## 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

Submission Identification Number (SID)		
Taxpayer's name	Social securit	ty number
KARTHIKEYAN NAVANEETHA KRISHNAN	819-61-	-0959
Spouse's name	Spouse's soc	ial security number
Part I Tax Return Information — Tax Year Ending December 31, 2022 (E	 Enter year you a	re authorizina.)
Enter whole dollars only on lines 1 through 5.	, , , , , , , , , , , , , , , , , , ,	5 7
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 105,896.
2 Total tax		2 16,138.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 15,831.
4 Amount you want refunded to you		4
<b>5</b> Amount you owe		<b>5</b> 307.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or gene entered to personal identification on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.	ansmitter, or electron rejection of the trace or rejection of the trace of the U.S. Treasury and the U.S. Treasury and the desired in the table of the ninate the authorizan requests must be not the processing of the payment. I furt do I am now authorian reate my PIN	onic return originator (ERO) ransmission, <b>(b)</b> the reason nd its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) a received no later than 2 if the electronic payment of ther acknowledge that the izing and, if applicable, my ter five digits, but n't enter all zeros as my can a some control of the can all zeros as my as my as my are five digits, but n't enter all zeros are some can a
if you are entering your own PIN and your return is filed using the Practitioner PIN r below.  Your signature ▶ Date		·
Your signature ► Date	03/23/202	23
Spouse's PIN: check one box only	_	
I authorize to enter or gene	rate my PIN	as my
Signature on the income tax return (original or amended) I am now authorizing.	Ent	ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN r below.		
Spouse's signature ▶ Date	•	
Practitioner PIN Method Returns Only—continue be	elow	
Part III Certification and Authentication — Practitioner PIN Method Only		
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommendation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	irn in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instruction		

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

Form 1040-V (2022) 2022 Page **2** 

IF you live in	THEN use this address to send in your payment					
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214					
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000					
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501					
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303					

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2022** 

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2022

## Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ► 307 • REV 03/09/23 PRO 1555

KARTHIKEYAN NAVANEETHA KRISHNAN

640 ROCKINGHAM DR IRVING TX 75063 INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (Nour spouse. If you c	,			`	, _	spou	ifying surv ise (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last nar	me					٠,	Your so	cial securit	y number
KARTHIKE	NAYS		NAVA	NEETHA KRISH	MAN						51-095	-
		first name and middle initial	Last nar						_			curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Presider	ntial Election	on Campaign
640 ROCE	KINGH	HAM DR									ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Stat	е	ZIP c	ode				tly, want \$3
Irving					TX		750	163			ow will not	Checking a change
Foreign country	/ name		F	oreign province/state/	county	y	Foreig	n postal co			or refund.	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	a reward, award, or	navm	ent for prope	rtv or	services)	: or (t	n) sell.	You	Spouse
Assets		ange, gift, or otherwise dispose of a		· ·			•	,		,	Yes	⊠ No
Standard		eone can claim: You as a de										
Deduction		Spouse itemizes on a separate retur	•									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n befo	ore Janua	ıry 2,	1958	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4	l) Check th	ne box	if qualif	ies for (see	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	ax cre	dit	Credit for oth	her dependents
than four											[	
dependents, see instruction:											[	
and check											[	
here $\square$											[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	11	L8,321.
	b	Household employee wages not re	eported (	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	ctions)				1d					
W-2G and	е	e Taxable dependent care benefits from Form 2441, line 26								1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions) .				ι, .			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>1i</u>						
	Z	Add lines 1a through 1h								1z	11	L8,321.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a		<b>b</b> O	rdinary divider	nds .			3b		
	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
<b>Deduction for—</b> Single or	6a	Social security benefits	6a		<b>b</b> Ta	axable amoun	t			6b		
Married filing	С	If you elect to use the lump-sum e	election n	method, check here	(see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	uired,	check here				7		
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8		L2,425.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your <b>total in</b>	ome					9	10	)5 <b>,</b> 896.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, li	ine 26						10		
Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted gross incor	ne					11	10	)5 <b>,</b> 896.
household, \$19,400	12	Standard deduction or itemized	deducti	i <b>ons</b> (from Schedule	A)					12		12,950.
If you checked	13	Qualified business income deduct								13		
any box under Standard	14	Add lines 12 and 13								14	1	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our <b>t</b> a	axable incom	ne .			15		92,946.
,												

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		. 16	16,138.
Credits	17	Amount from Schedule 2, line 3					. 17	
	18	Add lines 16 and 17					. 18	16,138.
	19	Child tax credit or credit for other dependent	s from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line 8					. 20	
	21	Add lines 19 and 20					. 21	
	22	Subtract line 21 from line 18. If zero or less, e	enter -0				. 22	16,138.
	23	Other taxes, including self-employment tax, f	rom Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>						16,138.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			25a	15,8	31.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	15,831.
If you have a	26	2022 estimated tax payments and amount ap	oplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	ındable cı	edits .	. 32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments				. 33	15,831.
Refund	34	If line 33 is more than line 24, subtract line 24	from line 33.	This is the amour	nt you <b>ove</b>	rpaid .	. 34	
Ticiana	35a	Amount of line 34 you want refunded to you	. If Form 8888	is attached, ched	ck here .		□ 35a	
Direct deposit?	b	Routing number X X X X X X X X			Checking	Sav	ings	
See instructions.	d	Account number X X X X X X X X						
	36	Amount of line 34 you want applied to your 2	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amo</b> For details on how to pay, go to <i>www.irs.gov.</i>	•				. 37	307.
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to discretions				<b>Yes.</b> Comp	olete below.	X No
		signee's	Phone				identification	
	naı		no.			number (		
Sign Here		der penalties of perjury, I declare that I have examined ef, they are true, correct, and complete. Declaration o		r than taxpayer) is ba			which prepar	er has any knowledge.
	Yo	ur signature	Date	Your occupation				nt you an Identity PIN, enter it here
Joint return?				SYSTEMS EN	ICTNEEF	<b>)</b>	(see inst.)	IN, enter it here
See instructions. Keep a copy for your records.	Sp	puse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati			nt your spouse an ection PIN, enter it here	
,		(206) 042 0206	Freedon deleter		700025		(300 1131.)	
		parer's name   Preparer's signatu	Email address	IKARTHIKEY	A2@GMA1 Date	LL.COM PT	'IN	Check if:
Paid		,		מייד די החתוות				Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA I	KAM SAGAK	GUPTA TALLAM	03/21/	2023   PU	2082703	
Use Only		n's name GLOBAL TAXES LLC	NICETT CTZ 33	T 00016				(678) 965-9522
	Firi	n's address 245 ROONEY CT E BRUI	NOWICK NO	η Παατρ			Firm's EIN	84-3171965

#### SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

KARTHIKEYAN

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

NAVANEETHA KRISHNAN

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

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

	Sequence No. 01
Your soci	ial security number
910-61	_0959

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. Att	ach Schedule E .	5	-12,425.
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		
ı	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:	0-		
0	Total other income. Add lines to through to	8z	9	
9 10	Total other income. Add lines 8a through 8z		_	-12-425

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	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)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses	ła	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	łq		
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h		
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			
j	Housing deduction from Form 2555	1j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
	24			
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> . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

#### **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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 819-61-0959 KARTHIKEYAN NAVANEETHA KRISHNAN

Par	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rty, use	yalties e Schedul	e C. See	instru	ctions. If you a	are an indiv	vidual, repo	ort farm	
Α	Did you make any payments in 2022 that would require you		Form(s)	1099? S	ee ins	structions .			s 🛛 No	
		r will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZI									
Α	MALKJAGIRI HYDERABAD TELANGANA IN 500	047								
В		0 1 /								
C										
1b	Type of Property (from list below)  2 For each rental real estate properties above, report the number of fair				Fa	ir Rental Days	Person Da		QJV	
Α	personal use days. Check the Q	JV bo	x only	Α		365		0		
В	if you meet the requirements to qualified joint venture. See instru			В						
С	qualified joint venture. See instru	uctions	5.	С						
Гуре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Land	d	7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roy	alties	8	Other (desc	ribe)			
						Properti				
ncor	ne.			Α		В			С	
3	Rents received	3			00.					
4	Royalties received				•••					
	nses:	† ·								
5	Advertising	5								
6	Auto and travel (see instructions)									
7	Cleaning and maintenance			9	75.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,5	75.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		4,8	50.					
15	Supplies			3,4	50.					
16	Taxes	16								
17	Utilities	17		2,1	75.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		13,0	25.					
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>			-12,4	25					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	12,42		(	)	(	)	
23a	Total of all amounts reported on line 3 for all rental prope				23a		600.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	13	,025.			
24	Income. Add positive amounts shown on line 21. Do no		ude any lo	osses			. 24			
25	Losses. Add royalty losses from line 21 and rental real esta	te loss	ses from li	ne 22. E	nter to	otal losses he	re <b>25</b>	(	12,425.)	
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resu	ult			
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a	apply	to you,	also en	ter th	is amount o		_	-12,425.	

#### **Passive Activity Loss Limitations**

See separate instructions.

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

OMB No. 1545-1008 Attachment Sequence No. **858** 

Department of the Treasury Internal Revenue Service

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

ivame(s	s) snown on return	identifying n	lumber
KART	THIKEYAN NAVANEETHA KRISHNAN	819-61-	-0959
Par	rt I 2022 Passive Activity Loss		
	Caution: Complete Parts IV and V before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see Spectance for Rental Real Estate Activities in the instructions.)	ial	
1a b c d	Activities with net loss (enter the amount from Part IV, column (b))	0. 5.) )	-12,425.
All Ot	ther Passive Activities		
2a b c d	Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c (	) ) . 2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your retu all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report t losses on the forms and schedules normally used	· · · · · · · · · · · · · · · · · · ·	-12,425.
	If line 3 is a loss and:  • Line 1d is a loss, go to Part II.  • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.		
	ion: If your filing status is married filing separately and you lived with your spouse at any time during I. Instead, go to line 10.	the year,	do not complete
Par	t II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
4 5 6	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3		12,425.
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-on line 9. Otherwise, go to line 7.		
7	Subtract line 6 from line 5		15 040
8	Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instruction		15,840.
9 Pari	Enter the smaller of line 4 or line 8	. 9	12,425.
		. 10	0
10	Add the income, if any, on lines 1a and 2a and enter the total		0.
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to fi	ina	

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

Name of a state.	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss		
MALKJAGIRI	0.	12,425.			12,425.		
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	12,425.					

12,425.

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									•	
Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	ctions.			•	
Name of activity		Currer	nt year		Prior ye	ears	Overall gain or loss			
ivame of activity	(a) Net income (line 2a)		<b>(b)</b> (li	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,	<b>Line 9.</b> S	ee instruc	tions.				
Name of activity	an to	rm or schedule d line number be reported on e instructions)	(a	) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
MALKJAGIRI		E Ln 22		12,425.	1.0000	0000	12,42	5.	0.	
Total				12,425.	1.00	0	12,42	5.	0.	
Part VII Allocation of Unallowed L	oss	ses. See instr			110	<del>-</del>		•		
Name of activity	Form or sche and line nun to be reporte (see instruct		ımber ted on (a) I		Loss		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr	ucti	ons.								
Name of activity		Form or sche and line num to be reporter (see instruction		mber ted on (a) L		(b) Unallowed loss		(	(c) Allowed loss	
		I								
Total										