| Form 8879 |
|----------------------------|
| (Rev. January 2021) |
| Department of the Treesure |

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

| Taxpayer's name | | Sc | cial security nun | nber | | | |
|---|--------------------------------------|----|-------------------|---------------|--|--|--|
| SAI SHRUTHI MADHURI KARA | | | 147-89-344 | 14 | | | |
| Spouse's name | | Sp | oouse's social se | curity number | | | |
| | | | | | | | |
| Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) | | | | | | | |
| Enter whole dollars only on lines 1 through | Jh 5. | | | | | | |
| Note: Form 1040-SS filers use line 4 only | v. Leave lines 1, 2, 3, and 5 blank. | | | | | | |
| 1 Adjusted gross income | | | 1 | 118,759. | | | |
| 2 Total tax | | | 2 | 19,230. | | | |
| 3 Federal income tax withheld from | Form(s) W-2 and Form(s) 1099 | | 3 | 24,186. | | | |
| 4 Amount you want refunded to you | | | 4 | 4,956. | | | |
| 5 Amount you owe | <u> </u> | | 5 | | | | |

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

Under penalties of periury. 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

| X | l authorize | GLOBAL TAXES | LLC | to enter or generate my PI |
|-----|--------------|--------------|-----|-----------------------------|
| ••• | 1 dddffori20 | | | to enter or generate my rin |

| 9 | 3 | 4 | 4 | 4 | |
|------------|-------|---|---|---|--|
| Ent don | as my | | | | |

ERO firm name 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

| to | enter | or | generate | mv | PIN |
|----|-------|-----|----------|------|--------|
| ιO | enter | UI. | generate | iiiy | 1 11 1 |

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 – Prac | titioner PIN Method Only | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by you | r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 | | | | |

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 > | Dat | e ► |
|--|----------|--|
| ERO Mu Don't Submit Th | | |
| For Department Reduction Act Nation and your tax r | BEV 03/0 | 2/22 DBO Eorm 8870 (Pov. 01 2021) |

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

REV 03/02/23 PRO

| 1040 | | artment of the Treasury–Internal Revenue Serv 5. Individual Income Ta | | urn | 202 | 2 | OMB No. 1545 | -0074 | IRS Use | e Only | —Do not v | vrite or staple | in this space. |
|--|----------|---|----------------|------------|------------------|-------|--|--------|--------------|-----------|---------------------|---|---------------------------|
| Filing Status Check only one box. | lf yo | Single D Married filing jointly | ame of y | 0 | | , | Head of Head of Head of Head of Head of Head of Head House | | | , | spo | llifying sur use (QSS) s name if tl | 0 |
| | | on is a child but not your dependent | 1 | | | | | | | | | | |
| Your first name | | | Last nar | | | | | | | | | ocial securi | - |
| SAI SHRU | | | KARA | | | | | | | | | 89-344 | |
| If joint return, s | pouse's | first name and middle initial | Last nar | me | | | | | | | Spouse | 's social se | curity number |
| Homo addross | (numbo | r and street). If you have a P.O. box, see | | 200 | | | | | pt. no. | | Duccida | utial Flaati | on Commoinn |
| | | | : IIISti uctic | 5115. | | | | | | | | here if you, | on Campaign |
| 8500 148 City town or p | | ce. If you have a foreign address, also co | molete si | naces hel | ow | Sta | te | ZIP c | 12046 ode | | | | ntly, want \$3 |
| REDMOND | 001 0110 | | | | | WZ | | 980 | | | • | | Checking a |
| Foreign country | / name | | F | oreian pr | ovince/state/o | | | | n postal c | ode | | low will not x or refund | 0 |
| · · · · · · · · · · · · · · · · · · · | | | | <u>9</u> p | | | , , | | | | , | You | Spouse |
| Digital | At ar | ny time during 2022, did you: (a) rec | eive (as | a reward | l, award, or | payr | nent for prope | rty or | services | ;); or | (b) sell, | | |
| Assets | exch | ange, gift, or otherwise dispose of a | a digital a | asset (or | a financial i | nter | est in a digital a | asset) | ? (See ir | nstru | ctions.) | Yes | X No |
| Standard | Som | eone can claim: 🗌 You as a de | pendent | t 🗌 ' | Your spouse | e as | a dependent | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a | dual-status a | alien | I | | | | | | |
| Age/Blindness | You | Were born before January 2, 1 | 958 | Are bli | ind Spo | ouse | : 🗌 Was bor | n befo | ore Janu | arv 2 | 1958 | Is b | lind |
| Dependents | | | | | locial security | | (3) Relationsh | | | | | | instructions): |
| If more | | rst name Last name | | (2) 0 | number | | to you | | Child t | | | i È | ther dependents |
| than four | ., | | | | | | | | | \square | | | |
| dependents, | | | | | | | | | | \square | | | \square |
| see instructions and check | s —— | | | | | | | | | \square | | | \square |
| here | | | | | | | | | | | | | \square |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instruc | tions) | | | | | | . 1a | 1 | 29,049. |
| income | b | Household employee wages not re | eported | on Form | (s) W-2 | | | | | | . 1k |) | |
| Attach Form(s) | с | Tip income not reported on line 1a | a (see ins | struction | s) | | | | | | . 10 | ; | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not rep | ported or | n Form(s |) W-2 (see ir | nstru | ictions) | | | | . 10 | 1 | |
| W-2G and | е | Taxable dependent care benefits | from For | m 2441, | line 26 . | | | | | | . 1e | • | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | fits from | Form 8 | 839, line 29 | | | | | | . 11 | • | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | | . 10 | 1 | |
| get a Form | h | Other earned income (see instruct | ions) . | | | | | · · | | | . 1 ľ | 1 | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (| see instr | uctions) | | | 1 i | | | | | | |
| | z | Add lines 1a through 1h | · · · | | | • • | | | | | . 1z | <u> </u> | 29,049. |
| Attach Sch. B | 2a | ' ⊢ | 2a | | | | axable interest | | | | . 2 t | > | |
| if required. | 3a | | 3a | | | | ordinary divider | | | | . 3t |) | |
| | 4a | | 4a | | | | axable amount | | • • | • | . 4t | | |
| Standard Deduction for – | 5a | | 5a | | | | axable amount | | • • | • | . 5t | | |
| Single or | 6a | | 6a | | | | axable amount | · · | • • | _ | . 6t |) | |
| Married filing separately, | С | If you elect to use the lump-sum e | | | | | | • • | • • | • L | | | |
| \$12,950 | 7 | Capital gain or (loss). Attach Sche | | | | | | • • | • • | . L | | | 10.000 |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | | | | | | • • | • • | · | . 8 | - | <u>10,290.</u> |
| Qualifying spouse, | 9 10 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | • • | • • | · | . 9 | | 18,759. |
| \$25,900 | 10 | Adjustments to income from Sche | | | | | | • • | • • | · | . 10 | | 10 750 |
| Head of household, | 11 | Subtract line 10 from line 9. This is | • | - | - | | | | • • | • | . 11 | | <u>18,759.</u> 12,050 |
| \$19,400 | 12 13 | Standard deduction or itemized Qualified business income deduct | | | | | | • • | • • | • | . <u>12</u> . 13 | | 12,950. |
| If you checked any box under | 13 14 | Add lines 12 and 13 | | | | | | • • | • • | • | . 14 | | 12 050 |
| Standard Deduction, | 14 15 | Subtract line 14 from line 11. If zer | | | 0- This is v | | | e | • • | • | . 14 | | <u>12,950.</u> 05,809. |
| see instructions. | | | 0 01 1030 | o, ontor - | 5 . 1115 15 y | Jui | | • . | • • | • | | , <u> </u> | 55,009. |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | | Page |
|---|--------|---|--------------------------|---------------------|------------------|------------------|------------|------------------|--------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | | 16 | 19,230. |
| Credits | 17 | Amount from Schedule 2, lin | ie3 | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 19,230. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ie8 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 19,230. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | 24 | 19,230. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| 2 | а | Form(s) W-2 | | | | 25a | 24 | ,186. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 24,186. |
| K | 26 | 2022 estimated tax payment | ts and amount a | pplied from 20 | 21 return . | | | | 26 | |
| If you have a ¹ qualifying child, | 27 | Earned income credit (EIC) | | | No | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | undable | credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | 33 | 24,186. |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 2 | 4 from line 33. | This is the amou | nt you o | verpaid | | 34 | 4,956. |
| neiuliu | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | is attached, che | ck here | | | 35a | 4,956. |
| Direct deposit? | b | Routing number 0 5 4 | | | |] Checki | | avings | | |
| See instructions. | d | Account number 5 3 6 | | | | | Ĭ | - | | |
| | 36 | Amount of line 34 you want a | applied to your | 2023 estimate | ed tax | 36 | _ | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount vou owe | | | | | | |
| You Owe | | For details on how to pay, g | | | | | | | 37 | |
| | 38 | Estimated tax penalty (see ir | nstructions) . | | | 38 | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | | |
| Designee | | tructions | • | | | | Yes. Co | mplete b | elow. | X No |
| | | signee's | | Phone | | | | nal identifi | cation | |
| | na | | | no. | | | | er (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | |
| Here | | ur signature | ploto. Doolaration (| Date | Your occupation | | | | · · | nt you an Identity |
| | 10 | ur signature | | Date | | | | | | IN, enter it here |
| Joint return? | | | | | SOFTWARE 1 | DEVEL | OPMENT | (see i | nst.) | |
| See instructions. | Sp | ouse's signature. If a joint return, k | ooth must sign. | Date | Spouse's occupat | ion | | | | nt your spouse an |
| Keep a copy for your records. | | | | | | | | Identi (see i | | ection PIN, enter it here |
| , | | | <u>,</u> | For all a status as | | | | , | 101.) | |
| | | one no. (919)527-956 eparer's name | 6 Preparer's signat | Email address | SAISHRUTHIMADH | URI.KARA Date | A@GMAIL.CO | M PTIN | | Check if: |
| Paid | | | | | | | 1/2022 | | 022 | Self-employed |
| Preparer | | ATA SAI PAVAN KUMAR DUDIPALLI | | PAVAN KUM | AR DUDIPALLI | 03/1 | 4/2023 | P02470 | | , |
| Use Only | | m's name GLOBAL TAX | | | T 0001C | | | | | 678)965-9522 |
| | | | Y CT E BRU | INSWICK N | | | | Firm' | s EIN | 88-2145487 |
| (20 to www.im | ov/Eor | a1040 for instructions and the late | et information | | | DEV/CO/ | | | | Earm 1040 (0000 |

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

REV 03/02/23 PRO BAA

Form **1040** (2022)

| SCHE | DULE | 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 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 01

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your soci | ial security num |
|---|-----------|------------------|
| SAI SHRUTHI MADHURI KARA | 147-89 | -3444 |
| Part I Additional Income | | |

| 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Date of original divorce or separation agreement (see instructions): 2a 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule C 4 5 Fental real estate, royalites, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 8a (8 Other income: 8a (9 Toreign eamed income exclusion from Form 2555 8d (6 Foreign eamed income exclusion from Form 2555 8d (7 8h 8a 7 9 Total of personal property if you engaged in the rental for profit but were not in the business of renting such propents 8n 1 Income from Horm a ABLE account (see instructions) 8n 8n 1 Income or annuity from a nogualified deferred compensation plan or a nongovernmental section 457 plan 8g 1 Income from Horm 883 8a 8n 1 Income from the rental of personal property if you engaged in the rental for profit but were not in the business of re | Par | t Additional Income | | | |
|--|-----|---|----------------------|----|----------|
| b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule C 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 7 7 Unemployment compensation 7 8 Other income: 8a (a Net operating loss 8a (7 Cancellation of debt 8d (6 6 Foreign earned income exclusion from Form 2555 8d (6 9 Alaska Permanent Fund dividends 8g 8h 1 Income from Form 8883 8g 8h 8h 1 Activity not engaged in for profit income 8i 8h 8h 8h 1 Activity not engaged in for profit income 8h | 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -10,290. 6 Farm income or (loss). Attach Schedule F. 6 -10,290. 7 Unemployment compensation 7 8 Other income: 8a () a Net operating loss 8a (b Gambling | 2a | | | 2a | |
| 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -10,290. 6 Farm income or (loss). Attach Schedule F. 6 -10,290. 7 Unemployment compensation 7 8 Other income: 8a () a Net operating loss 8a (b Gambling | b | Date of original divorce or separation agreement (see instructions): | | | |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -10,290. 6 Farm income or (loss). Attach Schedule F 7 7 Other income: 8a () 8 Other income: 8a () 9 Cancellation of debt 8a () 9 Total other income exclusion from Form 2555 8d () 8 8d () 8e 9 Total other income exclusion from Form 2555 8d () 9 Alaska Permanent Fund dividends 8e 9 Activity not engaged in for profit income 8i 9 Activity not engaged in for profit income 8i 9 Total other income of 40(l) excess business loss adjustment 8n 9 Total other income. List type and amount: 8g 9 Total other income. Add lines 8a through 8z 8g | 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 6 Farm income or (loss). Attach Schedule F. 6 7 Other income: 7 8 Other income: 8a () 9 Total other income. 8a () 9 Total other income. List type and amount: 8a () 9 Total other income. Add lines 8a through 8z. 9a | 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 7 Unemployment compensation 7 8 Other income: a a Net operating loss b a Net operating loss b a Gambling a c Cancellation of debt b d Foreign earned income exclusion from Form 2555 add () e Income from Form 8853 add () f Income from Form 8853 add () g Alaska Permanent Fund dividends b h Jury duty pay b ash i Prizes and awards bi ash j Activity not engaged in for profit income bi ask i Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property ask ask i Income from 51A(a) inclusion (see instructions) bo asn aso s Section 951A(a) inclusion (see instructions) bo asn aso s Section 951A(a) inclusion (see instructions) bo aso aso s Section 951A(a) inclusion (see instructions) bo aso < | 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E . | 5 | -10,290. |
| 8 Other income: a () a Net operating loss b Ba () b Gambling b Bb Bc c Cancellation of debt b Bc Bc d Foreign earned income exclusion from Form 2555 Bd () Bd Bc d Foreign earned income exclusion from Form 2555 Bd () Be Bd Bc f Income from Form 8853 B Be Bf Bg Bd Bc g Alaska Permanent Fund dividends Bg Bh Bi Bc Bd Bc Bd Bc Bd Bc Bd Bc | 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| a Net operating loss Ba () b Gambling Bb Bb c Cancellation of debt Bc Bc d Foreign earned income exclusion from Form 2555 Bd C e Income from Form 8853 Bc Bc f Income from Form 8853 Bc Bc g Alaska Permanent Fund dividends Bg Bd g Alaska Permanent Fund dividends Bg j Activity not engaged in for profit income Bi j Activity not engaged in for profit property if you engaged in the rental for profit but were not in the business of renting such property Bk l 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 Bk n Section 951A(a) inclusion (see instructions) Bn Bi o Section 951A(a) inclusion (see instructions) Bn Bg g Taxable distributions from a nonqualifed deferred compensation plan or anonity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan Br t Pension or annuity from a nonqualifed deferred compensation plan or a nongoverimental section 4 | 7 | Unemployment compensation | | 7 | |
| b Gambling 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (d Income from Form 8653 8d f Income from Form 8859 8f g Alaska Permanent Fund dividends 8g f Income from Form 8869 8f g Alaska Permanent Fund dividends 8g h Jury duty pay 8h i Prizes and awards 8i j Activity not engaged in for profit income 8i i Prizes and awards 8k i Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k i Income from 51(a) inclusion (see instructions) 8m m Section 951(a) inclusion (see instructions) 8m s Section 951(a) inclusion (see instructions) 8g r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8u t Pension or annuity from a nonqualifed de | 8 | | | | |
| c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (e 8c f Income from Form 8853 g Alaska Permanent Fund dividends 8g g Alaska Permanent Fund dividends 8g g Alaska Permanent Fund dividends 8g i Prizes and awards 8h i Activity not engaged in for profit income 8i k Stock options 8k l 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 8n m Olympic and Paralympic medals and USOC prize money (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8q g Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan | а | Net operating loss | 8a (|) | |
| d Foreign earned income exclusion from Form 2555 8d (e Income from Form 8853 8e f Income from Form 8889 8f g Alaska Permanent Fund dividends 8g h Jury duty pay 8f j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i i Prizes and awards 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit but were not in the business of renting such property 8k l Income from Horm 888 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8n r Scholarship and fellowship grants not reported on Form W-2 8r r Scholarship and fellowship grants not reported compensation plan or a nongovernmental section 457 plan | b | Gambling | 8b | | |
| e Income from Form 8853 8e f Income from Form 8889 8f g Alaska Permanent Fund dividends 8g h Jury duty pay 8h i Prizes and awards 8i j Activity not engaged in for profit income 8j j Activity not engaged in for profit income 8j k Stock options 8k l Income from the rental of personal property fou engaged in the rental for profit but were not in the business of renting such property 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8a r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8a u Wages earned while incarcerated 8u z Other income. List type and amount: 8z g Total other income. Add lines 8a through 8z | С | | 8c | | |
| f Income from Form 8889 8f g Alaska Permanent Fund dividends 8g h Jury duty pay 8h i Prizes and awards 8i j Activity not engaged in for profit income 8i k Stock options 8k l 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r r Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u g Total other income. Add lines 8a through 8z 9 | d | | 8d (|) | |
| g Alaska Permanent Fund dividends 8g h Jury duty pay 8h i Prizes and awards 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i i Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o g Taxable distributions from an ABLE account (see instructions) 8p g Taxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t g Total other income. Add lines 8a t | е | | 8e | | |
| h Jury duty pay | f | Income from Form 8889 | 8f | | |
| i Prizes and awards 8i j Activity not engaged in for profit income 8j k Stock options 8k l 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 8k I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z g Total other income. Add lines 8a through 8z 9 | g | Alaska Permanent Fund dividends | 8g | | |
| j Activity not engaged in for profit income 8j k Stock options 8k l 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8o g Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s 8u u Wages earned while incarcerated 8u 8u 8u g Total other income. Add lines 8a through 8z 8z 9 | h | Jury duty pay | 8h | | |
| k Stock options | i | Prizes and awards | 8i | | |
| I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81 m Olympic and Paralympic medals and USOC prize money (see instructions) 81 n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8r r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 | j | Activity not engaged in for profit income | 8j | | |
| for profit but were not in the business of renting such property 81 m Olympic and Paralympic medals and USOC prize money (see instructions) 81 n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 80 p Section 461(l) excess business loss adjustment 8g q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (u Wages earned while incarcerated 8u z Other income. List type and amount: 8z | k | Stock options | 8k | | |
| m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 | I | | | | |
| instructions) | | | 81 | | |
| n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 | m | | | | |
| o Section 951A(a) inclusion (see instructions) 80 p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u 8u g Total other income. Add lines 8a through 8z 9 | | | 8m | | |
| p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u 8u other income. List type and amount: 8z 9 | n | Section 951(a) inclusion (see instructions) | 8n | | |
| q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 | ο | Section 951A(a) inclusion (see instructions) | 80 | | |
| r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 | р | Section 461(I) excess business loss adjustment | 8p | | |
| s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s) t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t 8t u Wages earned while incarcerated 8u 8u 8u z Other income. List type and amount: 8z 9 9 Total other income. Add lines 8a through 8z 9 9 | q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| 1040, line 1a or 1d 1040, line 1a or 1d< | r | | 8r | | |
| t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9z 9z | S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| a nongovernmental section 457 plan | | | 8s (|) | |
| u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 | t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z | | a nongovernmental section 457 plan | 8t | | |
| 9 Total other income. Add lines 8a through 8z | u | | 8u | | |
| 9 Total other income. Add lines 8a through 8z | z | Other income. List type and amount: | | | |
| | | | | | |
| 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -10, 290. | 9 | | | 9 | |
| | 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | , or 1040-NR, line 8 | 10 | -10,290. |

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

Schedule 1 (Form 1040) 2022

| Par | II Adjustments to Income | | | | | |
|-----|--|-----|------------|----------|---------|---------------------|
| 11 | Educator expenses | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | | | rernment | | |
| | officials. Attach Form 2106 | | | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | | 16 | |
| 17 | Self-employed health insurance deduction | | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | | 18 | |
| 19a | Alimony paid | | | | 19a | |
| b | Recipient's SSN | | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | | |
| 20 | IRA deduction | | | | 20 | |
| 21 | Student loan interest deduction | | | | 21 | |
| 22 | Reserved for future use | | | | 22 | |
| 23 | Archer MSA deduction | | | | 23 | |
| 24 | Other adjustments: | | | | | |
| а | | 24a | | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | | |
| | | 24b | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | |
| | and USOC prize money reported on line 8m | 24c | | | | |
| d | Reforestation amortization and expenses | 24d | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| ĥ | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | | 24h | | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | | |
| | tax law violations | 24i | | | | |
| i | Housing deduction from Form 2555 | 24j | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | | 24k | | | | |
| z | Other adjustments. List type and amount: | | | | | |
| | | 24z | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income | | | | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | REV | 03/02/23 I | PRO | Schedul | le 1 (Form 1040) 20 |

| | DULE E | | S | upplementa | l Inc | ome ar | nd Los | SS | | | OMB No | o. 1545-0074 |
|------------|----------------------------------|-------------|--|----------------------|-----------|------------|------------------|----------|----------------|--------------|-------------|-------------------|
| (Form | 1040) | (From | rental real estate, ro | oyalties, partnersl | hips, S | corporat | ions, es | states, | trusts, REMI | Cs, etc.) | 20 |)22 |
| | ent of the Treasury | | | ich to Form 1040, | | | | | | | Attachn | nent 10 |
| | Revenue Service | | Go to www.irs.g | ov/ScheduleE for | r instru | uctions an | d the la | atest ir | formation. | | | ice No. 13 |
| ., | shown on return | | K A D A | | | | | | | | al security | |
| Part | SHRUTHI MA | | s From Rental F | Pool Estato on | d Do | voltion | | | | 14/-8 | 9-3444 | |
| Part | Note: If yo | ou are in t | the business of rentir ss from Form 4835 o | ng personal proper | | | e C . See | e instru | ctions. If you | are an indiv | /idual, rep | ort farm |
| Α | | | ents in 2022 that w | | to file | Form(s) 1 | 099? 3 | See ins | structions . | | . 🗌 Ye | es 🛛 No |
| B li | f "Yes," did you | or will y | ou file required Fo | orm(s) 1099? . | | | | | | | . 🗌 Ye | es 🗌 No |
| 1a | Physical addr | ress of e | each property (stree | et, city, state, ZIF | P code | e) | | | | | | |
| A | PLOT.NO.6 | 6.IDA | CHERLAPALLY | HYDERABAD T | TELAN | IGANA J | IN 50 | 0051 | | | | |
| В | | | | | | - | | | | | | |
| С | | | | | | | | | | | | |
| 1b | Type of Prope | | For each rental r | eal estate prope | erty list | ted | | Fa | ir Rental | Person | al Use | QJV |
| | (from list below | N) | above, report the | | | | | | Days | Da | ys | QU V |
| Α | 3 | | personal use day if you meet the r | | | | Α | | 365 | | 0 | |
| | | | qualified joint ve | | | | B | | | | | |
| <u>с</u> | (December 1 | | | | | | С | | | | | |
| | of Property: Single Family R | ocidono | a 2 Vacation/ | Short-Term Ren | tal | 5 Lanc | 1 | 7 | Self-Rental | | | |
| | Multi-Family Re | | | | lai | 6 Roya | | | | ribe) | | |
| | | | | | | | | 0 | | | | |
| | | | | | | | | | Propert | ies: | | |
| Incom 3 | | 4 | | | 3 | | A | 10. | В | | | С |
| 4 | | | | | 4 | | 5 | . 010 | | | | |
| Expen | | iveu . | | | | | | | | | | |
| 5 | | | | | 5 | | | | | | | |
| 6 | - | | structions) | | 6 | | | | | | | |
| 7 | | | ance | | 7 | | 1,2 | 60. | | | | |
| 8 | Commissions | | | | 8 | | | | | | | |
| 9 | Insurance . | | | | 9 | | | | | | | |
| 10 | • | | ssional fees | | 10 | | | | | | | |
| 11 | • | | | | 11 | | 1,0 | 00. | | | | |
| 12 13 | Mortgage inter Other interest | • | d to banks, etc. (se | e instructions) | 12 13 | | | | | | | |
| 13 | 0 | | | | 13 | | 3 1 | .20. | | | | |
| 15 | - | | | | 15 | | | 50. | | | | |
| 16 | | | | | 16 | | 270 | | | | | |
| 17 | | | | | 17 | | 2,5 | 70. | | | | |
| 18 | Depreciation e | xpense | or depletion | | 18 | | | | | | | |
| 19 | Other (list) | | | | 19 | | | | | | | |
| 20 | Total expenses | s. Add li | nes 5 through 19 | | 20 | | 10,8 | 00. | | | | |
| 21 | | | line 3 (rents) and/o | | | | | | | | | |
| | | | nstructions to find | • | 01 | | -10,2 | | | | | |
| 22 | | | estate loss after li | | 21 | | -10,2 | .90. | | | | |
| 22 | | | structions) | | 22 | (| 10,29 | | (|) | (|) |
| 23a | | | ported on line 3 fo | | | | | 23a | (| 510. | ` |) |
| b | | | ported on line 4 fo | | | | | 23b | | | | |
| С | | | ported on line 12 f | | | | | 23c | | | | |
| d | | | ported on line 18 f | | | | | 23d | | | | |
| е | | | ported on line 20 f | | | | | 23e | 10 |),800. | | |
| 24 | | | amounts shown o | | | | | | | | | |
| 25 | | | sses from line 21 an | | | | | | | | (| 10,290.) |
| 26 | Total rental re | eal esta | te and royalty inc | ome or (loss). | Comb | ine lines | 24 and | l 25. E | nter the res | ult | | |

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

.

-10,290.

Form 8889 Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

2 2

| Internal | Revenue Service | Go to www.irs.gov/Form8889 for instructions and the latest information and the latest information of the latest informatio | ition. | S | Sequence No. 52 |
|----------|--|--|------------------------------|------------|----------------------------|
| Name(s) |) shown on Form 10 | 40, 1040-SR, or 1040-NR | | | of HSA beneficiary. |
| SAI | SHRUTHI MA | DHURI KARA | 147-89 | | As, see instructions. 4 |
| Befor | re you begin: | Complete Form 8853, Archer MSAs and Long-Term Care Insurance | Contracts, if | f requ | ired. |
| Part | | ntributions and Deduction. See the instructions before completing n you and your spouse each have separate HSAs, complete a separ | | | |
| 1 | See instruction | x to indicate your coverage under a high-deductible health plan (HDHP) on the second | | × Se | lf-only 🗌 Family |
| 2 | unextended d | ions you made for 2022 (or those made on your behalf), including those nue date of your tax return that were for 2022. Do not include employer c hrough a cafeteria plan, or rollovers. See instructions | ontributions, | 2 | 0. |
| 3 | were, or were | der age 55 at the end of 2022 and, on the first day of every month durin considered, an eligible individual with the same coverage, enter \$3,650 e). All others , see the instructions for the amount to enter |) (\$7,300 for | 3 | 3,650. |
| 4 | lines 1 and 2. | unt you and your employer contributed to your Archer MSAs for 2022 from f you or your spouse had family coverage under an HDHP at any time durin nount contributed to your spouse's Archer MSAs | g 2022, also | 4 | 0. |
| 5 | | from line 3. If zero or less, enter -0 | | 5 | 3,650. |
| 6 | | unt from line 5. But if you and your spouse each have separate HSAs an er an HDHP at any time during 2022, see the instructions for the amount to e | | 6 | 3,650. |
| 7 | If you were ag | e 55 or older at the end of 2022, married, and you or your spouse had fam P at any time during 2022, enter your additional contribution amount. See ir | nily coverage | 7 | 0. |
| 8 | | | | 8 | 3,650. |
| 9 | | ributions made to your HSAs for 2022 | 725. | - | |
| 10 | | funding distributions | | 1 | |
| 11 | | d 10 | | 11 | 725. |
| 12 | | 1 from line 8. If zero or less, enter -0 | | 12 | 2,925. |
| 13 | HSA deductio | n. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), F | Part II, line 13 | 13 | 0. |
| | Caution: If line | e 2 is more than line 13, you may have to pay an additional tax. See instruct | ions. | | |
| Part | | stributions. If you are filing jointly and both you and your spouse each ate Part II for each spouse. | ch have sepa | arate H | HSAs, complete |
| 14a | Total distributi | ons you received in 2022 from all HSAs (see instructions) | | 14a | |
| b | contributions | ncluded on line 14a that you rolled over to another HSA. Also include (and the earnings on those excess contributions) included on line 14 the due date of your return. See instructions | | 4.45 | |
| <u> </u> | | the due date of your return. See instructions | | 14b 14c | |
| 15 | | cal expenses paid using HSA distributions (see instructions) | | 15 | |
| 16 | Taxable HSA | distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, total on Schedule 1 (Form 1040), Part I, line 8f | , include this | 16 | |
| 17a | If any of the d | istributions included on line 16 meet any of the Exceptions to the Addition included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception included on line 16 meet any of the Exception inc | nal 20% | | |
| | Additional 20 are subject to 1040), Part II, I | % tax (see instructions). Enter 20% (0.20) of the distributions included on the additional 20% tax. Also, include this amount in the total on Scher | line 16 that Jule 2 (Form | 17b | |
| Part | complet complet | and Additional Tax for Failure To Maintain HDHP Coverage. See ing this part. If you are filing jointly and both you and your spouse ea e a separate Part III for each spouse. | ach have sep | | |
| 18 | | e | | 18 | |
| 19 | | funding distribution | | 19 | |
| 20 | | Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part | | 20 | |
| 21 | | . Multiply line 20 by 10% (0.10). Include this amount in the total on Scher ine 17d | | 21 | |

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

| Form 8582 |
|---|
| Department of the Treasur Internal Revenue Service |

Part I

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008

Identifying number 147-89-3444

| Name(s) | shown | on | return | |
|---------|-------|----|--------|--|
| | | | | |

SAI SHRUTHI MADHURI KARA

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

| | al Real Estate Activities With Active Participation (For the definition of active participation, see Special pance for Rental Real Estate Activities in the instructions.) | | |
|-------------------|--|----|----------|
| 1a b c d | Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(10,290.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c | 1d | -10,290. |
| All Ot | ther Passive Activities | | |
| 2a b c d | Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c | 2d | |
| 3 | 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 | 3 | -10,290. |

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.

| Par | t II Special Allowance for Rer | ntal Real Estate | Activities With | Active Pai | ticipa | ition | | |
|-----|---|-----------------------------|----------------------------------|--------------------------|---------|-----------------|-------------|-----------------|
| | Note: Enter all numbers in Par | t II as positive amo | ounts. See instruct | tions for an e | examp | le. | | |
| 4 | Enter the smaller of the loss on line 1 | d or the loss on lir | ne3 | | | | 4 | 10,290. |
| 5 | Enter \$150,000. If married filing separ | ately, see instructi | ons | 5 | 1 | 50,000. | | |
| 6 | Enter modified adjusted gross income | e, but not less thar | n zero. See instruc | tions 6 | 1 | 29,049. | | |
| | Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. | to line 5, skip line | s 7 and 8 and ent | er -0- | | | | |
| 7 | Subtract line 6 from line 5 | | | 7 | | 20,951. | | |
| 8 | Multiply line 7 by 50% (0.50). Do not en | nter more than \$25 | ,000. If married filir | ng separately | , see i | nstructions | 8 | 10,476. |
| 9 | Enter the smaller of line 4 or line 8 | | | | | | 9 | 10,290. |
| Par | III Total Losses Allowed | | | | | | | |
| 10 | Add the income, if any, on lines 1a an | d 2a and enter the | etotal | | | | 10 | 0. |
| 11 | Total losses allowed from all passiv | e activities for 20 | 22. Add lines 9 an | id 10. See in | structi | ons to find | | |
| | out how to report the losses on your t | | | | | | 11 | 10,290. |
| Par | IV Complete This Part Before | e Part I, Lines 1 | a, 1b, and 1c. S | ee instruct | ons. | | | |
| | Nome of activity | Currer | Prior yea | Prior years Ove | | rall ga | ain or loss | |
| | Name of activity | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallo loss (line | | (d) Gain | 1 | (e) Loss |
| PLO | I.NO.66,IDA CHERLAPALLY | 0. | 10,290. | | | | | 10,290. |
| | | | | | | | | |

| Total. Enter on Part I, lines 1a, 1b, and 1c | 0. | 10,290. | | |
|---|-------------|---------|-----------|----------|
| For Paperwork Reduction Act Notice, see instru | ctions. BAA | | REV 03/02 | 2/23 PRO |

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

| Nome of activity | Current year | | | Prior y | ears | Overall gain or loss | | |
|--|--|---|--------------|--|---------------|---------------------------------|-------|--|
| Name of activity | (a) Net income | (a) Net income (b) Net loss (line 2a) (line 2b) | | loss (c) Unallo 2b) loss (line | | owed (d) Gain | | (e) Loss |
| | (iiiie Za) | | | 1055 (111 | 6 20) | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | | | | | | | |
| Part VI Use This Part if an Amou | nt Is Shown on I | Part II, | Line 9. S | ee instruc | tions. | | | |
| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a |) Loss | (b) Ra | atio | (c) Special allowance | с | (d) Subtract olumn (c) from column (a). |
| PLOT.NO.66, IDA CHERLAPALLY | E Ln 22 | | 10,290. | 1.0000 | 0000 | 10,290. | | 0. |
| | | | | | | | | |
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| | | | | | | | | |
| Total | | | 10 000 | 1.00 | n | 10,29 | | 0 |
| Part VII Allocation of Unallowed I | Losses, See instr | | 10,290. S | 1.00 | 5 | 10,29 | 0. | 0. |
| | Form or sch | | | | | | | |
| Name of activity | and line nur to be reporte (see instruct | nber ed on | (a) I | LOSS | (| b) Ratio | (c) L | Inallowed loss |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | 1.00 | | |
| Part VIII Allowed Losses. See inst | ructions. | | I | | | | | |
| Name of activity | Form or sch and line nur to be reporte (see instruct | nber ed on | (a) I | _oss | (b) Ur | nallowed loss | (c) | Allowed loss |
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| Total | | | | | | | | |

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