

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name KIRAN K GONTUKA	Social security number 014-88-3401
Spouse's name PRANITA BOGA	Spouse's social security number 634-19-3340

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1	156,291.
2 Total tax . . . . .	2	23,167.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	23,377.
4 Amount you want refunded to you . . . . .	4	210.
5 Amount you owe . . . . .	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

8	3	4	0	1
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	3	3	4	0
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (KIRAN K), Last name (GONTUKA), Your social security number (014-88-3401), Spouse's social security number (634-19-3340), Home address (1020 SADDLE TREE TRAIL, IRVING, TX 75063), and Presidential Election Campaign checkbox.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents. Includes entries for VEDH KUMAR GONTUKA (Son) and VAIBHAVI GONTUKA (Daughter).

Main income table with columns for description and amount. Rows include Total amount from Form(s) W-2 (188,005), Tax-exempt interest (2a), Taxable interest (2b), Qualified dividends (3a: 464), IRA distributions (4a), Pensions and annuities (5a), Social security benefits (6a), Capital gain or loss (7), Other income from Schedule 1 (8), Total income (9: 156,423), Adjustments to income (10: 132), Adjusted gross income (11: 156,291), Standard deduction (12: 25,900), Qualified business income deduction (13: 1,017), and Taxable income (15: 129,374).



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
KIRAN K GONTUKA & PRANITA BOGA

Your social security number  
014-88-3401

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	-1,800.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-42,430.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLÉ account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	-44,230.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	132.
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .	<b>26</b>	132.

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
KIRAN K GONTUKA & PRANITA BOGA

Your social security number  
014-88-3401

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	6,123.
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	6,123.

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	263.
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here . . . . . <input checked="" type="checkbox"/>	<b>8</b>	1,117.
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount: _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: _____ _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Reserved for future use . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>
			1,380.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor <b>PRANITA BOGA</b>		Social security number (SSN) <b>634-19-3340</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>SOFTWARE SERVICES</b>	<b>B</b> Enter code from instructions <b>5 1 9 2 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) <b>1020 SADDLE TREE TRAIL</b> City, town or post office, state, and ZIP code <b>IRVING, TX 75063</b>		
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part I Income**

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	28,280.
<b>2</b>	Returns and allowances	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1	<b>3</b>	28,280.
<b>4</b>	Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	28,280.
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6	<b>7</b>	28,280.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b>	Advertising	<b>8</b>		<b>18</b>	Office expense (see instructions)	<b>18</b>	
<b>9</b>	Car and truck expenses (see instructions)	<b>9</b>	5,942.	<b>19</b>	Pension and profit-sharing plans	<b>19</b>	
<b>10</b>	Commissions and fees	<b>10</b>		<b>20</b>	Rent or lease (see instructions):	<b>20a</b>	
<b>11</b>	Contract labor (see instructions)	<b>11</b>		<b>a</b>	Vehicles, machinery, and equipment	<b>20b</b>	
<b>12</b>	Depletion	<b>12</b>		<b>b</b>	Other business property	<b>21</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b>	Repairs and maintenance	<b>22</b>	
<b>14</b>	Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b>	Supplies (not included in Part III)	<b>23</b>	
<b>15</b>	Insurance (other than health)	<b>15</b>		<b>23</b>	Taxes and licenses	<b>24</b>	
<b>16</b>	Interest (see instructions):			<b>24</b>	Travel and meals:	<b>24a</b>	
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>	6,008.	<b>a</b>	Travel	<b>24b</b>	1,300.
<b>b</b>	Other	<b>16b</b>		<b>b</b>	Deductible meals (see instructions)	<b>25</b>	2,820.
<b>17</b>	Legal and professional services	<b>17</b>		<b>25</b>	Utilities	<b>26</b>	
<b>18</b>				<b>26</b>	Wages (less employment credits)	<b>27a</b>	10,350.
<b>19</b>				<b>27a</b>	Other expenses (from line 48)	<b>27b</b>	
<b>20</b>				<b>b</b>	<b>Reserved for future use</b>		
<b>21</b>				<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	26,420.
<b>22</b>				<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	1,860.
<b>23</b>				<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>	
<b>24</b>				<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	1,860.
<b>25</b>				<b>32</b>	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>32a</b>	<input checked="" type="checkbox"/> All investment is at risk.
<b>26</b>						<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.



**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) 10/15/2012

**44** Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

**a** Business 9,802    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 4,198

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

FURNITURE		5,500.
BACK OFFICE OPERATION EXPENSES		4,850.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	10,350.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor <b>KIRAN K GONTUKA</b>		Social security number (SSN) 014-88-3401
<b>A</b> Principal business or profession, including product or service (see instructions) GVK Alliance LLC	<b>B</b> Enter code from instructions 5 3 1 3 9 0	
<b>C</b> Business name. If no separate business name, leave blank. GVK Alliance LLC	<b>D</b> Employer ID number (EIN) (see instr.) 8 8 3 9 7 7 5 3 1	
<b>E</b> Business address (including suite or room no.) <u>1020 SADDLE TREE TRAIL</u> City, town or post office, state, and ZIP code <u>IRVING, TX 75063</u>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	
2 Returns and allowances	<b>2</b>	
3 Subtract line 2 from line 1	<b>3</b>	
4 Cost of goods sold (from line 42)	<b>4</b>	
5 <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
7 <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising	<b>8</b>			18 Office expense (see instructions)	<b>18</b>	
9 Car and truck expenses (see instructions)	<b>9</b>			19 Pension and profit-sharing plans	<b>19</b>	
10 Commissions and fees	<b>10</b>			20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	<b>11</b>			a Vehicles, machinery, and equipment	<b>20a</b>	
12 Depletion	<b>12</b>			b Other business property	<b>20b</b>	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>			21 Repairs and maintenance	<b>21</b>	170.
14 Employee benefit programs (other than on line 19)	<b>14</b>			22 Supplies (not included in Part III)	<b>22</b>	
15 Insurance (other than health)	<b>15</b>	2,800.		23 Taxes and licenses	<b>23</b>	
16 Interest (see instructions):				24 Travel and meals:		
a Mortgage (paid to banks, etc.)	<b>16a</b>			a Travel	<b>24a</b>	200.
b Other	<b>16b</b>			b Deductible meals (see instructions)	<b>24b</b>	490.
17 Legal and professional services	<b>17</b>			25 Utilities	<b>25</b>	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>			26 Wages (less employment credits)	<b>26</b>	
29 Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>			27a Other expenses (from line 48)	<b>27a</b>	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>			27b <b>Reserved for future use</b>	<b>27b</b>	
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.				28	3,660.	
• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .				29	-3,660.	
• If a loss, you <b>must</b> go to line 32.				30		
32 If you have a loss, check the box that describes your investment in this activity. See instructions.				31	-3,660.	
• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .				32a	<input checked="" type="checkbox"/> All investment is at risk.	
• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				32b	<input type="checkbox"/> Some investment is not at risk.	



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

KIRAN K GONTUKA & PRANITA BOGA

Your social security number

014-88-3401

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** Farm to Market Road 731 BURLESON TX 76028

**B**

**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 2		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 5,084.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b>		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b>		
<b>15</b> Supplies . . . . .	<b>15</b>		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b>		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b> 5,084.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( ) ( ) ( )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 5,084.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		5,084.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b> ( )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		5,084.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

Name(s) shown on return. Do not enter name and social security number if shown on other side.  
**KIRAN K GONTUKA & PRANITA BOGA** Your social security number  
 014-88-3401

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations**

**Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . . .  Yes  No

<b>28</b>	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
<b>A</b>	Stride Right LLC	P	<input type="checkbox"/>	88-2389955	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>	NANBAN REALTY FUND 2021-I LLC	P	<input type="checkbox"/>	86-1728809	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>	MEGA INFORMATICS-TEXAS INC	S	<input type="checkbox"/>	82-1306808	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>			
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
<b>A</b>	5,084.				
<b>B</b>					0.
<b>C</b>			42,430.		
<b>D</b>					
<b>29a</b> Totals					0.
<b>b</b> Totals	5,084.		42,430.		
<b>30</b>	Add columns (h) and (k) of line 29a . . . . .				<b>30</b> 0.
<b>31</b>	Add columns (g), (i), and (j) of line 29b. . . . .				<b>31</b> ( 47,514. )
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31 . . . . .				<b>32</b> -47,514.

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</b>		

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
<b>A</b>				
<b>B</b>				
<b>34a</b> Totals				
<b>b</b> Totals				
<b>35</b>	Add columns (d) and (f) of line 34a . . . . .			<b>35</b>
<b>36</b>	Add columns (c) and (e) of line 34b . . . . .			<b>36</b> ( )
<b>37</b>	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36 . . . . .			<b>37</b>

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder**

<b>38</b>	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below . . . . .				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . . . . .	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 . . . . .	<b>41</b>	-42,430.
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions . . . . .	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . . . .	<b>43</b>	

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **17**

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)  
**PRANITA BOGA**

Social security number of person  
with **self-employment** income **634-19-3340**

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 1,860.

**3** Combine lines 1a, 1b, and 2 **3** 1,860.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 1,718.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 1,718.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

**6** Add lines 4c and 5b **6** 1,718.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022 **7** 147,000

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11 **8a** 33,252.

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d** 33,252.

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 113,748.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 213.

**11** Multiply line 6 by 2.9% (0.029) **11** 50.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 263.

**13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 132.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$9,060, **or (b)** your net farm profits<sup>2</sup> were less than \$6,540.

**14** Maximum income for optional methods **14** 6,040

**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) **or** \$6,040. Also, include this amount on line 4b above **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,540 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 **16**

**17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

# At-Risk Limitations

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form6198](http://www.irs.gov/Form6198) for instructions and the latest information.

Name(s) shown on return

KIRAN K GONTUKA & PRANITA BOGA

Identifying number  
 014-88-3401

Description of activity (see instructions)

Sch E Farm to Market Road 731

**Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.**

See instructions.

1	Ordinary income (loss) from the activity (see instructions)	1	5,084.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 (Form 1065) or Schedule K-1 (Form 1120-S), that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form	5	5,084.

**Part II Simplified Computation of Amount at Risk.** See the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. <b>Do not</b> enter less than zero	6	
7	Increases for the tax year (see instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see instructions)	9	
10a	Subtract line 9 from line 8 ▶	10a	
b	If line 10a is <b>more</b> than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules	10b	

**Part III Detailed Computation of Amount at Risk.** If you completed Part III of Form 6198 for the prior year, see the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. <b>Do not</b> enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. <b>Do not</b> enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. <b>Do not</b> enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):	16	
a	<input type="checkbox"/> Effective date	17	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16		
18	Decreases since (check box that applies):	18	
a	<input type="checkbox"/> Effective date	19	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17 ▶	19a	
b	If line 19a is <b>more</b> than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules	19b	

**Part IV Deductible Loss**

20	<b>Amount at risk.</b> Enter the <b>larger</b> of line 10b or line 19b	20	
21	<b>Deductible loss.</b> Enter the <b>smaller</b> of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	( )

**Note:** If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

KIRAN K GONTUKA & PRANITA BOGA

014-88-3401

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	156,291.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	156,291.	
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	2	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	4,000.	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	0	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>		
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	4,000.	
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	<b>9</b>	400,000.	
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	<b>10</b>	0.	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0.	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	4,000.	
	<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	25,787.	
<b>14</b>	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	4,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.



**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>		
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16a</b>	0.
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b>	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>	
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. . . . .		
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .		
		<b>27</b>	

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
634-19-3340

PRANITA BOGA

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .		<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	7	
8	Add lines 6 and 7 . . . . .	8	7,300.
9	Employer contributions made to your HSAs for 2022 . . . . .	9	1,500.
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	5,800.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18	
19	Qualified HSA funding distribution . . . . .	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21	

## Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

KIRAN K GONTUKA & PRANITA BOGA

Your taxpayer identification number

014-88-3401

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	KIRAN K GONTUKA	014-88-3401	5,084.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 5,084.	
3	Qualified business net (loss) carryforward from the prior year	3 ( )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 5,084.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 1,017.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 1,017.
11	Taxable income before qualified business income deduction (see instructions)	11 130,391.	
12	Net capital gain (see instructions)	12 464.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 129,927.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 25,985.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 1,017.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 ( 0. )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ( 0. )

### Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return KIRAN K GONTUKA & PRANITA BOGA		Taxpayer identification number 014-88-3401
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM		Preparer tax identification number P02082703

#### Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Premium Tax Credit (PTC)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

Name shown on your return

Your social security number

KIRAN K GONTUKA & PRANITA BOGA

014-88-3401

**A.** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

**Part I Annual and Monthly Contribution Amount**

<b>1</b>	Tax family size. Enter your tax family size. See instructions . . . . .		<b>1</b>	4
<b>2a</b>	Modified AGI. Enter your modified AGI. See instructions . . . . .	<b>2a</b>	156,291.	
<b>b</b>	Enter the total of your dependents' modified AGI. See instructions . . . . .	<b>2b</b>		
<b>3</b>	Household income. Add the amounts on lines 2a and 2b. See instructions . . . . .		<b>3</b>	156,291.
<b>4</b>	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC		<b>4</b>	26,500.
<b>5</b>	Household income as a percentage of federal poverty line (see instructions) . . . . .		<b>5</b>	401 %
<b>6</b>	Reserved for future use . . . . .			
<b>7</b>	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . .		<b>7</b>	0.0850
<b>8a</b>	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	13,285.	<b>b</b> Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount
				<b>8b</b>
				1,107.

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
 **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.  **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
 **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
<b>11</b> Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
<b>12</b> January	1,262.	878.	1,107.	0.	0.	585.
<b>13</b> February	1,262.	878.	1,107.	0.	0.	585.
<b>14</b> March	1,262.	878.	1,107.	0.	0.	585.
<b>15</b> April	1,262.	878.	1,107.	0.	0.	585.
<b>16</b> May	1,262.	878.	1,107.	0.	0.	585.
<b>17</b> June	1,262.	878.	1,107.	0.	0.	585.
<b>18</b> July	1,262.	878.	1,107.	0.	0.	585.
<b>19</b> August	1,262.	878.	1,107.	0.	0.	585.
<b>20</b> September	1,262.	878.	1,107.	0.	0.	585.
<b>21</b> October	1,262.	878.	1,107.	0.	0.	585.
<b>22</b> November	589.	878.	1,107.	0.	0.	273.
<b>23</b> December						

<b>24</b>	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	<b>24</b>	0.
<b>25</b>	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	<b>25</b>	6,123.
<b>26</b>	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 . . . . .	<b>26</b>	

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

<b>27</b>	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	<b>27</b>	6,123.
<b>28</b>	Repayment limitation (see instructions) . . . . .	<b>28</b>	
<b>29</b>	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2 . . . . .	<b>29</b>	6,123.

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

**Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

**No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month

# Passive Activity Loss Limitations

See separate instructions.  
 Attach to Form 1040, 1040-SR, or 1041.  
 Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return: **KIRAN K GONTUKA & PRANITA BOGA** Identifying number: **014-88-3401**

**Part I 2022 Passive Activity Loss**  
**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .	<b>1a</b>	5,084.		
<b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .	<b>1b</b>	( 0. )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . .	<b>1c</b>	( )		
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		5,084.	

**All Other Passive Activities**

<b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .	<b>2a</b>	0.		
<b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .	<b>2b</b>	( -5,084. )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . .	<b>2c</b>	( )		
<b>d</b> Combine lines 2a, 2b, and 2c . . . . .	<b>2d</b>		-5,084.	
<b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . .	<b>3</b>			0.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.  
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**  
**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .	<b>4</b>	
<b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	<b>6</b>	
<b>7</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>8</b>	
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	0.

**Part III Total Losses Allowed**

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .	<b>10</b>	
<b>11</b> <b>Total losses allowed from all passive activities for 2022.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . .	<b>11</b>	

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Farm to Market Road 731	5,084.	0.		5,084.	
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c	5,084.	0.			



**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Stride Right LLC	0.	5,084.			5,084.
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c	0.	5,084.			

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
<b>Total</b>			1.00		

**Part VII Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			1.00	

**Part VIII Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b>				

▶ Keep for your records

Partner's Name KIRAN K GONTUKA	Social Security Number 014-88-3401
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**Part I Information About the Partnership**

- A Partnership's Employer Identification Number . . . . . 88-2389955
- B Partnership's  
Name . . . . . Stride Right LLC  
Address . . . . . 4263 Addax Trl  
City, State, and ZIP Code . . . . . Frisco TX 75034
- C IRS Center where partnership filed return . . . . .
- D  Check if this is a publicly traded partnership (PTP)  
 Check if foreign partnership

**Part II Information About the Partner**

- Partner is Taxpayer . . .  Spouse . . .  Joint . . .
- G  General Partner or LLC manager  Limited Partner or other LLC member
- 2  If the partner is a disregarded entity (DE), enter the partner's:  
TIN . 88-3977531 Name . . GVK Alliance LLC
- 2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.) check here . . . . .   
All investment in partnership is at-risk . . . . .   
Some investment in partnership is **not** at-risk . . . . .

**Final / Amended Final K-1 and Amended K-1 Checkboxes**

- Final K-1  
Check applicable box(es):  
 Partnership was discontinued during 2022  
 Partner sold or otherwise disposed of entire interest in the partnership in 2022  
 Partner sold a portion of interest in partnership in 2022
- Amended K-1

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

- 1 Ordinary business income (loss) . . . . .  
Check if "materially" participated in the business activities . . . . .   
Check if "working interest" in oil or gas well . . . . .
- 2 Net rental real estate income (loss) . . . . . -5,084.  
Check if "materially" participated in rental real estate activities . . . . .   
Check if "actively" participated in rental real estate activities . . . . .   
Check if rental of property is a type subject to recharacterization rules . . . . .   
Check if rental real estate activity is a trade or business . . . . .
- 3 Other net rental income (loss) . . . . .  
Check if rental of property is a type subject to recharacterization rules . . . . .   
Check if rental activity is a trade or business . . . . .
- 4 a Guaranteed payments for services . . . . .  
b Guaranteed payments for capital . . . . .  
c Total guaranteed payments . . . . .
- 5 Interest income . . . . .  
Interest income from U.S. obligations included in box 5 . . . . .
- 6 a Ordinary dividends . . . . .  
b Qualified dividends . . . . .  
c Dividend equivalents . . . . .  
Interest income from U.S. obligations included in box 6 . . . . .
- 7 Royalties . . . . .  
**Double-click** to link royalties to Schedule E Worksheet . . . . . ▶



Partnership Name Stride Right LLC

**Section D1 Qualified Business Income Deduction - Statement A Information**

Enter information below from "Statement A - QBI Pass Through Entity Reporting"

**IMPORTANT: If the statement reports information from more than one trade or business, please enter each activity on a separate K-1 entry worksheet.**

Trade or Business: \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 PTP  
 Aggregated  
 SSTB

Shareholder's share of QBI or qualified PTP items subject to shareholder-specific determinations:

Ordinary business income (loss) . . . . .	_____
Rental income (loss) . . . . .	_____
Royalty income (loss) . . . . .	_____
Section 1231 gain (loss) . . . . .	_____
Other income (loss) . . . . .	_____
Total Ordinary 4797 gain (loss) included in amount(s) above _____	_____
Section 179 deduction . . . . .	_____
Other deductions . . . . .	_____
W-2 wages . . . . .	_____
UBIA of qualified property . . . . .	_____
Section 199A dividends . . . . .	_____

**Section D2 Qualified Business Income Deduction Info**

**A** Does this K-1 include a Section 199A business?  Yes  No  
 QBI worksheet to report (double click to link) . . . . . ▶ \_\_\_\_\_

**B** Trade or Business Name . . . . . \_\_\_\_\_  
**C** Trade or Business ID Number . . . . . \_\_\_\_\_  
 If no ID number available, select reason . . . . . ▶ \_\_\_\_\_

**D 1** Is this a Specified Service Trade or Business (SSTB)? . .  Yes  No  
**2** If No, is income attributable to a SSTB? (see help) . . . .  Yes  No  
**3** QBI worksheet for SSTB income (this will auto-populate if Yes) . . . . .  
**4** Percentage of qualified income attributable to SSTB . . . . . \_\_\_\_\_ %

**E 1** Starting business income . . . . . \_\_\_\_\_  
**2** Adjustments

<b>a</b> Section 179 expenses . . . . .	_____
<b>b</b> Reduced Sec 179 expenses, if deduction is limited . . . . .	_____
<b>c</b> RESERVED	_____
<b>d</b> Total unreimbursed partnership expenses (UPE) . . . . .	_____
<b>e</b> UPE related to qualified business income . . . . .	_____
<b>f</b> Other adjustments to business income . . . . .	_____
<b>g</b> Total allowable QBI sec 179 expenses and other adjustments . . . . .	_____
<b>3</b> Qualified business income . . . . .	_____
<b>4 a</b> Calculated QBI allowed after passive/at-risk limits . . . . .	_____
<b>b</b> Adjustments to allowed QBI . . . . .	_____
<b>c</b> Allowable QBI after loss limits . . . . .	_____
<b>5</b> Self employed deductions connected to this business	
<b>a</b> Self employed earnings from QBI . . . . .	_____
<b>b</b> RESERVED	_____
<b>c</b> Total deduction for 1/2 self employment tax . . . . .	_____
<b>d</b> Deduction for 1/2 S.E. tax connected to this business . . . . .	_____
<b>e</b> Total deduction for S.E. retirement contributions . . . . .	_____
<b>f</b> S.E. retirement deduction connected to this business . . . . .	_____
<b>f</b> Total self employed deductions connected to this business . . . . .	_____
<b>6</b> Partnership profit (loss) after S.E. deductions . . . . .	_____
<b>7</b> Additional deductions related to this business reported on separate schedules . . . . .	_____
<b>8</b> Net profit (loss) after adjustments, limitations, and deductions . . . . .	_____
<b>9</b> Allowable QBI allocated to SSTB . . . . .	_____
<b>10</b> Allowable QBI from this business . . . . .	_____

**F 1** Short term gain (loss) from qualified business assets (not included in Row E) . . . . . \_\_\_\_\_

Partnership Name Stride Right LLC

2	Adjustments to short term gain (loss) . . . . .	_____	_____
3	Adjusted qualified short term gain (loss) . . . . .	_____	_____
4	a Calculated QBI allowed after passive/at-risk limits . . . . .	_____	_____
	b Adjustments to allowed QBI . . . . .	_____	_____
	c Allowable short term qualified gain (loss) after passive/at-risk limits . . . . .	_____	_____
5	Allowable short term gain (loss) allocated to SSTB . . . . .	_____	_____
6	Allowable short term gain (loss) from this business . . . . .	_____	_____
<b>G</b>	1 Section 1231 gain (loss) from qualified business assets . . . . .	_____	_____
	2 Adjustments to section 1231 gain (loss) . . . . .	_____	_____
	3 Adjusted section 1231 gain (loss) . . . . .	_____	_____
	4 a Calculated QBI allowed after passive/at-risk limits . . . . .	_____	_____
	b Adjustments to allowed QBI . . . . .	_____	_____
	c Allowable <b>ordinary</b> 1231 qualified gain (loss) . . . . .	_____	_____
	5 Allowable ordinary 1231 gain (loss) allocated to SSTB . . . . .	_____	_____
	6 Allowable ordinary 1231 gain (loss) from this business . . . . .	_____	_____
<b>H</b>	1 Allowable qualified business income (line E10 plus F6 plus G6) . . . . .	_____	_____
	2 Qualified business income allocated to SSTB . . . . .	_____	_____
	3 a Previously disallowed losses freed up in current year . . . . .	_____	_____
	b Adjustments to previously disallowed losses . . . . .	_____	_____
	c Previously disallowed QBI losses to be reported as separate business . . . . .	_____	_____
	d QBI wksht for previously disallowed losses, if present . . . . .	_____	_____
	4 a Previously disallowed PTP losses freed up in current year . . . . .	_____	_____
	b Adjustments to previously disallowed losses . . . . .	_____	_____
	c Previously disallowed PTP losses . . . . .	_____	_____
	5 PTP income (line E10 plus F6 plus G6 plus H4) . . . . .	_____	_____
<b>I</b>	1 Tentative wages . . . . .	_____	_____
	2 Adjustments . . . . .	_____	_____
	3 Qualified wages . . . . .	_____	_____
	4 Qualified wages allocated to SSTB . . . . .	_____	_____
<b>J</b>	1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA) . . . . .	_____	_____
	2 Adjustments . . . . .	_____	_____
	3 Qualified UBIA . . . . .	_____	_____
	4 Qualified UBIA allocated to SSTB . . . . .	_____	_____
<b>K</b>	1 Net income allocable to qualified payments from agricultural or horticultural coop . . . . .	_____	_____
	2 Wages allocable to qualified payments from coop . . . . .	_____	_____
	3 Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting <b>before</b> 1/1/2018 . . . . .	_____	_____
	4 Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting <b>after</b> 12/31/2017 . . . . .	_____	_____
<b>L</b>	1 Tentative REIT dividends . . . . .	_____	_____
	2 Adjustments . . . . .	_____	_____
	3 Net REIT dividends . . . . .	_____	_____

**Qualified Business Income Carryovers**

	Carryovers to 2022	Carryforward to 2023
A QBI suspended loss - at-risk . . . . .	_____	_____
B QBI suspended loss - passive . . . . .	_____	_____
C Form 4797 short term suspended loss - at-risk . . . . .	_____	_____
D Form 4797 short term suspended loss - passive . . . . .	_____	_____
E Form 4797 long term (sec 1231) suspended loss - at-risk . . . . .	_____	_____
F Form 4797 long term (sec 1231) suspended loss - passive . . . . .	_____	_____

Partnership Name Stride Right LLC

<b>Carryovers to 2022 Additional Info for Section 199A Deduction</b>				
<i>Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.</i>				
<b>Percentage of SSTB income (by category)</b>				
<i>Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)</i>				
	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018 . . . . .	_____	_____	_____	_____
2019 . . . . .	_____	_____	_____	_____
2020 . . . . .	_____	_____	_____	_____
2021 . . . . .	_____	_____	_____	_____

	Regular Tax	QBI
<b>Disallowed Section 179 Deduction by Year</b>		
<b>Before 2018</b> . . . <b>A</b> Section 179 carryover . . . . .	_____	_____
<b>2018</b> . . . . . <b>B</b> Section 179 carryover . . . . .	_____	_____
<b>2019</b> . . . . . <b>C</b> Section 179 carryover . . . . .	_____	_____
<b>2020</b> . . . . . <b>D</b> Section 179 carryover . . . . .	_____	_____
<b>2021</b> . . . . . <b>E</b> Section 179 carryover . . . . .	_____	_____
<b>Disallowed At-Risk Losses by Year and Type</b>		
<b>Before 2018</b> . . . <b>A</b> Operating loss . . . . .	_____	_____
<b>B</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>C</b> Form 4797 long-term loss . . . . .	_____	_____
<b>2018</b> . . . . . <b>D</b> Operating loss . . . . .	_____	_____
<b>E</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>F</b> Form 4797 long-term loss . . . . .	_____	_____
<b>2019</b> . . . . . <b>G</b> Operating loss . . . . .	_____	_____
<b>H</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>I</b> Form 4797 long-term loss . . . . .	_____	_____
<b>2020</b> . . . . . <b>J</b> Operating loss . . . . .	_____	_____
<b>K</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>L</b> Form 4797 long-term loss . . . . .	_____	_____
<b>2021</b> . . . . . <b>M</b> Operating loss . . . . .	_____	_____
<b>N</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>O</b> Form 4797 long-term loss . . . . .	_____	_____
<b>Disallowed Passive Losses by Year and Type</b>		
<b>Before 2018</b> . . . <b>A</b> Operating loss . . . . .	_____	_____
<b>B</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>C</b> Form 4797 long-term loss . . . . .	_____	_____
<b>2018</b> . . . . . <b>D</b> Operating loss . . . . .	_____	_____
<b>E</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>F</b> Form 4797 long-term loss . . . . .	_____	_____
<b>2019</b> . . . . . <b>G</b> Operating loss . . . . .	_____	_____
<b>H</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>I</b> Form 4797 long-term loss . . . . .	_____	_____
<b>2020</b> . . . . . <b>J</b> Operating loss . . . . .	_____	_____
<b>K</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>L</b> Form 4797 long-term loss . . . . .	_____	_____
<b>2021</b> . . . . . <b>M</b> Operating loss . . . . .	_____	_____
<b>N</b> Form 4797 ordinary loss . . . . .	_____	_____
<b>O</b> Form 4797 long-term loss . . . . .	_____	_____

► Keep for your records

Partner's Name PRANITA BOGA	Social Security Number 634-19-3340
--------------------------------	---------------------------------------

**Part I Information About the Partnership**

- A Partnership's Employer Identification Number . . . . . 86-1728809
- B Partnership's  
Name . . . . . NANBAN REALTY FUND 2021-I LLC  
Address . . . . . 1302 BRIDLE BLVD  
City, State, and ZIP Code . . . . . FRISCO TX 75036
- C IRS Center where partnership filed return . . . . .
- D  Check if this is a publicly traded partnership (PTP)  
 Check if foreign partnership

**Part II Information About the Partner**

- Partner is Taxpayer . . .  Spouse . . . .  Joint . . . .
- G  General Partner or LLC manager  Limited Partner or other LLC member
- 2  If the partner is a disregarded entity (DE), enter the partner's:  
TIN . . . . . Name . . . . .
- 2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.) check here . . . . .   
All investment in partnership is at-risk . . . . .   
Some investment in partnership is **not** at-risk . . . . .

**Final / Amended Final K-1 and Amended K-1 Checkboxes**

- Final K-1  
Check applicable box(es):  
 Partnership was discontinued during 2022  
 Partner sold or otherwise disposed of entire interest in the partnership in 2022  
 Partner sold a portion of interest in partnership in 2022
- Amended K-1

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

- 1 Ordinary business income (loss) . . . . .  
Check if "materially" participated in the business activities . . . . .   
Check if "working interest" in oil or gas well . . . . .
- 2 Net rental real estate income (loss) . . . . .  
Check if "materially" participated in rental real estate activities . . . . .   
Check if "actively" participated in rental real estate activities . . . . .   
Check if rental of property is a type subject to recharacterization rules . . . . .   
Check if rental real estate activity is a trade or business . . . . .
- 3 Other net rental income (loss) . . . . .  
Check if rental of property is a type subject to recharacterization rules . . . . .   
Check if rental activity is a trade or business . . . . .
- 4 a Guaranteed payments for services . . . . .  
b Guaranteed payments for capital . . . . .  
c Total guaranteed payments . . . . .
- 5 Interest income . . . . . 1,015.  
Interest income from U.S. obligations included in box 5 . . . . .
- 6 a Ordinary dividends . . . . .  
b Qualified dividends . . . . .  
c Dividend equivalents . . . . .  
Interest income from U.S. obligations included in box 6 . . . . .
- 7 Royalties . . . . .  
**Double-click** to link royalties to Schedule E Worksheet . . . . . ►

**Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items (continued)**

<b>8</b>	Net short-term capital gain (loss) . . . . .	_____
<b>9 a</b>	Net long-term capital gain (loss) . . . . .	_____
<b>9 b</b>	Collectibles (28%) gain (loss) . . . . .	_____
<b>9 c</b>	Unrecaptured section 1250 gain . . . . .	_____
<b>10</b>	Net section 1231 gain (loss) . . . . .	_____
<b>11</b>	Other income (loss)	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>12</b>	Section 179 deduction . . . . .	_____
<b>13</b>	Other deductions	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>14</b>	Self-employment earnings (loss)	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>15</b>	Credits & credit recapture	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>16</b>	Foreign transactions	
	Schedule K-3 is attached if checked . . . . .	<input type="checkbox"/>
<b>17</b>	Alternative minimum tax (AMT) items	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>18</b>	Tax-exempt income and nondeductible expenses	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>19</b>	Distributions	
	Code Description	Amount
A	Cash and marketable securities	3,750.
	_____	_____
	_____	_____
	_____	_____
<b>20</b>	Other information	
	Code Description	Amount
A	Investment income	1,015.
	_____	_____
	_____	_____
	_____	_____
<b>21</b>	Foreign taxes paid or accrued . . . . .	_____





Section D1 Qualified Business Income Deduction - Statement A Information

Enter information below from "Statement A - QBI Pass Through Entity Reporting"
IMPORTANT: If the statement reports information from more than one trade or business, please enter each activity on a separate K-1 entry worksheet.

Trade or Business:
EIN:
PTP
Aggregated
SSTB
Shareholder's share of QBI or qualified PTP items subject to shareholder-specific determinations:
Ordinary business income (loss)
Rental income (loss)
Royalty income (loss)
Section 1231 gain (loss)
Other income (loss)
Total Ordinary 4797 gain (loss) included in amount(s) above
Section 179 deduction
Other deductions
W-2 wages
UBIA of qualified property
Section 199A dividends

Section D2 Qualified Business Income Deduction Info

A Does this K-1 include a Section 199A business?
B Trade or Business Name
C Trade or Business ID Number
D 1 Is this a Specified Service Trade or Business (SSTB)?
2 If No, is income attributable to a SSTB?
3 QBI worksheet for SSTB income
4 Percentage of qualified income attributable to SSTB
E 1 Starting business income
2 Adjustments
a Section 179 expenses
b Reduced Sec 179 expenses, if deduction is limited
c RESERVED
d Total unreimbursed partnership expenses (UPE)
e UPE related to qualified business income
f Other adjustments to business income
g Total allowable QBI sec 179 expenses and other adjustments
3 Qualified business income
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable QBI after loss limits
5 Self employed deductions connected to this business
a Self employed earnings from QBI
b RESERVED
c Total deduction for 1/2 self employment tax
d Deduction for 1/2 S.E. tax connected to this business
e Total deduction for S.E. retirement contributions
f S.E. retirement deduction connected to this business
f Total self employed deductions connected to this business
6 Partnership profit (loss) after S.E. deductions
7 Additional deductions related to this business reported on separate schedules
8 Net profit (loss) after adjustments, limitations, and deductions
9 Allowable QBI allocated to SSTB
10 Allowable QBI from this business
F 1 Short term gain (loss) from qualified business assets (not included in Row E)



Partnership Name NANBAN REALTY FUND 2021-I LLC

**Carryovers to 2022 Additional Info for Section 199A Deduction**

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

**Percentage of SSTB income (by category)**

Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)

	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018 . . . . .				
2019 . . . . .				
2020 . . . . .				
2021 . . . . .				

	Regular Tax	QBI
<b>Disallowed Section 179 Deduction by Year</b>		
<b>Before 2018</b> . . . <b>A</b> Section 179 carryover . . . . .		
<b>2018</b> . . . . . <b>B</b> Section 179 carryover . . . . .		
<b>2019</b> . . . . . <b>C</b> Section 179 carryover . . . . .		
<b>2020</b> . . . . . <b>D</b> Section 179 carryover . . . . .		
<b>2021</b> . . . . . <b>E</b> Section 179 carryover . . . . .		
<b>Disallowed At-Risk Losses by Year and Type</b>		
<b>Before 2018</b> . . . <b>A</b> Operating loss . . . . .		
<b>B</b> Form 4797 ordinary loss . . . . .		
<b>C</b> Form 4797 long-term loss . . . . .		
<b>2018</b> . . . . . <b>D</b> Operating loss . . . . .		
<b>E</b> Form 4797 ordinary loss . . . . .		
<b>F</b> Form 4797 long-term loss . . . . .		
<b>2019</b> . . . . . <b>G</b> Operating loss . . . . .		
<b>H</b> Form 4797 ordinary loss . . . . .		
<b>I</b> Form 4797 long-term loss . . . . .		
<b>2020</b> . . . . . <b>J</b> Operating loss . . . . .		
<b>K</b> Form 4797 ordinary loss . . . . .		
<b>L</b> Form 4797 long-term loss . . . . .		
<b>2021</b> . . . . . <b>M</b> Operating loss . . . . .		
<b>N</b> Form 4797 ordinary loss . . . . .		
<b>O</b> Form 4797 long-term loss . . . . .		
<b>Disallowed Passive Losses by Year and Type</b>		
<b>Before 2018</b> . . . <b>A</b> Operating loss . . . . .		
<b>B</b> Form 4797 ordinary loss . . . . .		
<b>C</b> Form 4797 long-term loss . . . . .		
<b>2018</b> . . . . . <b>D</b> Operating loss . . . . .		
<b>E</b> Form 4797 ordinary loss . . . . .		
<b>F</b> Form 4797 long-term loss . . . . .		
<b>2019</b> . . . . . <b>G</b> Operating loss . . . . .		
<b>H</b> Form 4797 ordinary loss . . . . .		
<b>I</b> Form 4797 long-term loss . . . . .		
<b>2020</b> . . . . . <b>J</b> Operating loss . . . . .		
<b>K</b> Form 4797 ordinary loss . . . . .		
<b>L</b> Form 4797 long-term loss . . . . .		
<b>2021</b> . . . . . <b>M</b> Operating loss . . . . .		
<b>N</b> Form 4797 ordinary loss . . . . .		
<b>O</b> Form 4797 long-term loss . . . . .		

Shareholder's Share of Income, Credits,  
Deductions, etc.

2022

► Keep for your records

Shareholder's Name PRANITA BOGA	Social Security Number 634-19-3340
------------------------------------	---------------------------------------

**Part I** Information About the Corporation

- A Corporation's Employer Identification Number . . . . . 82-1306808
- B Corporation's
  - Name . . . . . MEGA INFORMATICS-TEXAS INC
  - Address . . . . . 1020 SADDLE TREE TRL
  - City . . . . . IRVING
  - State . . . . . TX
  - ZIP Code . . . . . 75063
- D Corporation's total number of shares
  - Beginning of tax year . . . . .
  - End of tax year . . . . .

**Part II** Information About the Shareholder

- Shareholder is Taxpayer . . .  Spouse . . . .  Joint . . . .
- At-Risk Status (check one):
  - All investment in corporation is at-risk . . . . .
  - Some investment in corporation **not** at-risk . . . . .

**Final / Amended** Final K-1 and Amended K-1 Checkboxes

- Final K-1
- Amended K-1

**Part III** Shareholder's Share of Current Year Income, Deductions, Credits, Other Items

- 1 Ordinary business income (loss) . . . . . -42,430.  
Check if "materially" participated in the business activities . . . . .
- 2 Net rental real estate income (loss) . . . . .  
Check if "materially" participated in rental real estate activities . . . . .   
Check if "actively" participated in rental real estate activities . . . . .   
Check if rental of property is a type subject to recharacterization rules . . . . .   
Check if rental real estate activity is a trade or business . . . . .
- 3 Other net rental income (loss) . . . . .  
Check if rental of property is a type subject to recharacterization rules . . . . .   
Check if rental activity is a trade or business . . . . .
- 4 a Interest income . . . . .  
b Interest income from U.S. obligations included in box 4 . . . . .
- 5 a Ordinary dividends . . . . .  
b Qualified dividends . . . . .  
Interest income from U.S. obligations included in box 5 . . . . .
- 6 Royalties . . . . .  
**Double-click** to link royalties to Schedule E Worksheet . . . . .

**Section C Income and Loss Reported on Schedule E, Supplemental Income or Loss**

#	Description	Passive Income and Loss		Nonpassive Income and Loss		
		(f) Loss K-1	(g) Income K-1	(h) Loss K-1	(i) Section 179	(j) Income K-1
3	C MEGA INFORMATICS-TEXAS INC			42,430.		

**Section D1 Qualified Business Income Deduction - Statement A Information**

Enter information below from "Statement A - QBI Pass Through Entity Reporting"

**IMPORTANT: If the statement reports information from more than one trade or business, please enter each activity on a separate K-1 entry worksheet.**

Trade or Business: \_\_\_\_\_

EIN: \_\_\_\_\_

PTP **Note:** PTP income is reported on partnership k-1 (1065) worksheet (see help)

Aggregated

SSTB

---

Shareholder's share of QBI or qualified PTP items subject to shareholder-specific determinations:

Ordinary business income (loss) . . . . .	_____
Rental income (loss) . . . . .	_____
Royalty income (loss) . . . . .	_____
Section 1231 gain (loss) . . . . .	_____
Other income (loss) . . . . .	_____
Total Ordinary 4797 gain (loss) included on line above _____	_____
Section 179 deduction . . . . .	_____
Other deductions . . . . .	_____
W-2 wages . . . . .	_____
UBIA of qualified property . . . . .	_____

Section 199A dividends . . . . . \_\_\_\_\_

Corporation Name MEGA INFORMATICS-TEXAS INC

Section D2 Qualified Business Income Deduction Info

A Does this K-1 include a Section 199A business? [ ] Yes [X] No
QBI worksheet to report (double click to link)

B Trade or Business Name

C Trade or Business ID Number
If no ID number available, select reason

D 1 Is this a Specified Service Trade or Business (SSTB)? [ ] Yes [ ] No
2 If No, is income attributable to a SSTB? (see help) [ ] Yes [ ] No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)
4 Percentage of qualified income attributable to SSTB %

E 1 Starting business income
2 Adjustments
a Section 179 expenses
b Reduced Sec 179 expenses, if deduction is limited
c RESERVED
d Other adjustments business income
e Total allowable QBI sec 179 expenses and other adjustments
3 Qualified business income
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable QBI after loss limits
5 Additional deductions related to this business reported on separate schedules
6 Net profit (loss) after adjustments, limitations, and deductions.
7 Allowable QBI allocated to SSTB.
8 Allowable QBI from this business.

F 1 Short term gain (loss) from qualified business assets (not included in Row E)
2 Adjustments to short term gain (loss)
3 Adjusted qualified short term gain (loss)
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable short term qualified gain (loss) after passive/at-risk limits
5 Allowable short term gain (loss) allocated to SSTB
6 Allowable short term gain (loss) from this business.

G 1 Section 1231 gain (loss) from qualified business assets
2 Adjustments to section 1231 gain (loss)
3 Adjusted section 1231 gain (loss)
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable ordinary 1231 qualified gain (loss)
5 Allowable ordinary 1231 gain (loss) allocated to SSTB
6 Allowable ordinary 1231 gain (loss) from this business.

H 1 Allowable qualified business income (line E8 plus F6 plus G6)
2 Qualified business income allocated to SSTB
3 a Previously disallowed losses freed up in current year
b Adjustments to previously disallowed losses
c Previously disallowed QBI losses to be reported as separate business
d QBI wksht for previously disallowed losses, if present

I 1 Tentative wages
2 Adjustments
3 Qualified wages
4 Qualified wages allocated to SSTB.

J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)
2 Adjustments
3 Qualified UBIA
4 Qualified UBIA allocated to SSTB

K 1 Net income allocable to qualified payments from agricultural or horticultural coop
2 Wages allocable to qualified payments from coop
3 Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting before 1/1/2018
4 Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting after 12/31/2017

## Additional Information From 2022 Federal Tax Return

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

#### Line 25

#### Itemization Statement

Description	Amount
Internet & Cellphone	2,820.
<b>Total</b>	<b>2,820.</b>