

E-file Authorization for Form 1065
(For return of partnership income or administrative adjustment request)

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or tax year beginning , 2022, and ending , 20 .

ERO must obtain and retain completed Form 8879-PE.
Go to www.irs.gov/Form8879PE for the latest information.

2022

Name of partnership KSNR HOLDINGS LLC	Employer identification number 86-3060421
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Part I Form 1065 Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2	Gross profit (Form 1065, line 3)	2	
3	Ordinary business income (loss) (Form 1065, line 22)	3	-2,500.
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	-9.
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative

I declare under penalties of perjury that:

- If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
- I have examined a copy of the partnership's electronic Form 1065 (whether used as return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
- I am fully authorized to sign the return or AAR on behalf of the partnership.
- The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
- I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
- I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

Partner or Member or PR PIN: check one box only

- I authorize _____ to enter my PIN as my signature
ERO firm name Don't enter all zeros
 on the partnership's 2022 electronically filed return of partnership income or AAR.
- As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2022 electronically filed return of partnership income or AAR.

Partner or Member or PR signature: _____
 Title: PARTNER Date: _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22249608271
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: _____ Date: 03/07/2023

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

U.S. Return of Partnership Income

For calendar year 2022, or tax year beginning _____, 2022, ending _____, 20_____.

2022

Go to www.irs.gov/Form1065 for instructions and the latest information.

A Principal business activity REAL ESTATE	Type or Print	Name of partnership KSNR HOLDINGS LLC	D Employer identification number 86-3060421
B Principal product or service SERVICE		Number, street, and room or suite no. If a P.O. box, see instructions. 22428 BRIGHT SKY DR	E Date business started 04/09/2021
C Business code number 531190		City or town, state or province, country, and ZIP or foreign postal code CLARKSBURG MD 20871	F Total assets (see instructions) \$ 88,741.

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify): _____
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: _____ **4**
- J** Check if Schedules C and M-3 are attached _____
- K** Check if partnership: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		1c
	2 Cost of goods sold (attach Form 1125-A)		2
	3 Gross profit. Subtract line 2 from line 1c		3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))		5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6
7 Other income (loss) (attach statement)		7	
8 Total income (loss). Combine lines 3 through 7		8	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)		9
	10 Guaranteed payments to partners		10
	11 Repairs and maintenance		11
	12 Bad debts		12
	13 Rent		13
	14 Taxes and licenses		14
	15 Interest (see instructions)		15
	16a Depreciation (if required, attach Form 4562)	16a	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b	16c
	17 Depletion (Do not deduct oil and gas depletion.)		17
	18 Retirement plans, etc.		18
19 Employee benefit programs		19	
20 Other deductions (attach statement) See Stmt		20	2,500.
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21	2,500.
22 Ordinary business income (loss). Subtract line 21 from line 8		22	-2,500.
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8697)		23
	24 Interest due under the look-back method—income forecast method (attach Form 8866)		24
	25 BBA AAR imputed underpayment (see instructions)		25
	26 Other taxes (see instructions)		26
	27 Total balance due. Add lines 23 through 26		27
	28 Payment (see instructions)		28
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed		29
	30 Overpayment. If line 28 is larger than line 27, enter overpayment		30

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____

Date _____

May the IRS discuss this return with the preparer shown below?
 See instructions. Yes No

Paid Preparer Use Only	Print/Type preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/07/2023	Check <input type="checkbox"/> if self-employed	PTIN P02082703
	Firm's name GLOBAL TAXES LLC	Firm's EIN 84-3171965			
	Firm's address 245 ROONEY CT E BRUNSWICK, NJ 08816	Phone no. (678) 965-9522			

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:
a [X] Domestic general partnership b [] Domestic limited partnership
c [] Domestic limited liability company d [] Domestic limited liability partnership
e [] Foreign partnership f [] Other:
2 At the end of the tax year:
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership
3 At the end of the tax year, did the partnership:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below
(i) Name of Corporation (ii) Employer Identification Number (if any) (iii) Country of Incorporation (iv) Percentage Owned in Voting Stock
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below
(i) Name of Entity (ii) Employer Identification Number (if any) (iii) Type of Entity (iv) Country of Organization (v) Maximum Percentage Owned in Profit, Loss, or Capital
4 Does the partnership satisfy all four of the following conditions?
a The partnership's total receipts for the tax year were less than \$250,000.
b The partnership's total assets at the end of the tax year were less than \$1 million.
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.
d The partnership is not filing and is not required to file Schedule M-3
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?
8 At any time during calendar year 2022, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions

Schedule B Other Information *(continued)*

	Yes	No
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16a Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
17 Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return		
18 Enter the number of partners that are foreign governments under section 892		
19 During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		X
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the partnership has business interest expense. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X
26 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: By value:		X
29 Reserved for future use		
30 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR THALVAYAPATI RAGHU KUMAR

U.S. address of PR 22428 BRIGHT SKY DR CLARKSBURG MD 20871 U.S. phone number of PR (717) 585-5254

If the PR is an entity, name of the designated individual for the PR

U.S. address of designated individual U.S. phone number of designated individual

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-2,500.
	2 Net rental real estate income (loss) (attach Form 8825)	2	-9.
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b	4c	
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b c Dividend equivalents 6c	6c	
	7 Royalties	7	
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type: _____	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type: _____ (2) Amount: _____	13c(2)	
d Other deductions (see instructions) Type: _____	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	-2,500.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type: _____	15d	
	e Other rental credits (see instructions) Type: _____	15e	
	f Other credits (see instructions) Type: _____	15f	
Inter-national	16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	215.
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
	b Investment expenses	20b	
c Other items and amounts (attach statement)			
21 Total foreign taxes paid or accrued	21		

Analysis of Net Income (Loss) per Return

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21					1	-2,509.
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners		-2,509.				
b	Limited partners						

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,005.		
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)		88,750.		88,741.
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)				
14	Total assets		90,755.		88,741.
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)		18,000.		18,710.
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts		72,755.		70,031.
22	Total liabilities and capital		90,755.		88,741.

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-2,724.	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$ 215.	215.	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-2,509.
5	Add lines 1 through 4	-2,509.			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	72,755.	6	Distributions: a Cash	
2	Capital contributed: a Cash		b Property		
	b Property		7	Other decreases (itemize):	
3	Net income (loss) (see instructions)	-2,724.	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	70,031.
5	Add lines 1 through 4	70,031.			

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

▶ Attach to Form 1065 or Form 1120S.
 ▶ Go to www.irs.gov/Form8825 for the latest information.

OMB No. 1545-0123

Name: **KSNR HOLDINGS LLC** Employer identification number: **86-3060421**

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property—street, city, state, ZIP code	Type—Enter code 1–8; see page 2 for list	Fair Rental Days	Personal Use Days
A				
B				
C				
D				

Rental Real Estate Income		Properties					
		A	B	C	D		
2	Gross rents	2					
Rental Real Estate Expenses							
3	Advertising	3					
4	Auto and travel	4					
5	Cleaning and maintenance	5					
6	Commissions	6					
7	Insurance	7					
8	Legal and other professional fees	8					
9	Interest (see instructions)	9					
10	Repairs	10					
11	Taxes	11					
12	Utilities	12					
13	Wages and salaries	13					
14	Depreciation (see instructions)	14					
15	Other (list) ▶	15					
16	Total expenses for each property. Add lines 3 through 15	16					
17	Income or (loss) from each property. Subtract line 16 from line 2	17					
18a	Total gross rents. Add gross rents from line 2, columns A through H	18a					
18b	Total expenses. Add total expenses from line 16, columns A through H	18b					
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19					
20a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a					-9
b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed.							
(1) Name	(2) Employer identification number						
ATX HWY 185 S LLC	87-4792192						-9
21	Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2	21					-9

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.			
	Physical address of each property—street, city, state, ZIP code	Type—Enter code 1–8; see below for list	Fair Rental Days	Personal Use Days
E			
F			
G			
H			

		Properties			
		E	F	G	H
Rental Real Estate Income					
2 Gross rents	2				
Rental Real Estate Expenses					
3 Advertising	3				
4 Auto and travel	4				
5 Cleaning and maintenance	5				
6 Commissions	6				
7 Insurance	7				
8 Legal and other professional fees	8				
9 Interest (see instructions)	9				
10 Repairs	10				
11 Taxes	11				
12 Utilities	12				
13 Wages and salaries	13				
14 Depreciation (see instructions)	14				
15 Other (list) ▶	15				
.....					
.....					
16 Total expenses for each property. Add lines 3 through 15	16				
17 Income or (loss) from each property. Subtract line 16 from line 2	17				

Allowable Codes for Type of Property

- 1—Single Family Residence
- 2—Multi-Family Residence
- 3—Vacation or Short-Term Rental
- 4—Commercial
- 5—Land
- 6—Royalties
- 7—Self-Rental
- 8—Other (include description with the code on Form 8825 or on a separate statement)

Schedule K-1 (Form 1065)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning / / 2022 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership
A Partnership's employer identification number 86-3060421
B Partnership's name, address, city, state, and ZIP code KSNR HOLDINGS LLC 22428 BRIGHT SKY DR CLARKSBURG, MD 20871
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 220-83-3035
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. NAGESWARA REDDY KANUPARTHI 12014 GREY SQUIRREL ST CLARKSBURG MD 20871
G General partner or LLC member-manager (checked)
H1 Domestic partner (checked)
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 25.00000% 25.00000%
Loss 25.00000% 25.00000%
Capital 25.00000% 25.00000%
Check if decrease is due to sale or exchange of partnership interest
K Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ \$
Recourse \$ 4,500 \$ 4,676
Check this box if item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis
Beginning capital account \$ 18,189
Capital contributed during the year \$
Current year net income (loss) \$ -681
Other increase (decrease) (attach explanation) \$
Withdrawals and distributions \$ ()
Ending capital account \$ 17,508

M Did the partner contribute property with a built-in gain (loss)? Yes No (checked)
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Code, and Amount. Includes rows for Ordinary business income (loss) -625, Net rental real estate income (loss) -3, Other net rental income (loss), Guaranteed payments for services, Guaranteed payments for capital, Total guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents 53, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Foreign taxes paid or accrued.

22 More than one activity for at-risk purposes*
23 More than one activity for passive activity purposes*
*See attached statement for additional information.

For IRS Use Only

Schedule K-1 (Form 1065)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning / / 2022 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 86-3060421
B Partnership's name, address, city, state, and ZIP code KSNR HOLDINGS LLC 22428 BRIGHT SKY DR CLARKSBURG, MD 20871
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 329-04-9369
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. KAMALAKAR REDDY KRISHNA REDDY 22428 BRIGHT SKY DR CLARKSBURG MD 20871
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 25.00000% 25.00000%
Loss 25.00000% 25.00000%
Capital 25.00000% 25.00000%
Check if decrease is due to sale or exchange of partnership interest
K Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ \$
Recourse \$ 4,500 \$ 4,678
Check this box if item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis

Table with columns: Description, Beginning, Ending. Rows: Beginning capital account (\$18,189), Capital contributed during the year, Current year net income (loss) (-681), Other increase (decrease), Withdrawals and distributions, Ending capital account (\$17,508).

M Did the partner contribute property with a built-in gain (loss)?

Yes No (checked) If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Table with columns: Description, Amount. Rows: Beginning, Ending.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with columns: Line number, Description, Code, Amount. Rows: 1 Ordinary business income (loss) -625, 2 Net rental real estate income (loss) -2, 3 Other net rental income (loss), 4a-4c Guaranteed payments, 5 Interest income, 6a-6c Dividends, 7 Royalties, 8 Net short-term capital gain (loss), 9a-9c Unrecaptured section 1250 gain, 10 Net section 1231 gain (loss), 11 Other income (loss), 12 Section 179 deduction, 13 Other deductions, 14 Self-employment earnings (loss) -625, 15 Credits, 16-17 Schedule K-3 and AMT items, 18-20 Tax-exempt income and nondeductible expenses, Distributions, Other information, 21 Foreign taxes paid or accrued.

22 More than one activity for at-risk purposes*
23 More than one activity for passive activity purposes*
*See attached statement for additional information.

For IRS Use Only

Schedule K-1 (Form 1065)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning / / 2022 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership
A Partnership's employer identification number 86-3060421
B Partnership's name, address, city, state, and ZIP code KSNR HOLDINGS LLC 22428 BRIGHT SKY DR CLARKSBURG, MD 20871
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 040-11-7761
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. RAGHU KUMAR THALVAYAPATI 22434 BRIGHT SKY DR CLARKSBURG MD 20871
G General partner or LLC member-manager (checked)
H1 Domestic partner (checked)
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 25.00000% 25.00000%
Loss 25.00000% 25.00000%
Capital 25.00000% 25.00000%
Check if decrease is due to sale or exchange of partnership interest
K Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ \$
Recourse \$ 4,500. \$ 4,678.
Check this box if item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis
Beginning capital account \$ 18,188.
Capital contributed during the year \$
Current year net income (loss) \$ -681.
Other increase (decrease) (attach explanation) \$
Withdrawals and distributions \$ ()
Ending capital account \$ 17,507.

M Did the partner contribute property with a built-in gain (loss)? Yes No (checked)
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Code, and Amount. Includes rows for Ordinary business income (loss) -625, Net rental real estate income (loss) -2, Other net rental income (loss), Guaranteed payments for services, Guaranteed payments for capital, Total guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Foreign taxes paid or accrued, More than one activity for at-risk purposes, More than one activity for passive activity purposes.

For IRS Use Only
*See attached statement for additional information.

Schedule K-1 (Form 1065)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning / / 2022 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 86-3060421
B Partnership's name, address, city, state, and ZIP code KSNR HOLDINGS LLC 22428 BRIGHT SKY DR CLARKSBURG, MD 20871
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 185-84-7165
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. SURENDRA BABU MANYAM 22414 BRIGHT SKY DR CLARKSBURG MD 20871
G General partner or LLC member-manager (checked)
H1 Domestic partner (checked)
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 25.00000% 25.00000%
Loss 25.00000% 25.00000%
Capital 25.00000% 25.00000%
Check if decrease is due to sale or exchange of partnership interest
K Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ \$
Recourse \$ 4,500. \$ 4,678.
Check this box if item K includes liability amounts from lower-tier partnerships

L Partner's Capital Account Analysis

Table with 2 columns: Description, Beginning, Ending. Rows include Beginning capital account (\$18,189), Capital contributed during the year, Current year net income (loss) (-681), Other increase (decrease), Withdrawals and distributions, Ending capital account (\$17,508).

M Did the partner contribute property with a built-in gain (loss)?

Yes No (checked) If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Table with 2 columns: Description, Amount. Rows include Beginning, Ending.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Code, Amount. Rows include Ordinary business income (loss) -625, Net rental real estate income (loss) -2, Other net rental income (loss), Guaranteed payments for services, Guaranteed payments for capital, Total guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents 54, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Foreign taxes paid or accrued.

22 More than one activity for at-risk purposes*

23 More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

199A Worksheet by Activity

2022

▶ Keep for your records

Partnership's name <u>KSNR HOLDINGS LLC</u>	Partnership's EIN <u>86-3060421</u>
--	--

Note: See 199A Summary for Special Allocation information

QuickZoom to 199A Summary ▶ _____

Aggregation Code: _____	Trade or Business: <u>1065, Line 22</u> EIN: <u>86-3060421</u>
Is this activity a qualified trade/business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specified Service Trade or Business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

QBI or qualified PTP items subject to partner-specific determinations:

1 a Ordinary business income (loss)	1 a			
b Adjustments	b			
c Adjusted ordinary business income (loss)	c	1		
2 a Rental income (loss)	2 a			
b Adjustments	b			
c Adjusted rental income (loss)	c	2		
3 a Royalty income (loss)	3 a			
b Adjustments	b			
c Adjusted royalty income (loss)	c	3		
4 a Section 1231 gain (loss)	4 a			
b Adjustments	b			
c Adjusted section 1231 gain (loss)	c	4		
5 Other income (loss)	5			
6 a Section 179 deduction	6 a			
b Adjustments	b			
c Adjusted section 179 deduction	c	6		
7 Other deductions	7			
8 a W-2 wages	8 a			
b Adjustments	b			
c Adjusted W-2 Wages	c	8		
9 a UBIA of qualified property	9 a			
b Adjustments	b			
c Adjusted UBIA of qualified property	c	9		

DO NOT

Section 179 Carryover Detail for this Activity

Tentative Section 179 deduction from current year assets

Part I: Prior Year Carryovers

by Year and Category

- A Before 2018
- B 2018
- C 2019
- D 2020
- E 2021
- Total prior year carryovers to this year**

Section 179 Regular Tax	Section 179 QBI
	0.

**Part II: 179 Deduction Allowed
by Year and Category**

Total 179 deduction allowed for this activity in current year

- A Amount allowed from 2022
- B Amount allowed from before 2018
- C Amount allowed from 2018
- D Amount allowed from 2019
- E Amount allowed from 2020
- F Amount allowed from 2021

Section 179 Regular Tax	Section 179 QBI

**Part III: Total Carryforward to 2023
by Year and Category**

- A Carryforward from 2022
- B Carryforward from before 2018
- C Carryforward from 2018
- D Carryforward from 2019
- E Carryforward from 2020
- F Carryforward from 2021
- Total carryforward to next year**

Section 179 Regular Tax	Section 179 QBI

Additional Information From 2022 Federal Partnership Tax Return**Form 1065: Partnership Tax Return****Line 20, Other Deductions****Continuation Statement**

Description	Amount
BANK CHARGES	45.
MEALS (50%)	215.
TRAVEL	2,240.
Total	2,500.

DO NOT MAIL

MARYLAND FORM 510

PASS-THROUGH ENTITY INCOME TAX RETURN



225100014

2022 \$

OR FISCAL YEAR BEGINNING 2022, ENDING

863060421

Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

040921

531190

Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)

KSNR HOLDINGS LLC

Name

22428 BRIGHT SKY DR

Current Mailing Address (PO Box, number, street and apt. no)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

CLARKSBURG

City or Town

MD

State

20871

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

Do not write in this space.

ME YE

TYPE OF ENTITY - Check the applicable box.

- S Corporation Partnership Limited Liability Company Business Trust

Amended Return

CHECK HERE - Check applicable box(es).

- Name or address has changed First filing of the entity Inactive entity Final Return 510C Filed This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

This form may be used if the PTE is paying tax only on behalf of nonresident members and not electing to remit on all members' share of income.

You may also use this form to request a refund of estimated payment(s) for tax paid on resident members' shares of income if the entity has decided not to make the entity election.

1. Number of members:

- a. Individual (including fiduciary) residents of Maryland 4
b. Individual (including fiduciary) nonresidents
c. Nonresident entities
d. Others

2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate entities or multistate entities with no nonresident members also enter this amount on line 4 -2509 .00

ALLOCATION OF INCOME

(To be completed by multistate pass-through entities with nonresident members - unistate entities, and multistate entities with no nonresidents, go to line 4.)

- 3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4 .00
3b. Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4. (If factor is zero, enter .000001)



225100114

NAME KSNR HOLDINGS L FEIN 863060421

4. Distributive or pro rata share of income allocable to Maryland 4. -2509 .00

NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.)

5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ▶ 5. .00

6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) 6. .00

7. Nonresident individual tax (Multiply line 6 by 5.75%). 7. .00

8. Special nonresident tax (Multiply line 6 by 2.25%). 8. .00

9. Total Maryland tax on individual members (Add lines 7 and 8.) 9. .00

10. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11. ▶ 10. .00

11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.) 11. .00

12. Nonresident entity tax (Multiply line 11 by 8.25%). 12. .00

13. Total nonresident tax (Add lines 9 and 12.) 13. .00

14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here ▶ 14. .00

15. Nonresident tax due (Enter the lesser of line 13 or line 14.) 15. .00

16a. Estimated pass-through entity nonresident tax paid with Form 510/511D and MW506NRS ▶ 16a. .00

16b. Pass-through entity nonresident tax paid with an extension request (Form 510/511E) . . ▶ 16b. .00

16c. Credit for nonresident tax paid on behalf of the pass-through entity by another pass-through entity (Attach Maryland Schedule K-1 (510/511)) ▶ 16c. .00

16d. Credit for pass-through entity election tax paid on nonresident shares of income by another pass-through entity. (Attach Schedule K-1 (510/511)) ▶ 16d. .00

16e. Total nonresident payments and credits (Add lines 16a through 16d.) 16e. .00

17. Balance of tax due (If line 15 exceeds line 16e, enter the difference.) ▶ 17. .00

18. Interest and/or penalty from Form 500UP or late payment interest TOTAL ▶ 18. .00

19. Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return 19. .00

NOTE: The total tax paid from lines 16e and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)

Complete lines 20a-22 only if you are requesting a refund of estimated payment(s) for tax paid on resident members' shares of income, because the entity decided not to elect or it was mistakenly paid.

20a. Estimated pass-through entity resident tax paid with Form 510/511D ▶ 20a. .00

20b. Pass-through entity resident tax paid with an extension request (Form 510/511E) ▶ 20b. .00

20c. Credit for pass-through entity election tax paid on resident shares of income by another pass-through entity. (Attach Maryland Schedule K-1 (510/511)) ▶ 20c. .00

20d. Total resident payments and credits (Add lines 20a through 20c.) 20d. .00

If Lines 20a-20d are blank, STOP. PTE may not request a refund.

21. Total resident and nonresident payments and credits (add 16e and 20d.) 21. .00

22. Amount of resident payment TO BE REFUNDED (Line 21 must be greater than the sum of Lines 15 and 18. Subtract the total of Line 15 plus Line 18 from Line 21 and enter total here). ▶ 22. .00



225100214

NAME KSNR HOLDINGS L FEIN 863060421

DIRECT DEPOSIT OF REFUND (see Instruction 9)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following.

Check here if you authorize the State of Maryland to issue your refund by direct deposit.

Check here if this refund will go to an account outside of the United States.

23a. Type of account: 23a. Checking Savings

23b. Routing Number (9-digits): 23b.

23c. Account Number: 23c.

23d. Name as it appears on the bank account:

ADDITIONAL INFORMATION REQUIRED

1. Address of principal place of business in Maryland (if other than indicated on page 1): 22428 BRIGHT SKY DR CLARKSBURG MD 20871

2. Address at which tax records are located (if other than indicated on page 1): 22428 BRIGHT SKY DR CLARKSBURG MD 20871

3. Telephone number of pass-through entity tax department: 7175855254

4. State of organization or incorporation: MD

5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Comptroller of Maryland? Yes No

6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland for the last calendar year? Yes No

If a multistate operation, provide the following:

7. Is this entity a multistate corporation that is a member of a unitary group? Yes No

8. Is this entity a multistate manufacturing corporation with more than 25 employees? Yes No

SIGNATURE AND VERIFICATION

Check here if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of general partner, officer or member Date

GENERAL PARTNER Title

GLOBAL TAXES LLC Printed name of the Preparer/Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of preparer other than taxpayer (Required by Law)

245 ROONEY CT Street address of preparer or Firm's address

E BRUNSWICK NJ 08816 City, State, ZIP Code + 4

6789659522 Telephone number of preparer

P02082703 Preparer's PTIN (Required by Law)

CODE NUMBERS (3 digits per line)

Make checks payable to and mail to: Comptroller Of Maryland, Revenue Administration Division 110 Carroll Street, Annapolis, Maryland 21411-0001

(Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.)



225100314

NAME KSNR HOLDINGS L FEIN 863060421

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate pass-through entities. See instructions.)

NOTE: Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1. Receipts			
a. Gross receipts or sales less returns and allowances			
b. Dividends			
c. Interest			
d. Gross rents			
e. Gross royalties			
f. Capital gain net income			
g. Other income (Attach schedule.)			
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.)			

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

2. Property			
a. Inventory			
b. Machinery and equipment			
c. Buildings			
d. Land			
e. Other tangible assets (Attach schedule.)			
f. Rent expense capitalized (multiply by eight)			
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.)			
3. Payroll			
a. Compensation of officers			
b. Other salaries and wages			
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)			

4. Maryland apportionment factor Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000001 on line 3b, page 1.)

Check here if special apportionment or alternative apportionment formula is used.

**MARYLAND
FORM
510
SCHEDULE B**

**PASS-THROUGH ENTITY
INCOME TAX RETURN
MEMBERS' INFORMATION**



2022

22510B014

NAME KSNR HOLDINGS LLC FEIN 863060421

PART I – INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number order.

	Social Security Number and name of member	Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
			Resident	Non-Resident			
1	040117761 RAGHU KUMAR THALVAYAPATI	22434 BRIGHT SKY DR CLARKSBURG MD 20871	X		-627		
2	185847165 SURENDRA BABU MANYAM	22414 BRIGHT SKY DR CLARKSBURG MD 20871	X		-627		
3	220833035 NAGESWARA REDDY KANUPARTHI	12014 GREY SQUIRREL ST CLARKSBURG MD 20871	X		-628		
4	329049369 KAMALAKAR REDDY KRISHNA REDDY	22428 BRIGHT SKY DR CLARKSBURG MD 20871	X		-627		
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for individual members							
TOTAL:							

**You must file
Form 510
electronically
to pass on
business tax
credits from
Form 500CR
and/or
Form 502S to
your members.**



22510K014

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

KSNR HOLDINGS LLC		863060421	
PTE Name		PTE FEIN	
22428 BRIGHT SKY DR			
Street Address		CLARKSBURG	MD 20871
	City	State	ZIP Code +4

INFORMATION ABOUT THE MEMBER

1	NAGESWARA REDDY KANUPARTHI	220-83-3035
Member Number	Member Name	Member's SSN/FEIN
12014 GREY SQUIRREL ST		
Street Address		
	CLARKSBURG	MD 20871
	City	State ZIP Code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distributive or Pro Rata Share Percentage 25.00000 %

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	_____	-628 .00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	_____	-628 .00

B. Additions

1. Non-Maryland municipal interest and dividends	1.	_____	.00
2. Tax preference items	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other additions (Specify additions with amounts in part G of this form.)	5.	_____	.00

C. Subtractions

1. Income from U.S. obligations	1.	_____	.00
2. Work opportunity credit salary expense	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.	_____	.00

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.	_____	.00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.	_____	.00
3. Nonresident tax paid by other PTEs on behalf of this entity (Form 510)	3.	_____	.00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.	_____	.00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns.			
	5.	_____	.00

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	_____	.00
2. Maryland Disability Employment Tax Credit***	2.	_____	.00
3. Job Creation Tax Credit***	3.	_____	.00
4. Community Investment Tax Credit***	4.	_____	.00
5. Businesses that Create New Jobs Tax Credit	5.	_____	.00
6. Reserved	6.	XXXXXXXXXX	.00



22510K114

NAME KSNR HOLDINGS LLC FEIN 863060421

- 7. Employer-Provided Long-Term Insurance Tax Credit 7. _____ .00
- 8. RESERVED 8. XXXXXXXXXXXX .00
- 9. RESERVED 9. XXXXXXXXXXXX .00
- 10. Research and Development Tax Credit*** 10. _____ .00
- 11. Commuter Tax Credit 11. _____ .00
- 12. Work Opportunity Tax Credit. 12. _____ .00
- 13. Oyster Shell Recycling Tax Credit*** 13. _____ .00
- 14. Energy Storage Systems Tax Credit*** 14. _____ .00
- 15. Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or
Cybersecurity Services*** 15. _____ .00
- 16. RESERVED 16. XXXXXXXXXXXX .00
- 17. Endow Maryland Tax Credit*** 17. _____ .00
- 18. Preservation and Conservation Easements Tax Credit*** 18. _____ .00
- 19. Apprentice Employee Tax Credit*** 19. _____ .00
- 20. Qualified Farms Tax Credit*** 20. _____ .00
- 21. RESERVED 21. XXXXXXXXXXXX .00
- 22. Endowments of Maryland Historically Black Colleges and Universities*** 22. _____ .00

Refundable Credits

- 23. Cybersecurity Incentive Tax Credit for Investors in Cybersecurity*** 23. _____ .00
- 24. Film Production Activity Tax Credit*** 24. _____ .00
- 25. Biotechnology Investment Incentive Tax Credit*** 25. _____ .00
- 26. Clean Energy Incentive Tax Credit*** 26. _____ .00
- 27. Small Business Relief Tax Credit*** 27. _____ .00
- 28. Small Business Research & Development Tax Credit*** 28. _____ .00
- 29. Heritage Structure Rehabilitation Tax Credit*** 29. _____ .00
- 30. Theatrical Production Tax Credit *** 30. _____ .00
- 31. More Jobs for Marylanders Tax Credit*** 31. _____ .00
- 32. Catalytic Revitalization Projects and Historic Revitalization Tax Credit *** 32. _____ .00

One Maryland Economic Development Tax Credit* Certified after June 30, 2018**

Refundable Nonrefundable

- 33a. Total number of "qualified employees" 33a. _____
- 33b. If the amount on line 33a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?
 Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 34. Portion of PTE's income attributable to project. 34. _____ .00
- 35. Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form 35. _____ .00
- 36. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.:
For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees.
For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees.
For \$5,000,000 maximum credit, at least 50 qualified employees.) 36. _____ .00

One Maryland Economic Development Tax Credit* Certified before July 1, 2018**

Refundable Nonrefundable

- 37a. Total number of "qualified employees" 37a. _____
- 37b. If the amount on line 37a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?
 Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 38. Portion of PTE's income attributable to project 38. _____ .00

MARYLAND SCHEDULE K-1 (510/511) PASS-THROUGH ENTITY MEMBER'S INFORMATION



22510K214

2022
page 3

NAME KSNR HOLDINGS LLC FEIN 863060421

39. Non-project taxable income from PTE	39.	_____	.00
40. Number of "qualified employees" multiplied by \$10,000	40.	_____	.00
41. Amount of Maryland income tax required to be withheld from employees reported on line 37a of this form	41.	_____	.00
42. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	42.	_____	.00
43. Total cumulative eligible start-up costs (\$500,000 PTE maximum)	43.	_____	.00

F. Withholding for Nonresident Sale of Real Property

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real Property payment from PTE	1.	_____	.00
--	----	-------	-----

G. Additional Information

DO NOT MAIL



22510K014

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

KSNR HOLDINGS LLC _____ 863060421 _____
PTE Name PTE FEIN
22428 BRIGHT SKY DR _____
_____ CLARKSBURG MD 20871 _____
Street Address City State ZIP Code +4

INFORMATION ABOUT THE MEMBER

2 _____ KAMALAKAR REDDY KRISHNA REDDY _____ 329-04-9369 _____
Member Number Member Name Member's SSN/FEIN
22428 BRIGHT SKY DR _____
_____ CLARKSBURG MD 20871 _____
Street Address City State ZIP Code +4

Resident? Yes No Distributive or Pro Rata Share Percentage 25.00000 %

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	_____	-627 .00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	_____	-627 .00

B. Additions

1. Non-Maryland municipal interest and dividends	1.	_____	.00
2. Tax preference items	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other additions (Specify additions with amounts in part G of this form.)	5.	_____	.00

C. Subtractions

1. Income from U.S. obligations	1.	_____	.00
2. Work opportunity credit salary expense	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.	_____	.00

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.	_____	.00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.	_____	.00
3. Nonresident tax paid by other PTEs on behalf of this entity (Form 510)	3.	_____	.00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.	_____	.00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns.	5.	_____	.00

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	_____	.00
2. Maryland Disability Employment Tax Credit***	2.	_____	.00
3. Job Creation Tax Credit***	3.	_____	.00
4. Community Investment Tax Credit***	4.	_____	.00
5. Businesses that Create New Jobs Tax Credit	5.	_____	.00
6. Reserved	6.	XXXXXXXXXX	.00



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NAME KSNR HOLDINGS LLC FEIN 863060421

- 7. Employer-Provided Long-Term Insurance Tax Credit 7. _____ .00
- 8. RESERVED 8. XXXXXXXXXX .00
- 9. RESERVED 9. XXXXXXXXXX .00
- 10. Research and Development Tax Credit*** 10. _____ .00
- 11. Commuter Tax Credit 11. _____ .00
- 12. Work Opportunity Tax Credit. 12. _____ .00
- 13. Oyster Shell Recycling Tax Credit*** 13. _____ .00
- 14. Energy Storage Systems Tax Credit*** 14. _____ .00
- 15. Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or
Cybersecurity Services*** 15. _____ .00
- 16. RESERVED 16. XXXXXXXXXX .00
- 17. Endow Maryland Tax Credit*** 17. _____ .00
- 18. Preservation and Conservation Easements Tax Credit*** 18. _____ .00
- 19. Apprentice Employee Tax Credit*** 19. _____ .00
- 20. Qualified Farms Tax Credit*** 20. _____ .00
- 21. RESERVED 21. XXXXXXXXXX .00
- 22. Endowments of Maryland Historically Black Colleges and Universities*** 22. _____ .00

Refundable Credits

- 23. Cybersecurity Incentive Tax Credit for Investors in Cybersecurity*** 23. _____ .00
- 24. Film Production Activity Tax Credit*** 24. _____ .00
- 25. Biotechnology Investment Incentive Tax Credit*** 25. _____ .00
- 26. Clean Energy Incentive Tax Credit*** 26. _____ .00
- 27. Small Business Relief Tax Credit*** 27. _____ .00
- 28. Small Business Research & Development Tax Credit*** 28. _____ .00
- 29. Heritage Structure Rehabilitation Tax Credit*** 29. _____ .00
- 30. Theatrical Production Tax Credit *** 30. _____ .00
- 31. More Jobs for Marylanders Tax Credit*** 31. _____ .00
- 32. Catalytic Revitalization Projects and Historic Revitalization Tax Credit *** 32. _____ .00

One Maryland Economic Development Tax Credit* Certified after June 30, 2018**

Refundable Nonrefundable

- 33a. Total number of "qualified employees" 33a. _____
- 33b. If the amount on line 33a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?
 Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 34. Portion of PTE's income attributable to project. 34. _____ .00
- 35. Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form 35. _____ .00
- 36. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.:
For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees.
For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees.
For \$5,000,000 maximum credit, at least 50 qualified employees.) 36. _____ .00

One Maryland Economic Development Tax Credit* Certified before July 1, 2018**

Refundable Nonrefundable

- 37a. Total number of "qualified employees" 37a. _____
- 37b. If the amount on line 37a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?
 Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 38. Portion of PTE's income attributable to project 38. _____ .00

MARYLAND SCHEDULE K-1 (510/511) PASS-THROUGH ENTITY MEMBER'S INFORMATION



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2022
page 3

NAME KSNR HOLDINGS LLC FEIN 863060421

39. Non-project taxable income from PTE	39.	_____	.00
40. Number of "qualified employees" multiplied by \$10,000	40.	_____	.00
41. Amount of Maryland income tax required to be withheld from employees reported on line 37a of this form	41.	_____	.00
42. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	42.	_____	.00
43. Total cumulative eligible start-up costs (\$500,000 PTE maximum)	43.	_____	.00

F. Withholding for Nonresident Sale of Real Property

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real Property payment from PTE	1.	_____	.00
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G. Additional Information

DO NOT MAIL



22510K014

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

KSNR HOLDINGS LLC		863060421	
PTE Name		PTE FEIN	
22428 BRIGHT SKY DR			
CLARKSBURG		MD	20871
Street Address	City	State	ZIP Code
			+4

INFORMATION ABOUT THE MEMBER

3	RAGHU KUMAR THALVAYAPATI	040-11-7761
Member Number	Member Name	Member's SSN/FEIN
22434 BRIGHT SKY DR		
CLARKSBURG	MD	20871
Street Address	City	State
		ZIP Code
		+4

Resident? Yes No

Distributive or Pro Rata Share Percentage 25.00000 %

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	_____	-627 .00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	_____	-627 .00

B. Additions

1. Non-Maryland municipal interest and dividends	1.	_____	.00
2. Tax preference items	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other additions (Specify additions with amounts in part G of this form.)	5.	_____	.00

C. Subtractions

1. Income from U.S. obligations	1.	_____	.00
2. Work opportunity credit salary expense	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.	_____	.00

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.	_____	.00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.	_____	.00
3. Nonresident tax paid by other PTEs on behalf of this entity (Form 510)	3.	_____	.00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.	_____	.00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns.	5.	_____	.00

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	_____	.00
2. Maryland Disability Employment Tax Credit***	2.	_____	.00
3. Job Creation Tax Credit***	3.	_____	.00
4. Community Investment Tax Credit***	4.	_____	.00
5. Businesses that Create New Jobs Tax Credit	5.	_____	.00
6. Reserved	6.	XXXXXXXXXX	.00



22510K114

NAME KSNR HOLDINGS LLC FEIN 863060421

- 7. Employer-Provided Long-Term Insurance Tax Credit 7. _____ .00
- 8. RESERVED 8. XXXXXXXXXX .00
- 9. RESERVED 9. XXXXXXXXXX .00
- 10. Research and Development Tax Credit*** 10. _____ .00
- 11. Commuter Tax Credit 11. _____ .00
- 12. Work Opportunity Tax Credit. 12. _____ .00
- 13. Oyster Shell Recycling Tax Credit*** 13. _____ .00
- 14. Energy Storage Systems Tax Credit*** 14. _____ .00
- 15. Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or
Cybersecurity Services*** 15. _____ .00
- 16. RESERVED 16. XXXXXXXXXX .00
- 17. Endow Maryland Tax Credit*** 17. _____ .00
- 18. Preservation and Conservation Easements Tax Credit*** 18. _____ .00
- 19. Apprentice Employee Tax Credit*** 19. _____ .00
- 20. Qualified Farms Tax Credit*** 20. _____ .00
- 21. RESERVED 21. XXXXXXXXXX .00
- 22. Endowments of Maryland Historically Black Colleges and Universities*** 22. _____ .00

Refundable Credits

- 23. Cybersecurity Incentive Tax Credit for Investors in Cybersecurity*** 23. _____ .00
- 24. Film Production Activity Tax Credit*** 24. _____ .00
- 25. Biotechnology Investment Incentive Tax Credit*** 25. _____ .00
- 26. Clean Energy Incentive Tax Credit*** 26. _____ .00
- 27. Small Business Relief Tax Credit*** 27. _____ .00
- 28. Small Business Research & Development Tax Credit*** 28. _____ .00
- 29. Heritage Structure Rehabilitation Tax Credit*** 29. _____ .00
- 30. Theatrical Production Tax Credit *** 30. _____ .00
- 31. More Jobs for Marylanders Tax Credit*** 31. _____ .00
- 32. Catalytic Revitalization Projects and Historic Revitalization Tax Credit *** 32. _____ .00

One Maryland Economic Development Tax Credit* Certified after June 30, 2018**

Refundable Nonrefundable

- 33a. Total number of "qualified employees" 33a. _____
- 33b. If the amount on line 33a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?
 Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 34. Portion of PTE's income attributable to project. 34. _____ .00
- 35. Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form 35. _____ .00
- 36. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.:
For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees.
For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees.
For \$5,000,000 maximum credit, at least 50 qualified employees.) 36. _____ .00

One Maryland Economic Development Tax Credit* Certified before July 1, 2018**

Refundable Nonrefundable

- 37a. Total number of "qualified employees" 37a. _____
- 37b. If the amount on line 37a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?
 Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 38. Portion of PTE's income attributable to project 38. _____ .00

MARYLAND SCHEDULE K-1 (510/511) PASS-THROUGH ENTITY MEMBER'S INFORMATION



22510K214

2022
page 3

NAME KSNR HOLDINGS LLC FEIN 863060421

39. Non-project taxable income from PTE	39.	_____	.00
40. Number of "qualified employees" multiplied by \$10,000	40.	_____	.00
41. Amount of Maryland income tax required to be withheld from employees reported on line 37a of this form	41.	_____	.00
42. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	42.	_____	.00
43. Total cumulative eligible start-up costs (\$500,000 PTE maximum)	43.	_____	.00

F. Withholding for Nonresident Sale of Real Property

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real Property payment from PTE	1.	_____	.00
--	----	-------	-----

G. Additional Information

DO NOT MAIL



22510K014

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

KSNR HOLDINGS LLC		863060421	
PTE Name		PTE FEIN	
22428 BRIGHT SKY DR			
CLARKSBURG		MD	20871
Street Address	City	State	ZIP Code +4

INFORMATION ABOUT THE MEMBER

4	SURENDRA BABU MANYAM	185-84-7165
Member Number	Member Name	Member's SSN/FEIN
22414 BRIGHT SKY DR		
CLARKSBURG	MD	20871
Street Address	City	State ZIP Code +4

Resident? Yes No Distributive or Pro Rata Share Percentage 25.00000 %

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	_____	-627 .00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	_____	-627 .00

B. Additions

1. Non-Maryland municipal interest and dividends	1.	_____	.00
2. Tax preference items	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other additions (Specify additions with amounts in part G of this form.)	5.	_____	.00

C. Subtractions

1. Income from U.S. obligations	1.	_____	.00
2. Work opportunity credit salary expense	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.	_____	.00

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.	_____	.00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.	_____	.00
3. Nonresident tax paid by other PTEs on behalf of this entity (Form 510)	3.	_____	.00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.	_____	.00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			

Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns. 5. _____ .00

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	_____	.00
2. Maryland Disability Employment Tax Credit***	2.	_____	.00
3. Job Creation Tax Credit***	3.	_____	.00
4. Community Investment Tax Credit***	4.	_____	.00
5. Businesses that Create New Jobs Tax Credit	5.	_____	.00
6. Reserved	6.	XXXXXXXXXX	.00



22510K114

NAME KSNR HOLDINGS LLC FEIN 863060421

- 7. Employer-Provided Long-Term Insurance Tax Credit 7. _____ .00
- 8. RESERVED 8. XXXXXXXXXX .00
- 9. RESERVED 9. XXXXXXXXXX .00
- 10. Research and Development Tax Credit*** 10. _____ .00
- 11. Commuter Tax Credit 11. _____ .00
- 12. Work Opportunity Tax Credit. 12. _____ .00
- 13. Oyster Shell Recycling Tax Credit*** 13. _____ .00
- 14. Energy Storage Systems Tax Credit*** 14. _____ .00
- 15. Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or
Cybersecurity Services*** 15. _____ .00
- 16. RESERVED 16. XXXXXXXXXX .00
- 17. Endow Maryland Tax Credit*** 17. _____ .00
- 18. Preservation and Conservation Easements Tax Credit*** 18. _____ .00
- 19. Apprentice Employee Tax Credit*** 19. _____ .00
- 20. Qualified Farms Tax Credit*** 20. _____ .00
- 21. RESERVED 21. XXXXXXXXXX .00
- 22. Endowments of Maryland Historically Black Colleges and Universities*** 22. _____ .00

Refundable Credits

- 23. Cybersecurity Incentive Tax Credit for Investors in Cybersecurity*** 23. _____ .00
- 24. Film Production Activity Tax Credit*** 24. _____ .00
- 25. Biotechnology Investment Incentive Tax Credit*** 25. _____ .00
- 26. Clean Energy Incentive Tax Credit*** 26. _____ .00
- 27. Small Business Relief Tax Credit*** 27. _____ .00
- 28. Small Business Research & Development Tax Credit*** 28. _____ .00
- 29. Heritage Structure Rehabilitation Tax Credit*** 29. _____ .00
- 30. Theatrical Production Tax Credit *** 30. _____ .00
- 31. More Jobs for Marylanders Tax Credit*** 31. _____ .00
- 32. Catalytic Revitalization Projects and Historic Revitalization Tax Credit *** 32. _____ .00

One Maryland Economic Development Tax Credit* Certified after June 30, 2018**

Refundable Nonrefundable

- 33a. Total number of "qualified employees" 33a. _____
- 33b. If the amount on line 33a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?
 Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 34. Portion of PTE's income attributable to project. 34. _____ .00
- 35. Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form 35. _____ .00
- 36. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.:
For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees.
For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees.
For \$5,000,000 maximum credit, at least 50 qualified employees.) 36. _____ .00

One Maryland Economic Development Tax Credit* Certified before July 1, 2018**

Refundable Nonrefundable

- 37a. Total number of "qualified employees" 37a. _____
- 37b. If the amount on line 37a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?
 Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 38. Portion of PTE's income attributable to project 38. _____ .00

MARYLAND SCHEDULE K-1 (510/511) PASS-THROUGH ENTITY MEMBER'S INFORMATION



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2022
page 3

NAME KSNR HOLDINGS LLC FEIN 863060421

39. Non-project taxable income from PTE	39.	_____	.00
40. Number of "qualified employees" multiplied by \$10,000	40.	_____	.00
41. Amount of Maryland income tax required to be withheld from employees reported on line 37a of this form	41.	_____	.00
42. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	42.	_____	.00
43. Total cumulative eligible start-up costs (\$500,000 PTE maximum)	43.	_____	.00

F. Withholding for Nonresident Sale of Real Property

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real Property payment from PTE	1.	_____	.00
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G. Additional Information

DO NOT MAIL

U.S. Return of Partnership Income

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year beginning , 2022, ending , 20

2022

Go to www.irs.gov/Form1065 for instructions and the latest information.

Table with 4 columns: A Principal business activity, B Principal product or service, C Business code number, D Employer identification number, E Date business started, F Total assets. Includes details for REAL ESTATE SERVICE, KSNR HOLDINGS LLC, 22428 BRIGHT SKY DR, CLARKSBURG MD 20871, and total assets of \$88,741.

- G Check applicable boxes: (1) Initial return, (2) Final return, (3) Name change, (4) Address change, (5) Amended return
H Check accounting method: (1) Cash, (2) Accrual, (3) Other
I Number of Schedules K-1: 4
J Check if Schedules C and M-3 are attached
K Check if partnership: (1) Aggregated activities, (2) Grouped activities

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Main table with 30 rows for Income, Deductions, and Tax and Payment. Includes sub-rows 1a, 1b, 1c, 16a, 16b, 16c. Total income (loss) is -2,500.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Signature of partner or limited liability company member

Date

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

SYAM PRIYA RAM SAGAR GUPTA TALLAM

SYAM PRIYA RAM SAGAR GUPTA TALLAM

03/07/2023

P02082703

Firm's name GLOBAL TAXES LLC

Firm's EIN 84-3171965

Firm's address 245 ROONEY CT E BRUNSWICK, NJ 08816

Phone no. (678) 965-9522

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No
a <input checked="" type="checkbox"/> Domestic general partnership		
b <input type="checkbox"/> Domestic limited partnership		
c <input type="checkbox"/> Domestic limited liability company		
d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership		
f <input type="checkbox"/> Other:		
2 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
3 At the end of the tax year, did the partnership:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity
(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
4 Does the partnership satisfy all four of the following conditions?	Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$1 million.		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d The partnership is not filing and is not required to file Schedule M-3	X	
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8 At any time during calendar year 2022, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country		X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election?		X
See instructions for details regarding a section 754 election.		
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information *(continued)*

	Yes	No
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16a Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
17 Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return		
18 Enter the number of partners that are foreign governments under section 892		
19 During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		X
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the partnership has business interest expense. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X
26 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: By value:		X
29 Reserved for future use		
30 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR THALVAYAPATI RAGHU KUMAR

U.S. address of PR 22428 BRIGHT SKY DR CLARKSBURG MD 20871 U.S. phone number of PR (717) 585-5254

If the PR is an entity, name of the designated individual for the PR

U.S. address of designated individual U.S. phone number of designated individual

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-2,500.
	2 Net rental real estate income (loss) (attach Form 8825)	2	-9.
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b	4c	
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b c Dividend equivalents 6c	6c	
	7 Royalties	7	
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type: _____	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type: _____ (2) Amount: _____	13c(2)	
d Other deductions (see instructions) Type: _____	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	-2,500.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type: _____	15d	
	e Other rental credits (see instructions) Type: _____	15e	
	f Other credits (see instructions) Type: _____	15f	
Inter-national	16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	215.
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
	b Investment expenses	20b	
c Other items and amounts (attach statement)			
21 Total foreign taxes paid or accrued	21		

Analysis of Net Income (Loss) per Return

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21					1	-2,509.
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners		-2,509.				
b	Limited partners						

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,005.		
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)		88,750.		88,741.
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)				
14	Total assets		90,755.		88,741.
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)		18,000.		18,710.
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts		72,755.		70,031.
22	Total liabilities and capital		90,755.		88,741.

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-2,724.	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$ 215.	215.	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-2,509.
5	Add lines 1 through 4	-2,509.			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	72,755.	6	Distributions: a Cash	
2	Capital contributed: a Cash		b Property		
	b Property		7	Other decreases (itemize):	
3	Net income (loss) (see instructions)	-2,724.	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	70,031.
5	Add lines 1 through 4	70,031.			

Additional Information From 2022 Federal Partnership Tax Return**Form 1065: Partnership Tax Return****Line 20, Other Deductions****Continuation Statement**

Description	Amount
BANK CHARGES	45.
MEALS (50%)	215.
TRAVEL	2,240.
Total	2,500.