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

Submis	sion Identification Number (SID)				
Taxpayer'	s name	Social secu	rity num	ber	
LOKAI	NATHAVEERAVENKAT PINDI	044-71	L-818	2	
Spouse's		Spouse's so	cial sec	urity numbe	r
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou	are au	thorizina)
	hole dollars only on lines 1 through 5.	your you	arc aa	iti ionzing.	·/
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	136	,839.
	Fotal tax		2		,419.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,188.
	Amount you want refunded to you		4		,769.
	Amount you owe		5		7
Part II			py of y	our retu	rn)
return (or to send if for any of Agent to payment authoriza payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejetelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U-initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction from the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I and the payment of the paymen	ter, or elect ction of the S. Treasury cated in the n to debit th the authori ests must be processing of ayment. I fu	ronic re transmi and its tax pre e entry zation. oe recei of the e	turn origina ssion, (b) the designated paration soft to this acco To revoke (ived no late lectronic para cknowledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the
	c Funds Withdrawal Consent.				
	er's PIN: check one box only	1	L 8 :	1 8 2	
×	I authorize GLOBAL TAXES LLC to enter or generate r	ny PIN 🗀	nter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Your sig	gnature ▶ Date ▶				
Snouse	e's PIN: check one box only	_			
	I authorize to enter or generate r	ov DINI			as my
	ERO firm name		nter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spouse	's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part II	Certification and Authentication — Practitioner PIN Method Only				
ERO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't er	6 0	8 2 7 eros	1
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Incompany.	tting this re	turn in	accordance	
ERO's s	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

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



1040		artment of the Treasury—Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	parate i	instructio	ons.
Your first name	and m	iddle initial	Last nar	ne							Your so	cial sec	urity num	nber
LOKANATI	HAVE	ERAVENKAT	PIND	I							044	71	8182	
		s first name and middle initial	Last nar										security r	numbei
		er and street). If you have a P.O. box, see	instructio	ons.				F	Apt. no.	- 1			ection Car	
9604 W						T 0.							ou, or you jointly, wa	
		ice. If you have a foreign address, also co	omplete sp	oaces belo	ow.	Sta		ZIP c			•	•	nd. Check	
OVERLANI						KS		662					not chang	ge
Foreign countr	y name			oreign pr	ovince/state/	count	У	Foreig	ın postal c	ode	your tax	or retu		Spouse
Filing Status	s ×	Single					Head of he	L ouseh	old (HOH	— ∃)				·
_		Married filing jointly (even if only o	ne had ir	ncome)					`	,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)			
0.10 2011	lf v	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	<u>;</u>
		ialifying person is a child but not you			•									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	l, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a dig											es 🗵 N	No
Standard	Som	neone can claim:	pendent		Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you											
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bor	n befo	ore Janua	arv 2.	. 1959		s blind	
Dependent					ocial security		(3) Relationsh	14		•			see instru	ctions):
If more		(1) First name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other dep	endents
than four									[
dependents,									[
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		152,8	373.
Attach Form(s)	b	Household employee wages not re	eported o	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									1c	:		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from Forr	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1</u> i							
	z	Add lines 1a through 1h									1z		152,8	373 .
Attach Sch. B	2 a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b	4		
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b			
24	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t		:	6b			
Married filing separately,	С	If you elect to use the lump-sum e	election n	nethod,	check here	(see	instructions)							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if	required	l. If not requ	uired,	, check here			. \square	7			
jointly or	8	Additional income from Schedule	1, line 10)							8		-16,0	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	This is yo	our total inc	come					9		136,8	39.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, li	ine 26							10			
household,	11	Subtract line 10 from line 9. This is	s your ad	djusted (gross incor	ne					11		136,8	39.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fror	m Schedule	A)					12	1	24,2	<u> 259.</u>
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13			
Deduction,	14										14		24,2	
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or loce	ontor	O Thio io v	Our t	avable incom	•			15	1	112 5	: Q N

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	з 🗌		16	20,419.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	20,419.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	20,419.
	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	20,419.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				25a 2	7,188.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	27,188.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	·			33	27,188.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	6,769.
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	ck here	🗆	35a	6,769.
Direct deposit?	b	Routing number 0 8 1	0 0 0 0	3 2	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 3 5 5	0 0 4 4	9 7 3 9	9 3				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s. <i>g</i> o	v/Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•			_			
Designee							Complete		⊠ No
		esignee's me		Phone no.			sonal ident nber (PIN)	ification	
Sign		nder penalties of perjury, I declare the	nat I have examine		accompanying sche		, ,	the best	of my knowledge and
Sign		lief, they are true, correct, and com							,
Here	Yo	our signature		Date	Your occupation		If th	e IRS se	nt you an Identity
							1,		IN, enter it here
Joint return?					SALESFORCE			e inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, I	Date	Spouse's occupati	Ider		nt your spouse an ection PIN, enter it here		
	Ph	one no. (940)312-810	8	Email address	LOKANATHA.P	INDI@GMAIL.C	OM		
Deid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/18/2024	P0208	2703	Self-employed
Preparer									678)965-9522
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
_ · ·	/_	40406 ' 1 1' 111 11							- 1040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

LOKANATHAVEERAVENKAT PINDI

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

Attachment Sequence No. **01** Your social security number

044-71-8182

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	ich Schedule E .	5	-16,034.
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. This is your additional income. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-16,034.

Page **2** Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	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	· <u> </u>			
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 8l 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:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/	11/24 PRO	Schedu	ile 1 (Form 1040) 2023

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on	Form	1040 or 1040-SR			Your	r so	cial security number
LOKANATHA	VEE	RAVENKAT PINDI			044	1 – 1	71-8182
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see instructions)	1				
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2	_				
Expenses		Multiply line 2 by 7.5% (0.075)	3				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0				4	
Taxes You		State and local taxes.					
Paid		State and local income taxes or general sales taxes. You may include					
		either income taxes or general sales taxes on line 5a, but not both. If					
		you elect to include general sales taxes instead of income taxes,					
		check this box	5a	8,04	1 I		
	ŀ	State and local real estate taxes (see instructions)	5b	5,98			
		State and local personal property taxes	5c	3,50.			
		I Add lines 5a through 5c	5d	14,02	2		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	ou	14,02.			
	-	separately)	5е	10,00	ر ا		
	6	Other taxes. List type and amount:		10,00			
			6				
	7	Add lines 5e and 6				7	10,000.
Interest	8	Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your		instructions and check this box					
mortgage interest deduction may be	а	Home mortgage interest and points reported to you on Form 1098.					
limited. See instructions.		See instructions if limited	8a	14,259	9.		
mon donono.	b	Home mortgage interest not reported to you on Form 1098. See					
		instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address	8b		_		
	C	Points not reported to you on Form 1098. See instructions for special	0-				
	_		8c				
		Reserved for future use	8d	14 05/	\forall		
		Add lines 8a through 8c	8e 9	14,259	-		
		Add lines 8e and 9	_		┥.	10	14,259.
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see				10	14,239.
Charity		instructions	11				
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,					
made a gift and	12	see instructions. You must attach Form 8283 if over \$500	12				
got a benefit for it, see instructions.	13	Carryover from prior year	13				
		Add lines 11 through 13	-		-	14	
Casualty and		Casualty and theft loss(es) from a federally declared disaster (other			d		
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1					
		instructions			-	15	
Other	16	Other—from list in instructions. List type and amount:					
Itemized							
Deductions					•	16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	nter	this amount o	n		
Itemized		Form 1040 or 1040-SR, line 12			_	17	24,259.
Deductions	18	If you elect to itemize deductions even though they are less than your	stan	dard deduction	١,		
		check this box		[

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

LOKA	ANATHAVEERAVENKAT PINDI						044-71	L-8182	
Par				_					
_	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	instru	ctions. If you a	are an indiv	idual, rep	ort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	0002 5	oo inc	tructions			s 🛛 No
	If "Yes," did you or will you file required Form(s) 1099?								_
_				• •	• •				,3 <u> </u> 110
1a	Physical address of each property (street, city, state, ZII		<u> </u>						
Α	WEST GODAVARI WEST GODAVARI ANDHRA E			5342	59				
В	9100 WESTESRN HILLS DR Kansas City MO	6411	L4						
С					ı				ı
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Person		QJV
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Day		
A B	gersonal use days. Check the Quality of the personal use days.			A B		365		0	
С	qualified joint venture. See instru	uctions	S.	С		38		0	
	of Property:			C					
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	ı	7	Self-Rental			
	Multi-Family Residence 4 Commercial	ıtaı	6 Roya			Other (desc	rihe)		
	Width Farmy residence 4 Commercial		- O Hoye	iiiioo					
						Propert	ies:		
Incon				Α		В			С
3	Rents received	3		6	00.		,000.		
_ 4	Royalties received	4							
Expe		-							
5	Advertising	5 6							
6 7	Auto and travel (see instructions)	7		1,2	60				
8	Commissions	8		1,2	00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	35				
12	Mortgage interest paid to banks, etc. (see instructions)	12			33.				
13	Other interest	13							
14	Repairs	14		3,6	54.				
15	Supplies	15		3,2	42.				
16	Taxes	16					,336.		
17	Utilities	17		3,6	65.				
18	Depreciation expense or depletion	18		3,4	42.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		16,2	98.	1	.,336.		
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			1 - 6			226		
00	file Form 6198	21	-	-15,6	у в.		-336.		
22	Deductible rental real estate loss after limitation, if any,		,	1		(226	,	
00-	on Form 8582 (see instructions)	22 stice	<u> </u>	15,69		-	336.)		
23a	Total of all amounts reported on line 3 for all rental proper			•	23a		,600.		
b	Total of all amounts reported on line 4 for all royalty prop Total of all amounts reported on line 12 for all properties				23b 23c		0.		
c d	Total of all amounts reported on line 12 for all properties Total of all amounts reported on line 18 for all properties				23d		3,442.		
e	Total of all amounts reported on line 20 for all properties				23e		7,634.		
24	Income. Add positive amounts shown on line 21. Do not						. 24		
25	Losses. Add royalty losses from line 21 and rental real estati		-		nter to	tal losses her	-		16,034.
26	Total rental real estate and royalty income or (loss).								-,
	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						. 26		-16,034.

Passive Activity Loss Limitations

See separate instructions.

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

OMB No. 1545-1008

Identifying number

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

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

2023
Attachment Sequence No. 858

LOK	ANATHAVEERAVENKAT PINDI				044	-71-	-8182
Pa	t I 2023 Passive Activity Loss	S			•		
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	see Special		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amou				336.)		
С	Prior years' unallowed losses (enter th)		
d	Combine lines 1a, 1b, and 1c					1d	-336.
All O	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amount)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d and subtra-	ct any prior year u	unallowed CRD. S	See instructions. If	this line is		
	zero or more, stop here and include						
	prior year unallowed losses entered of	on line 1c or 2c. F	Report the losses	on the forms and	schedules		
	normally used					3	-336.
	If line 3 is a loss and: • Line 1d is a l	_					
		oss (and line 1d is	•				
	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tin	ne during the	year,	do not complete
	. Instead, go to line 10.						
Par	t II Special Allowance for Rer			-			
	Note: Enter all numbers in Par	•		tions for an examp	ole.		
4	Enter the smaller of the loss on line 1					4	336.
5	Enter \$150,000. If married filing separ	-			150,000.		
6	Enter modified adjusted gross income				137,175.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s / and 8 and ent	er -0-			
_	on line 9. Otherwise, go to line 7.			_	10 005		
7	Subtract line 6 from line 5			7	12,825.		c 410
8	Multiply line 7 by 50% (0.50). Do not er					8	6,413.
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	CRD, see instruc	ctions		9	336.
Par		-1 01 +1	1-1-1			40	
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv						226
Par	out how to report the losses on your to Complete This Part Before			oo instructions		11	336.
rai	Complete This Part Belore	Faiti, Lilies i	a, ib, and ic. o		1		
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	in or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	1	(e) Loss
910	0 WESTESRN HILLS DR	0.	336.				336.
Total	. Enter on Part I, lines 1a, 1b, and 1c	0.	336.				

Form 8582 (2023) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
Name of activity		Currer	nt year		Prior ye	ll ga	ain or loss			
Name of activity	(a) Net income (line 2a)		1 (d) iil)	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II.	Line 9. S	ee instruc	tions.				
Name of activity	For an	rm or schedule ad line number be reported on the instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).	
9100 WESTESRN HILLS DR	L.	E Ln 22		336.	1.0000	0000	33	6	0.	
JIOU WESIESKN HILLS DK		E 111 22		330.	1.0000	0000	33	0.	0.	
Total			- 12	336.	1.00)	33	6.	0.	
Part VII Allocation of Unallowed L	oss			S.						
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	_oss	((b) Ratio	(C	(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru										
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	_oss	(b) Ur	nallowed loss	(c) Allowed los		
Total										