### 8879 Form

(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

| Submission Identification Number (SID)  |  |  |
|---|--|--|
| Taxpayer's name   | Social security  | number   |
| SRIKANTH NADELLA  | 184-02-  |  |
| Spouse's name   | •  | al security number   |
| MADHURI JONNALAGADDA  | 708-88-  |  |
| ,   | year you are   | e authorizing.)  |
| 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.  |  | 4   120 114  |
| 1       Adjusted gross income   | -  | 1 132,114.<br>2 14,601.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099   | <u> </u>   | 3 19,519.  |
| 4 Amount you want refunded to you   |  | 4 4,918.   |
| 5 Amount you owe  |  | 5  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k   |  | -  |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipulations and supplies the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the paymers and identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only    Authorize   GLOBAL TAXES LLC   to enter or generate representation of the income tax return (original or amended) I amended to the income tax return (original or amended) I amended to the income tax return (original or amended) I amended to the payment in the income tax return (original or amended) I amended to enter or generate representations. | e are the amounter, or electron ction of the trains. Treasury and cated in the tax in to debit the end the authorization of the authori | unts from the income tax nic return originator (ERO) nsmission, (b) the reason d its designated Financial a preparation software for entry to this account. This ion. To revoke (cancel) a received no later than 2 the electronic payment of er acknowledge that the ing and, if applicable, my as my er five digits, but the enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.  |  |  |
| Your signature ▶ Date ▶   |  |  |
| Spouse's PIN: check one box only  |  |  |
| I authorize GLOBAL TAXES LLC to enter or generate resignature on the income tax return (original or amended) I am now authorizing.  | Ente   | 7 4 5 2 as my or five digits, but the enter all zeros  |
| I will enter my PIN as my signature on the income tax return (original or amended) I am no<br>if you are entering your own PIN and your return is filed using the Practitioner PIN methol<br>below.   |  |  |
| Spouse's signature ▶ Date ▶   |  |  |
| Practitioner PIN Method Returns Only—continue below   |  |  |
| Part III Certification and Authentication — Practitioner PIN Method Only  |  |  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  | 2 4 9 6  Don't enter   |  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submirequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In   | tting this return  | n in accordance with the   |

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Date ▶

# 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 Check only one box.   | If yo         | Single X Married filing jointly uchecked the MFS box, enter the on is a child but not your depender | name of          | ed filing separately your spouse. If you |            | _               | •                | ,            | spou        | lifying surv<br>use (QSS)<br>name if th       | Ü              |  |
|---|---------------|---|------------------|--|------------|-----------------|------------------|--------------|-------------|---|----------------|--|
| Your first name   |               | <u>.</u>  | Last na          | ame                                      |            |                 |                  |              | Your so     | cial security                                 | v number       |  |
|   |               |   |                  |  |            |                 | 02-4267          | •            |             |   |                |  |
|   |               |   |                  |  |            |                 |                  | urity number |             |   |                |  |
| MADHURI   | podoo c       | , mot mario and middle initial  |                  | NALAGADDA                                |            |                 |                  |              | •           | 38 <b>-</b> 7452                              | •              |  |
|   | (numbe        | er and street). If you have a P.O. box, se  |                  |  |            |                 | Apt. no.         |              |             |   | n Campaign     |  |
| 4114 MEI  |               |   | o instruct       | 10113.                                   |            |                 | 10207            |              |             | nere if you,                                  |                |  |
|   |               |   | omplete          | snaces helow                             | Str        | ate .           | ZIP code         | $\dashv$     |             |   | tly, want \$3  |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.  SAN ANTONIO  TX |               |   |                  |  |            | 78229           |                  |              |             | Checking a                                    |                |  |
| Foreign countr  |               |   |                  | Foreign province/state/county            |            |                 |                  |              |             | box below will not change your tax or refund. |                |  |
| Foreign countr  | y name        |   |                  | Foreign province/sta                     | ale/Cour   | ity             | Foreign postar c | oue          | your tax    | You   | Spouse         |  |
| Digital<br>Assets   |               | ny time during 2022, did you: (a) rea   | •                |  |            |                 | •                |              | . ,         | X Yes   | □No            |  |
| Standard<br>Deduction   |               | eone can claim: You as a d<br>Spouse itemizes on a separate retu                                    | •                | •  |            | a dependent     |                  |              |             |   |                |  |
| Age/Blindnes  | s You:        | ☐ Were born before January 2,   | 1958 [           | Are blind                                | Spouse     | : Was bo        | rn before Janua  | ary 2        | , 1958      | ☐ Is bli                                      | nd             |  |
| Dependent   | s (see        | instructions):  |                  | (2) Social secu                          | ırity      | (3) Relationsh  | ip (4) Check t   | ne bo        | x if qualif | ies for (see                                  | instructions): |  |
| If more   | <b>(1)</b> Fi | First name Last name  |                  | number                                   |            | to you          | Child t          | ax cr        | edit        | Credit for other dependent                    |                |  |
| than four   |               |   |                  |  |            |                 | [                |              |             |   |                |  |
| dependents,<br>see instruction  | s ——          |   |                  |  |            |                 | [                |              |             |   |                |  |
| and check   |               |   |                  |  |            |                 | [                |              |             |   |                |  |
| here  | ]             |   |                  |  |            |                 | [                |              |             |   |                |  |
| Income  | 1a            | Total amount from Form(s) W-2,  | box 1 (se        | ee instructions) .                       |            |                 |                  |              | 1a          | 14  | 17,232.        |  |
|   | b             | Household employee wages not  | reported         | l on Form(s) W-2 .                       |            |                 |                  |              | 1b          |   |                |  |
| Attach Form(s)<br>W-2 here. Also  | С             | Tip income not reported on line 1a (see instructions)   |                  |  |            |                 |                  |              |             |   |                |  |
| attach Forms  | d             | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                             |                  |  |            |                 |                  |              | 1d          |   |                |  |
| W-2G and  | е             | Taxable dependent care benefits from Form 2441, line 26   |                  |  |            |                 |                  |              | 1e          |   |                |  |
| 1099-R if tax was withheld.   | f             | Employer-provided adoption benefits from Form 8839, line 29   |                  |  |            |                 |                  |              |             |   |                |  |
| If you did not  | g             | Wages from Form 8919, line 6 .  |                  |  |            |                 |                  |              | 1g          |   |                |  |
| get a Form  | h             | Other earned income (see instruc  | tions)           | ions)                                    |            |                 |                  |              |             |   | 0.             |  |
| W-2, see instructions.  | i             | Nontaxable combat pay election  | (see inst        | ructions)                                |            | <u>1</u> i      |                  |              |             |   |                |  |
|   | Z             | Add lines 1a through 1h   |                  | ,  |            |                 |                  |              | 1z          | 14  | 17,232.        |  |
| Attach Sch. B   | 2a            | Tax-exempt interest   | 2a               |  | b 7        | Taxable interes | t                |              | 2b          |   |                |  |
| if required.  | 3a            | Qualified dividends   | 3a               |  | <b>b</b> ( | Ordinary divide | nds              |              | 3b          |   |                |  |
|   | 4a            | IRA distributions   | 4a               |  | <b>b</b> 7 | Taxable amoun   | t                |              | 4b          |   |                |  |
| Standard  | 5a            | Pensions and annuities  | 5a               |  | b 7        | Taxable amoun   | t                |              | 5b          |   |                |  |
| Deduction for—  | 6a            | Social security benefits  | 6a               |  | b 7        | Taxable amoun   | t                |              | 6b          |   |                |  |
| Single or<br>Married filing   | С             | If you elect to use the lump-sum election method, check here (see instructions)                     |                  |  |            |                 |                  |              |             |   |                |  |
| separately,<br>\$12,950   | 7             | Capital gain or (loss). Attach Scho   | edule D i        | if required. If not re                   | equired    | l, check here   |                  |              | 7           |   |                |  |
| Married filing  | 8             | Other income from Schedule 1, line 10   |                  |  |            |                 |                  |              | . 8         | -1  | 15,118.        |  |
| jointly or<br>Qualifying  | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7   | 7, and 8.        | This is your total                       | incom      | е               |                  |              | 9           | 13  | 32,114.        |  |
| surviving spouse,<br>\$25,900   | 10            | Adjustments to income from Sch  | edule 1,         | line 26                                  |            |                 |                  |              | 10          |   |                |  |
| Head of   | 11            | Subtract line 10 from line 9. This  | is your <b>a</b> | djusted gross in                         | come       |                 |                  |              | . 11        | 13  | 32,114.        |  |
| household,<br>\$19,400  | 12            | Standard deduction or itemized  | d deduct         | tions (from Sched                        | ule A)     |                 |                  |              | 12          |   | 25,900.        |  |
| If you checked  | 13            | Qualified business income deduc   | tion fron        | n Form 8995 or Fo                        | orm 899    | 95-A            |                  |              | 13          |   |                |  |
| any box under<br>Standard   | 14            | Add lines 12 and 13   |                  |  |            |                 |                  |              |             | 2   | 25,900.        |  |
| Deduction, see instructions.  | 15            | Subtract line 14 from line 11. If ze  | ero or les       | ss, enter -0 This i                      | is your    | taxable incom   | ne               |              | 15          | 10  | 06,214.        |  |
|   |               |   |                  |  |            |                 |                  |              |             |   |                |  |

| Form 1040 (2022               | 2)  |  |                   |                     |                      |                                |                      | Page <b>2</b>           |
|-------------------------------|-----|--|-------------------|---------------------|----------------------|--------------------------------|----------------------|-------------------------|
| Tax and                       | 16  | Tax (see instructions). Check if any from Form   | (s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972   | 3 🗌                  |                                | 16                   | 14,601.                 |
| Credits                       | 17  | Amount from Schedule 2, line 3   |                   |                     |                      |                                | 17                   |                         |
|                               | 18  | Add lines 16 and 17  |                   |                     |                      |                                | 18                   | 14,601.                 |
|                               | 19  | Child tax credit or credit for other dependent   | ts from Sched     | ule 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 zero or less,  | enter -0          |                     |                      |                                | 22                   | 14,601.                 |
|                               | 23  | Other taxes, including self-employment tax,  | from Schedule     | e 2, line 21        |                      |                                | 23                   | 0.                      |
|                               | 24  | Add lines 22 and 23. This is your total tax  |                   |                     |                      |                                | 24                   | 14,601.                 |
| <b>Payments</b>               | 25  | Federal income tax withheld from:  |                   |                     |                      |                                |                      |                         |
| -                             | а   | Form(s) W-2  |                   |                     | 25a                  | 19,519.                        |                      |                         |
|                               | b   | Form(s) 1099   |                   |                     | 25b                  |                                |                      |                         |
|                               | С   | Other forms (see instructions)   |                   |                     | 25c                  |                                |                      |                         |
|                               | d   | Add lines 25a through 25c  |                   |                     |                      |                                | 25d                  | 19,519.                 |
| If you have a                 | 26  | 2022 estimated tax payments and amount a   | pplied from 20    | 021 return          |                      |                                | 26                   |                         |
| qualifying child,             | 27  | Earned income credit (EIC)   |                   |                     | 27                   |                                |                      |                         |
| attach Sch. EIC.              | 28  | Additional child tax credit from Schedule 8812   |                   |                     | 28                   |                                |                      |                         |
|                               | 29  | American opportunity credit from Form 8863   | 3, line 8         |                     | 29                   |                                |                      |                         |
|                               | 30  | Reserved for future use  |                   |                     | 30                   |                                |                      |                         |
|                               | 31  | Amount from Schedule 3, line 15  |                   |                     | 31                   |                                |                      |                         |
|                               | 32  | Add lines 27, 28, 29, and 31. These are your   | total other pa    | ayments and refu    | ndable cred          | lits                           | 32                   |                         |
|                               | 33  | Add lines 25d, 26, and 32. These are your to   | tal payments      |                     |                      |                                | 33                   | 19,519.                 |
| Refund                        | 34  | If line 33 is more than line 24, subtract line 24  | 4 from line 33.   | This is the amoun   | t you <b>overp</b> a | aid                            | 34                   | 4,918.                  |
|                               | 35a | Amount of line 34 you want refunded to you   |                   | 3 is attached, chec | k here .             | 🗌                              | 35a                  | 4,918.                  |
| Direct deposit?               | b   | Routing number 1 1 1 0 0 0 0   |                   | 71 -                | Checking             | Savings                        |                      |                         |
| See instructions.             | d   | Account number 5 8 6 0 3 8 0   | 0 3 6 8           | 3 7                 |                      |                                |                      |                         |
|                               | 36  | Amount of line 34 you want applied to your   | 2023 estimate     | ed tax              | 36                   |                                |                      |                         |
| Amount<br>You Owe             | 37  | Subtract line 33 from line 24. This is the <b>amo</b> For details on how to pay, go to <i>www.irs.gov</i>          |                   |                     |                      |                                | 37                   |                         |
|                               | 38  | Estimated tax penalty (see instructions) .   |                   |                     | 38                   |                                |                      |                         |
| Third Party Designee          |     | you want to allow another person to disc<br>structions   | cuss this retu    | rn with the IRS?    |                      | s. Complete                    | below.               | X No                    |
|                               |     | signee's<br>me   | Phone no.         |                     |                      | Personal ident<br>number (PIN) | fication             |                         |
| Sign                          |     | der penalties of perjury, I declare that I have examine lief, they are true, correct, and complete. Declaration of |                   | 1 , 0               |                      | ,                              |                      | , ,                     |
| Here                          | Yo  | ur signature   | Date              | Your occupation     |                      |                                |                      | you an Identity         |
| Joint return?                 | S   | rikanth nadella  |                   | SOFTWARE E          | NGINEER              |                                | ection PIN<br>inst.) | I, enter it here        |
| See instructions.             | Sp  | ouse's signature. If a joint return, <b>both</b> must sign.  | Date              | Spouse's occupation | on                   |                                |                      | your spouse an          |
| Keep a copy for your records. | M   | adhuri Jonnalagadda  |                   | <br>  SOFTWARE E    | NGTNEER              |                                | itity Protectinst.)  | tion PIN, enter it here |

245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Go to www.irs.gov/Form1040 for instructions and the latest information.

(210) 799-4443

GLOBAL TAXES LLC

Phone no.

Firm's name

**Paid** 

**Preparer** 

**Use Only** 

Preparer's name

BAA

Email address

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2023 P02082703

Preparer's signature

REV 01/24/23 PRO

PTIN

Firm's EIN

SRIKANTHNADHELLA@GMAIL.COM

Date

88-2145487 Form **1040** (2022)

Self-employed

Check if:

Phone no. (678) 965-9522

## 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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SRIKANTH NADELLA & MADHURI JONNALAGADDA

Your social security number
184-02-4267

| 2a Alimony received   | 1<br>2a<br>3<br>4<br>5 | -15,118.       |
|---|------------------------|----------------|
| 2a Alimony received   | 3<br>4<br>5<br>6       | -15.118        |
|   | 4<br>5<br>6            | -15.118        |
|   | 4<br>5<br>6            |                |
|   | 5                      | -15.118        |
|   | 6                      | <u>-15.118</u> |
| <b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E        | _                      | 10/110.        |
| 6 Farm income or (loss). Attach Schedule F  |                        |                |
| 7 Unemployment compensation   | 7                      |                |
| 8 Other income:   |                        |                |
| <b>a</b> Net operating loss   |                        |                |
| <b>b</b> Gambling   |                        |                |
| <b>c</b> Cancellation of debt   |                        |                |
| d Foreign earned income exclusion from Form 2555  |                        |                |
| e Income from Form 8853   |                        |                |
| f Income from Form 8889   |                        |                |
| g Alaska Permanent Fund dividends 8g  |                        |                |
| <b>h</b> Jury duty pay  |                        |                |
| i Prizes and awards   |                        |                |
| j Activity not engaged in for profit income 8j  |                        |                |
| k Stock options   |                        |                |
| 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)   |                        |                |
| n Section 951(a) inclusion (see instructions)   |                        |                |
| o Section 951A(a) inclusion (see instructions)  |                        |                |
| p Section 461(I) excess business loss adjustment  |                        |                |
| 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                        |                        |                |
| · · · · · · · · · · · · · · · · · · ·   |                        |                |
| t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t |                        |                |
|   |                        |                |
|   |                        |                |
| z Other income. List type and amount: 8z  |                        |                |
|   | 9                      |                |
|   | 10                     | -15,118.       |

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

| Par | Adjustments to Income   |         |     |  |
|-----|---|---------|-----|--|
| 11  | Educator expenses   |         | 11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-t        |         |     |  |
|     | 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)  | 24a     |     |  |
| b   | Deductible expenses related to income reported on line 8I from the            |         |     |  |
|     | rental of personal property engaged in for profit                             | 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          | - 41    |     |  |
|     | F   | 24i     |     |  |
| j   | <u> </u>  | 24j     |     |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form           | S.4.    |     |  |
|     |   | 24k     |     |  |
| Z   | Other adjustments. List type and amount:                                      | <b></b> |     |  |
| 05  |   | 24z     | 05  |  |
| 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> . |         | 00  |  |
|     | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a                      |         | 26  |  |

BAA

### SCHEDULE E (Form 1040)

**Supplemental Income and Loss** 

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

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 13

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

Your social security number

|          | KANTH NADELLA & MADHURI JONNALAGADDA  |  |                |                  |             |                  | 184-0           | 2-4267       |          |  |    |  |     |
|----------|---|--|----------------|------------------|-------------|------------------|-----------------|--------------|----------|--|----|--|-----|
| Par      |   |  |                |                  |             |                  |                 |              |          |  |    |  |     |
|          | Note: If you are in the business of renting personal proper   | rty, use   | Schedul        | <b>e C</b> . See | instruc     | ctions. If you a | are an indi     | vidual, rep  | ort farm |  |    |  |     |
|          | rental income or loss from Form 4835 on page 2, line 40.  |  | F ()           | 10000            |             |                  |                 |              | <b>V</b> |  |    |  |     |
|          | Did you make any payments in 2022 that would require you  |  |                |                  |             |                  |                 |              |          |  |    |  |     |
| <u>B</u> | If "Yes," did you or will you file required Form(s) 1099?   |  |                |                  |             |                  |                 | . <u></u> Ye | s U No   |  |    |  |     |
| 1a       | Physical address of each property (street, city, state, ZII   | P code   | <del>e</del> ) |                  |             |                  |                 |              |          |  |    |  |     |
| A        | 1-10-49, CHERUVU STREET, NAZERPET, TENAI  | LI GU  | JNTUR.         | ANDHR            | A PR        | ADESH IN         | 522201          | 1            |          |  |    |  |     |
| В        |   |  | ,              |                  |             |                  |                 |              |          |  |    |  |     |
| С        |   |  |                |                  |             |                  |                 |              |          |  |    |  |     |
|          | Type of Property 2 For each rental real estate property   | For each rental real estate property listed Fair Rental Personal Use         |                |                  |             |                  |                 |              |          |  |    |  |     |
|          |   | above, report the number of fair rental personal use days. Check the QJV box |                |                  |             |                  |                 |              |          |  | Da |  | QJV |
| A        | personal use days. Check the Q  |  |                |                  |             | 365              |                 | 0            | П        |  |    |  |     |
| В        | if you meet the requirements to   |  |                | В                |             |                  |                 | -            |          |  |    |  |     |
| С        | qualified joint venture. See instru   | uctions  | S.             | С                |             |                  |                 |              |          |  |    |  |     |
|          | of Property:  |  |                |                  |             |                  |                 |              |          |  |    |  |     |
|          | Single Family Residence 3 Vacation/Short-Term Ren   | ntal   | 5 Land         | 4                | 7           | Self-Rental      |                 |              |          |  |    |  |     |
|          | Multi-Family Residence 4 Commercial   |  | 6 Roya         |                  |             | Other (desc      | ribe)           |              |          |  |    |  |     |
|          |   |  |                |                  |             |                  |                 |              |          |  |    |  |     |
|          |   |  |                |                  |             | Propert          | ies:            |              |          |  |    |  |     |
| Incor    |   |  |                | Α                |             | В                |                 |              | С        |  |    |  |     |
| 3        | Rents received  |  |                | 6                | 80.         |                  |                 |              |          |  |    |  |     |
| 4        | Royalties received  | 4  |                |                  |             |                  |                 |              |          |  |    |  |     |
| Expe     |   |  |                |                  |             |                  |                 |              |          |  |    |  |     |
| 5        | Advertising   |  |                |                  | 80.         |                  |                 |              |          |  |    |  |     |
| 6        | Auto and travel (see instructions)  |  |                |                  | 77.         |                  |                 |              |          |  |    |  |     |
| 7        | Cleaning and maintenance  |  |                | 1,0              | 29.         |                  |                 |              |          |  |    |  |     |
| 8        | Commissions   |  |                |                  |             |                  |                 |              |          |  |    |  |     |
| 9        | Insurance   |  |                |                  |             |                  |                 |              |          |  |    |  |     |
| 10       | Legal and other professional fees   |  |                |                  |             |                  |                 |              |          |  |    |  |     |
| 11       | Management fees   |  |                | 1,2              | 49.         |                  |                 |              |          |  |    |  |     |
| 12       | Mortgage interest paid to banks, etc. (see instructions)  | 12   |                |                  |             |                  |                 |              |          |  |    |  |     |
| 13       | Other interest  |  |                |                  | 00.         |                  |                 |              |          |  |    |  |     |
| 14       | Repairs   | -  |                |                  | 40.         |                  |                 |              |          |  |    |  |     |
| 15       | Supplies  |  |                | 2,8              | 50.         |                  |                 |              |          |  |    |  |     |
| 16       | Taxes   | 16   |                |                  |             |                  |                 |              |          |  |    |  |     |
| 17       | Utilities   | 17   |                | 1,9              |             |                  |                 |              |          |  |    |  |     |
| 18       | Depreciation expense or depletion   | 18   |                | 3,5              | 85.         |                  |                 |              |          |  |    |  |     |
| 19       | Other (list)  |  |                |                  |             |                  |                 |              |          |  |    |  |     |
| 20       | Total expenses. Add lines 5 through 19  |  |                | 15,7             | 98.         |                  |                 |              |          |  |    |  |     |
| 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  |  |                | 1 F 1            | 1.0         |                  |                 |              |          |  |    |  |     |
|          | file Form 6198  | 21   |                | -15 <b>,</b> 1   | 10.         |                  |                 |              |          |  |    |  |     |
| 22       | Deductible rental real estate loss after limitation, if any,  |  | ,              | 1 - 11           |             |                  | ,               | ,            | ,        |  |    |  |     |
|          | on Form 8582 (see instructions)   |  | [(             | 15,11            |             |                  | (00             | (            | )        |  |    |  |     |
| 23a      | Total of all amounts reported on line 3 for all rental proper   |  |                |                  | 23a         |                  | 680.            |              |          |  |    |  |     |
| b        | Total of all amounts reported on line 4 for all proportion  |  |                |                  | 23b         |                  |                 |              |          |  |    |  |     |
| C C      | Total of all amounts reported on line 12 for all properties   |  |                |                  | 23c         |                  | 3 <b>,</b> 585. |              |          |  |    |  |     |
| d        | Total of all amounts reported on line 18 for all properties   |  |                |                  | 23d         |                  |                 |              |          |  |    |  |     |
| e<br>24  | Total of all amounts reported on line 20 for all properties   |  |                |                  | 23e         |                  | 798.            |              |          |  |    |  |     |
| 24<br>25 | Income. Add positive amounts shown on line 21. Do no  |  | -              |                  | <br>Intorto |                  | . 24            | <i>(</i>     | 15 110 \ |  |    |  |     |
| 25       | Losses. Add royalty losses from line 21 and rental real esta  |  |                |                  |             |                  |                 |              | 15,118.) |  |    |  |     |
| 26       | Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not |  |                |                  |             |                  |                 |              |          |  |    |  |     |
|          | Here. II Faits II, III, IV, and line 40 OH page 2 00 Hot  | appiy  | io you,        | aisu ei          | וויבו נוו   | is amount (      | ווי   ווי       |              |          |  |    |  |     |

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-15,118.