IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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 security nur	nber
NAV	YA MALLEPALLY	695-71-01	21
Spouse	's name	Spouse's social se	curity number
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	∣ r year you are a	uthorizing.)
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	93,895.
2	Total tax	2	13,421.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,838.
4	Amount you want refunded to you	4	3,417.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

			EBO firm name	c	Ē
X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	

1	0	1	2	1	
Ent don	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's sig	inature 🕨 🛛 🗖 Da	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
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	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 🕨			
D	ERO Must Retain This F on't Submit This Form to the I		
For Department Reduction Act No.	tion and your tox return instructions	 DEV 02/14/22 DDO	Earm 8879 (Pay 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/14/23 PRO

E 1040)-[Department of the Treasury-Inter U.S. Nonresident AI			eturn	2022	OMB No. 1	545-0074	IRS Us or st	e Only—Do not write taple in this space.
For the year Ja	n. 1–[Dec. 31, 2022, or other tax year beginr	ning		, 2022, ei	nding		, 20		See separate instructions.
Filing Status Check only one box.		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							state	Trust
Your first name	and	middle initial	Last na	ame				Your id	dentif	ying number
								(see in	structi	ons)
NAVYA			MALL	EPALLY				695	-71-	0121
Home address	(num	ber and street). If you have a P.O. bo>	k, see ins	tructions.						Apt. no.
1921 CAME										
City, town, or p	ost o	ffice. If you have a foreign address, al	so comp	lete spaces below	Ν.		State		ZIP	
KENT							OH		442	240
Foreign country	/ nam	1e	Foreigr	n province/state/o	county		Foreign	postal co	bde	
	_									
Digital Assets		any time during 2022, did you: (a) rece erwise dispose of a digital asset (or a								
		erwise dispose of a digital asset (of a	Inanciai	Interest in a digita	ai asset)?	(See instructions				
Dependents				(2) Dependen	t's		1			alifies for (see inst.): Credit for other
(see instructions)		(1) First name Last name		identifying num		(3) Relationship to y	ou Ch	ild tax cree	dit	dependents
If more than four dependents, see										
instructions and										
check here										
Income	1a	Total amount from Form(s) W-2, box							1	105,395.
Effectively	b	Household employee wages not rep)	
Connected	С	Tip income not reported on line 1a (
With U.S.	d	Medicaid waiver payments not repo								
Trade or	е	Taxable dependent care benefits fro		-					_	
Business	f	Employer-provided adoption benefi						. 11		
Attach	g	Wages from Form 8919, line 6								
Form(s) W-2,	h	Other earned income (see instructio	,					. 1ŀ	1	
1042-S, SSA-1042-S,	:	Reserved for future use								
RRB-1042-S,	J	Reserved for future use				1 1		. <u>1</u> j		
and 8288-A	K	Total income exempt by a treaty fro line 1(e)			,					
here. Also attach	z	Add lines 1a through 1h				· · · · · ·		. 1z	,	105,395.
Form(s)	2a	Tax-exempt interest 2	1			ble interest				100,000.
1099-R if tax was	 3a	Qualified dividends 3				nary dividends .				
withheld.	4a	IRA distributions 4				ble amount				
lf you did not	5a	Pensions and annuities 5	a		b Taxal	ble amount		. 5t	,	
get a Form	6	Reserved for future use						. 6		
W-2, see instructions.	7	Capital gain or (loss). Attach Sched	ule D (Fo	rm 1040) if requir	ed. If not	required, check h	ere	7		
	8	Other income from Schedule 1 (For	m 1040),	line 10				. 8		-11,500.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your total effec	tively co	nnected income		. 9		93,895.
	10	Adjustments to income:								
	а	From Schedule 1 (Form 1040), line 2	26			. 10a				
	b	Reserved for future use				. 10b				
	С	Reserved for future use								
	d	Enter the amount from line 10a. The							d	
	11	Subtract line 10d from line 9. This is								93,895.
	12	Itemized deductions (from Schedu				a: 1 a 1				
		deduction (see instructions)				1 1	n_US/India_Tr	eaty 12	2	12,950.
	13a									
	b	Exemptions for estates and trusts o		,						
	C	Add lines 13a and 13b								10.050
	14 15									12,950.
	15	Subtract line 14 from line 11. If zero			-			. 15	-	80,945.

Form 1040-NR (2022)					Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 28814 2 497	2 3		16	13,421.
Credits	17	Amount from Schedule 2 (Form 1040), line 3			17	0.
	18	Add lines 16 and 17			18	13,421.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 10	40)		19	
	20	Amount from Schedule 3 (Form 1040), line 8			20	
	21	Add lines 19 and 20			21	
	22	Subtract line 21 from line 18. If zero or less, enter -0			22	13,421.
	23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a			
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	23b			
	с	Transportation tax (see instructions)	23c			
	d	Add lines 23a through 23c			23d	
	24	Add lines 22 and 23d. This is your total tax			24	13,421.
Payments	25	Federal income tax withheld from:				
,	а	Form(s) W-2	25a 16	5,838.		
	b	Form(s) 1099	25b			
	с	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c			25d	16,838.
	е	Form(s) 8805			25e	
	f	Form(s) 8288-A			25f	
	g	Form(s) 1042-S			25g	
	26	2022 estimated tax payments and amount applied from 2021 return			26	
	27	Reserved for future use	27			
	28	Additional child tax credit from Schedule 8812 (Form 1040)	28			
	29	Credit for amount paid with Form 1040-C	29			
	30	Reserved for future use	30			
	31	Amount from Schedule 3 (Form 1040), line 15	31			
	32	Add lines 28, 29, and 31. These are your total other payments and refundation	ble credits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments .			33	16,838.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amoun	nt you overpaid		34	3,417.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, chec	khere	🗆	35a	3,417.
Direct deposit?	b	Routing number 0 4 4 0 0 0 3 7 c Type: X	Checking	Savings		
See instructions.	d	Account number 5 9 5 0 7 3 3 1 0				
	е	If you want your refund check mailed to an address outside the United State enter it here.				
	36	Amount of line 34 you want applied to your 2023 estimated tax	36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe.				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .			37	
	38	Estimated tax penalty (see instructions)	38			
Third	Do yo	ou want to allow another person to discuss this return with the IRS? See instru	ctions. 🗌 Ye	es. Compl	ete below.	🛛 No
Party	Desig	nee's Phone	Perso	nal identifi	cation	
Designee	name			er (PIN)		
		penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base				
Sign	,					you an Identity
Here	rour	signature Date Your occupation				enter it here
TIELE		SOFTWARE E	NGINEER		inst.)	
	Phone	e no. Email address				
Paid	Prepa	arer's name Preparer's signature	Date	PTIN	Ch	eck if:
		SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/20/2023	P02082	2703 🗆 🗆	Self-employed
Preparer	Firm's	s name SYAMIRBAATRAMASKAAS GURTE TALLAM		Phone no		965-9522
Use Only	Firm's	s address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's El	(= =)	3171965
Go to www.irs.	gov/Foi	rm1040NR for instructions and the latest information.	REV 02/14/23 PR	0		1040-NR (2022)

SCHEDULE	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 20 22

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NAVYA MALLEPALLY 695-71-0121

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	-11,500.
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	_	
	Alaska Permanent Fund dividends	8g	_	
	Jury duty pay	8h	_	
i	Prizes and awards	8i	- 1	
j	Activity not engaged in for profit income	8j	-	
-	Stock options	8k	_	
	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	- 1	
	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	- 1	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (
			4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	οι 8u		
	Other income. List type and amount:			
2		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		10	-11,500.
	comente integra and el Enternere and err entrete, 1040-or		10	±±,500.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
11	Educator expenses				. 11	
12	Certain business expenses of reservists, performing artists, and fee			vernmer	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				. 16	
17	Self-employed health insurance deduction				. 17	
18	Penalty on early withdrawal of savings					
19a	Alimony paid					
b	Recipient's SSN					
С	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:					
 a		24a				
	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d		24d				
е	Repayment of supplemental unemployment benefits under the Trade					
-	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
q		24g				
·	Attorney fees and court costs for actions involving certain unlawful	_ 3				
		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					
	tax law violations	24i				
i	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				. 25	
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					
	BAA	REV	02/14/23	PRO	Schedu	ıle 1 (Form 1040) 20

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

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Sequence No. 7B Your identifying number

2

Attachment

NAVYA MALLEPALLY

695-71-0121

Enter amount of income under the appropriate rate of tax. See instructions.

Nature of Income				(a) 10%	(b) 15%	(c) 30%	(d) Other	ner (specify)		
		Nature of Income			(a) 10%	(b) 13%	(C) 30%	%	%	
1	Dividends and divide	nd equivalents:								
а	Dividends paid by U.	S. corporations		1a						
b	Dividends paid by for	reign corporations		1b						
с	Dividend equivalent p	ayments received with respect to section 871(m) tra	ansactions	1c						
2	Interest:									
а	Mortgage			2a						
b	Paid by foreign corpo	prations	[2b						
с	Other		[2c						
3	Industrial royalties (p	atents, trademarks, etc.)	[3						
4	Motion picture or TV	copyright royalties	[4						
5	Other royalties (copy	rights, recording, publishing, etc.)	[5						
6	Real property income	and natural resources royalties	[6						
7	Pensions and annuiti	es	[7						
8	Social security benef	its	[8						
9	Capital gain from line	918 below	[9						
10	Gambling-Resident	s of Canada only. Enter net income in column (c).	· [
а	Winnings									
b	Losses			10c						
11	Note: Losses not allo	Residents of countries other than Canada.		11						
12	Other (specify):									
				12						
13	Add lines 1a through	12 in columns (a) through (d)		13						
14		ate of tax at top of each column		14						
15	Tax on income not ef	fectively connected with a U.S. trade or business						NR, line 23a 15		
		Capital Gains and	l Losses Fr	rom	Sales or Excha	nges of Proper	ty			
losses f exchan	nly the capital gains and from property sales or ges that are from sources the United States and not	16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquir mm/dd/yyyy		(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).	
	vely connected with a U.S. ss. Do not include a gain									
or loss	on disposing of a U.S. real									
gains a	ty interest; report these ind losses on Schedule D									
(Form 1										
exchan	property sales or ges that are effectively									
connec	eted with a U.S. business edule D (Form 1040),							()		
	1797, or both.	18 Capital gain. Combine columns (f) and (g	g) of line 17.	Ente	r the net gain here	e and on line 9 abo	ove. If a loss, enter	r-0 18		

SCHE	DULE	ΟΙ
(Form	1040-N	IR)

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Other Information

OMB No. 1545-0074

Attach to Form 1040-NR. Answer all questions.

	2022
	Attachment Sequence No. 7C
our identif	ying number
595-71	-0121

Y

 B In C Ha D We 1. A I 2. A g 	f what country or countries we what country did you claim r ave you ever applied to be a g	ere you a citizen or nationa residence for tax purposes	l during the tax y	ear? INDIA			
 B In C Ha D We 1. A I 2. A g 	what country did you claim r ave you ever applied to be a g	residence for tax purposes					
C Ha D We 1. A 2. A g	ave you ever applied to be a g		during the tax y	ear? United States			
1. A 2. Ag							
2. A g	'ere you ever:						
	U.S. citizen?					Yes	🛛 No
	green card holder (lawful perr	manent resident) of the Un	ted States? .			Yes	🛛 No
lt y	you answer "Yes" to (1) or (2),	, see Pub. 519, chapter 4,	for expatriation ru	les that apply to you.			
E If y im	you had a visa on the last da migration status on the last da	ay of the tax year, enter y ay of the tax year. F1	our visa type. If	you didn't have a visa, en	ter your U.S.		
F Ha	ave you ever changed your vis	sa type (nonimmigrant stat	us) or U.S. immig	ration status?		Yes	🛛 No
lf y	you answered "Yes," indicate	the date and nature of the	change:				
G Lis	st all dates you entered and le	eft the United States during	2022. See instru	uctions.			
	ote: If you're a resident of Ca				ient intervals,		
ch	neck the box for Canada or	Mexico and skip to item H	<u> </u>	🗌 Canada	Mexico		
	Date entered United States	Date departed United State	s	Date entered United State	s Date depa	arted United	d States
	mm/dd/yy	mm/dd/yy		mm/dd/yy	1	mm/dd/yy	
	ive number of days (including v D20						
l Die	id you file a U.S. income tax re "Yes," give the latest year and	eturn for any prior year? .				X Yes	🗌 No
J Ar	re you filing a return for a trust	t?				Yes	🗙 No
	"Yes," did the trust have a U .S. person, or receive a contril					☐ Yes	🗌 No
K Die	id you receive total compensa	ation of \$250,000 or more o	luring the tax yea	ar?		Yes	🗙 No
	"Yes," did you use an alternat					Yes	🗌 No
	come Exempt From Tax—If pomplete (1) through (3) below.				tax treaty with	n a foreign	country,
	nter the name of the country, the nount of exempt income in the				claimed the tre	eaty benefi	t, and the
	(a) Coun	try	(b) Tax treaty art	icle (c) Number of month claimed in prior tax ye		ount of exe n current ta	•
_							
2. We 3. Ar) Total. Enter this amount on 'ere you subject to tax in a for re you claiming treaty benefits "Yes," attach a copy of the Co	reign country on any of the pursuant to a Competent	income shown ir Authority determ	1 (d) above?		Yes Yes	□ No ⊠ No
M Ch	heck the applicable box if:		-				
1. Th	his is the first year you are ma ith a U.S. trade or business ur						

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/14/23 PRO Schedule OI (Form 1040-NR) 2022

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074 \frown

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

.,	2022
	Attachment Sequence No. 13

) snown on return									-	er
NAVY								695-	-71-012	<u>. 1</u>	
Part	Note: If you a	Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you a	re an ir	ndividual, r	eport fa	rm
Α [Did you make any p	ayments in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		🗆 `	Yes 🛛	No No
BI	f "Yes," did you or	will you file required Form(s) 1099?							🗆 '	Yes 🛛	No
1a	Physical address	s of each property (street, city, state, ZII									
					1 0						
<u>A</u>	VIJAYAPURI (COLONY SECUNDERABAD TELANGA	ANA .	IN 5000) 1 /						
B											
C								_			
1b	Type of Property (from list below)	2 For each rental real estate proper above, report the number of fair				⊢a	ir Rental Days		onal Use Days	· (QJV
•	, , ,	personal use days. Check the Q			•		-		-	_	
<u>А</u> В	3	if you meet the requirements to f			<u>A</u>		365		0	_	<u> </u>
C		qualified joint venture. See instru			B C					_	<u> </u>
					C						
	of Property:		امد		I	7	Colf Devetal				
	Single Family Resid		ital	5 Land			Self-Rental	:le e)			
2	Multi-Family Resid	ence 4 Commercial		6 Roya	lities	8	Other (descr	ibe)			
							Propertie	es:			
Incon	ne:				Α		В			С	
3	Rents received .		3		б	00.					
4	Royalties received	d	4								
Exper											
5	Advertising		5								
6	Auto and travel (s	ee instructions)	6								
7	Cleaning and mai	ntenance	7		1,0	00.					
8	Commissions .		8								
9	Insurance		9								
10	Legal and other p	rofessional fees	10								
11	Management fees	8	11		8	00.					
12	Mortgage interest	paid to banks, etc. (see instructions)	12								
13	Other interest .		13								
14	Repairs		14		3,5	50.					
15	Supplies		15		2,7	50.					
16	Taxes		16								
17	Utilities		17		4,0	00.					
18	Depreciation expe	ense or depletion	18								
19	Other (list)		19								
20	Total expenses. A	Add lines 5 through 19	20		12,1	00.					
21	Subtract line 20 fr	rom line 3 (rents) and/or 4 (royalties). If									
	()·	see instructions to find out if you must									
			21	-	-11,5	00.					
22		real estate loss after limitation, if any,									
		ee instructions)	22	(–	11,50)0.)	()(
23a		nts reported on line 3 for all rental prope				23a		600	•		
b		nts reported on line 4 for all royalty prop				23b					
С		nts reported on line 12 for all properties				23c					
d		nts reported on line 18 for all properties				23d			_		
е		nts reported on line 20 for all properties				23e	12	,100			
24		sitive amounts shown on line 21. Do no		•				. 2			
25		Ity losses from line 21 and rental real esta							5 (11,5	500.
26		estate and royalty income or (loss).									
		III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form	1040), line 5. Otherwise, include this a	moun	t in the tol	ai on li	ne 41	on page 2	. 2	6	-11	,500

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

NAVYA

MALLEPALLY

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 695-71-0121

Par	t I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.		
	I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(11,500.Prior years' unallowed losses (enter the amount from Part IV, column (c))1c(Combine lines 1a, 1b, and 1c)) 1d	-11,500.
All Ot	her Passive Activities		
2a b c	Activities with net income (enter the amount from Part V, column (a)) . 2a Activities with net loss (enter the amount from Part V, column (b)) . . 2b (Prior years' unallowed losses (enter the amount from Part V, column (c)) . . 2c ()	
d	Combine lines 2a, 2b, and 2c	2d	

	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return;		
6	all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the		
1	losses on the forms and schedules normally used	3	-11,500.

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.

Par	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Particip	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an examp	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3			4	11,500.
5	Enter \$150,000. If married filing separ	rately, 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	05,395.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	l to line 5, skip line	s 7 and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	44,605.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	22,303.
9	Enter the smaller of line 4 or line 8					9	11,500.
Par							
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal			10	0.
11	Total losses allowed from all passiv	ve activities for 20	22. Add lines 9 an	d 10. See instruct	ions to find		
	out how to report the losses on your t	ax return				11	11,500.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Nome of optivity	Currer	nt year	Prior years	Ove	rall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	ı	(e) Loss
VIJ	AYAPURI COLONY	0.	11,500.				11,500.

For Paparwork Paduation Act Nation son instru	lations	-	1/22 000	Earma 8582 (00)
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	11,500.		

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 P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.			
			Currer	nt year		Prior ye	ears	Overa	all gain or loss	
	Name of activity	(a	(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
			, ,	, ,			,			
		+								
	n Part I, lines 2a, 2b, and 2c		0			<u> </u>				
Part VI	Use This Part if an Amou			Part II,	Line 9. S	ee instruc	tions.			
	Name of activity	an to l	m or schedule d line number be reported on the instructions)	(a) Loss	(b) Ra	itio	(c) Special allowance		(d) Subtract column (c) fron column (a).
VIJAYAPU	RI COLONY		E Ln 22		11,500.	1.0000	0000	11,50	0.	0
otal					11,500.	1.00	0	11,50	0.	0
Part VII	Allocation of Unallowed	Loss			S.					
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_OSS		(b) Ratio	(c)	Unallowed loss
otal Part VIII	Allowed Losses. See inst		<u></u> ons.					1.00		
			Form or sche							
	Name of activity		and line nur to be reporte (see instruct	ed on	(a) L	_OSS	(b) Ui	nallowed loss	(c)	Allowed loss
otal										5 9590 (00)

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Form **8582** (2022)