# 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

IIILEIIIAI F	levelide Service					
Submis	ssion Identification Number (SID)					
Taxpaye	r's name	Social secu	rity num	oer		
CHAN	IDRAPAL REDDY PEDDITI	491-4	5-848	7		
Spouse's		Spouse's s	ocial sec	urity nu	mber	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you	are au	thoriz	ing.)	
	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 -	Ι		
	Adjusted gross income		1			841.
	Total tax		2			886.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			<u>586.</u>
	Amount you want refunded to you		5		2,	700.
Part		eep a co		our r	eturi	<u>n)</u>
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
to send for any Agent to payment authoriz payment busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected provided in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisits days prior to the payment (settlement) date. I also authorize the financial institutions involved in the proceive confidential information necessary to answer inquiries and resolve issues related to the paid identification number (PIN) below is my signature for the income tax return (original or amended) I as a fundamental withdrawal Consent.	ection of the S. Treasury cated in the on to debit the the author uests must processing ayment. I for	transminand its and its tax prepare entry exation. The receive of the elements of the elements are transmissional transmissiona transmissiona transmissiona transmissiona t	ssion, designation to this Forevolution to the contract of the	(b) the ated F n softwaccouloke (cao later ic payiedge t	reason inancial vare for nt. This ancel) a than 2 ment of hat the
	nic Funds Withdrawal Consent.	_			_	
	yer's PIN: check one box only	DIN	5 8 .	4 8	7	
×	I authorize GLOBAL TAXES LLC to enter or generate  ERO firm name	· .	nter five		but	as my
	signature on the income tax return (original or amended) I am now authorizing.	C	lon't ente	er all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Your si	ignature ▶ Date ▶ _					
Snous	e's PIN: check one box only	_				
Opous	I authorize to enter or generate	my PINI				as my
	ERO firm name	-	nter five	digits,		as my
	signature on the income tax return (original or amended) I am now authorizing.		lon't ente			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.		_			_
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9	8 8	9
			nter all ze	-		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the text to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	itting this re	turn in a	accord	anće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	o So				

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

|--|

OMB No. 1545-0074

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

Filing Status Check only one box.		Single  Married filing jointly  uchecked the MFS box, enter the n	_	ed filing separately	` ,	<u> </u>	household (HOH)	spo	ouse	ng surviv (QSS)	Ü		
One box.	•	on is a child but not your dependent	•	your opouse. If you	OHOOK		QOO DOX, CITICITY	ino orma	o na	no n the	quamying		
Your first name	and mi	ddle initial	Last nar	me				Your s	ocial	security	number		
CHANDRAPAL REDDY PEDDITI 49								491-45-8487					
											ırity number		
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	one			Apt. no.	Drooid	ontio	l Election	n Campaign		
1025 JORDAN LN							7 pt. 110.						
City town or post office. If you have a foreign address, also complete spaces below.  State. ZIP code.									Check here if you, or your spouse if filing jointly, want \$3				
ALPHARETTA GA 30004										hecking a			
Foreign country			F	Foreign province/state	Foreign postal code	_		will not c refund.	nange				
r oroigir oounii	y mamo			oroign province, otate	5, 00 di 10	.,	Toroign poolar ood	, , , ,	_	You	Spouse		
Digital		ny time during 2022, did you: (a) rec	,				, , , , , , , , , , , , , , , , , , , ,	. ,	_	Yes	⊠ No		
Assets		ange, gift, or otherwise dispose of a		<u></u>			asset)? (See ITISTI	uctions.					
Standard Deduction	_	eone can claim:	•	•		a dependent							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	oouse	: Was bor	n before January	2, 1958		] Is blin	ıd		
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	(4) Check the	box if qua	lifies	for (see in	structions):		
If more	<b>(1)</b> Fi	(1) First name Last name		number		to you	Child tax	credit	Cre	dit for othe	er dependents		
than four											]		
dependents, see instruction	s ——										]		
and check											]		
here L									<u> </u>		]		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1	a	11	6,261.		
	b	Household employee wages not re	eported	on Form(s) W-2.				. 1	b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	. 1	-									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and 1099-R if tax	е												
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	9 .			. 1					
If you did not	g	Wages from Form 8919, line 6.						. 1					
get a Form W-2, see	h	Other earned income (see instruct	,					. 1	h		0.		
instructions.	i	Nontaxable combat pay election (see instructions)									c 0c1		
	<u>z</u>	Add lines 1a through 1h						. 1			6,261.		
Attach Sch. B if required.	2a	· –	2a			axable interes		. 2					
	3a_		3a			ordinary divide axable amoun							
Standard	4a 5a	_	4a 5a			axable amoun		. 4					
Standard Deduction for—	6a		6a			axable amoun		. 6					
Single or	C	If you elect to use the lump-sum e		method check here			t	i H					
Married filing separately,	7	Capital gain or (loss). Attach Sche		•	`	,			,				
\$12,950 Married filing	8	Other income from Schedule 1, lin			•						1,420.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9	_		4,841.		
Qualifying surviving spouse,	10	Adjustments to income from Sche	-	•				. 1			_,		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 1	-	10.	4,841.		
household,	12	Standard deduction or itemized	•					1			2,950.		
\$19,400 If you checked	13	Qualified business income deduct		•	,			. 1					
any box under Standard	14							. 1		1:	2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer							-		1,891.		

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	15,886.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	15,886.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18						22	15,886.
	23	Other taxes, including self-e	·					23	0.
	24	Add lines 22 and 23. This is						24	15,886.
Payments	25	Federal income tax withheld							
. ayınıcınıc	а	Form(s) W-2				<b>25a</b> 18	3,586.		
	b	Form(s) 1099				25b		1	
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	18,586.
	26	2022 estimated tax paymen						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit				29		1	
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lir				31		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	18,586.
	34	If line 33 is more than line 24					· · ·	34	2,700.
Refund	35a	Amount of line 34 you want						35a	2,700.
Direct deposit?	b	Routing number 1 2 1					Savings	OGG	27.001
See instructions.		Account number 3 2 5							
	36	Amount of line 34 you want				36			
Amount		•				30			
You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
104 0 110	38	Estimated tax penalty (see in						31	
Third Party		you want to allow another							
Designee		structions	•				omplete k	oelow.	X No
200.900	De	signee's		Phone			onal identi		
		mě		no.			ber (PIN)		
Sign		der penalties of perjury, I declare t							
Here	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe		ased on all information	1		,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					   SOFTWARE :		inst.)	IN, enter it here	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the	IRS se	nt your spouse an
Keep a copy for	-1-	, -		- 3.1.2			Ident	tity Prote	ection PIN, enter it here
your records.							(see	inst.)	
	Ph	one no. (909)402-571	2	Email address	CHANDRAPALRED	DY4949@GMAIL.C	OM		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
	VENK	MATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI	03/13/2023	P0247	0833	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Phor	ne no. (	678)965-9522
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-2145487
Go to www.irs.g	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 03/02/23 PRO			Form 1040 (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

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

CHANDRAPAL REDDY PEDDITI

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

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

Sequence No. 01

Your social security number
491-45-8487

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	ach Schedule E .	5	-11,420.
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	11 400
10	Compline lines   Infolian / and 9   Enter here and on Form 1040   1040-SR	or 1040-NB line 8	10	-11.420

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

Educator expenses   11	Par	Adjustments to Income			
officials. Attach Form 2106  1 Health savings account deduction. Attach Form 8889  1 Health savings account deduction. Attach Form 8889  1 Deductible part of self-employment tax. Attach Schedule SE  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed health insurance deduction  1 The Penalty on early withdrawal of savings  1 Ba Alimony paid  1 Ba Pecipient's SSN  1 C Date of original divorce or separation agreement (see instructions):  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA desclustion  2 IFA desclustion  2 IFA desclustion  2 IFA description of future use  2 IFA desclustion  2 IFA description of future use  2 IFA descri	11			11	
officials. Attach Form 2106  1 Health savings account deduction. Attach Form 8889  1 Health savings account deduction. Attach Form 8889  1 Deductible part of self-employment tax. Attach Schedule SE  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed health insurance deduction  1 The Penalty on early withdrawal of savings  1 Ba Alimony paid  1 Ba Pecipient's SSN  1 C Date of original divorce or separation agreement (see instructions):  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA desclustion  2 IFA desclustion  2 IFA desclustion  2 IFA description of future use  2 IFA desclustion  2 IFA description of future use  2 IFA descri	12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions):  20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions):  IRA deduction	19a			19a	
20   Student loan interest deduction   21   22   23   24   22   24   24   24   24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction  Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.  Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974.  Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  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  Housing deduction from Form 2555  Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  Other adjustments. List type and amount:  25  Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount:  Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a 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				-	
a 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  c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24		_		
rental of personal property engaged in for profit		, , , , ,	la		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		10		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		rg		
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	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	·	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				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.

OMB No. 1545-0074

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

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

cs, etc.)	<b>2022</b>									
	Attachment Sequence No. <b>13</b>									
Your social security number										

CHAI	NDRAPAL REDDY PEDDITI						491-4	5-8487	1
Par									
	Note: If you are in the business of renting personal proper	ty, use 🤄	Schedule	<b>C</b> . See	instruc	ctions. If you ar	re an indi	vidual, rep	oort farm
_	rental income or loss from <b>Form 4835</b> on page 2, line 40.	4 - CI - F		0000	· !				- <b>V</b> N-
	Did you make any payments in 2022 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	P code)	)						
Α	CHAMPAPET HYDERABAD TELANGANA IN 50005	59							
В									
С									
1b									QJV
	(from list below) above, report the number of fair					Days	Da	ıys	QUV
A		personal use days. Check the QJV box only if you meet the requirements to file as a							
B		qualified joint venture. See instructions.							
C	l ' '			С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (descri	ibe)		
						Propertie	es:		
Incor	ne:			Α		. В			С
3	Rents received	3		5	20.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	20.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,5					
15	Supplies	15		3,1	20.				
16	Taxes	16							
17	Utilities	17		2,8	90.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,9	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>			-11,4	20				
20		21		11,4	۷٠.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (		11,42	0 /	,	`	,	١
220	Total of all amounts reported on line 3 for all rental prope			11,42			520.	(	)
23a	Total of all amounts reported on line 3 for all rental proper Total of all amounts reported on line 4 for all royalty properties.				23a 23b		J 4 U .		
b	Total of all amounts reported on line 4 for all royalty properties				23c				
c d	Total of all amounts reported on line 12 for all properties  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	,940.		
24	Income. Add positive amounts shown on line 21. <b>Do no</b>				200	11	24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses her		(	11,420.)
26	Total rental real estate and royalty income or (loss).								
20	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040) line 5. Otherwise include this ar						06		_11 /20

### Form **8582**

## **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 104

Attach to Form 1040, 1040-SR, 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.

Name(s) shown on return								tifying number		
CHAI	CHANDRAPAL REDDY PEDDITI 491									
Pai	t I 2022 Passive Activity Loss	S								
	Caution: Complete Parts IV an	nd V before compl	eting Part I.							
Renta Allow										
1a	Activities with net income (enter the a									
b	Activities with net loss (enter the amount									
С	Prior years' unallowed losses (enter th	unallowed losses (enter the amount from Part IV, column (c)) 1c ( )								
d	Combine lines 1a, 1b, and 1c						1d	-11,420.		
All Ot	her Passive Activities									
2a	Activities with net income (enter the a	mount from Part \	column (a))	2a						
b	Activities with net loss (enter the amount				(	)				
C	Prior years' unallowed losses (enter the				(		-			
d	Combine lines 2a, 2b, and 2c						2d			
3	Combine lines 1d and 2d. If this line is					return:				
•	all losses are allowed, including any									
	losses on the forms and schedules no						3	-11,420.		
	If line 2 is a loss and: • Line 1d is a l	loos ao to Dort II								
	If line 3 is a loss and: • Line 1d is a l	loss, go to Part II. loss (and line 1d is	zero or more) ski	in Dart II and	l ao to line	.10				
	Line 20 is a i	ioss (and line runs	zero or more, ski	ip i ait ii aiic	i go to iii le	10.				
	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at a	ny time du	uring the	year,	do not complete		
	. Instead, go to line 10.									
Par	<u> </u>				•	n				
	Note: Enter all numbers in Par			tions for an o	example.					
4	Enter the <b>smaller</b> of the loss on line 1						4	11,420.		
5	Enter \$150,000. If married filing separ	-		5		000.	-			
6	Enter modified adjusted gross income				116,	261.	-			
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s / and 8 and ent	er -0-						
7				7	22	720				
7 8	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). <b>Do not</b> er					739.	8	16,870.		
9				• .			9	11,420.		
Par		<u> </u>					9	11,420.		
10	Add the income, if any, on lines 1a an	d 2a and enter the	total				10	0.		
11	Total losses allowed from all passiv							•		
••	out how to report the losses on your to						11	11,420.		
Par	Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instruct	ions.			·		
	•		, ,			0	- حالمه	sin or loos		
	Name of activity	Currer	nt year	Prior yea	115	Ove	ran ga	in or loss		
	ivanie or activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallo		(d) Gair	n	(e) Loss		
СНДІ	MPAPET	0.	11,420.		-/			11,420.		
C11111		"						±±,120.		
				1						

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

0.

11,420.

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									•	
Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•	
Name of activity	Curren  (a) Net income (line 2a)		nt year		Prior years		Overall g		gain or loss	
Marile of activity			(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	s Shown on F	Part II,	<b>Line 9.</b> S	ee instruc	tions.				
Name of activity	For ar to	rm or schedule nd line number be reported on se instructions)		) Loss	<b>(b)</b> Ra		(c) Special allowance		(d) Subtract column (c) from column (a).	
CHAMPAPET		E Ln 22		11,420.	1.0000	0000	11,42	11,420.		
									0.	
Total				11,420.	1.00	)	11,42	0.	0.	
Allocation of Orlanowed L	.05:			5.						
Name of activity		Form or sche and line num to be reporte (see instructi		mber ed on (a) L		(	(b) Ratio (		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr										
Name of activity		Form or schedul and line number to be reported o (see instructions		(a) l	_oss	(b) Unallowed los		(	c) Allowed loss	
		l								
Total										