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 sec	ırity numl	per	
PRITHVI RAJ CHIGURUPATI	898-2	6-135	0	
Spouse's name	Spouse's s	ocial sec	urity numbe	r
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter year you	are au	thorizina	.)
Enter whole dollars only on lines 1 through 5.	(=:::::::)	<u> </u>		-/
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1	92	2,197.
2 Total tax		2	12	2,559.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14	765.
4 Amount you want refunded to you		4	2	2,206.
5 Amount you owe	<u> </u>	5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or a				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Pareturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorizedgent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellate business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amendate the confidential information for the income tax return (original or amendate the confidential information for the income tax return (original or amendate).	transmitter, or election of the case the U.S. Treasury ount indicated in the institution to debit the reminate the author to requests must do in the processing to the payment. If	tronic restransmined transmined to the tax prephe entry ization. In the election of the election the receivant the	turn origina ssion, (b) the designated paration so to this accor- ro revoke ved no lat ectronic par knowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of the that the
Taxpayer's PIN: check one box only	Г			
	enerate my PIN	6 1 3	3 5 0	ac my
Signature on the income tax return (original or amended) I am now authorizing.	-	Enter five don't ente	digits, but er all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.				
Your signature ▶ Da	ate >	4		
Spouse's PIN: check one box only	_			
	enerate my PIN			as my
ERO firm name	-	Enter five	digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.				
	ate ▶			
Practitioner PIN Method Returns Only—continue	below			
Part III Certification and Authentication — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9	6 0	8 2 7	7 1
	Don't e	nter all ze	eros	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual ir authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the provided in	ım submitting this r	eturn in a	accordance	I am now with the
ERO's signature ▶ Da	ate ►			
ERO Must Retain This Form — See Instructi				
Don't Submit This Form to the IRS Unless Requeste				

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



£1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number
PRITHVI	RAJ		CHIG	URUPA	TI						898	26	1350
		s first name and middle initial	Last nar								Spouse'		security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				P	Apt. no.		Preside	ntial Ele	ection Campaig
191 VIL	LAGE	CIRCLE WAY											ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete sp	paces bel	ow.	Sta	te	ZIP c	ode		•	•	jointly, want \$3 nd. Checking a
MANCHES	rer					NH	I	031	02	- 1	•		not change
Foreign countr	y name		F	oreign pr	ovince/state/	count	ty	Foreig	ın postal c	ode	your tax	or refu	
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOH	- 1)			
Check only		Married filing jointly (even if only o	ne had ir	ncome)			_						
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,		
		you checked the MFS box, enter the			oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ıalifying person is a child but not you	ır depen	ident:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services); or (b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fin	nancial inter	est ir	n a digital asse	et)? (Se	e instru	ctions	s.)	☐ Ye	es 🛚 No
Standard	Som	neone can claim: 🔲 You as a de	pendent	t 🔲 '	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Spc	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	iip (4) Check t	he bo	x if quali	fies for ((see instructions)
If more		irst name Last name		(7, -	number		to you		Child t	ax cre	dit	Credit fo	or other dependent
than four									[
dependents, see instruction									[
and check	- —												
here L									[
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		102,106.
Attach Form(s)	b	Household employee wages not re	•		` '						1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d		
1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	tits from	1 Form 88	839, line 29						1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g	- 1	
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>				-		102,106.
AHI 0 : 5		Add lines 1a through 1h	 22		· · · j	 	axable interes				1z		664.
Attach Sch. B if required.	2a	· —	2a								2b		
	3a_ 4a		3a 4a				ordinary divide axable amoun				3b 4b		200.
Standard	1		4 а 5а				axable amoun				5b		200•
Deduction for— Single or	5a 6a		6a				axable amoun				6b		
Married filing	C	If you elect to use the lump-sum e	_	nethod 4	 check here					· ·]		
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,			. F	7		
Married filing jointly or	8	Additional income from Schedule		•	•						8		-10,773.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-								9		92,197.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10		
Head of household,	11	Subtract line 10 from line 9. This is									11		92,197.
\$20,800	12	Standard deduction or itemized	•	-	_						12		13,850.
If you checked any box under	13	Qualified business income deduct				-					13		
Standard Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer									15		78 347

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	12,539.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	12,539.
	19	Child tax credit or credit for	other dependent	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	B. If zero or less,	enter -0					22	12,539.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	20.
	24	Add lines 22 and 23. This is	your total tax						24	12,559.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	14	,745.		
	b	Form(s) 1099				25b		20.		
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	14,765.
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	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	14,765.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	2,206.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, che	ck here			35a	2,206.
Direct deposit?	b	Routing number 0 1 1	4 0 0 4	9 5	c Type: 🛛] Checki	ng 🗌 S	Savings		
See instructions.	d	Account number 3 8 8	0 0 5 5	4 0 0 2	2 5					
	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 www.irs.gov	v/Payments or	see instructions				37	
	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	ins	structions				[Yes. Co	mplete l	below.	⋉ No
		signee's me		Phone no.				nal identi er (PIN)	fication	
<u>C:</u>		der penalties of perjury, I declare t	hat I have evamine		accompanying sche	dules and			the heet	of my knowledge and
Sign		lief, they are true, correct, and com								, ,
Here	Υo	ur signature		Date	Your occupation			If the	e IRS se	nt you an Identity
		a. o.g.tata.o			Tour Goodpanon			Prot	ection P	PIN, enter it here
Joint return?					SOFTWARE 1	ENGIN:	EER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
your records.								inst.)	ection PIN, enter it here	
		000 00 (774) 200 002	າ	Email address		л тасм	A TT (CO)	,	,	
		one no. (774)288-082 eparer's name	Preparer's signat		PRITH325R	Date	HIT. CO	M PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	1 .		בווסיים ייחדד או		7/2024	P0208	2702	Self-employed
Preparer			1	NAU DAGAK	GOLIW IMPUMA	02/1	1/2024			(678)965-9522
Use Only							_			
	FIR	m's address 245 ROONE	T CT E DKU	MDMTCV N	0 00010			Firm	i's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

PRITHVI RAJ CHIGURUPATI

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

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

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

	Sequence No. 01
Your soc	ial security number
898-26	-1350

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-10,773.
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 ()	
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 . Ente			10 ===
	1040, 1040-SR, or 1040-NR, line 8		10	-10,773.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-ba	sis 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)	а		_	
b	Deductible expenses related to income reported on line 8l from the	.			
	rental of personal property engaged in for profit	b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m			-	
d	Reforestation amortization and expenses	a		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	e			
f	Contributions to section 501(c)(18)(D) pension plans	f			
g	Contributions by certain chaplains to section 403(b) plans 249	g			
h	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	j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	k			
Z	Other adjustments. List type and amount:				
	242				
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Er			_	
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

2023

Attachment
Sequence No. 02

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

Your social security number 898-26-1350

T 1/T	INVI 1010 CHIGOROTHII	20-1330	
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Pai	t Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots \ldots \ldots \ldots $	8	20.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(0	ontinued	on page 2)

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

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . $$.		21	20.

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

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

2023	
Attachment Sequence No. 13	

Name(s	snown on return							Your soc	iai security	number	
PRIT	HVI RAJ CHIG	URUPATI						898-2	26-1350		
Part		Loss From Rental Real Estate an	d Ro	yalties			•				
	Note: If you ar	re in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you ar	e an ind	ividual, rep	ort farm	
A -		or loss from Form 4835 on page 2, line 40.	1 - CI -		0000) !	4			- V	
		ayments in 2023 that would require you									
B I		will you file required Form(s) 1099? .							. \(\sum \cdot \text{Y}\epsilon	es 🔝 N	lo
1a	Physical address	s of each property (street, city, state, ZIF	ode	e)							
Α	IBRAHIMPATNA	AM HYDERABAD TELANGANA IN 5	0150	06							
В											
С											
1b	Type of Property	2 For each rental real estate prope	rty list	ted		Fa	ir Rental	Perso	nal Use	0.11	,
	(from list below)	above, report the number of fair	rental	and			Days	Da	ays	QJ\	,
Α	3	personal use days. Check the Qu			Α		365		0		
В		if you meet the requirements to f			В						
С		qualified joint venture. See instru	CHOIS	s.	С						
Туре	of Property:			'						•	
1	Single Family Resid	dence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental				
2	Multi-Family Reside	ence 4 Commercial		6 Roya	lties	8	Other (descri	be)			
l					A		Propertie	es:		С	
Incom					A	0.0	В			C	
3			3			80.					
4		1	4								
Exper			_								
5			5								
6	,	ee instructions)	6		1 -	4.0					
7		ntenance	7		1,5	48.					
8			8								
9			9								
10		rofessional fees	10			2.1					
11			11		8	21.					
12		paid to banks, etc. (see instructions)	12								
13			13		1 2	<i>(</i> 2					
14			14			62.					
15			15 16		1,0	74.					
16 17			17		2 2	20.					
		ense or depletion	18		3,6						
18	- · · · · · · · · · · · · · · · · · · ·	•	19		3,0	20.					
19	Other (list)	dd lines 5 through 19	20		11 2	5.2					
20			20	-	11,3	٠٠.					
21		om line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must									
			21	_	-10,7	73.					
22		real estate loss after limitation, if any,	21		10/1	, , ,					
22		e instructions)	22	(10,77	73 \	(,			١
23a	•	ts reported on line 3 for all rental prope			10,77	23a	(580.	/ (
23a b		its reported on line 4 for all rental prope			•	23b		300.	_		
		its reported on line 4 for all properties				23c					
c d		its reported on line 12 for all properties				23d	2	,628.			
e		its reported on line 20 for all properties				23e		353.			
24		itive amounts shown on line 21. Do not				200	11,	24			
2 4 25	•	ty losses from line 21 and rental real estate		-		 nter to	tal losses hero		(10,773	3 /
26	•	estate and royalty income or (loss).							\	<u> </u>	, ,)
20		I, and IV, and line 40 on page 2 do no									
		1040), line 5. Otherwise, include this ar						26		-10,77	73.

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.

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PRIT	THVI RAJ CHIGURUPATI				898	3-26-	-1350
Pai	t I 2023 Passive Activity Loss	S			•		
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	Il Real Estate Activities With Active Parce for Rental Real Estate Activities			ive participation, s	ee Special		
1a	Activities with net income (enter the a	mount from Part I\	/. column (a)) .	1a	0.		
b	Activities with net loss (enter the amo				10,773.)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 1a, 1b, and 1c					1d	-10,773.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amo)		
С	Prior years' unallowed losses (enter the		* **)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered	this form with you	ır return; all losse	s are allowed, inc	luding any		
		3	-10,773.				
	If line 3 is a loss and: • Line 1d is a	, 0					
		oss (and line 1d is	•				
	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete
	. Instead, go to line 10.						
Par	t II Special Allowance for Ren			=			
	Note: Enter all numbers in Par	<u> </u>		tions for an examp	ole.		
4	Enter the smaller of the loss on line 1					4	10,773.
5	Enter \$150,000. If married filing separ	-			50,000.		
6	Enter modified adjusted gross income				02,970.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
_	on line 9. Otherwise, go to line 7.			_			
7	Subtract line 6 from line 5			7	47,030.		00 -1-
8	Multiply line 7 by 50% (0.50). Do not e				instructions	8	23,515.
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	CRD, see instruc	tions		9	10,773.
Par		10 1 1				40	
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv		23. Add lines 9 an	d 10. See instructi	ions to find		10
D	out how to report the losses on your t					11	10,773.
Par	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
						rall da	ain or loss
	Name of activity			<u> </u>		5-	
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair		(e) Loss
IBR	Name of activity	(a) Net income	(b) Net loss	(c) Unallowed			(e) Loss
IBR		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed			
IBR		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed			

10,773.

Total. Enter on Part I, lines 1a, 1b, and 1c

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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	ears	Overall gain or loss			
Name of activity	(a) Net income (line 2a)		(b) (li	Net loss ne 2b)	(c) Unall loss (lin		(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 to	rm or schedule ad line number be reported on se instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).	
IBRAHIMPATNAM		E Ln 22		10,773.	1.0000	0000	10,77	3.	0.	
							,			
Total				10,773.	1.00)	10,77	3.	0.	
Allocation of Orlanowed L	.053			S.						
Name of activity	Form or sche and line nun to be reporte (see instructi		mber ted on (a) L		Loss ((b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru				1				l .		
Name of activity		Form or sched and line number to be reported (see instruction		mber ed on (a) Lo		(b) Ur	nallowed loss	((c) Allowed loss	
							<u> </u>			
						-				
Total										