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.

Submission Identification Number (SID)

Taxpayer's nar	ne	Social securi	ity number
KARTHIK	EYAN NAVANEETHA KRISHNAN	819-61	-0959
Spouse's name	3	Spouse's soc	cial security number
Part I	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	ˈ year you a	are authorizing.)
Enter whole	e dollars only on lines 1 through 5.		
Note: Form	1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adju	sted gross income		1 105,896
	ltax		2 16,138
3 Fede	eral income tax withheld from Form(s) W-2 and Form(s) 1099		3 15,831
4 Amo	ount you want refunded to you		4
	bunt you owe		5 307
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	кеер а сор	by of your return)
my knowledg return (origination to send my return	ies of perjury, I declare that I have examined a copy of the income tax return (original or amended) ge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov al or amended) I am now authorizing. I consent to allow my intermediate service provider, transmi eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reje	e are the ame itter, or electro ection of the tr	nounts from the income t ronic return originator (ER transmission, (b) the reas

for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				ERO firm name		E	n
\mathbf{X}	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-				

Ent	er fiv n't er	/e dig	gits, all ze	but	as my
1	0	9	5	9	

signature on the income tax return (original or amended) I am now authorizing.

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

Your signature 🕨

Date

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

I authorize

to enter or generate my PIN

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

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature >			•								
Practitioner PIN I	Method Returns Only—continue	belo	ow								
Part III Certification and Authentication – P	ractitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	your five-digit self-selected PIN.	2	2	 		6			9	8	9
				υon	τen	nter a	II ze	ros			

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

ERO's signature 🕨		Date 🕨	
Do	ERO Must Retain This Form — S n't Submit This Form to the IRS Unle		
For Denergy ork Deduction Act Natio		DEV 02/00/22 DDO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/09/23 PRO

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



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.

KARTHIKEYAN NAVANEETHA KRISHNAN

L4D ROCKINGHAM DR IRVING TX 75063

Enter the amount of your payment . .

307.

REV 03/09/23 PRO 1555

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		ırn	202	2	OMB No. 1545-	0074	IRS Use (Dnly—	Do not w	rite or staple in	this space.
Filing Status Check only one box.		Single	_	0	separately (N	,				. –	spou	lifying surviv use (QSS)	U
UNE DOX.		on is a child but not your dependent	,	our spor		ICCK		000			cillu s		qualitying
Your first name	and mi	ddle initial	Last nar	ne							Your so	cial security	number
KARTHIKE	YAN		NAVA	NEETH	A KRISH	NAN	1				819-0	61-0959	
If joint return, sp	ouse's	first name and middle initial	Last nar	ne						:	Spouse'	s social secu	rity number
Home address (numbe	er and street). If you have a P.O. box, see	e instructio	ons.				A	pt. no.		Preside	ntial Election	Campaign
640 ROCK	ING	HAM DR										nere if you, o	
City, town, or po	ost offi	ce. If you have a foreign address, also co	omplete sp	baces bel	ow.	Sta	te	ZIP co	ode			if filing jointly this fund. C	
Irving						TΣ	[750	63		box belo	ow will not cl	•
Foreign country	name		F	oreign pr	ovince/state/c	count	У	Foreig	n postal co	de	your tax	or refund.	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	a rewarc	l, award, or	payr	nent for prope	ty or	services);	or (l	o) sell,		
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or	a financial i	ntere	est in a digital a	asset)	? (See ins	struc	tions.)	Yes	X No
Standard Deduction		eone can claim: You as a de	•				a dependent						
		Spouse itemizes on a separate retur									1050		
		Were born before January 2, 1	958	Are bli				14	ore Janua	-		fies for (see in	-
Dependents	•	Instructions): Irst name Last name		(2) S	ocial security number		(3) Relationshi to you		Child ta		· · ·	Credit for othe	,
lf more than four	(1) 1	Lasthame					,				un		
dependents,									L	<u></u>			<u>]</u>]
see instructions and check										1			1
here										7			1
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions)						1a	118	3,321.
Income	b	Household employee wages not re	eported o	on Form	(s) W-2						1b		
Attach Form(s)	с	Tip income not reported on line 1a	a (see ins	truction	s)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	ported or	n Form(s) W-2 (see ir	nstru	ctions)				1d		
W-2G and	е	Taxable dependent care benefits	from Fori	m 2441,	line 26 .						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, 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) .					· ·		•	1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instru	uctions)			1 i						
	Z	Add lines 1a through 1h	· · ·							•	1z	118	8,321.
Attach Sch. B	2 a		2a				axable interest			•	2b		
if required.	3a		3a				rdinary divider			•	3b		
	4a		4a				axable amount			•	4b		
Standard Deduction for –	5a		5a				axable amount			•	5b		
Single or	6a		6a	111			axable amount			· .	6b		
Married filing separately,	c -	If you elect to use the lump-sum e						• •					
\$12,950	7	Capital gain or (loss). Attach Sche						• •			7	1 /	- 405
 Married filing jointly or 	8	Other income from Schedule 1, lin						• •		•	8		2,425.
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche		-				• •		•	9 10		5,896.
\$25,900	11	Subtract line 10 from line 9. This is						• •		•	11		5,896.
 Head of household, 	12	Standard deduction or itemized	-					• •		•	12		2,950.
\$19,400 • If you checked	13	Qualified business income deduct					 5-А	• •		•	13		_,))(.
any box under	14	Add lines 12 and 13								•	14		2,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer						е .		•	15		2,9 <u>30.</u> 2,946.
see instructions.				,	y					·			-,

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

Form **1040** (2022)

Form 1040 (202	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	16,138.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	16,138.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,138.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	16,138.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 15	,831.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	15,831.
	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,831.
Refund	34	If line 33 is more than line 24						34	
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, cheo	ck here	. 🗆	35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X	XXXXX	XXXX	x x x x x	XX	-		
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe		· · ·			
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions .			37	307.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions				. 🗌 Yes. C	omplete k	elow.	🗙 No
		signee's		Phone			onal identif	ication	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	ul signature		Date	Tour occupation				IN, enter it here
Joint return?					SYSTEMS EN	IGINEER	(see	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	ion			nt your spouse an
Keep a copy for your records.							Ident (see		ection PIN, enter it here
		(20()042.020	<i>c</i>				(
		one no. (386) 843-030 eparer's name	6 Preparer's signat	Email address	IKARTHIKEY	A2@GMAIL.CO)M PTIN		Check if:
Paid								0700	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA IALLAM	03/21/2023	P02082		
Use Only		m's name GLOBAL TAX		NOMITOR N	T 00016				(678) 965-9522
		m's address 245 ROONE	Y CT E BRU	NSWICK N	J U8816		Firm	s EIN	84-3171965
I = O TO WWW inc o	OV/Forn	111/11 tor instructions and the late	et intormation			DEV/ 02/00/22 DDC			Earm 144 (2022)

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

BAA REV 03/09/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Your soc	ial security number
	Attachment Sequence No. 01
	2022

819-61-0959

Name(s) shown on	Form 1040, 1040)-SR, or 1040-NF	{
KARTHIKEYAN	NAVANEETHA	KRISHNAN	

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (
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	-12,425.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/09/23 P	RO	Schedu	ile 1 (Form 1040) 2022

	DULE E			Supplemental							OMB No	. 1545-0074	
(Form	1040)	(From r		royalties, partnersh		-			trusts, REMIC	Cs, etc.)	20	22	
	ent of the Treasury Revenue Service			ach to Form 1040, gov/ScheduleE for					formation.		Attachment Sequence No. 13		
Name(s)	shown on return			-						Your socia	al security		
KART	RTHIKEYAN NAVANEETHA KRISHNAN 819-6										1-0959		
Part	I Income	or Los	s From Rental	Real Estate and	d Ro	valties							
	Note: If yo	ou are in t	he business of rent	ing personal propert			C. See	instru	ctions. If you a	re an indiv	idual, rep	ort farm	
	rental income or loss from Form 4835 on page 2, line 40.												
		ake any payments in 2022 that would require you to file Form(s) 1099? See instructions											
1a													
Α	MALKJAGIRI HYDERABAD TELANGANA IN 500047												
В													
С													
1b	Type of Prope	erty 2	For each rental	real estate prope	rtv list	ted		Fa	ir Rental	Person	al Use	0.11/	
	(from list below		above, report th	ne number of fair r	rental	and			Days	Da	ys	QJV	
Α	3			ays. Check the QJ			Α		365		0		
В				requirements to fi enture. See instru			В						
С			quannea joint v		otionic		С						
Туре	of Property:												
	Single Family R			/Short-Term Rent	al	5 Land			Self-Rental				
2	Multi-Family Re	sidence	4 Commer	rcial		6 Roya	lties	8	Other (descr	ibe)			
									Properti	es:			
Incom	e:						Α		В			С	
3		1			3		600.					-	
4					4		-						
Expen													
5					5								
6	-		structions)		6								
7		-	ance		7		9	75.					
8	Commissions				8								
9	Insurance				9								
10	Legal and othe	er profes	sional fees		10								
11	Management f	ees			11		1,5	75.					
12	Mortgage inter	rest paid	to banks, etc. (se	ee instructions)	12								
13	Other interest				13								
14					14			50.					
15					15		3,4	50.					
16					16								
17					17		2,1	75.					
18		expense	or depletion		18								
19	Other (list)				19								
20			nes 5 through 19		20		13,0	25.					
21			ne 3 (rents) and/o										
				l out if you must	0.1		-12,4	25					
00					21		-12,4	23.					
22			estate loss after l tructions)		22	(12,42	5	()	(Ň	
23a		-		or all rental prope			12,42	23a	(600.	(,	
zsa b				or all royalty prope				23a					
c				for all properties				230 23c					
d				for all properties				23d					
e				for all properties				23e	13	,025.			
24				on line 21. Do no t						. 24			
25				nd rental real estat		-		inter to	otal losses he		(12,425.)	
26		5 5									•	,)	
_•	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on												

For Pa	oerwork	Reduction	Act Notice	see the	e separate	instructions.
		110000	/	,	o opai alo	111011 001101101

26

.

-12,425.

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

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Part I

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008 2 Attachment Sequence No. 858

Identifying number 819-61-0959

KARTHIKEYAN	NAVANEETHA	KRISHNAN

2022 Passive Activity Loss

	Caution: Complete Parts IV and V before completing Part I.		
	I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(12, 425.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-12,425.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-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.

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

Par	t II Special Allowance for Rental Real Estate Activities With Active	Par	ticip	ation			
	Note: Enter all numbers in Part II as positive amounts. See instructions fo	r an e	examp	ole.			
4	Enter the smaller of the loss on line 1d or the loss on line 3				4		12,425.
5	Enter \$150,000. If married filing separately, see instructions	5	1	50,000.			
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	1	18,321.			
	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	7	1	31,679.			
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing sepa	rately	, see	instructions	8		15,840.
9	Enter the smaller of line 4 or line 8		9		12,425.		
Par	t III Total Losses Allowed						
10	Add the income, if any, on lines 1a and 2a and enter the total				10		0.
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. S	ee ins	struct	ions to find			
	out how to report the losses on your tax return				11		12,425.
Par	t IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See inst	ructi	ons.				

	Currer	nt year	Prior years	Overall g	jain or loss
Name of activity	(a) Net income (line 1a)		(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.			
For Paperwork Reduction Act Notice, see instru	uctions.		PEV 03/00		Form 8582 (2022)

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

	Name of activity		Current year			Prior y	ears	Overall gain or loss			
	Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	/ed (d) Gain		(e) Loss	
				ļii	10 2.0)		0 20)				
Fotol Entor	on Dort L lines Oo. Ob. and	00									
Part VI	on Part I, lines 2a, 2b, and Use This Part if an Ar		Shown on F	Part II,	Line 9. S	ee instruc	tions.				
			m or schedule	,						(d) Subtract	
	Name of activity	and to b	d line number be reported on e instructions)	(a)	Loss	(b) Ra	atio	(c) Special allowance	special column		
MALKJAGI	IRI	I	E Ln 22		12,425.	1.0000	0000	12,42	5.	0.	
Total					10 405	1.0	n	10.40	_	0	
Part VII	Allocation of Unallow	ved Loss	es. See instru	uction	12,425. s.	1.0	5	12,42	5.	0.	
			Form or sche	edule							
	Name of activity		and line nun to be reporte (see instructi	d on	(a) L	LOSS		(b) Ratio	(c)	Unallowed loss	
Total								1.00			
Part VIII	Allowed Losses. See	instructio	ons.								
	Name of activity		Form or sche and line nun to be reporte (see instruction	nber ed on	(a) L	_OSS	(b) Ur) Unallowed loss		c) Allowed loss	
Total											

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