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

| Submi | ission Identification Number (SID) | | | | |
|---|---|--|--|--|--|
| Taxpaye | er's name | Social sec | urity numb | er | |
| SAI | SRUJAN SIRIPURAM | 009-6 | 57-437 | 9 | |
| Spouse' | 's name | Spouse's | | | er |
| Dout | Toy Deturn Information Toy Veer Ending December 24 0000 (Fr | | | thorizing | ~ \ |
| Part | • | nter year you | are au | monzing | J.) |
| | whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | 1 1 | 6: | 3,285. |
| 2 | Total tax | | | | 6 , 689. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 1 | 0,408. |
| 4 | Amount you want refunded to you | | 4 | | 3,719. |
| 5 | Amount you owe | | 5 | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get an penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend | | | | |
| return (to send for any Agent t paymer authoriz paymer busines taxes t persona | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trard my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in o receive confidential information necessary to answer inquiries and resolve issues related to the alidentification number (PIN) below is my signature for the income tax return (original or amended) nic Funds Withdrawal Consent. | rejection of the e U.S. Treasury indicated in the tution to debit to mate the authorequests must the processing the payment. I the | ctronic rete transmise a transmise of transmise of the entry to the en | turn origin ssion, (b) designated paration so to this accoror revoke wed no la ectronic puknowledge | ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of ge that the |
| | yer's PIN: check one box only | Г | | | 1 |
| X | | ate my PIN | 7 4 3 | 3 7 9 | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | • | Enter five don't ente | digits, but r all zeros | asiny |
| | I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | |
| Your s | signature ▶ Date ▶ | - | | | |
| Spaul | os's DINL shock one hav only | | | | |
| Spous | se's PIN: check one box only I authorize to enter or genera | oto my DIN | | | as my |
| | ERO firm name | | Enter five | digits, but |] as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | don't ente | r all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | |
| Spous | e's signature ▶ Date ▶ | • | | | |
| | Practitioner PIN Method Returns Only—continue bel | ow | | | |
| Part | Certification and Authentication — Practitioner PIN Method Only | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | | | 8 9 |
| | | Don't | enter all ze | 103 | |
| authori | y that the above numeric entry is my PIN, which is my signature for the electronic individual incommoded to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers | ubmitting this r | eturn in a | accordanc | |
| ERO's | signature ► Date ▶ | • | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested T | | | | |

E 1040-NR Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

| 2022 |
|------|
| |

OMB No. 1545-0074

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

| For the year Ja | ın. 1–[| Dec. 31, 2022, or other tax year begin | nning | , 2022, | ending | , | 20 | See separate instructions. |
|---------------------------|---------|--|----------------|------------------------------------|------------------------|---------|---------------|-------------------------------|
| Filing Status | | Single Married filing se | Esta | ate 🗌 Trust | | | | |
| Check only one box. | | | | | · | • | | |
| Your first name | e and | middle initial | Last na | ame | | | | entifying number ructions) |
| SAI SRUJ | AN | | SIRI | PURAM | | | 009- | 67-4379 |
| Home address | (num | ber and street). If you have a P.O. be | ox, see ins | structions. | | | ' | Apt. no. |
| 4849 FRA | NKFC | RD RD | | | 83 | 7-1 | | |
| City, town, or p | oost o | ffice. If you have a foreign address, | also comp | lete spaces below. | | State | - : | ZIP code |
| DALLAS | | | | | | TX | | 75287 |
| Foreign countr | y nam | e | Foreign | n province/state/county | | Foreign | postal coc | le |
| Digital Asset | | ny time during 2022, did you: (a) rec erwise dispose of a digital asset (or a | | | | | | exchange, gift, or . Yes No |
| Dependent | s | | | | | (4) Ch | eck the box | if qualifies for (see inst.): |
| (see instructions | | (1) First name Last nam | ie | (2) Dependent's identifying number | (3) Relationship to y | ou Chi | ld tax credit | Credit for other dependents |
| If more than fou | _ | | | | | | | |
| dependents, se | | | | | | | | |
| instructions and | | | | | | | Щ | |
| check here | | | | | | | Ц | |
| Income | 1a | Total amount from Form(s) W-2, b | ` | , | | | | 70,085. |
| Effectively | b | Household employee wages not re | | | | | | |
| Connected | С | Tip income not reported on line 1a | | | | | | |
| With U.S. | d | Medicaid waiver payments not rep | | () | , | | | |
| Trade or | е | Taxable dependent care benefits to | | | | | | |
| Business | f | Employer-provided adoption bene | | · | | | | |
| Attach | 9 | Wages from Form 8919, line 6 . | | | | | | |
| Form(s) W-2, | h | Other earned income (see instruct | • | | | | . 1h | |
| 1042-S, SSA-1042-S. | i | Reserved for future use | | | | | | |
| RRB-1042-S, | J | Reserved for future use | | | 1 1 | | . <u>1j</u> | |
| and 8288-A | k | Total income exempt by a treaty fr | | | | | | |
| here. Also | | ` ' | | | 1k | | | 70 005 |
| attach Form(s) | Z | Add lines 1a through 1h | 1 | I | elete Setember | | . 1z | 70,085. |
| 1099-R if | 2a | • | 2a 3a | | kable interest | | . 2b | |
| tax was withheld. | _ | | | | dinary dividends . | | | |
| | 4a | - | 4a | | kable amount | | | |
| If you did not get a Form | 5а 6 | Pensions and annuities | 5a | | kable amount | | | |
| W-2, see | 7 | Capital gain or (loss). Attach Sche | | | | | | |
| instructions. | 8 | Other income from Schedule 1 (Fo | • | | | | | (000 |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | | -6,800. 63,285. |
| | 10 | Add lines 12, 25, 35, 45, 35, 7, and Adjustments to income: | u 0. 11115 15 | your total effectively t | | | . 3 | 03,203. |
| | а | From Schedule 1 (Form 1040), line | 26 | | 10a | | | |
| | b | Reserved for future use | | | | | | |
| | c | Reserved for future use | | | | | | |
| | d | Enter the amount from line 10a. The | | | | | . 10d | 1 |
| | 11 | Subtract line 10d from line 9. This | | = | | | | 63,285. |
| | 12 | Itemized deductions (from Sche | dule A (Fo | rm 1040-NR)) or, for ce | rtain residents of Inc | | ard | |
| | 40- | deduction (see instructions) | eaty 12 | 12,950. | | | | |
| | 13a | Qualified business income deduct | | | | | | |
| | b | Exemptions for estates and trusts | | | | | | 1 |
| | C | Add lines 13a and 13b | | | | | | 10.050 |
| | 14 | | | ontor O. This is your to | | | | 12,950. |
| | 15 | Subtract line 14 from line 11. If zer | o or iess. | enter -u This is vour ta | xable income | | . 15 | 50,335. |

| Tax and | 16 | Tax (see instructions). Check if an | y from For | rm(s): 1 | 2 2 497 | 2 3 | · 🗆 | | 16 | 6 , 689. |
|--------------------------------------|----------------|--|----------------------|-------------------|--------------------|----------|--------|--------------|---------|---------------------|
| Credits | 17 | Amount from Schedule 2 (Form | 17 | 0. | | | | | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 6,689. |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | ule 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 z | ero or less | s, enter -0 | | | | | 22 | 6,689. |
| | 23a | Tax on income not effectively co Schedule NEC (Form 1040-NR), | nnected w | vith a U.S. trade | or business from | 1 | | | | , |
| | b | Other taxes, including self-emplo | | | | 200 | | | - | |
| | | line 21 | | | | 23b | | | | |
| | С | Transportation tax (see instruction | ons) | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | ur total ta : | x | | | | | 24 | 6,689. |
| Payments | 25 | Federal income tax withheld from | n: | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | 10 | ,408. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) . | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | <u> </u> | | | 25d | 10,408. |
| | е | Form(s) 8805 | | | | | | | 25e | • |
| | f | Form(s) 8288-A | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2022 estimated tax payments ar | | | | | | | 26 | |
| | 27 | Reserved for future use | | | | 27 | | | | |
| | 28 | Additional child tax credit from S | | | | 28 | | | - | |
| | 29 | Credit for amount paid with Forn | | • | • | 29 | | | | |
| | | • | | | | - | | | 1 | |
| | 30 | Reserved for future use | | | | 30 | | | - | |
| | 31 | Amount from Schedule 3 (Form | ,. | | | 31 | | | - | |
| | 32 | Add lines 28, 29, and 31. These | - | | | | | | 32 | 10.400 |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | | | | | | 33 | 10,408. |
| Refund | 34 | If line 33 is more than line 24, su | | | | • | - | | 34 | 3,719. |
| | 35a | Amount of line 34 you want refu | | | | | | | 35a | 3,719. |
| Direct deposit? See instructions. | b | Routing number 0 4 4 0 | | | c Type: | Check | ing L | Savings | | |
| see instructions. | d | Account number 5 9 2 5 5 9 6 7 5 | | | | | | | | |
| | е | If you want your refund check menter it here. | | | | | | | | |
| | 36 | Amount of line 34 you want app | lied to you | ur 2023 estimat | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. Thi | | | | | | | | |
| You Owe | | For details on how to pay, go to | www.irs.g | ov/Payments or | see instructions . | | | | 37 | |
| | 38 | Estimated tax penalty (see instru | ictions) . | | | 38 | | | | |
| Third | Do yo | u want to allow another person to | | | | ctions. | | s. Compl | ete bel | ow. 🛛 No |
| Party | Desig | nee's | | Phone | | | Persor | nal identifi | cation. | |
| Designee | name | | | | | | numbe | | | |
| | | penalties of perjury, I declare that I ha they are true, correct, and complete. D | | | | | | | | |
| Sign | Yours | signature | | Date | Your occupation | | | If the | e IRS s | ent you an Identity |
| Here | Your signature | | | 24.0 | . car cocapanon | | | | | PIN, enter it here |
| | | | | | EMPLOYED | | | (see | inst.) | |
| | Phone | e no. | | Email address | | | | | | |
| Paid | Prepa | rer's name | Preparer | 's signature | | Date | | PTIN | | Check if: |
| | | | SYAM PR | RIYA RAM SAGAI | R GUPTA TALLAM | 02/2 | 4/2023 | P02082 | 2703 | Self-employed |
| Preparer | Firm's | name SYAMILERBYAIRAMASKAAS G | UNIO TALL | AM | | • | | Phone n | o. (6' | 78)965-9522 |
| Use Only | | | | | | | | Firm's E | | 4-3171965 |
| | | | | | | | | | | |

Form 1040-NR (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SAI SRUJAN SIRIPURAM

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

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

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

Your social security number 009-67-4379

| 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 | ch Schedule E . | 5 | -6,800. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| - 1 | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | _ | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (| <u>)</u> | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | _ | | |
| | a nongovernmental section 457 plan | 8t | _ | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| _ | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR | or 1040-NR line 8 | 10 | -6.800 |

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

| Par | t II Adjustments to Income | | | |
|-----|--|----------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis go | vernment | | |
| | 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) | | - | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | rental of personal property engaged in for profit | | - | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | | |
| d | Reforestation amortization and expenses | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | - | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | - | |
| _ | Attorney fees and court costs for actions involving certain unlawful | | - | |
| | discrimination claims (see instructions) | | | |
| 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 | | | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | | | |
| 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 he | | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 1040-NR.

OMB No. 1545-0074

2022
Attachment
Sequence No. 7B

Name shown on Form 1040-NR

SAI SRUJAN SIRIPURAM

Your identifying number 009-67-4379

| Enter a | amount of income und | er the | appropriate rate of tax. See instructions. | | | | | | | | |
|---|---|-------------------------------------|---|----------------------------|-----|-----------------------------|-------------------------|-------------------------|---|---|--|
| | Nature of Income | | | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | er (specify) | |
| | | Dividends and dividend equivalents: | | | | | (b) 1070 | (6) 0070 | % | % | |
| 1 | Dividends and divide | end ec | quivalents: | | | | | | | | |
| а | Dividends paid by U | .S. co | rporations | | 1a | | | | | | |
| b | Dividends paid by fo | reign | corporations | | 1b | | | | | | |
| С | Dividend equivalent p | ayme | nts received with respect to section 871(m) tr | ransactions | 1c | | | | | | |
| 2 | Interest: | | | | | | | | | | |
| а | Mortgage | | | | 2a | | | | | | |
| b | Paid by foreign corp | oratio | ns | | 2b | | | | | | |
| С | Other | | | | 2c | | | | | | |
| 3 | Industrial royalties (p | atent | s, trademarks, etc.) | | 3 | | | | | | |
| 4 | Motion picture or TV | сору | right royalties | | 4 | | | | | | |
| 5 | Other royalties (copy | rights | s, recording, publishing, etc.) | | 5 | | | | | | |
| 6 | Real property income and natural resources royalties | | | | 6 | | | | | | |
| 7 | Pensions and annuities | | | | 7 | | | | | | |
| 8 | Social security benefits | | | | 8 | | | | | | |
| 9 | Capital gain from line 18 below | | | 9 | | | | | | | |
| 10 | If zero or less, ente | r -0 | Canada only. Enter net income in column (c) |). | | | | | | | |
| а | Winnings | | | | | | | | | | |
| b | Losses | | | | 10c | | | | | | |
| 11 | Gambling winnings – | -Resid | dents of countries other than Canada. | | 11 | | | | | | |
| 12 | | | | | | | | | | | |
| 12 | | | | | 12 | | | | | | |
| 13 | | | columns (a) through (d) | | 13 | | | | | | |
| 14 | _ | | f tax at top of each column | | 14 | | | | | | |
| 15 | | | vely connected with a U.S. trade or business | | | through (d) of line 1 | 4. Enter the total here | e and on Form 1040 | -NR, line 23a 15 | | |
| | | | Capital Gains and | | | | | | , = = = = 10 | I | |
| Enter o | nly the capital gains and | 16 | (a) Kind of property and description | | | | | | (f) LOSS | (g) GAIN | |
| losses t | from property sales or ges that are from sources he United States and not | | (if necessary, attach statement of descriptive details not shown below) | (b) Date acqu mm/dd/yyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | If (e) is more than (d), subtract (d) from (e). | If (d) is more than (e), subtract (e) from (d). | |
| effectiv | ely connected with a U.S. | | | | | | | | | | |
| business. Do not include a gain or loss on disposing of a U.S. real | | | | | | | | | | | |
| | y interest; report these nd losses on Schedule D | | | | | | | | | | |
| (Form 1 | | | | | | | | | | | |
| Report | property sales or ges that are effectively | | | | | | | | | | |
| connec | ted with a U.S. business | 17 | Add columns (f) and (g) of line 16 | | | | | 17 | () | | |
| on Schedule D (Form 1040), Form, 4797, or both. | | | Capital gain. Combine columns (f) and (| | | | | | , | | |

SCHEDULE OI (Form 1040-NR)

Other Information

Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR.

Attachment Sequence No. **7C**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Answer all questions.

| Name sl | me shown on Form 1040-NR Your identifying number | | | | | | | | | | | |
|---------|--|-------------------------------|------------------------|----------------------------|-----------------|--------------|------------|--|--|--|--|--|
| SAI | SRUJAN SIRIPURAM | | | | 009-67-4 | 379 | | | | | | |
| Α | Of what country or countries w | vere you a citizen or nationa | al during the tax y | ear? INDIA | | | | | | | | |
| В | In what country did you claim | residence for tax purposes | s during the tax y | ear? United States | | | | | | | | |
| С | Have you ever applied to be a | green card holder (lawful p | ermanent residen | t) of the United States? . | | Yes | ⊠ No | | | | | |
| D | Were you ever: | | | | | | | | | | | |
| 1. | A U.S. citizen? | | | | | ☐ Yes | ⊠ No | | | | | |
| 2. | A green card holder (lawful per | rmanent resident) of the Un | ited States? . | | | ☐ Yes | ⊠ No | | | | | |
| | If you answer "Yes" to (1) or (2 |), see Pub. 519, chapter 4, | for expatriation ru | les that apply to you. | | | | | | | | |
| E | If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1 | | | | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | | | | |
| G | List all dates you entered and | left the United States durin | | | | | | | | | | |
| | Note: If you're a resident of C | anada or Mexico AND cor | nmute to work in | the United States at frequ | ent intervals, | | | | | | | |
| | check the box for Canada or | Mexico and skip to item I | <u>1.</u> _. | \square Canada | ☐ Mexico | | | | | | | |
| | Date entered United States | Date departed United State | es | Date entered United State | | arted United | d States | | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | 1 | mm/dd/yy | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Н | Give number of days (including 2020 | , 2021 | , an | d 2022 365 | | | | | | | | |
| I | Did you file a U.S. income tax If "Yes," give the latest year ar | | | | | X Yes | □No | | | | | |
| J | Are you filing a return for a trus | st? | | | | ☐ Yes | ⊠ No | | | | | |
| | If "Yes," did the trust have a U.S. person, or receive a contr | | | | | ☐Yes | □No | | | | | |
| K | Did you receive total compens | ation of \$250,000 or more | during the tax yea | nr? | | ☐ Yes | ⊠ No | | | | | |
| | If "Yes," did you use an alterna | ative method to determine t | the source of this | compensation? | | ☐ Yes | ☐ No | | | | | |
| L | Income Exempt From Tax—If complete (1) through (3) below | | | | tax treaty with | a foreign | country, | | | | | |
| 1. | Enter the name of the country, amount of exempt income in the | | | | claimed the tre | eaty benefi | t, and the | | | | | |
| | (a) Cou | ntry | (b) Tax treaty art | icle (c) Number of month | | ount of exe | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | (e) Total. Enter this amount or | n Form 1040 ND line 11: D | o not optor it are: | whore else on line 1 | | | | | | | | |
| 2 | Were you subject to tax in a fo | | - | | | Yes | No | | | | | |
| | Are you claiming treaty benefit | | | | | Yes | □ No | | | | | |
| ٥. | If "Yes," attach a copy of the C | | = | | | 1€3 | Z NU | | | | | |
| М | Check the applicable box if: | Joinpotont Authority determ | imation letter to y | our roturn. | | | | | | | | |
| | This is the first year you are many with a U.S. trade or business u | | | | | | | | | | | |
| 2. | You have made an election in States as effectively connected | n a previous year that has | not been revoke | d, to treat income from re | al property lo | cated in th | e United | | | | | |

SCHEDULE E (Form 1040)

Department of the Treasury

Name(s) shown on return

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,

Attachment

Your social security number

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

Sequence No. 13

OMB No. 1545-0074

SAI SRUJAN SIRIPURAM 009-67-4379 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . If "Yes," did you or will you file required Form(s) 1099? 1a Physical address of each property (street, city, state, ZIP code) FLAT NO-302, PADMARAO NAGAR SECUNDERABAD, HYD, TELANGANA IN 500025 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 450. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 750. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,150. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,350. 14 14 Repairs . . . 15 Supplies 15 1,650. 16 16 Taxes 17 17 1,350. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 7,250. Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,800. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6.800.450. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 7,250. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 6,800. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-6,800.

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