# 8879 **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

| -   |  |
|---|--|
| Submission Identification Number (SID)  |  |
| Taxpayer's name   | Social security number   |
| VENKATA BHARATH SHANKAR GUNURU  | 075-67-8138  |
| Spouse's name   | Spouse's social security 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 5.  |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |  |
| <b>1</b> Adjusted gross income  |  |
| 2 Total tax   |  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  |
| 4 Amount you want refunded to you   |  |
| 5 Amount you owe  | 5  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure yo  | ou get and keep a copy of your return)   |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service pot send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original on Electronic Funds Withdrawal Consent. | rovider, transmitter, or electronic return originator (ERO) reason for rejection of the transmission, (b) the reason authorize the U.S. Treasury and its designated Financial on account indicated in the tax preparation software for nancial institution to debit the entry to this account. This ent to terminate the authorization. To revoke (cancel) a ancellation requests must be received no later than 2 involved in the processing of the electronic payment of elated to the payment. I further acknowledge that the |
| Taxpayer's PIN: check one box only  |  |
|   | r or generate my PIN 7 8 1 3 8 as my   |
| ERO firm name   | Enter five digits, but<br>don't enter all zeros  |
| signature on the income tax return (original or amended) I am now authorizing   | ng.  |
| I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN <b>and</b> your return is filed using the Practition below.  |  |
| Your signature ▶  | Date ►   |
|   |  |
| Spouse's PIN: check one box only  |  |
|   | r or generate my PIN as my   |
| ERO firm name   | Enter five digits, but don't enter all zeros   |
| signature on the income tax return (original or amended) I am now authorizin  I will enter my PIN as my signature on the income tax return (original or ame   | ig.  |
| if you are entering your own PIN <b>and</b> your return is filed using the Practitio below.   | ner PIN method. The ERO must complete Part III   |
| Spouse's signature ▶  | Date ▶   |
| Practitioner PIN Method Returns Only—con  |  |
| Part III Certification and Authentication — Practitioner PIN Method O   |  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected Pl  |  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file   | hat I am submitting this return in accordance with the   |
| ERO's signature ▶   | Date <b>▶</b>  |
| ERO Must Retain This Form — See Ins   |  |
|   |  |

Don't Submit This Form to the IRS Unless Requested To Do So

1040-NR Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

|--|

OMB No. 1545-0074

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

| For the year Ja          | ın. 1–C | Dec. 31, 2022, or other tax year beg   | ginning       | :                        | 2022,        | ending     |                |         | , 20       |  | See se<br>instruc |                 |
|--------------------------|---------|--|---------------|--------------------------|--------------|------------|----------------|---------|------------|--|-------------------|-----------------|
| Filing<br>Status         |         | Single   |               | ,                        | -            | -          | ng spouse      |         |            | Esta                                       |                   | Trust           |
| Check only one box.      |         |  |               |                          |              |            |                |         |            |  |                   |                 |
| Your first name          | e and   | middle initial   | Last na       | Last name                |              |            |                |         |            | Your identifying number (see instructions) |                   |                 |
| VENKATA                  | BHAF    | RATH SHANKAR   | GUNU          | RU                       |              |            |                |         |            | 075-6                                      | 7-8138            | }               |
|                          |         | ber and street). If you have a P.O.  |               |                          |              |            |                |         |            | 0 / 0 0                                    |                   | i. no.          |
| 8421 ISL                 |         | · · ·  |               |                          |              |            | 14             | 103     |            |  | '                 |                 |
| City, town, or p         | oost o  | ffice. If you have a foreign address   | s, also comp  | lete spaces belov        | ٧.           |            |                | State   |            | Z  | IP code           |                 |
| SARASOTA                 |         |  |               |                          |              |            |                | FL      |            | 3  | 34243             |                 |
| Foreign countr           | y nam   | е  | Foreig        | n province/state/c       | ounty        |            |                | Forei   | gn pos     | tal code                                   | 9                 |                 |
| Digital Asset            |         | ny time during 2022, did you: (a) re<br>erwise dispose of a digital asset (o |               |                          |              |            |                |         |            |  | kchange, g        |                 |
| Dependents               | _       | 1 0 (  |               |                          |              |            | <i>'</i>       |         |            |  | f qualifies fo    |                 |
| (see instructions        | - 1     |  |               | (2) Dependent            |              |            |                | ( )     |            | ax credit                                  | Credit            | for other       |
| (                        | , L     | (1) First name Last na   | ame           | identifying num          | ber          | (3) Relat  | tionship to ye | ou      | Offilia te |  | depe              | ndents          |
| If more than fou         | r       |  |               |                          |              |            |                |         | L          |  |                   |                 |
| dependents, see          | - 1     |  |               |                          |              |            |                | $\perp$ | L          |  | L                 | <u> </u>        |
| instructions and         |         |  |               |                          |              |            |                |         | L          |  |                   |                 |
| check here               |         |  |               |                          |              |            |                |         | L          |  |                   |                 |
| Income                   | 1a      | Total amount from Form(s) W-2,   | ,             | ,                        |              |            |                |         |            | 1a   |                   | <u>,</u> 597.   |
| Effectively              | b       | Household employee wages not   |               |                          |              |            |                |         |            | 1b   |                   |                 |
| Connected                | C       | Tip income not reported on line  |               |                          |              |            |                |         |            | 1c   |                   |                 |
| With U.S.                | d       | Medicaid waiver payments not re  |               |                          |              |            |                |         |            | 1d   |                   |                 |
| Trade or                 | e       | Taxable dependent care benefits  |               |                          |              |            |                |         |            | 1e   |                   |                 |
| Business                 | f       | Employer-provided adoption ber Wages from Form 8919, line 6.                 |               |                          |              |            |                |         |            | 1f   |                   |                 |
| Attach                   | g       |  |               |                          |              |            |                |         |            | 1g<br>1h                                   |                   |                 |
| Form(s) W-2,             | h<br>i  | Other earned income (see instruction Reserved for future use                 |               |                          |              |            | 1i             |         |            | - 111                                      |                   |                 |
| 1042-S,<br>SSA-1042-S,   |         | Reserved for future use  |               |                          |              | _          |                |         |            | 1j   |                   |                 |
| RRB-1042-S,              | J<br>V  | Total income exempt by a treaty  |               |                          |              | 1          |                |         |            | ٠,   |                   |                 |
| and 8288-A<br>here. Also | K       | line 1(e)  |               | •                        | )-INI I), II | terric,    | 1k             |         |            |  |                   |                 |
| attach                   | 7       | Add lines 1a through 1h  |               |                          |              |            |                |         |            | 1z   | 74                | ,597.           |
| Form(s)                  | 2a      | Tax-exempt interest  | 2a            | · · · · i                |              |            | est            |         |            | 2b   |                   | 43.             |
| 1099-R if<br>tax was     | 3a      | Qualified dividends  | 3a            | 4.                       |              |            | dends .        |         |            | 3b   |                   | 4.              |
| withheld.                | 4a      | IRA distributions  | 4a            |                          |              | •          | unt            |         |            | 4b   |                   |                 |
| If you did not           | 5a      | Pensions and annuities   | 5a            |                          |              |            | unt            |         |            | 5b   |                   |                 |
| get a Form               | 6       | Reserved for future use  |               |                          |              |            |                |         |            | 6  |                   |                 |
| W-2, see instructions.   | 7       | Capital gain or (loss). Attach Sch   | nedule D (Fo  | rm 1040) if require      | ed. If no    | ot require | d, check he    | ere .   |            | 7  |                   | 121.            |
|                          | 8       | Other income from Schedule 1 (F  | Form 1040),   | line 10                  |              |            |                |         |            | 8  | -6                | 455.            |
|                          | 9       | Add lines 1z, 2b, 3b, 4b, 5b, 7, a   | nd 8. This is | your <b>total effect</b> | ively c      | onnected   | lincome        |         |            | 9  |                   | ,310.           |
|                          | 10      | Adjustments to income:   |               |                          |              |            |                |         |            |  |                   |                 |
|                          | а       | From Schedule 1 (Form 1040), lin   | ne 26         |                          |              | [          | 10a            |         |            |  |                   |                 |
|                          | b       | Reserved for future use  |               |                          |              |            | 10b            |         |            |  |                   |                 |
|                          | С       | Reserved for future use  |               |                          |              | _          | 10c            |         |            |  |                   |                 |
|                          | d       | Enter the amount from line 10a.  | These are yo  | our <b>total adjustm</b> | ents to      | income     |                |         |            | 10d  |                   |                 |
|                          | 11      | Subtract line 10d from line 9. Thi   | _             | _                        |              |            |                |         |            | 11   | 68                | ,310.           |
|                          | 12      | <b>Itemized deductions</b> (from Sch deduction (see instructions)            |               |                          |              |            |                |         |            | 12   | 12                | . <b>,</b> 950. |
|                          | 13a     | 13a Qualified business income deduction from Form 8995 or Form 8995-A . 13a  |               |                          |              |            |                |         |            |  |                   |                 |
|                          | b       | b Exemptions for estates and trusts only (see instructions)                  |               |                          |              |            |                |         |            |  |                   |                 |
|                          | С       | Add lines 13a and 13b  |               |                          |              |            |                |         |            | 13c  |                   |                 |
|                          | 14      | Add lines 12 and 13c   |               |                          |              |            |                |         |            | 14   |                   | 950.            |
|                          | 15      | Subtract line 14 from line 11. If 7  | ero or less   | enter -0- This is v      | our tax      | xable inc  | ome            |         |            | 15   | 55                | 360             |

| Form 1040-NR (    | 2022) |  |                    |                     |              |            |          |          |                         |          | Page 2              |
|-------------------|-------|--|--------------------|---------------------|--------------|------------|----------|----------|-------------------------|----------|---------------------|
| Tax and           | 16    | Tax (see instructions). Check if a   | ny from For        | rm(s): <b>1</b> 88  | 314 <b>2</b> | <u>497</u> | 2 3      | B 🗆      |                         | 16       | 7,800.              |
| Credits           | 17    | Amount from Schedule 2 (Form   | 1040), line        | 3                   |              |            |          |          |                         | 17       | 0.                  |
|                   | 18    | Add lines 16 and 17  |                    |                     |              |            |          |          |                         | 18       | 7,800.              |
|                   | 19    | Child tax credit or credit for other   | er depende         | ents from Sched     | ule 8812 (F  | orm 10     | 40) .    |          |                         | 19       |                     |
|                   | 20    | Amount from Schedule 3 (Form   | 1040), line        | 8                   |              |            |          |          |                         | 20       |                     |
|                   | 21    | Add lines 19 and 20  |                    |                     |              |            |          |          |                         | 21       |                     |
|                   | 22    | Subtract line 21 from line 18. If a  | zero or less       | s, enter -0         |              |            |          |          |                         | 22       | 7,800.              |
|                   | 23a   | Tax on income not effectively co<br>Schedule NEC (Form 1040-NR),                   |                    |                     |              |            | 23a      |          |                         |          |                     |
|                   | b     | Other taxes, including self-empline 21   | loyment ta         | x, from Schedul     | e 2 (Form    | 1040),     | 23b      |          |                         |          |                     |
|                   | С     | Transportation tax (see instructi  | ons)               |                     |              |            | 23c      |          |                         |          |                     |
|                   | d     | Add lines 23a through 23c .  |                    |                     |              |            | <u> </u> |          |                         | 23d      |                     |
|                   | 24    | Add lines 22 and 23d. This is yo   | ur <b>total ta</b> | <b>x</b>            |              |            |          |          |                         | 24       | 7,800.              |
| Payments          | 25    | Federal income tax withheld from   | m:                 |                     |              |            |          |          |                         |          |                     |
| •                 | а     | Form(s) W-2  |                    |                     |              |            | 25a      | (        | 7,159.                  |          |                     |
|                   | b     | Form(s) 1099   |                    |                     |              |            | 25b      |          |                         |          |                     |
|                   | С     | Other forms (see instructions)   |                    |                     |              |            | 25c      |          |                         |          |                     |
|                   | d     | Add lines 25a through 25c .  |                    |                     |              |            | <u> </u> |          |                         | 25d      | 9,159.              |
|                   | е     | Form(s) 8805   |                    |                     |              |            |          |          |                         | 25e      |                     |
|                   | f     | Form(s) 8288-A   |                    |                     |              |            |          |          |                         | 25f      |                     |
|                   | g     | Form(s) 1042-S   |                    |                     |              |            |          |          |                         | 25g      |                     |
|                   | 26    | 2022 estimated tax payments a  | nd amount          | applied from 20     | 21 return    |            |          |          |                         | 26       |                     |
|                   | 27    | Reserved for future use  |                    |                     |              |            | 27       |          |                         |          |                     |
|                   | 28    | Additional child tax credit from S   | Schedule 8         | 3812 (Form 1040     | )            |            | 28       |          |                         |          |                     |
|                   | 29    | Credit for amount paid with For  | m 1040-C           |                     |              |            | 29       |          |                         |          |                     |
|                   | 30    | Reserved for future use  |                    |                     |              |            | 30       |          |                         |          |                     |
|                   | 31    | Amount from Schedule 3 (Form   |                    |                     |              |            | 31       |          |                         |          |                     |
|                   | 32    | Add lines 28, 29, and 31. These  |                    |                     |              |            | able cr  | edits .  |                         | 32       |                     |
|                   | 33    | Add lines 25d, 25e, 25f, 25g, 26   | -                  |                     |              |            |          |          |                         | 33       | 9,159.              |
| Refund            | 34    | If line 33 is more than line 24, su  |                    |                     |              |            |          |          |                         | 34       | 1,359.              |
| Horana            | 35a   | Amount of line 34 you want <b>refu</b>   |                    |                     |              |            | •        | •        | _                       | 35a      | 1,359.              |
| Direct deposit?   | b     | Routing number   2   6   7   0   |                    |                     | с Туре       | _          | Check    |          | Savings                 |          |                     |
| See instructions. | d     | Account number 3 6 3   |                    |                     |              |            |          |          |                         |          |                     |
|                   | e     | If you want your refund check n  | nailed to a        | n address outsic    |              |            | es not   | shown on | page 1,                 |          |                     |
|                   | 36    | Amount of line 34 you want app   |                    | ur 2023 estimat     |              |            | 36       |          |                         | -        |                     |
| Amount            | 37    | Subtract line 33 from line 24. Th  |                    |                     |              |            |          |          |                         |          |                     |
| You Owe           |       | For details on how to pay, go to   |                    | -                   |              | ctions .   |          |          |                         | 37       |                     |
|                   | 38    | Estimated tax penalty (see instru  | _                  | -                   |              |            | 38       |          |                         |          |                     |
| Third             | Do vo | ou want to allow another person to   |                    |                     |              |            | ctions.  |          | es. Comp                | lete bel | ow. 🛛 No            |
| Party             | ,     | nee's  |                    | Phone               |              |            |          |          | nal identi <sup>:</sup> |          |                     |
| Designee          | name  |  |                    |                     |              |            |          |          | er (PIN)                | iloation |                     |
|                   |       | penalties of perjury, I declare that I hat they are true, correct, and complete. I | ve examine         | d this return and a |              |            |          |          |                         |          |                     |
| Sign              | Your  | signature  |                    | Date                | Your occ     | upation    |          |          | If th                   | e IRS s  | ent you an Identity |
| Here              | 1001  |  |                    |                     |              |            |          |          | PIN, enter it here      |          |                     |
| . 1010            |       |  |                    |                     | DESIG        | N ENG      | INEE     | R        | - 1                     | inst.)   |                     |
|                   | Phon  | e no.  |                    | Email address       |              |            |          |          |                         |          |                     |
| Paid              | Prepa | arer's name  | Preparer           | 's signature        |              |            | Date     |          | PTIN                    |          | Check if:           |
|                   |       |  | SYAM PR            | RIYA RAM SAGAH      | R GUPTA I    | CALLAM     | 03/0     | 3/2023   | P0208                   | 2703     | Self-employed       |
| Preparer          | Firm' | s name SYMMLPMMALRAMASXAAS (   | -<br>HHE TALL      | AM                  |              |            | •        |          | Phone r                 | no. (6'  | 78) 965-9522        |
| Use Only          |       | s address 245 POONEY (   |                    |                     | T 0001       | <u> </u>   |          |          | Firm's F                |          | 4-3171965           |

# 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

VENKATA BHARATH SHANKAR GUNURU

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number 075-67-8138

| Par | Additional income  |                      |            |         |
|-----|--|----------------------|------------|---------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes           |                      | 1          |         |
| 2a  | Alimony received   |                      | <b>2</b> a |         |
| b   | Date of original divorce or separation agreement (see instructions):           |                      |            |         |
| 3   | Business income or (loss). Attach Schedule C                                   |                      | 3          |         |
| 4   | Other gains or (losses). Attach Form 4797                                      |                      | 4          |         |
| 5   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule E .     | 5          | -6,455. |
| 6   | Farm income or (loss). Attach Schedule F                                       |                      | 6          |         |
| 7   | Unemployment compensation  |                      | 7          |         |
| 8   | Other income:  |                      |            |         |
| а   | Net operating loss   | 8a (                 | )          |         |
| b   | Gambling   | 8b                   |            |         |
| С   | Cancellation of debt   | 8c                   |            |         |
| d   | Foreign earned income exclusion from Form 2555                                 | 8d (                 | )          |         |
| е   | Income from Form 8853  | 8e                   |            |         |
| f   | Income from Form 8889  | 8f                   |            |         |
| g   | Alaska Permanent Fund dividends  | 8g                   |            |         |
| h   | Jury duty pay  | 8h                   |            |         |
| i   | Prizes and awards  | 8i                   |            |         |
| j   | Activity not engaged in for profit income                                      | 8j                   |            |         |
| k   | Stock options  | 8k                   |            |         |
| - 1 | Income from the rental of personal property if you engaged in the rental       |                      |            |         |
|     | for profit but were not in the business of renting such property               | 81                   |            |         |
| m   | Olympic and Paralympic medals and USOC prize money (see                        |                      |            |         |
|     | instructions)  | 8m                   |            |         |
| n   | Section 951(a) inclusion (see instructions)                                    | 8n                   |            |         |
| 0   | Section 951A(a) inclusion (see instructions)                                   | 80                   | _          |         |
| р   | Section 461(I) excess business loss adjustment                                 | 8p                   | _          |         |
| q   | Taxable distributions from an ABLE account (see instructions)                  | 8q                   | _          |         |
| r   | Scholarship and fellowship grants not reported on Form W-2                     | 8r                   | _          |         |
| S   | Nontaxable amount of Medicaid waiver payments included on Form                 |                      |            |         |
|     | 1040, line 1a or 1d  | 8s (                 | <u>)</u>   |         |
| t   | Pension or annuity from a nonqualifed deferred compensation plan or            |                      |            |         |
|     | a nongovernmental section 457 plan   | 8t                   |            |         |
| u   | Wages earned while incarcerated  | 8u                   |            |         |
| Z   | Other income. List type and amount:  |                      |            |         |
|     |  | 8z                   |            |         |
| 9   | Total other income. Add lines 8a through 8z                                    |                      | 9          |         |
| 10  | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,         | , or 1040-NR, line 8 | 10         | -6,455. |

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

| Par | Adjustments to Income   |             |     |  |
|-----|---|-------------|-----|--|
| 11  | Educator expenses   |             | 11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-t        |             |     |  |
|     | 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   | Jury duty pay (see instructions)  | 24a         |     |  |
| b   | Deductible expenses related to income reported on line 8I from the            |             |     |  |
|     | rental of personal property engaged in for profit                             | 24b         |     |  |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals               |             |     |  |
|     |   | 24c         |     |  |
| d   |   | 24d         |     |  |
| е   | Repayment of supplemental unemployment benefits under the Trade               |             |     |  |
|     |   | 24e         |     |  |
| f   |   | 24f         |     |  |
| g   | ,                                       | 24g         |     |  |
| h   | 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          |             |     |  |
|     | F   | 24i         | -   |  |
| j   | <u> </u>  | 24j         | -   |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form           |             |     |  |
|     |   | 24k         | -   |  |
| Z   | Other adjustments. List type and amount:                                      | na_         |     |  |
| 05  |   | 24z         | 05  |  |
| 25  | Total other adjustments. Add lines 24a through 24z                            |             | 25  |  |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . |             | 00  |  |
|     | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a                      | <del></del> | 26  |  |

BAA

#### **SCHEDULE NEC** (Form 1040-NR)

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. **7B** 

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number 075-67-8138 VENKATA BHARATH SHANKAR GUNURU

| Enter a        | amount of income und   | er the appropriate ra | ate of tax. See instructions.  |                          |         |                          |                         |                         |  |  |
|----------------|--|-----------------------|--|--------------------------|---------|--------------------------|-------------------------|-------------------------|--|--|
|                |  | Nature o              | f Income   |                          |         | (a) 10%                  | <b>(b)</b> 15%          | (c) 30%                 | (d) Other  | (specify)  |
|                |  |                       | i ilicollic  |                          | ,       | (4) 1070                 | (5) 1070                | (0) 0070                | %  | %  |
| 1              | Dividends and divide   |                       |  |                          |         |                          |                         |                         |  |  |
| а              | Dividends paid by U.   |                       |  |                          | 1a      |                          |                         |                         |  |  |
| b              |  | - '                   |  |                          | 1b      |                          |                         |                         |  |  |
| С              | Dividend equivalent p  | ayments received v    | vith respect to section 871(   | m) transactions          | 1c      |                          |                         |                         |  |  |
| 2              | Interest:  |                       |  |                          |         |                          |                         |                         |  |  |
| а              |  |                       |  |                          | 2a      |                          |                         |                         |  |  |
| b              | Paid by foreign corp   | orations              |  |                          | 2b      |                          |                         |                         |  |  |
| С              |  |                       |  |                          | 2c      |                          |                         |                         |  |  |
| 3              | Industrial royalties (p  | atents, trademarks    | s, etc.)   |                          | 3       |                          |                         |                         |  |  |
| 4              |  |                       |  |                          | 4       |                          |                         |                         |  |  |
| 5              |  |                       | oublishing, etc.)  |                          | 5       |                          |                         |                         |  |  |
| 6              |  |                       | urces royalties  |                          | 6       |                          |                         |                         |  |  |
| 7              | Pensions and annuit  | es                    |  |                          | 7       |                          |                         |                         |  |  |
| 8              | •  |                       |  |                          | 8       |                          |                         |                         |  |  |
| 9              |  |                       |  |                          | 9       |                          |                         |                         |  |  |
| 10             | If zero or less, ente  | r <b>-0</b>           | Enter net income in colum  | n (c).                   |         |                          |                         |                         |  |  |
| а              | Winnings   |                       |  |                          |         |                          |                         |                         |  |  |
| b              | Losses   | : •                   |  |                          | 10c     |                          |                         |                         |  |  |
| 11             | Gambling winnings –  | -Residents of cour    | tries other than Canada.   |                          | 11      |                          |                         |                         |  |  |
| 12             |  |                       |  |                          |         |                          |                         |                         |  |  |
|                |  |                       |  |                          | 12      |                          |                         |                         |  |  |
| 13             | Add lines 1a through   | 12 in columns (a)     | through (d)  |                          | 13      |                          |                         |                         |  |  |
| 14             | _  | , ,                   | of each column   |                          | 14      |                          |                         |                         |  |  |
| 15             |  |                       | ed with a U.S. trade or bus  |                          |         | hrough (d) of line 1     | 4. Enter the total here | and on Form 1040        | 0-NR. line 23a <b>15</b>                                 |  |
|                |  |                       |  |                          |         |                          | anges of Proper         |                         | ,  |  |
| losses fexchan | nly the capital gains and<br>from property sales or<br>ges that are from sources<br>he United States and not | (if necessa           | property and description ary, attach statement of details not shown below) | (b) Date acq<br>mm/dd/yy |         | (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. ss. Do not include a gain  |                       |  |                          |         |                          |                         |                         |  |  |
| or loss        | on disposing of a U.S. real  |                       |  |                          |         |                          |                         |                         |  |  |
| gains a        | y interest; report these<br>nd losses on Schedule D  |                       |  |                          |         |                          |                         |                         |  |  |
| (Form 1        | •  |                       |  |                          |         |                          |                         |                         |  |  |
| exchan         | property sales or<br>ges that are effectively  |                       |  |                          |         |                          |                         |                         |  |  |
|                | ted with a U.S. business edule D (Form 1040).  | 17 Add column         |  |                          |         |                          |                         |                         |  |  |
|                | 797, or both.  | 18 Capital gain       | n. Combine columns (f) a   | and (g) of line 17       | 7. Ente | r the net gain he        | re and on line 9 abo    | ove. If a loss, ente    | er -0 <b>18</b>  |  |

#### **SCHEDULE OI** (Form 1040-NR)

Department of the Treasury Internal Revenue Service

#### **Other Information**

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

OMB No. 1545-0074 Attachment Sequence No. **7C** 

| Name s | hown on Form 1040-NR   |  |                            |   | Your identifying | number       |            |  |  |  |
|--------|--|--|----------------------------|---|------------------|--------------|------------|--|--|--|
| VENE   | KATA BHARATH SHANKAR   | GUNURU   |                            |   | 075-67-83        | 138          |            |  |  |  |
| Α      | Of what country or countries w   |  |                            |   |                  |              |            |  |  |  |
| В      | In what country did you claim  | residence for tax purposes   | s during the tax ye        | ar? United States                               |                  |              |            |  |  |  |
| С      | Have you ever applied to be a  | green card holder (lawful p  | ermanent resident          | ) of the United States? .                       |                  | ☐ Yes        | ⊠ No       |  |  |  |
| D      | Were you ever:   |  |                            |   |                  |              |            |  |  |  |
|        | A U.S. citizen?  |  |                            |   |                  | ☐ Yes        | ⊠ No       |  |  |  |
| 2.     | A green card holder (lawful per  | The state of the s |                            |   |                  | Yes          | ⊠ No       |  |  |  |
|        | If you answer "Yes" to (1) or (2   | ,, ,   | •                          | 11,   |                  |              |            |  |  |  |
| E      | If you had a visa on the last of immigration status on the last of   | day of the tax year. F1  |                            |   |                  | _            |            |  |  |  |
| F      | Have you ever changed your v<br>If you answered "Yes," indicate  |  |                            | ration status?                                  |                  | ∐ Yes        | ⊠ No       |  |  |  |
| G      | List all dates you entered and   | left the United States durin   | g 2022. See instru         | ctions.   |                  |              |            |  |  |  |
|        | Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, |  |                            |   |                  |              |            |  |  |  |
|        | check the box for Canada or  |  |                            |   | ☐ Mexico         |              |            |  |  |  |
|        | Date entered United States   | Date departed United State   | es                         | Date entered United State                       |                  | rted United  | d States   |  |  |  |
|        | mm/dd/yy   | mm/dd/yy   |                            | mm/dd/yy  | r                | nm/dd/yy     |            |  |  |  |
|        |  |  |                            |   |                  |              |            |  |  |  |
|        |  |  |                            |   |                  |              |            |  |  |  |
|        |  |  | _                          |   |                  |              |            |  |  |  |
| н      | Give number of days (including   | vacation nonworkdays and   | l<br>I nartial davs) vou v | vere present in the United                      | States during:   |              |            |  |  |  |
| ••     |  | , 2021   |                            |   |                  |              |            |  |  |  |
| 1      | Did you file a U.S. income tax   | return for any prior year? .   |                            |   |                  | X Yes        | ☐ No       |  |  |  |
|        | If "Yes," give the latest year ar  |  |                            |   |                  |              |            |  |  |  |
| J      | Are you filing a return for a trus   | st?  |                            |   |                  | ☐ Yes        | ⊠ No       |  |  |  |
|        | If "Yes," did the trust have a U   |  |                            |   |                  | _            | _          |  |  |  |
|        | U.S. person, or receive a contr  | · ·  |                            |   |                  | Yes          | ☐ No       |  |  |  |
| K      | 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   | . See Pub. 901 for more inf  | ormation on tax tr         | eaties.   |                  |              | -          |  |  |  |
| 1.     | Enter the name of the country, amount of exempt income in the  |  |                            |   | claimed the tre  | eaty benefi  | t, and the |  |  |  |
|        | <b>(a)</b> Cou   | ntry   | (b) Tax treaty artic       | cle (c) Number of month claimed in prior tax ye |                  |              |            |  |  |  |
|        | _  |  |                            |   |                  |              |            |  |  |  |
|        |  |  |                            |   |                  |              |            |  |  |  |
|        |  |  |                            |   |                  |              |            |  |  |  |
|        |  |  |                            |   |                  |              |            |  |  |  |
|        | (a) Total Futanthia  | n Form 1040 ND 15 41 D   | lo not autou !t            | share also as list - 4                          |                  |              |            |  |  |  |
| 0      | (e) Total. Enter this amount of  |  | -                          |   |                  | Yes          | □ No       |  |  |  |
|        | Were you subject to tax in a fo<br>Are you claiming treaty benefit   |  |                            |   |                  | ☐ Yes        | □ NO<br>No |  |  |  |
| J.     | If "Yes," attach a copy of the C   |  | •                          |   |                  | 1 <i>e</i> 5 | ∠ INU      |  |  |  |
| М      | Check the applicable box if:   | Joinpotoni Authority determ  | mador letter to yo         | Jui rotuiri.                                    |                  |              |            |  |  |  |
|        | This is the first year you are many with a U.S. trade or business u  |  |                            |   |                  |              |            |  |  |  |
| 2.     | You have made an election in   | n a previous year that has   | not been revoked           | I, to treat income from re                      | eal property loc | cated in th  | e United   |  |  |  |
|        | States as effectively connected  | d with a U.S. trade or busin   | ess under section          | 871(d). See instructions .                      | <u> </u>         | <u></u> .    |            |  |  |  |

#### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 075-67-8138 VENKATA BHARATH SHANKAR GUNURU Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 545. 422. 123. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 123. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with -2. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

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

#### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 121. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. Are lines 15 and 16 both gains? 17 ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . 18 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see 19 instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21

• The loss on line 16; or

for Form 1040, line 16.

22

(\$3,000), or if married filing separately, (\$1,500)

**Note:** When figuring which amount is smaller, treat both amounts as positive numbers.

X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions

Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

REV 02/18/23 PRO

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# 8949 Form

### **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attach

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

075-67-8138

VENKATA BHARATH SHANKAR GUNURU

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| <ul><li>X (A) Short-term transactions</li><li>☐ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>  | reported on                                | Form(s) 1099                   | 9-B showing bas                  | •  |   | •                                      | <del>2</del> )  |
|--|--|--------------------------------|----------------------------------|--|---|--|---|
| 1 (a) Description of property  | (b) Date acquired                          |                                | Date sold or Proceeds See        | Cost or other basis<br>See the <b>Note</b> below       | Adjustment, i<br>If you enter an<br>enter a co<br>See the sep | (h) Gain or (loss) Subtract column (e) |   |
| (Example: 100 sh. XYZ Ćo.)   | (Mo., day, yr.)                            | (Mo., day, yr.)                | (sales price) (see instructions) | and see Column (e)<br>in the separate<br>instructions. | (f)<br>Code(s) from<br>instructions                           | (g)<br>Amount of<br>adjustment         | from column (d) and<br>combine the result<br>with column (g). |
| ROBINHOOD SECURITIES LLC   | 01/01/22                                   | 12/01/22                       | 545.                             | 422.   |   |  | 123.  |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
|  |  |                                |                                  |  |   |  |   |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A above is checked). | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 545                              | 422  |   |  | 123   |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  $VENKATA\ BHARATH\ SHANKAR\ GUNURU$ 

Social security number or taxpayer identification number 075-67-8138

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| <ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>  | reported on                                | Form(s) 1099                   | -B showing bas                      | •  |                                     |  | <del>)</del> )  |
|---|--|--------------------------------|-------------------------------------|--|-------------------------------------|--|---|
| 1 (a)   | (b)  | (c) Date sold or               | (d)<br>Proceeds                     | (e) Cost or other basis See the <b>Note</b> below      | If you enter an enter a co          | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | (h) Gain or (loss) Subtract column (e)                        |
| Description of property (Example: 100 sh. XYZ Co.)  | Date acquired (Mo., day, yr.)              | disposed of (Mo., day, yr.)    | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions. | (f)<br>Code(s) from<br>instructions | any, to gain or loss umount in column (g), de in column (f).                                 | from column (d) and<br>combine the result<br>with column (g). |
| ROBINHOOD SECURITIES LLC  | 01/01/22                                   | 12/01/21                       | 1.                                  | 3.   |                                     |  | -2.   |
|   |  |                                |                                     |  |                                     |  |   |
|   |  |                                |                                     |  |                                     |  |   |
|   |  |                                |                                     |  |                                     |  |   |
|   |  |                                |                                     |  |                                     |  |   |
|   |  |                                |                                     |  |                                     |  |   |
|   |  |                                |                                     |  |                                     |  |   |
|   |  |                                |                                     |  |                                     |  |   |
|   |  |                                |                                     |  |                                     |  |   |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above is checked). | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 9 (if Box E | 1.                                  | 3.   |                                     |  | -2.   |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

**BAA** REV 02/18/23 PRO Form **8949** (2022)

#### 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.

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

OMB No. 1545-0074

2022

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number

|                    | KATA BHARATH SHANKAR GUNURU  |                                      |                  |          |   |                            | 10/5-6   | 0/-813    | 0            |
|--------------------|--|--------------------------------------|------------------|----------|---|----------------------------|----------|-----------|--------------|
| Pai                | <b>Note:</b> If you are in the business of renting personal propert rental income or loss from <b>Form 4835</b> on page 2, line 40.              | y, use                               | Schedule         |          |   |                            |          |           |              |
| A<br>B             | Did you make any payments in 2022 that would require you the "Yes," did you or will you file required Form(s) 1099?                              |                                      | . ,              |          |   | structions .               |          |           |              |
| 1a                 | Physical address of each property (street, city, state, ZIP  |                                      |                  |          | • •                                     |                            |          | · ⊔       | 163   140    |
|                    |  |                                      | •                | N DO 1   | 7 | 17 D 7 M 17 M              | 7 11 7 7 | DD 3 DE 0 | II TN F20007 |
| A<br>B             | H NO:37-6-43/2, SATYANAGAR MANCHUKONDA GARDENS   | OPP                                  | 5TH TOW          | N PS, V  | ISAKI                                   | HAPATNAM,                  | ANDHKA   | PRADES.   | H IN 530007  |
| C                  |  |                                      |                  |          |   |                            |          |           |              |
| 1b                 | Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair r                                      |                                      |                  |          | Fair Rental<br>Days                     |                            | Person   | QJV       |              |
| Α                  |  | personal use days. Check the QJV box |                  |          |   | 365                        |          | 0         |              |
| В                  | if you meet the requirements to fi qualified joint venture. See instruc  |                                      |                  | В        |   |                            |          |           |              |
| С                  |  |                                      |                  | С        |   |                            |          |           |              |
| 1                  | of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial  | al                                   | 5 Land<br>6 Roya | -        |   | Self-Rental<br>Other (desc |          |           |              |
| _                  |  |                                      |                  |          |   | Propert                    | ies:     | T         |              |
| Inco               |  |                                      |                  | <b>A</b> | 25.                                     | В                          |          |           | С            |
| 3<br>4             | Rents received   | 3                                    |                  | 4        | 25.                                     |                            |          |           |              |
|                    | Royalties received   | 4                                    |                  |          |   |                            |          |           |              |
| 5                  | Advertising  | 5                                    |                  |          |   |                            |          |           |              |
| 6                  | Auto and travel (see instructions)   | 6                                    |                  |          |   |                            |          |           |              |
| 7                  | Cleaning and maintenance   | 7                                    |                  | 6        | 00.                                     |                            |          |           |              |
| 8                  | Commissions  | 8                                    |                  |          |   |                            |          |           |              |
| 9                  | Insurance  | 9                                    |                  |          |   |                            |          |           |              |
| 10                 | Legal and other professional fees  | 10                                   |                  |          |   |                            |          |           |              |
| 11                 | Management fees  | 11                                   |                  | 1,1      | 40.                                     |                            |          |           |              |
| 12                 | Mortgage interest paid to banks, etc. (see instructions)   | 12                                   |                  |          |   |                            |          |           |              |
| 13                 | Other interest   | 13                                   |                  |          |   |                            |          |           |              |
| 14                 | Repairs  | 14                                   |                  |          | 00.                                     |                            |          |           |              |
| 15                 | Supplies   | 15                                   |                  | 1,2      | 40.                                     |                            |          |           |              |
| 16                 | Taxes  | 16                                   |                  |          |   |                            |          |           |              |
| 17                 | Utilities  | 17                                   |                  | 1,4      | 00.                                     |                            |          |           |              |
| 18                 | Depreciation expense or depletion  | 18                                   |                  |          |   |                            |          |           |              |
| 19                 | Other (list)   | 19                                   |                  |          | 0.0                                     |                            |          |           |              |
| 20                 | Total expenses. Add lines 5 through 19   | 20                                   |                  | 6,8      | 80.                                     |                            |          |           |              |
| 21                 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> | 21                                   |                  | -6,4     | 55.                                     |                            |          |           |              |
| 22                 | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)  | 22                                   | (                | -6,45    | 55.)                                    | (                          | )        | )(        |              |
| 23a<br>b<br>c<br>d | Total of all amounts reported on line 18 for all properties  | erties<br>                           |                  |          | 23a<br>23b<br>23c<br>23d                |                            | 425.     |           |              |
| е                  | Total of all amounts reported on line 20 for all properties  |                                      |                  |          | 23e                                     | (                          | 5,880.   |           |              |
| 24                 | Income. Add positive amounts shown on line 21. <b>Do not</b>   |                                      | -                |          |   |                            | . 24     | (         |              |
| 25                 | Losses. Add royalty losses from line 21 and rental real estate   |                                      |                  |          |   |                            |          | (         | 6,455.       |
| 26                 | Total rental real estate and royalty income or (loss). On here, If Parts II, III, IV, and line 40 on page 2 do not a                             |                                      |                  |          |   |                            | I        |           |              |

-6,455.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2