## 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

Submission Identification Number (SID)		
Taxpayer's name	Social securi	ity number
RAMDEV KISHORE REDDY GAMPALA	674-74	-8788
Spouse's name	Spouse's so	cial security number
Part I Tax Return Information — Tax Year Ending Decembe	r <b>31,</b> 2022 (Enter year you a	are authorizing )
Enter whole dollars only on lines 1 through 5.	131, 2022 (Enter year you a	ire authorizing.)
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 72,275.
<b>2</b> Total tax		2 8,669.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 9,923.
		4 1,254.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Bo	e sure you get and keep a cor	y of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax remy knowledge and belief, it is true, correct, and complete. I further declare that the return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of or any delay in processing the return or refund, and (c) the date of any refund. If ap Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the finance payment of my federal taxes owed on this return and/or a payment of estimated tax, authorization is to remain in full force and effect until I notify the U.S. Treasury Fin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Fusiness days prior to the payment (settlement) date. I also authorize the financial in taxes to receive confidential information necessary to answer inquiries and resolv personal identification number (PIN) below is my signature for the income tax return	ne amounts in Part I above are the ame service provider, transmitter, or electron of the toplicable, I authorize the U.S. Treasury a cial institution account indicated in the toplicable and the financial institution to debit the nancial Agent to terminate the authorized and the financial for the transitution to depit the nancial Agent to terminate the authorized and the processing of the institutions involved in the processing of the issues related to the payment. I fur	counts from the income tax conic return originator (ERO) transmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This ration. To revoke (cancel) a re received no later than 2 of the electronic payment of ther acknowledge that the
Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only	Г	
X lauthorize GLOBAL TAXES LLC	to enter or generate my PIN $\frac{4}{2}$	8 7 8 8 as my
ERO firm name signature on the income tax return (original or amended) I am now	· Er	nter five digits, but on't enter all zeros
I will enter my PIN as my signature on the income tax return (origin if you are entering your own PIN <b>and</b> your return is filed using the below.	nal or amended) I am now authorizi	
Your signature ▶	Date ▶	
Spouse's PIN: check one box only	_	
authorize	to enter or generate my PIN	as my
ERO firm name		nter five digits, but
signature on the income tax return (original or amended) I am now	authorizing.	on't enter all zeros
I will enter my PIN as my signature on the income tax return (origin if you are entering your own PIN <b>and</b> your return is filed using the below.		
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns 0	nly—continue below	
Part III Certification and Authentication — Practitioner PIN N	lethod Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-s		6 6 1 9 8 9 ter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the elect authorized to file for tax year indicated above for the taxpayer(s) indicated above. requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorize	tronic individual income tax return (orig I confirm that I am submitting this ret	inal or amended) I am now urn in accordance with the
ERO's signature ▶	Date ►	
ERO Must Retain This Form —		
Don't Submit This Form to the IRS Unl	ess Requested To Do So	

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

2022
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OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single  Married filing jointly  u checked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately (l	,	_		•	,	spou	fying surv se (QSS) name if th	Ü		
Your first name	and mi	ddle initial	Last na	me					Y	our soc	cial securit	y number		
RAMDEV KISHORE REDDY				ALA					6	674-74-8788				
If joint return, s	pouse's	s first name and middle initial	Last nai	me					S	Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	ot. no.	Р	residen	tial Election	on Campaign		
408 REDRIVER TRAIL											ere if you,			
City, town, or post office. If you have a foreign address, also cor				paces below.	Stat	te	ZIP co	de				tly, want \$3 Checking a		
IRVING					TX		750				w will not			
Foreign countr	y name		F	Foreign province/state/	count	у	Foreigr	n postal co	de y	our tax	or refund.	Spouse		
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payn	nent for prope	rty or s	ervices);	or (b)	sell,				
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial	intere	est in a digital	asset)?	(See ins	structi	ons.)	_ Yes	⊠ No		
Standard	Som	eone can claim:	pendent	t 🗌 Your spous	se as	a dependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien									
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	rn befo	re Janua	ry 2, 1	958	☐ Is bl	ind		
Dependent	s (see	instructions):		(2) Social security	y	(3) Relationsh	nip (4)	Check th	e box	if qualifi	es for (see	instructions):		
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x cred	it (	Credit for oth	her dependents		
than four											[			
dependents, see instruction	s													
and check									]					
here											. [			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	-	72 <b>,</b> 275.		
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c				
attach Forms	d									1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e				
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29						1f				
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form W-2, see	h	Other earned income (see instruct	ions) .							1h		0.		
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>	i							
	z	Add lines 1a through 1h								1z		72,275.		
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	t.			2b				
if required.	<u>3a</u>		3a			rdinary divide			٠	3b				
	4a		4a			axable amoun				4b				
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b				
Single or	6a	,	6a			axable amoun	t		Ċ	6b				
Married filing separately,	С	If you elect to use the lump-sum e		*	•	,				_				
\$12,950	7	Capital gain or (loss). Attach Sche							Ш	7				
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin							•	8	-	0.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•					•	9		72,275.		
\$25,900	10	Adjustments to income from Sche							٠	10				
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	-						•	11	1	72,275.		
\$19,400	12	Standard deduction or itemized		`	,					12	-	12,950.		
If you checked any box under	13	Qualified business income deduct								13	1	10 050		
Standard Deduction,	14	Add lines 12 and 13								14		12 <b>,</b> 950.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or iess	5, enter -u ITHS IS )	your <b>t</b>	axable incom	ie .		•	15	1 5	59 <b>,</b> 325.		

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌	1	6	8,	669.
Credits	17	Amount from Schedule 2, lir	ne 3				1	7		
	18	Add lines 16 and 17					1	8	8,	669.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	9		
	20	Amount from Schedule 3, lir	ne 8				2	20		
	21	Add lines 19 and 20					2	1		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2	8,	669.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	3		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				2	4	8,	669.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				<b>25a</b> 9	,923.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,				25	5d	9,	923.
	26	2022 estimated tax paymen					2	6	<u>.</u>	
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro				28				
	29	American opportunity credit	from Form 8863	3. line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31					3	2		
	33	Add lines 25d, 26, and 32. T					_	3	9,	923.
Defined	34	If line 33 is more than line 24	•					4		254.
Refund	35a	Amount of line 34 you want				•	. 🗆 3	5a		254.
Direct deposit?	b	Routing number 1 1 1					Savings			
See instructions.	d	Account number 4 8 8								
	36	Amount of line 34 you want		2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g	_	-			3	7		
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party		you want to allow another					malata bala	🔽	l Na	
Designee				Phone			mplete belo nal identificati		No	
	nai	signee's ne		no.			er (PIN)			
Sign	Un	der penalties of perjury, I declare	hat I have examine	ed this return and	d accompanying sch	edules and statemen	ts, and to the	best of	my knowle	edge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	sed on all information	n of which pre	parer ha	s any knov	wledge.
TICIC	Yo	ur signature		Date	Your occupation				u an Ident	•
					COEMMADE	NCTNEED	(see inst.		nter it here	e T
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hoth must sign	Date	SOFTWARE E Spouse's occupati				ur spouse	an
Keep a copy for	Ор	ouse's signature. If a joint return,	John mast sign.	Date	opouse s occupan	011			n PIN, ent	
your records.						(see inst.)	, <u> </u>			
	Ph	one no. (469) 783-104	3	Email address	RAMDEVKISHO	RE@GMAIL.CO	M.			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Cho	eck if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/21/2023	P0208270	13   [	Self-emp	oloyed
Preparer	Fin	m's name GLOBAL TA	XES LLC				Phone no	. (678	8)965-	9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's El	N {	84-317	1965
Go to www.irs.go	ov/Forn	11040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form <b>10</b> 4	40 (2022)

#### **SCHEDULE 1** (Form 1040)

#### **Additional Income and Adjustments to Income**

OMB No. 1545-0074 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		Your so	cial s	ecurity number
RAME	EV KISHORE REDDY GAMPALA	74-87	88		
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. Att	ach Schedule	E .	5	0.
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			
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)	8m		-	
	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 (	١		
		05 (	,	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
u z	Other income. List type and amount:	Ju			
~	other income. List type and amount.	8z			
9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

0.

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 gov			
	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		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
- 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			
	211		-	
J				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)			
-	Other adjustments. List type and amount:			
Z	04-			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here		23	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
		· · ·		

#### **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.

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number

RAM	DEV KISHORE REDDY GAMPALA						674-74	1-8788		
Pa	t I Income or Loss From Rental Real Estate and									
	<b>Note:</b> If you are in the business of renting personal propert rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you a	re an indiv	idual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	naa2 S	ap inc	tructions		□ Ve	e X N	
В	If "Yes," did you or will you file required Form(s) 1099? .									
									<u></u>	
1a			<u> </u>							
A	51, CPR GOLDEN PALMS TIRUPATHI ANDHRA	PRA	ADESH I	N 51	7501					
В										
С					_					
1b	Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair r				Fa	ir Rental Days	Person Day		QJV	,
Α	gabove, report the number of fair report the			Α.		-	Da	<b>ys</b> 0		
<u>A</u>	if you meet the requirements to fi	ile as	a	A B		365				
C	qualified joint venture. See instru	ctions	6.	С						
	e of Property:			J						
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land	ı	7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya			Other (descri	ibe)			
			1							
				•		Propertie	es:			
Inco				A	7.0	В			С	
3 4	Rents received	3		6	78.					
	Royalties received	4								
_∧p	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,3	12.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,8	78.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		1,6						
15	Supplies	15		1,7	54.					
16	Taxes	16		4 -						
17	Utilities	17		1,5	60.					
18	Depreciation expense or depletion	18								
19 20	Other (list) Total expenses. Add lines 5 through 19	19		Ω 1	4.0					
		20		9,1	40.					
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 <b>Form 6198</b>	21		-8,4	62.					
22	Deductible rental real estate loss after limitation, if any,			•						
	on <b>Form 8582</b> (see instructions)	22	(		0.)	(	)(	,		)
<b>23</b> a		rties			23a		678.			
b					23b					
c					23c					
C	' ' '				23d					
e	' ' '				23e	9	,140.			
24	Income. Add positive amounts shown on line 21. Do not		•				. 24			
25	Losses. Add royalty losses from line 21 and rental real estate								0	).)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this an						n .   <b>26</b>			0.
	constant in the road, into or otherwise, include this an	. IOUIT		a on ill	+ .	on page 2	.   20			∪ .

### Form **8582**

## **Passive Activity Loss Limitations**

See separate instructions.

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

Attach to Form 1040, 1040-5R, or 1041.

OMB No. 1545-1008

2022

Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service

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

iairic(s	) snown on return					inying ii	umber
RAMI	DEV KISHORE REDDY GAMPALA				674	1-74-	8788
Par	t I 2022 Passive Activity Loss	3					
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	Il Real Estate Activities With Active Pa ance for Rental Real Estate Activities			tive participation, se	ee <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a			
b	Activities with net loss (enter the amo	)					
С	Prior years' unallowed losses (enter the		. ,,		)		
d	Combine lines 1a, 1b, and 1c					1d	
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a	0.		
b	Activities with net loss (enter the amo				-8,462.)		
С	Prior years' unallowed losses (enter th				)		
d	Combine lines 2a, 2b, and 2c					2d	-8,462.
3	Combine lines 1d and 2d. If this line i	s zero or more, sto	op here and inclu	de this form with y	our return;		
	all losses are allowed, including any		ed losses entered	I on line 1c or 2c. I	Report the		
	losses on the forms and schedules no	rmally used .				3	-8,462.
	If line 3 is a loss and: • Line 1d is a l	oss, go to Part II.					
			zero or more), sk	ip Part II and go to	line 10.		
Souti.	on If your filing status is married filing	congrately and ye	y lived with your	anauga at any tim	o durina tho	Woor	do not complete
	on: If your filing status is married filing . Instead, go to line 10.	separately and yo	ou livea with your	spouse at any time	e during the	year,	do not complete
	t II Special Allowance for Rer	tal Real Estate	<b>Activities With</b>	Active Participa	ation		
	Note: Enter all numbers in Par			•			
4	Enter the <b>smaller</b> of the loss on line 1	<u> </u>				4	
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5			
6	Enter modified adjusted gross income	e, but not less than	C !t				
	Note: If line 6 is greater than or equal	,	i zero. See instruc	ctions 6			
	on line 9. Otherwise, go to line 7.						
7	on line 9. Otherwise, go to line 7. Subtract line 6 from line 5						
7 8	_	to line 5, skip line	s 7 and 8 and ent	ter -0-	nstructions	8	
8 9	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). <b>Do not</b> enter the <b>smaller</b> of line 4 or line 8	to line 5, skip line hter more than \$25	s 7 and 8 and ent ,000. If married fili	ter -0-		8 9	0.
8 9 Part	Subtract line 6 from line 5	to line 5, skip line	s 7 and 8 and ent ,000. If married fili	ter -0-		9	
8 9 Part 10	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not elementer the smaller of line 4 or line 8  Total Losses Allowed  Add the income, if any, on lines 1a an	to line 5, skip line to line 5, skip line ter more than \$25	s 7 and 8 and ent	ter -0-  7  ng separately, see i		-	0.
8 9 Part	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not exert the smaller of line 4 or line 8  Total Losses Allowed  Add the income, if any, on lines 1a an Total losses allowed from all passive.	to line 5, skip line to line 5, skip line ter more than \$25 ter more than \$25 ter more than \$25	s 7 and 8 and ent	ter -0-  7  ng separately, see in terms of the second secon	ons to find	9	0.
8 9 Part 10 11	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not exert the smaller of line 4 or line 8  III Total Losses Allowed  Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your to	to line 5, skip line to line 5, skip line ter more than \$25 ter more than \$25 ter more than \$25 ter activities for 20 ax return	s 7 and 8 and ent	ter -0-  7  ng separately, see in	ons to find	9	
8 9 Part 10	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not exert the smaller of line 4 or line 8  Total Losses Allowed  Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your to	to line 5, skip line to line 5, skip line ter more than \$25  d 2a and enter the e activities for 20 ax return e Part I, Lines 1	s 7 and 8 and ent	ter -0-  7  ng separately, see in	ons to find	9 10 11	0.
8 9 Part 10 11	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not exert the smaller of line 4 or line 8	to line 5, skip line to line 5, skip line ter more than \$25  d 2a and enter the e activities for 20 ax return Part I, Lines 1 Currer	s 7 and 8 and ent	ter -0-  7  ng separately, see in terms of the second of the secon	ons to find	9 10 11	0.
8 9 Part 10 11	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not exert the smaller of line 4 or line 8  III Total Losses Allowed  Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your to	to line 5, skip line to line 5, skip line ter more than \$25  d 2a and enter the e activities for 20 ax return e Part I, Lines 1	s 7 and 8 and ent	ter -0-  7  ng separately, see in	ons to find	9 10 11 rall ga	0.
8 9 Part 10 11	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not exert the smaller of line 4 or line 8	to line 5, skip line to line 5, skip line ter more than \$25 d 2a and enter the e activities for 20 ax return e Part I, Lines 1 Currer (a) Net income	s 7 and 8 and ent	rer -0	ons to find	9 10 11 rall ga	0. 0. in or loss
8 9 Part 10 11	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not exert the smaller of line 4 or line 8	to line 5, skip line to line 5, skip line ter more than \$25 d 2a and enter the e activities for 20 ax return e Part I, Lines 1 Currer (a) Net income	s 7 and 8 and ent	rer -0	ons to find	9 10 11 rall ga	0. 0. in or loss
8 9 Part 10 11	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not exert the smaller of line 4 or line 8	to line 5, skip line to line 5, skip line ter more than \$25 d 2a and enter the e activities for 20 ax return e Part I, Lines 1 Currer (a) Net income	s 7 and 8 and ent	rer -0	ons to find	9 10 11 rall ga	0. 0. in or loss
8 9 Part 10 11	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not exert the smaller of line 4 or line 8	to line 5, skip line to line 5, skip line ter more than \$25 d 2a and enter the e activities for 20 ax return e Part I, Lines 1 Currer (a) Net income	s 7 and 8 and ent	rer -0	ons to find	9 10 11 rall ga	0. 0. in or loss

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

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Part V Complete This Part Before	o D	art I Lines 2	2 2h	and 2c S	co instruc	tions			. 490 =
Complete This Part Belon				and zc. o			Overe	II ~	nin or loss
Name of activity						Prior years		II ga	ain or loss
,		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)				(e) Loss
51, CPR GOLDEN PALMS		0.	8,462.		.000 (				8,462.
Total. Enter on Part I, lines 2a, 2b, and 2c		0.		8,462.					
Part VI Use This Part if an Amou	nt Is		Part II,		ee instruc	tions.			
Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss		Loss (b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).
Total					1.00	)			
Part VII Allocation of Unallowed L	oss	ses. See instr	uction	S.	1100				L
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	(	<b>b)</b> Ratio	(c	) Unallowed loss
51, CPR GOLDEN PALMS		E Ln 2	2		8,462.	1.00000000		8,462.	
Total		· • • • •			8,462.		1.00		8,462.
Part VIII Allowed Losses. See instr	ucti								
Name of activity		Form or schedule and line number to be reported or (see instructions		(a) l	Loss	(b) Unallowed loss		(	(c) Allowed loss
51, CPR GOLDEN PALMS		E Ln 22	2		8,462.		8,462.		0.
Total					8,462.		8,462.		0.