your <b>ta</b> :	xable income .		. 15	1	99,534.

Tax and	16	Tax (see instructions). Check if any	from For	rm(s): <b>1</b>	<b>2</b> 2 497	2 3	₃ 🗆		16	17 <b>,</b> 722.
Credits	17	Amount from Schedule 2 (Form 1	040), line	3					17	0.
	18	Add lines 16 and 17							18	17 <b>,</b> 722.
	19	Child tax credit or credit for other	depende	ents from Sched	ule 8812 (Form 10	40) .			19	
	20	Amount from Schedule 3 (Form 1	040), line	8					20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If ze	ero or less	s, enter -0					22	17,722.
	23a	Tax on income not effectively con Schedule NEC (Form 1040-NR), li	nected w	rith a U.S. trade	or business from	1 1				,
	b	Other taxes, including self-emplo	•	•	, , , , , , , , , , , , , , , , , , , ,	23b				
	С	Transportation tax (see instructio				23c				
	d	Add lines 23a through 23c	,						23d	
	24	Add lines 22 and 23d. This is you							24	17,722.
Payments	25	Federal income tax withheld from				mi				
ayments	a	Form(s) W-2				25a	1.8	,473.		
	b	Form(s) 1099				25b	10	<i>γ</i> 173.	-	
	c	Other forms (see instructions) .				25c			-	
	d	Add lines 25a through 25c							25d	18,473.
	e	Form(s) 8805							25e	10,473.
	f	Form(s) 8288-A							25f	
		Form(s) 1042-S							-	
	g	2022 estimated tax payments and							25g	
	26					1 1			26	
	27	Reserved for future use				27			-	
	28	Additional child tax credit from Se		`	•	28			-	
	29	Credit for amount paid with Form				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form 1	, .			31				
	32	Add lines 28, 29, and 31. These a	-						32	
	33	Add lines 25d, 25e, 25f, 25g, 26,							33	18,473.
Refund	34	If line 33 is more than line 24, sub				•	=		34	751.
	35a	Amount of line 34 you want refur						. Ш	35a	751.
Direct deposit?	b	Routing number 0 8 1 9				Check	ing	Savings		
See instructions.	d	Account number 2 9 1 0 2 8 8 6 2 1 8 1								
	е	If you want your refund check ma								
	36	Amount of line 34 you want appli				36				
Amount	37	Subtract line 33 from line 24. This	s is the <b>ar</b>	nount you owe						
You Owe		For details on how to pay, go to	www.irs.g	ov/Payments or	see instructions .				37	
	38	Estimated tax penalty (see instruc	ctions) .			38				
Third	Do yo	u want to allow another person to	discuss t	his return with th	ne IRS? See instru	ctions.		s. Compl	ete bel	ow. 🛛 No
Party	Desig	nee's		Phone			Persor	al identifi	cation I	
Designee	name						numbe	` ′		
		penalties of perjury, I declare that I hav they are true, correct, and complete. De								
Sign	Yours	signature		Date	Your occupation					ent you an Identity
Here					 					PIN, enter it here
					SOFTWARE E	NGIN	IEER .	(see	inst.)	
	Phone		Duali	Email address		D	-	DTINI		
Paid	Prepa	rer's name	Preparer	's signature		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	IYA RAM SAGAI	R GUPTA TALLAM	03/3	0/2023	P02082	2703	Self-employed
Use Only		name GLOBAL TAXES I	LC					Phone n	o. (6°	78)965-9522
Joe Jiny	Firm's	address 245 ROONEY C	T E BF	RUNSWICK N	J 08816			Firm's El	N 8	4-3171965

Form 1040-NR (2022)

# 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

AJAY KUMAR

Name(s) shown on Form 1040,

KALIKIVA

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

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

		Sequence No. U1
1040-SR, or 1040-NR	Your soci	al security number
Ţ	779-05	-5665

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. Atta		5	<b>-9,500.</b>
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		
ı	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	0 (		
	1040, line 1a or 1d	8s ( )		
t	The second secon	01		
	a nongovernmental section 457 plan	8t		
u –	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines 8a through 8z	8z	0	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR.		9 10	-9,500.
ıv	Combine lines i tillough i and a. Linter here and on Form 1040, 1040-3h.	or road-ind, line o	IU	- y, JUU.

Schedule 1 (Form 1040) 2022 Page **2** 

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis 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	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	, , , , , , , , , , , , , , , , , , ,	24a		
b	Deductible expenses related to income reported on line 8I from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	• • • • • • • • • • • • • • • • • • • •	24c		
d	' '	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e	_	
f		24f	-	
g	• • • • • • • • • • • • • • • • • • • •	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h	-	
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			
		24i	-	
j		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	0.4		
0-		24z	0.5	
25	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> .	. Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

# SCHEDULE NEC (Form 1040-NR)

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

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

Attach to Form 1040-NR.

OMB No. 1545-0074

2022

Attachment
Sequence No. 7B

Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR

AJAY KUMAR KALIKIVAI

Your identifying number 779-05-5665

Enter a	amount of income und	er the	appropriate rate of tax. See instructions.			1		1	1		
			Nature of Income			(a) 10%	<b>(b)</b> 15%	(c) 30%	(d) Other	1 77	
									%	%	
1	Dividends and divide		•								
а	Dividends paid by U		·		1a						
b		_	corporations		1b						
С	Dividend equivalent p	ayme	nts received with respect to section 871(m)	transactions	1c						
2	Interest:										
а	Mortgage				2a						
b	Paid by foreign corp	oratio	ns	2b							
С	Other				2c						
3	Industrial royalties (p	atent	s, trademarks, etc.)		3						
4	Motion picture or TV	сору	right royalties		4						
5	Other royalties (copy	rights	s, recording, publishing, etc.)		5						
6	Real property incom	e and	natural resources royalties		6						
7	Pensions and annuit	ies .			7						
8				8							
9	=		elow	9							
10	Gambling – Residents of Canada only. Enter net income in column (c). If zero or less, enter -0										
а	Winnings										
b	Losses				10c						
11	Gambling winnings	-Resi	dents of countries other than Canada.		44						
40					11						
12	Other (specify):										
					12						
13	_		columns (a) through (d)		13						
14			f tax at top of each column		14		4.5		ND II OO 45		
15	lax on income not e	ffectiv	vely connected with a U.S. trade or busines						-NR, line 23a <b>15</b>		
		_	Capital Gains an	a Losses I	rom	Sales or Excha	anges of Proper	ty		I	
losses i	nly the capital gains and from property sales or ges that are from sources the United States and not	16	<ul><li>(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)</li></ul>	(b) Date acq mm/dd/yy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN  If (d) is more than (e), subtract (e) from (d).	
effectiv	ely connected with a U.S.										
business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D											
(Form 1											
	property sales or										
connec	ges that are effectively ted with a U.S. business	17	Add columns (f) and (g) of line 16 .					17	( )		
	edule D (Form 1040), 797, or both.		Capital gain. Combine columns (f) and								

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

#### Other Information

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

Attach to Form 1040-NR.

Answer all questions.

2022 Attachment Sequence No. 7C

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR Your identifying number AJAY KUMAR KALIKIVAI 779-05-5665 Of what country or countries were you a citizen or national during the tax year? \_INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . . . Were you ever: X No Yes 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. Ε immigration status on the last day of the tax year. \_\_\_\_F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . . . . . . . . . Yes If you answered "Yes," indicate the date and nature of the change: G List all dates you entered and left the United States during 2022. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2020 \_\_\_\_\_\_, 2021 \_\_\_\_\_\_, and 2022 \_\_\_\_\_\_365 \_\_\_. Did you file a U.S. income tax return for any prior year? . . . . . . . . . . . . X Yes No Т If "Yes," give the latest year and form number you filed: 1040NR X No Ves J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a Yes No X No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? . . . . . . . . . . . L Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (b) Tax treaty article (a) Country (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? No Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. M Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . . . . . . .

## **SCHEDULE E** (Form 1040)

## Supplemental Income and Loss

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

Your social security number

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

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

AJAY	KUMAR KALIKIVAI						779-0	5-5665	
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedul	<b>c</b> . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
ΑΙ	Did you make any payments in 2022 that would require you	to file l	Form(s)	10997.5	ee ins	tructions		□ Ye	e X No
	f "Yes," did you or will you file required Form(s) 1099?								
	Physical address of each property (street, city, state, ZIF					· · · ·	· · ·	<u> </u>	
1a					_				
A	PLOT:38, ROAD NO:8, NAGOLE GETHA NAGAR, F	HYDER	ABAD 7	reland	GANA	IN 50006	58		
В									
С				-					1
1b	Type of Property 2 For each rental real estate property control to the second state property and the second state property in the se				Fa	ir Rental		nal Use	QJV
	(from list below) above, report the number of fair personal use days. Check the Q			_		Days	Da	ays	
A	personal use days. Check the Quite if you meet the requirements to f			A		365		0	
B C	qualified joint venture. See instru			B					
	of Duomoutiu			C					
	of Property:	+ol	E Long	J	7	Self-Rental			
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ılaı	5 Land 6 Roya		-		riba)		
	Multi-Family Residence 4 Commercial		o Roya	aities	0	Other (desci	nbe)		
						Properti	es:		
Incon				Α		В			С
3	Rents received	3		5	50.				
4	Royalties received	4							
Expe	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,9					
15	Supplies	15		2,4	50.				
16	Taxes	16		0 1	F 0				
17	Utilities	17		2,1	50.				
18	Depreciation expense or depletion	18							
19	Other (list)  Total expenses. Add lines 5 through 19	19		10 0	ΕO				
20		20		10,0	50.				
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		<b>-9,</b> 5	oo l				
22	Deductible rental real estate loss after limitation, if any,	21		3,0					
22	on <b>Form 8582</b> (see instructions)	22	1	<b>-</b> 9 <b>,</b> 50	0 )	1	)	(	,
23a	Total of all amounts reported on line 3 for all rental prope		ι	J, 50	23a	\		\	
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	1.0	,050.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>			sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses he		(	9,500.
26	Total rental real estate and royalty income or (loss).								-,
_0	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar								<b>-9,</b> 500.

**Passive Activity Loss Limitations** 

See separate instructions.

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

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

Department of the Treasury Internal Revenue Service

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

Name(s	) shown on return				Ident	tifying n	umber
AJAY	Y KUMAR KALIKIVAI				779	9-05-	-5665
Par	t I 2022 Passive Activity Loss	S					
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	ll Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part IV	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo				9,500.)		
С	Prior years' unallowed losses (enter th	ne amount from Pa	art IV, column (c))	1c (	)		
d	Combine lines 1a, 1b, and 1c					1d	-9,500.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amo	unt from Part V, co	olumn (b))	<b>2b</b> (	)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	art V, column (c))	<b>2c</b> (	)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line is all losses are allowed, including any losses on the forms and schedules no	prior year unallow				3	-9,500.
	If line 3 is a loss and: • Line 1d is a l	oss ao to Part II					
		loss (and line 1d is	zero or more) ski	in Part II and go to	line 10		
		·	•				
	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tim	ne during the	year,	do not complete
	. Instead, go to line 10.		A -1 1-1 1-1-1				
Par	t II Special Allowance for Rer Note: Enter all numbers in Par			-			
4	Enter the <b>smaller</b> of the loss on line 1					4	9,500.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5   1	50,000.		•
6	Enter modified adjusted gross income	•			21,984.		
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.				•		
7	Subtract line 6 from line 5			7	28,016.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> el	nter more than \$25				8	14,008.
9				•		9	9,500.
Pari							3,300.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv	e activities for 20	<b>22.</b> Add lines 9 an	d 10. See instruct	ions to find		
	out how to report the losses on your t					11	9,500.
Part	Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.			
		Currer	nt year	Prior years	Ove	rall ga	in or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	n	(e) Loss
PLO	T:38, ROAD NO:8, NAGOLE	0.	9,500.	, ,			9,500.
= = = = = = = = = = = = = = = = = = = =			, = = 3,0				,

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

0.

9,500.

Form 8582 (2022)

,									. ago 🗕				
Part V Complete This	Part Before I	Part I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	ctions.			,				
		Current year Prior years					Overa	ll ga	in or loss				
Name of activity	(	(a) Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss				
								$\dashv$					
Total. Enter on Part I, lines 2a, 2													
Part VI Use This Part if	an Amount	ls Shown on F	Part II,	<b>Line 9.</b> S	ee instruc	tions.							
Name of activity	a to	orm or schedule and line number be reported on see instructions)	(a) Loss		(a) Loss		(b) Ratio		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).
PLOT:38, ROAD NO:8, NAG	OLE	E Ln 22		9,500.	1.0000	0000	9,50	0.	0.				
Total				9,500.	1.00	0	9,50	0.	0.				
Part VII Allocation of U	nallowed Los	ses. See instr	uction				,						
Name of activity		Form or sched and line num to be reported (see instruction		mber ed on (a) L			(b) Ratio		(c) Unallowed loss				
Total							1.00						
Part VIII Allowed Losses	s. See manuc	Form or sche	adula.										
Name of activity	,	and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Unallowed I		(c) Allowed loss					
Total	<u></u>												