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

internal Revenue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
AKHIL REDDY DANDA	017-33-3632
Spouse's name	Spouse's social security number
Part I Tay Patura Information Tay Year Ending December 31	(Enter year year authorizing)
	(Enter year you are 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.	
1 Adjusted gross income	1 116,857.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I autho Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involvaxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	n for rejection of the transmission, (b) the reason rize the U.S. Treasury and its designated Financial count indicated in the tax preparation software for institution to debit the entry to this account. This terminate the authorization. To revoke (cancel) a kition requests must be received no later than 2 yed in the processing of the electronic payment of to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	enerate my PIN 3 3 6 3 2 as my
X Tauthorize GLOBAL TAXES LLC to enter or g	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner F below.	
Your signature ► Akhil Reddy Danda D	ate ► <u>01/28/2023</u>
Spouse's PIN: check one box only	
	enerate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner F below.	
Spouse's signature ▶ D	ate ▶
Practitioner PIN Method Returns Only—continue	
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 4 9 6 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provi	am submitting this return in accordance with the
ERO's signature ▶ D	rate ▶

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

E 1040 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly under the name of the MFS box, enter the name of its a child but not your dependent	ame of y	ed filing separately our spouse. If you c						spou	ifying survi ise (QSS) ame if the	3	
Your first name	and mi	ddle initial	Last na	me					Y	Your social security number			
AKHIL RE	KHIL REDDY DANDA (017-33-3632						
If joint return, s	spouse's	s first name and middle initial	Last na	me					S	pouse's	social secu	ırity number	
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.			Α	pt. no.	F	resider	ntial Electio	n Campaign	
6688 JOH	IN H	ICKMAN PARKWAY					4	70			ere if you,		
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP co	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a			
						box below will not change							
Foreign country	/ name		F	Foreign province/state/	count	у	Foreig	n postal c	ode y	our tax	or refund.	Spouse	
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a									Yes	 ⊠ No	
Standard	Some	eone can claim: You as a dep	pendent	Your spous	e as a	dependent							
Deduction		Spouse itemizes on a separate returr	or you	were a dual-status	alien								
Age/Blindness	You:	☐ Were born before January 2, 19	958	Are blind Spo	ouse:	☐ Was bor	n befo	re Janua	ry 2,	1958	☐ Is bli	nd	
Dependents	(see i	nstructions):		(2) Social securit	у	(3) Relationsh	hip (4)	Check th	e box	if qualif	fies for (see i	instructions):	
If more	(1) F	irst name Last name		number		to you		Child t	ax cred	lit	Credit for oth	ner dependents	
than four]	
dependents, see instructions	s ——]	
and check								[]	
here												<u>] </u>	
Income	1a	Total amount from Form(s) W-2, bo	•	,						1a	12	8,888.	
Attach Form(s)	b	Household employee wages not rep		` '	•					1b			
W-2 here. Also	С	Tip income not reported on line 1a	•	,						10			
attach Forms		Medicaid waiver payments not repo		` '	struc	tions)			•	1c			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								1e			
was withheld.	f	Employer-provided adoption benefi							•	1f			
If you did not get a Form	g	Wages from Form 8919, line 6								1g			
W-2, see	h i	Other earned income (see instructing Nontaxable combat pay election (see instruction)	,			 1i	 i			1h	-	0.	
instructions.				decions)						_			
	Z	Add lines 1a through 1h	 - I							1z	12	8,888.	
Attach Sch. B if required.	2a 3a		2a			axable interes rdinary divide				2b			
	4a	IDA distribusions	3a			axable amount				3b			
tandard	5a		4a			axable amount				4b			
Deduction for—	6a	<u> </u> _	5a			axable amount				5b			
Single or Married filing	C	If you elect to use the lump-sum ele	6a ection n	nethod, check here						6b			
separately, \$12,950									. 1		1	1 000	
	7	Capital gain or (loss). Attach Sched						• •		8		1,090. 0,941.	
Married filing jointly or	8 9	Other income from Schedule 1, line							•				
Qualifying spouse,		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							•	9	+ ++	6,857.	
surviving spouse, \$25,900	10	Adjustments to income from Scheo	,							10	1 1 1	C 057	
Head of household, \$19,400	11	Subtract line 10 from line 9. This	-	, ,				• •	•	11		6,857.	
	12	Standard deduction or itemized of Qualified business income deducti		·		 5.A			•	12	$+$ $\frac{1}{2}$	2,950.	
If you checked any box under	13	•			1 077	л-A				13	1	2 050	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			mır t	avable incom				15		2,950.	
see instructions.	IJ	Subtract tille 14 from tille 11. Il Zer	o or tes:	s, circer -o-, rills is)	oui t	anable IIICUIII	ic .			13	1 10	3,907.	

Form 1040 (2022))							Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s)	: 1 🗌 8814	4 2 🗌 4972	3 🗌		16	18,773.
Credits	17						17	
	18	Add lines 16 and 17					18	18,773.
	19	Child tax credit or credit for other dependents	from Schedu	ıle 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less, er	nter -0				22	18,773.
	23	Other taxes, including self-employment tax, from	om Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax $$.					24	18,773.
Payments	25	Federal income tax withheld from:						
	a	Form(s) W-2			25a 25	,532.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	25,532.
If you have a	26	2022 estimated tax payments and amount app	lied from 202	21 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,	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 p	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. These are your total	al payments				33	25,532.
Refund	34	If line 33 is more than line 24, subtract line 24	from line 33.	. This is the amour	nt you overpaid		34	6,759.
	35a	Amount of line 34 you want refunded to you. I	f Form 8888				35a	6,759.
Direct deposit?	b	Routing number 1 1 1 0 0 0 6 1	1 4		Checking S	avin gs		
See instructions.		Account number 6 0 1 9 0 9 3 2)	×				
	d			1	26			
	36	Amount of line 34 you want applied to your 20		itax	36		-	
Amount You Owe	37	Subtract line 33 from line 24. This is the amou					27	
rou Owe	38	For details on how to pay, go to www.irs.gov/h	-		38		37	
TI: ID: (Estimated tax penalty (see instructions)						
Third Party Designee		you want to allow another person to discustructions			_	mnlete h	elow	X No
Designee		ignee's	Phone			nal identif		Z NO
	nar		no.			er (PIN)	reaction	
Sign		ler penalties of perjury, I declare that I have examined						
Here	bel	ef, they are true, correct, and complete. Declaration of	preparer (other	r than taxpayer) is ba	sed on all information	n of which	ı prepare	er has any knowledge.
ricic	You	r signature C	Date	Your occupation				t you an Identity
lates was war				SOFTWARE E	NCTNEED		inst.)	N, enter it here
Joint return? See instructions.	Spc	use's signature. If a joint return, both must sign.	Date	Spouse's occupation		`		l
Keep a copy for	Spc	ase 3 signature. It a joint return, both must sign.	Jucc	эройзе з оссиране	,,,,			ection PIN, enter it here
your records.						(see	inst.)	
	Pho	one no. (469) 674-3552	mail address	DANDA.AKHI	L@YAHOO.CO	M		
Paid	Pre	parer's name Preparer's signature	e		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA	AM SAGAR (GUPTA TALLAM	01/29/2023	P02082	2703	Self-employed
Use Only	Fir	n's name GLOBAL TAXES LLC				Phon	e no. (678)965-9522
	Fir	n's address 245 ROONEY CT E BRUN	SWICK NJ	08816		Firm	's EIN	88-2145487
Go to www.irs.go	v/Form	1040 for instructions and the latest information.		BAA	REV 01/24/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Department of the Treasury

Internal Revenue Service

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

2022
Attachment
Sequence No. 01

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

Your social security number 017-33-3632

Par	t 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. At	tach Schedule E .	5	-10,941.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a (<u>)</u>	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (<u>)</u>	
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		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see	0		
_	instructions)	8m 8n	-	
	Section 951(a) inclusion (see instructions)	80	-	
0	Section 951A(a) inclusion (see instructions)	8p	-	
P	Section 461(l) excess business loss adjustment	8q	-	
q	Taxable distributions from an ABLE account (see instructions)	8r	_	
r	Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form	01	-	
5	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or		_	
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
0	Total other income Add lines to through the			
9 10	Total other income. Add lines 8a through 8z		9	-10,941.

Schedule 1 (Form 1040) 2022 Page 2

Part	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	-basis government	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			
c	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:			
a		24a		
b	Deductible expenses related to income reported on line 8l 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	Contributions to section $501(c)(18)(D)$ pension plans	24f	-	
g	contributions by certain enaptains to section 105(b) plans	24g	_	
h	Attorney fees and court costs for actions involving certain unlawful	2.41		
	` '	24h	-	
1	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	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2 1)	-	
	, , ,	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.	Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. 12

Internal Revenue Serv	use Form 8949 to list your tra	ansactions for lines 11	b, 2, 3, 8b, 9, and 1	0.		Sequence No. 1Z
Name(s) shown on re	urn			Yo	our social se	ecurity number
AKHIL REDD					017-33-	-3632
	f any investment(s) in a qualified opportunit			×Ν		
If "Yes," attach I	orm 8949 and see its instructions for addition	nal requirements for	r reporting your ga	in or loss	<u>.</u>	
Part I Sho	t-Term Capital Gains and Losses—Ger	nerally Assets He	eld One Year or	Less (see insti	ructions)
See instructions lines below.	(g) stments or loss from	(h) Gain or (loss) Subtract column (e) from column (d) and				
whole dollars.	easier to complete if you round off cents to	(sales price)	(or other basis)		8949, Part I, column (g)	combine the result with column (g)
1099-B for which you However, i	l short-term transactions reported on Form which basis was reported to the IRS and for have no adjustments (see instructions) you choose to report all these transactions 19, leave this line blank and go to line 1b.					
1b Totals for a Box A chec	l transactions reported on Form(s) 8949 with ked					
2 Totals for al Box B chec	transactions reported on Form(s) 8949 with					
3 Totals for al Box C chec	transactions reported on Form(s) 8949 with	45,447.	46,537.			-1,090.
4 Short-term	gain from Form 6252 and short-term gain or			24 .	. 4	
	erm gain or (loss) from partnerships, S o	corporations, estate	es, and trusts fro	om	5	
6 Short-term	capital loss carryover. Enter the amount, if n the instructions	any, from line 8 of	f your Capital Loss	Carryov	ver 6	(
7 Net short-t		-1,090.				
	g-Term Capital Gains and Losses—Gen				r (see in	-L
lines below. This form may be	or how to figure the amounts to enter on the easier to complete if you round off cents to	(d) Proceeds	(e) Cost (or other basis)	Adjus to gain o	(g) stments or loss from 8949, Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
whole dollars.		` ' '	,		column (g)	with column (g)
1099-B for which you However, i	Il long-term transactions reported on Form which basis was reported to the IRS and for have no adjustments (see instructions), you choose to report all these transactions 19, leave this line blank and go to line 8b.					
8b Totals for a Box D chec	l transactions reported on Form(s) 8949 with					
9 Totals for al Box E chec	transactions reported on Form(s) 8949 with					
	l transactions reported on Form(s) 8949 with ed					
11 Gain from	Form 4797, Part I; long-term gain from Form 4684, 6781, and 8824		and long-term gai	in or (los	ss) 11	
	m gain or (loss) from partnerships, S corpora		I trusts from Sched	ule(s) K-	1 12	
	distributions. See the instructions					
	apital loss carryover. Enter the amount, if an the instructions	-	f your Capital Loss	Carryov	ver 14	(
15 Net long-te	III					

15

Schedule D (Form 1040) 2022 Page 2

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-1,090.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18.		
	☐ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	$\hfill \square$ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(1,090.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		
	■ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

8949

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment

OMB No. 1545-0074

Sequence No. 12A Social security number or taxpayer identification number Name(s) shown on return AKHIL REDDY DANDA 017-33-3632

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

(B) Short-term transactionsX (C) Short-term transactions		` '	-	is wasn't report	ed to the II	45	
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, i If you enter an enter a co See the sep (f) Code(s) from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
				mistractions.	instructions	Amount of adjustment	with column (g).
COINBASE	01/01/22	12/31/22	45,447.	46,537.			-1,090.
2 Totals. Add the amounts in columns (negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lii	clude on your ne 2 (if Box B	45,447.	46,537.			-1,090.

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Name(s) shown on return

AKHIL REDDY DANDA

Department of the Treasury

Internal Revenue Service

Your social security number 017-33-3632

HIIII	L REDDI DANDA						01/-	-55-565) _	
Part	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal propert			C See i	nstruct	tions If you are	an ind	lividual re	nort farm	
	rental income or loss from Form 4835 on page 2, line 40.	ty, usc	Scriedate	c. see ii	i i sti uti	cions. Il you are	an ma	iividuat, ic	porchanni	
Α [Did you make any payments in 2022 that would require you t	to file	Form(s) 1	099? Se	ee inst	tructions		. 🗆 `	Yes 🛛 No	_
B I	If "Yes," did you or will you file required Form(s) 1099?								Yes 🗌 No	
1a	Physical address of each property (street, city, state, ZIF	code)							
Α	1-7-1000/A, ADVOCATESCOLONY HANAMKONDA	WARA	NGAL,T	ELANG	GANA	IN 506001	1			
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair i					ir Rental Days		onal Use Days	QJV	
Α	g personal use days. Check the QJ			Α		365		0		_
В	if you meet the requirements to f	ile as a	a	В						_
С	qualified joint venture. See instru	ctions.	•	С						_
Type	of Property:					L				_
	Single Family Residence 3 Vacation/Short-Term Rent	al	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya			Other (descri	he)			
	mater ranney residence i commercial	- 1	- 11074							_
						Propertie	es:			_
Incom				Α		В			С	_
3	Rents received	3		6	78.					_
4	Royalties received	4								
Exper	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,2	74.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,6	98.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,8	74.					
15	Supplies	15		2,1	07.					
16	Taxes	16								_
17	Utilities	17		1,6	66.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		11,6	19.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			•						_
۷1	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		- 10 , 9	41.					
22	Deductible rental real estate loss after limitation, if any,			•						_
	on Form 8582 (see instructions)	22	(10,94	1.)	()()
23a	Total of all amounts reported on line 3 for all rental proper	-			23a		678			Í
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	11	, 619			
24	Income. Add positive amounts shown on line 21. Do not it						24	_		
2 4 25	Losses. Add royalty losses from line 21 and rental real estate		-		· ·	tal losses bore	<u> </u>		10,941.	_
							_	- (
26	Total rental real estate and royalty income or (loss). C here. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						'' ₂₆	6	-10,941.	