Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	Horonac Corried							
Subm	ission Identification Number (SID)	•						
Taxpay	er's name			S	ocial security	y numb	er	
DHA	NYASRI DIVI				726-84-	9515	5	
	's name			S	pouse's soci			r
Dovi	Tan Datama Information	T V F		- ο /Γt			la a siaira a	
Par			ecember 31, 202	2 (Enter y	ear you ar	e aut	norizing	.)
	whole dollars only on lines 1 through		E la la cala					
	Form 1040-SS filers use line 4 only Adjusted gross income					1	0.0	,286.
1 2	Total tax					2		609.
3	Federal income tax withheld from					3		0,065.
4	Amount you want refunded to you	()				4		5,456.
5	-					5		0,430.
Part		nd Signature Authoriz	ation (Be sure you g	et and ke	ep a copy	- 1	our retu	ırn)
Under my kni return to send for any Agent payme author payme taxes reperson Electro	penalties of perjury, I declare that I have buildedge and belief, it is true, correct, (original or amended) I am now authorid my return to the IRS and to receive for delay in processing the return or refut to initiate an ACH electronic funds with the form of my federal taxes owed on this retization is to remain in full force and ent, I must contact the U.S. Treasury so days prior to the payment (settlement or receive confidential information neutral identification number (PIN) below is since Funds Withdrawal Consent. **Ayer's PIN: check one box only** I authorize GLOBAL TAXES signature on the income tax ret I will enter my PIN as my signatif you are entering your own PI below.	re examined a copy of the inc and complete. I further decizing. I consent to allow my irrom the IRS (a) an acknowlend, and (c) the date of any rendrawal (direct debit) entry to direct until I notify the U.S. Tienancial Agent at 1-888-33 ent) date. I also authorize the cessary to answer inquiries my signature for the income LLC ERO firm name urn (original or amended) ture on the income tax ret N and your return is filed	to me tax return (original or lare that the amounts in Fatermediate service provid dgement of receipt or reasifund. If applicable, I author the financial institution at mated tax, and the financial Agent to 53-4537. Payment cancel financial institutions involuded and resolve issues related tax return (original or amount of the enter or or graph of the practitioner in the practition in the practiti	r amended) I a Part I above a ler, transmitte son for rejectionize the U.S. ecount indicate at lation requesived in the payended) I am regenerate my ed) I am now PIN method	am now authare the amore, or electroion of the trated in the tate of the transition	norizing unts finic retansmis dits consisted its construction. Treceive the elementary are received and are	g, and to the rom the incurn original sion, (b) the lesignated aration so this according to revoke fixed no late extronic paknowledged, if applied by the complete co	he best of come tax ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the cable, my
Yours	signature	. Chanystri		Date ►	04/05	120.	23	
Spou	se's PIN: check one box only							
. Г	I authorize		to enter or	generate my	/ PIN			as my
		ERO firm name		,	Ent		digits, but	•
	signature on the income tax ret I will enter my PIN as my signat if you are entering your own PI below.	ture on the income tax ret	urn (original or amende		v authorizir	ng. Ch		
Spous	se's signature ▶			Date ►				
	Pra	ctitioner PIN Method R	eturns Only—continu	e below				
Part	III Certification and Auther	ntication — Practition	er PIN Method Only					
ERO's	s EFIN/PIN. Enter your six-digit EF	IN followed by your five-d	ligit self-selected PIN.	2 2 2	2 4 9 6 Don't ente	5 6 erallze	1 9 8	9
author	y that the above numeric entry is my Fized to file for tax year indicated above ments of the Practitioner PIN method a	ve for the taxpayer(s) indicat	ed above. I confirm that I	am submitti	ng this retu	rn in a	ccordance	
ERO's	s signature >			Date ►				
		RO Must Retain This						
		bmit This Form to the			So			

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

12(0)222 1

OMB No. 1545-0074

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

For the year Ja	n. 1–C	Dec. 31, 2022, or other tax year begin	nning	, 2022,	ending	,	20		ee separate structions.
Filing Status		Single Married filing se			ng surviving spouse			tate	☐ Trust
Check only one box.		•			·	·			
Your first name	e and	middle initial	Last na	ame			Your id (see ins	-	ng number ns)
DHANYASR	I		DIVI				726-	84-9	515
Home address	(num	per and street). If you have a P.O. be	ox, see ins	structions.			•		Apt. no.
2312 3RD	AVE				62	0			
City, town, or p	ost o	ffice. If you have a foreign address,	also comp	lete spaces below.		State		ZIP co	de
SEATTLE						WA		9812	1
Foreign countr	y nam	е	Foreign	n province/state/county		Foreign	postal co	de	
Digital Asset		ny time during 2022, did you: (a) recervise dispose of a digital asset (or					or (b) sell,		
Dependents						(4) Ch	eck the box	k if qualif	fies for (see inst.):
(see instructions		(1) First name Last nam	ne	(2) Dependent's identifying number	(3) Relationship to y	ou Chi	ld tax cred	IT I	credit for other dependents
If more than fou	_								<u> </u>
dependents, see							Ц		
instructions and							Ц		Ц
check here							Ц		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see i	nstructions)			. 1a		107,363.
Effectively	b	Household employee wages not re	•	* *					
Connected	С	Tip income not reported on line 1a	`	,					
With U.S.	d	Medicaid waiver payments not rep		` '	,				
Trade or	е	Taxable dependent care benefits		*					
Business	f	Employer-provided adoption bene		•			. 1f		
Attach	g	Wages from Form 8919, line 6 .					. 1g		
Form(s) W-2,	h	Other earned income (see instruct	ions) .				. 1h		
1042-S,	i	Reserved for future use							
SSA-1042-S, RRB-1042-S,	j	Reserved for future use			1 1		. <u>1j</u>		
and 8288-A	k	Total income exempt by a treaty fr	om Sched	lule OI (Form 1040-NR), i	tem L,				
here. Also		()			1k				
attach Form(s)	Z	Add lines 1a through 1h		· · · · · · · ·			. 1z		107,363.
1099-R if	2a	·	2a		cable interest		. 2b		
tax was	3a	_	3a		dinary dividends .		. 3b		
withheld.	4a	-	4a		cable amount				
If you did not get a Form	5a		5a		cable amount				
W-2, see	6	Reserved for future use							
instructions.	7	Capital gain or (loss). Attach Sche		, ,	•			-	
	8	Other income from Schedule 1 (Fo							-8,077.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	a 8. This is	s your total effectively c	onnected income		. 9		99,286.
	10	Adjustments to income:							
	a	From Schedule 1 (Form 1040), line							
	b	Reserved for future use							
	С	Reserved for future use							
	d	Enter the amount from line 10a. The	•					1	
	11	Subtract line 10d from line 9. This						-	99,286.
	12	Itemized deductions (from Sche deduction (see instructions)				dia, standa .US/India.Tre	I		12,950.
	13a	Qualified business income deduct	ion from F	orm 8995 or Form 8995-	-A . 13a				
	b	Exemptions for estates and trusts	only (see i	instructions)	13b				
	С	Add lines 13a and 13b					. 130	;	
	14	Add lines 12 and 13c					. 14		12,950.
	15	Subtract line 14 from line 11. If zer	o or less.	enter -0 This is vour ta	xable income .		. 15		86,336.

Tax and	16	Tax (see instructions). Check if any from For	rm(s): 1 🗌 88	2 2 4 97	2 3 🗌	1	6 1	4,609.
Credits	17	Amount from Schedule 2 (Form 1040), line	3			1	7	0.
	18	Add lines 16 and 17				1	8 1	4,609.
	19	Child tax credit or credit for other depende	ents from Sched	ule 8812 (Form 10-	40)	1	9	
	20	Amount from Schedule 3 (Form 1040), line	8			2	.0	
	21	Add lines 19 and 20				2	1	
	22	Subtract line 21 from line 18. If zero or less	s, enter -0			2	2 1	4,609.
	23a	Tax on income not effectively connected w Schedule NEC (Form 1040-NR), line 15			23a			
	b	Other taxes, including self-employment talline 21	,	,,,	23b			
	С	Transportation tax (see instructions)			23c			
	d	Add lines 23a through 23c				23	3d	
	24	Add lines 22 and 23d. This is your total ta	х		<u></u>	2	4 1	4,609.
Payments	25	Federal income tax withheld from:						
_	а	Form(s) W-2			25a 20	,065.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				25	5d 2	0,065.
	е	Form(s) 8805				25	5e	
	f	Form(s) 8288-A				25	5f	
	g	Form(s) 1042-S				25	5g	
	26	2022 estimated tax payments and amount	applied from 20	21 return		2	.6	
	27	Reserved for future use			27			
	28	Additional child tax credit from Schedule 8	3812 (Form 1040))	28			
	29	Credit for amount paid with Form 1040-C			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3 (Form 1040), line	15		31			
	32	Add lines 28, 29, and 31. These are your to	otal other paym	ents and refunda	ble credits	3	2	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. T	These are your to	tal payments .		3	3 2	0,065.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	This is the amoun	t you overpaid	3	4	5,456.
	35a	Amount of line 34 you want refunded to y	ou. If Form 8888	is attached, chec	k here	. 🗌 35	5a	5,456.
Direct deposit?	b	Routing number 1 2 1 0 0 0	3 5 8	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 3 2 5 1 4 9	2 4 3 1	1 5				
	е	If you want your refund check mailed to a	n address outsid	e the United State	es not shown on	page 1,		
		enter it here.						
	36	Amount of line 34 you want applied to you			36			
Amount	37	Subtract line 33 from line 24. This is the air	mount you owe.					
You Owe		For details on how to pay, go to www.irs.g	gov/Payments or	see instructions .		3	7	
	38	Estimated tax penalty (see instructions)			38			
Third	Do yo	u want to allow another person to discuss t	his return with th	ie IRS? See instru	ctions. 🗌 Ye	s. Complete	below.	X No
Party Designee	Desig	nee's	Phone no.			nal identificati er (PIN)	ion	
-		penalties of perjury, I declare that I have examine they are true, correct, and complete. Declaration	d this return and ac					
Sign	Your	signature	Date	Your occupation		If the IR	S sent you ar	n Identity
Here		9				Protecti	on <u>PIN, enter</u>	rit here
				SOFTWARE E	NGINEER	(see inst	t.)	
	Phone		Email address					
Paid	Prepa	rer's name Preparer	's signature		Date	PTIN	Check if:	
Preparer	VENKA	TA SAI PAVAN KUMAR DUDIPALLI VENKATA	A SAI PAVAN KU	MAR DUDIPALLI	04/05/2023	P0247083	3 Self-	employed
-	Firm's	name GLOBAL TAXES LLC				Phone no.	(678)965	-9522
Use Only	Firm's	address 245 DOONEY OF F DI	OTTNICIMITATE AT	T 00016		Firm's FIN	88-2145	3487

Form 1040-NR (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

DHANYASRI DIVI

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

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

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

Your social security number 726-84-9515

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-8,077.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NK, line 8	10	-8,077.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		249		
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	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR.

2022
Attachment
Sequence No. 7B

Name shown on Form 1040-NR DHANYASRI DIVI

Your identifying number 726-84-9515

Enter a	ımount of income und	er the	appropriate rate of tax. See instructions.							
			Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Othe	r (specify)
						(2) 1070	(2) 1070	(0) 0070	%	%
1	Dividends and divide	end eq	uivalents:							
а	Dividends paid by U.	S. cor	porations		1a					
b		-	corporations		1b					
С	Dividend equivalent p	aymer	nts received with respect to section 871(m) tr	ansactions	1c					
2	Interest:									
а					2a					
b			ns		2b					
С					2c					
3			s, trademarks, etc.)		3					
4	Motion picture or TV	copyr	right royalties		4					
5	Other royalties (copy	rights	, recording, publishing, etc.)		5					
6	Real property income	e and	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8	Social security benef	fits .			8					
9			elow		9					
10	Gambling—Resident If zero or less, enter	s of C r -0	anada only. Enter net income in column (c)							
а	Winnings									
b					10c					
11	Note: Losses not allo	owed	dents of countries other than Canada.		11					
12					12					
13			columns (a) through (d)		13					
14	_		tax at top of each column		14					
15			ely connected with a U.S. trade or business			through (d) of line 1	4. Enter the total her	e and on Form 1040	-NR. line 23a 15	
			Capital Gains and						,	
losses f	nly the capital gains and rom property sales or ges that are from sources ne United States and not	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acq mm/dd/yy	uired	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S. s. Do not include a gain									
or loss	on disposing of a U.S. real									
gains ai	y interest; report these nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively							<u> </u>		
connect	ted with a U.S. business edule D (Form 1040),)
	797, or both.	18	Capital gain. Combine columns (f) and (g) of line 17	7. Ente	er the net gain her	re and on line 9 ab	ove. If a loss, ente	er -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

ttach to Form 1040-NR.

Answer all questions.

Attachment Sequence No. 7C

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Nam	e sh	nown on Form 1040-NR				Your identifying	number	
DH	AN	YASRI DIVI				726-84-95	515	
Α		Of what country or countries w						
В		In what country did you claim	residence for tax purposes	s during the tax y	ear? United States			
С		Have you ever applied to be a	green card holder (lawful p	ermanent resider	nt) of the United States? .		☐ Yes	⊠ No
D		Were you ever:					_	
		A U.S. citizen?						⊠ No
2	2.	A green card holder (lawful per					∐ Yes	⊠ No
_		If you answer "Yes" to (1) or (2)	•	•				
Ε		If you had a visa on the last of immigration status on the last of	lay of the tax year. <u>F1</u>					
F		Have you ever changed your vill f you answered "Yes," indicate	isa type (nonimmigrant sta	tus) or U.S. immig	gration status?		∐ Yes	⊠ No
G		List all dates you entered and I	eft the United States during	g 2022. See instri	uctions.			
		Note: If you're a resident of Cocheck the box for Canada or	anada or Mexico AND cor Mexico and skip to item F	nmute to work in	the United States at frequence	ent intervals, Mexico		
		Date entered United States	Date departed United State	es	Date entered United State	s Date depa	rted United	States
		mm/dd/yy	mm/dd/yy		mm/dd/yy	n	nm/dd/yy	
Н		Give number of days (including 2020						
I		Did you file a U.S. income tax I If "Yes," give the latest year an	return for any prior year?.				X Yes	□No
J		Are you filing a return for a trus	st?				Yes	⊠ No
		If "Yes," did the trust have a U.S. person, or receive a contr	J.S. or foreign owner unde	r the grantor trus	t rules, make a distributior	n or loan to a	Yes	☐ No
Κ		Did you receive total compens					Yes	⊠ No
		If "Yes," did you use an alterna					☐ Yes	☐ No
L		Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign	country,
	1.	Enter the name of the country, amount of exempt income in the				claimed the tre	aty benefi	t, and the
		(a) Cour		(b) Tax treaty and			ount of exe	
					Granied in prior tax ye	are meemen	T GUIT GITE LE	or you.
		<u> </u>						
		(e) Total. Enter this amount or		-				
		Were you subject to tax in a fo					∐ Yes	∐ No
;	3.	Are you claiming treaty benefit		-			Yes	⊠ No
		If "Yes," attach a copy of the C	competent Authority detern	nination letter to y	our return.			
M		Check the applicable box if:	alde en en electrico (C. C. C					
		This is the first year you are may with a U.S. trade or business u	inder section 871(d). See in	structions				. 🗆
2	2.	You have made an election in States as effectively connected						

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **13**

Your social security number

DHAN	NYASRI DIVI							726-	84-9515	
Part	Income or Loss From Rental Real Est Note: If you are in the business of renting person rental income or loss from Form 4835 on page 2,	al property			C . See	instru	ctions. If you a	re an in	dividual, rep	ort farm
	Did you make any payments in 2022 that would requ									s 🛛 No
В	f "Yes," did you or will you file required Form(s) 10	99? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, s									
Α	NEAR BOPPANA HOSPITAL PORANKI ANI	OHRA PE	RADE	SH TN	52113	37				
В	NEIN BOTTING HOST TIME FORMANT THAT			<u> </u>	5211	, ,				
C										
1b	Type of Property (from list below) 2 For each rental real estate above, report the number	r of fair re	ental a	and		Fa	ir Rental Days		onal Use Days	QJV
Α		personal use days. Check the QJV box only A 358				358		0		
В		if you meet the requirements to file as a qualified joint venture. See instructions.			В					
С	quamed joint venture. Of	oc mondo	7110113		С					
1	of Property: Single Family Residence 3 Vacation/Short-Te Multi-Family Residence 4 Commercial	erm Renta	al	5 Land 6 Roya			Self-Rental Other (descr			
			-				Properti	es:		
Incon		Г			Α	0.0	В			С
3 4	Rents received		3		4	80.				
Expe	Royalties received		4							
5	Advertising		5							
6	Auto and travel (see instructions)		6							
7	Cleaning and maintenance		7		1,0	50				
8	Commissions		8		1,0	30.				
9	Insurance		9							
10	Legal and other professional fees	_	10							
11	Management fees		11		8	00.				
12	Mortgage interest paid to banks, etc. (see instruc		12							
13	Other interest	· · ·	13							
14	Repairs		14		2,5	58.				
15	Supplies		15		2,2					
16	Taxes	[16							
17	Utilities	[17		1,8	89.				
18	Depreciation expense or depletion	[18							
19	Other (list)		19							
20	Total expenses. Add lines 5 through 19		20		8,5	57.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royal result is a (loss), see instructions to find out if yo file Form 6198	u must	21		-8,0	77.				
22	Deductible rental real estate loss after limitation, on Form 8582 (see instructions)		22	(-8,07	7.)	()()
23a	Total of all amounts reported on line 3 for all renta	al propert	ties			23a		480		
b	Total of all amounts reported on line 4 for all roya	lty prope	rties			23b				
С	Total of all amounts reported on line 12 for all pro	perties				23c				
d	Total of all amounts reported on line 18 for all pro	perties				23d				
е	Total of all amounts reported on line 20 for all pro	-			ı	23e	8	,557		
24	Income. Add positive amounts shown on line 21			-				. 24	ı	
25	Losses. Add royalty losses from line 21 and rental r	eal estate	losse	es from lir	ne 22. E	nter to	otal losses her	e 25	5 (8,077.
26	Total rental real estate and royalty income or here. If Parts II, III, IV, and line 40 on page 2 Schedule 1 (Form 1040), line 5. Otherwise, include	do not a	pply	to you,	also en	ter th	is amount o		6	-8,077.

Passive Activity Loss Limitations

See separate instructions.

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

OMB No. 1545-1008

Identifying number

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

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

2022
Attachment Sequence No. 858

DHAN	IYASRI DIVI				726	5-84-	9515
Pai	_						
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	Il Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation,	see Special		
1a	Activities with net income (enter the a	mount from Part IV	, column (a)) .	1a	0.		
b	b Activities with net loss (enter the amount from Part IV, column (b)) 1b (8,077.)						
С	Prior years' unallowed losses (enter the	ne amount from Pa	rt IV, column (c))	1c ()		
d	Combine lines 1a, 1b, and 1c					1d	-8,077.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amo)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line i						
	all losses are allowed, including any						
	losses on the forms and schedules no				-	3	-8,077.
	If line 3 is a loss and: • Line 1d is a l	loog go to Dort II					
		loss, go to Part II.	zero or more) sk	in Part II and go t	o line 10		
				_			
	on: If your filing status is married filing	separately and yo	u lived with your	spouse at any tir	ne during the	year,	do not complete
	. Instead, go to line 10.						
Par	-			-			
	Note: Enter all numbers in Par	<u> </u>		tions for an exam	pie.		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4	Enter the smaller of the loss on line 1				1	4	8,077.
5	Enter \$150,000. If married filing separ	-			150,000.		
6	Enter modified adjusted gross income				107,363.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s / and 8 and ent	er -u-			
7				7	12 627		
7 8	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not el		000 If marriad fili		42,637.	0	21 210
9	Enter the smaller of line 4 or line 8					8	21,319.
Par				<u> </u>		9	8,077.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv					10	0.
•••	out how to report the losses on your to		LL. Add lines 5 al			11	8,077.
Par	Complete This Part Before		a. 1b. and 1c. S	See instructions.			-,
	N	Curren	t year	Prior years	Ove	rall gai	in or loss
	Name of activity	(a) Net income	(b) Net loss	(c) Unallowed	(-I) O - i-		(-) L
		(line 1a)	(line 1b)	loss (line 1c)	(d) Gair	ו	(e) Loss
NEA	R BOPPANA HOSPITAL	0.	8,077.				8,077.
Total.	Enter on Part I, lines 1a, 1b, and 1c	0.	8,077.				

BAA

Form 8582 (2022) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
Name of activity	Current ye				Prior years		Overall ga		ain or loss	
Mame of activity		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	Shown on F	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) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
NEAR BOPPANA HOSPITAL	E Ln 22		8,077.		1.00000000		8,077.		0.	
Total			8,077.		1.00		8,077.		0.	
Allocation of Orlanowed L	.05:			5.						
Name of activity	Name of activity and to be		Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr				1						
Name of activity ar		and line nun	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(c) Allowed loss	
Total										