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.

Submission Identification Number (SID)	ፆ	222496202405208gstdu
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Taxpayer's name		Social security nur	nber		
SANDEEP CHIGURUPATI		840-41-5371			
Spouse's name		Spouse's social se	curity number		
RASAJNA MANYAM		795-61-55	85		
Part I Tax Return Information – Tax Year Ending December 31,	2023 (Enter	year you are a	uthorizing.)		
Enter whole dollars only on lines 1 through 5.					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		1	77,467.		
2 Total tax		2	5,533.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,600.		
4 Amount you want refunded to you		4	8,067.		
5 Amount you owe		5			
Note:Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.1Adjusted gross income2Total tax3Federal income tax withheld from Form(s) W-2 and Form(s) 10994Amount you want refunded to you	 	2 3 4 5	5,533 13,600 8,067		

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason 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

\frown	I authorize	GLOBAL	IAAES	ERO firm name	to enter or generate my PIN	E
$\mathbf{\nabla}$	l authorize	CLOBAL	TAYES	TTC	to optor or gonorato my PIN	Ľ

	1 Ent	5 er fiv	3 ve di	7 aits.	1 but	as				
Enter five digits, but don't enter all zeros										

5

8

Enter five digits, but don't enter all zeros

5 5

1

my

as mv

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 🕨

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN

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 sign	nature Da	ate 🕨	•							
Practitioner PIN Method Returns Only—continue below										
Part III C	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			 6 nter a		2	7	1

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 🕨								
	in This Form — See Instructions n to the IRS Unless Requested To Do So								
Experience of Destantian Astronomics and a state of the		E 9970 (D 01 0001)							

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

REV 03/07/24 PRO

Date

Form **9325**

(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you	u for participating in IRS <i>e-file</i> . 840-41-5371		
Taxpayer r	nameSANDEEP CHIGURUPATI & RASAJNA MANYAM		
Taxpayer a	address (optional)		
905 SOU1	IHWEST BLVD APT K		
JEFFERSC	DN CITY, MO 65109		
	Your federal income tax return for2023 Submission Processing Center. The electronic filing		
s	Your return was accepted on <u>02/21/2024</u> usi signature. You entered a PIN or authorized the Elec or you. The Submission ID assigned to your return	tronic Return Originator (ERO	
Т	Your return was accepted on The Earned Income Credit or a dependent's exempt child's name and social security number mismatch.	Allow 4 to 6 weeks for t tion on your return may be red	
4. 🗌 Y	Your electronic funds withdrawal payment request w	as accepted for processing.	
	Your electronic funds withdrawal payment request w Fax" section.	as not accepted for processir	ng. Refer to the "If You Owe
	Your Form 4868, Application for Automatic Extension accepted on The Su s		

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

You have requested a refund check mailed to your home address. For the latest information on the status of you refund go to www.irs.gov and select the 'Where's My Refund?' link under Refunds. The IRS does not guarantee a specific date that a refund will be mailed to a taxpayer's home address.



(Rev. February 2024)

AMENDMENT TAX RETURN TAX YEAR 2023 Department of the Treasury–Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year)	2023 or fisca	al year (enter i	month and	year ended)			
Your first name and middle initial	Last	name		Your social security number			
SANDEEP	CH	IGURUPATI			840-41-5371		
If joint return, spouse's first name and middle initial	Last	name			Spouse's social security number		
RASAJNA	MA	NYAM			795-61-5585		
Home address (number and street). If you have a P.O. box, s	see instructions.			Apt. no.	Presidential Election Campaign		
905 SOUTHWEST BLVD				K	Check here if you, or your spouse		
City, town, or post office. If you have a foreign address, also	complete spaces belov	w. State	ZIP	code	if filing jointly, didn't previously want \$3 to go to this fund, but now		
JEFFERSON CITY		MO	65	5109	do. Checking a box below will not		
Foreign country name Foreign provin		nce/state/county		eign postal code	change your tax or refund.		
					🗌 You 📄 Spouse		

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

Single X Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

year e	on lines 1 through 23, columns A through C, the amounts for the return ntered above.		A. Original amo reported or as previously adjus	amount of	increase	C. Correct amount
	art II on page 2 to explain any changes.		(see instruction			
Incor	ne and Deductions					
1	Adjusted gross income. If a net operating loss (NOL) carryback is					
	included, check here	1	80,238		771.	77,467.
2	Itemized deductions or standard deduction	2	27,700		0.	27,700.
3	Subtract line 2 from line 1	3	52,538	32,	771.	49,767.
4a	Reserved for future use	4a				
b	Qualified business income deduction	4b	().	0.	
5	Taxable income. Subtract line 4b from line 3. If the result for column C					
	is zero or less, enter -0- in column C	5	52,538	32,	771.	49,767.
Tax L	iability					
6	Tax. Enter method(s) used to figure tax (see instructions):					
	QDCGTW	6	5,863	3. –	-330.	5,533.
7	Nonrefundable credits. If a general business credit carryback is included,					
	check here	7	().	Ο.	
8	Subtract line 7 from line 6. If the result is zero or less, enter -0	8	5,863	3. –	-330.	5,533.
9	Reserved for future use	9				
10	Other taxes	10	().	Ο.	0.
11	Total tax. Add lines 8 and 10	11	5,863	3	.330.	5,533.
Paym	nents					
12	Federal income tax withheld and excess social security and tier 1 RRTA					
	tax withheld. (If changing, see instructions.)	12	13,600).	Ο.	13,600.
13	Estimated tax payments, including amount applied from prior year's return	13	().	0.	
14	Earned income credit (EIC)	14	().	0.	
15	Refundable credits from: Schedule 8812 Form(s) 2439 4136					
	□ 8863 □ 8885 □ 8962 or □ other (specify):	15	0).	Ο.	
16	Total amount paid with request for extension of time to file, tax paid with	n origi	inal return, an	d additional		
	tax paid after return was filed				16	0.
17	Total payments. Add lines 12 through 15, column C, and line 16				17	13,600.
Refu	nd or Amount You Owe					
18	Overpayment, if any, as shown on original return or as previously adjusted	d by t	he IRS		18	7,737.
19	Subtract line 18 from line 17. (If less than zero, see instructions.)				19	5,863.
20	Amount you owe. If line 11, column C, is more than line 19, enter the diffe	erenc	е		20	
21	If line 11, column C, is less than line 19, enter the difference. This is the ar	moun	t overpaid or	this return	21	330.
22	Amount of line 21 you want refunded to you				22	330.
23	Amount of line 21 you want applied to your (enter year): estim	nated	tax 23			
			Co	mplete and	sign this	form on page 2.

This	plete this part to change any information relating to your would include a change in the number of dependents. the information for the return year entered at the top of		S.		A. Original number of dependents reported or as previously adjusted	B. Net change – amount of increase or (decrease)	C. Correct number
24	Reserved for future use			24			
25	Your dependent children who lived with you			25	0	0	
26	Reserved for future use			26			
27	Other dependents			27	0	0	
28	Reserved for future use			28			
29	Reserved for future use			29			
30	List ALL dependents (children and others) claimed on	this amend	led retur	'n.			
	undente (ese instructions).					(d) Check the by	av if qualifies fo

Dependents (see instructions):				(d) Check the box if qualifies for (see instructions):			
(a) First name	Last name	(b) Social security number	(c) Relationship to you	· ·	ا م س`د		
	, , , , , , , , , , , , , , , , , , ,		(b) Social security	(b) Social security (c) Relationship	(see instruction deficiency) (see instruction (see instruction)) (see instruction)		

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

I SANDEEP CHIGURUPATI & RASAJNA MANYAM FILED MY TAXES FOR TAX YEAR 2023,

I MISSED TO INCLUDE THE SCHEDULE K-1(FORM 1065).

NOW THROUGH THIS AMENDMENT TAX RETURN I AM INCLUDING THE FORM K1(1065), I REQUEST THE IRS TO ACCEPT THE CHANGES AND RELEASE THE REFUND OF \$330.

	Under penalties of and statements, a	o keep a copy of this of perjury, I declare that I ha and to the best of my knowl d on all information about w	ve filed an edge and b	original retu pelief, this a	urn, and mende	l that I hav d return is					
Sign Here	Your signature			Date	Date Your occupation			Protec	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
	Spouse's signature. If a joint return, both must sign.			Date		Spouse HOME		Identity	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Phone no. (8	60)989-7242		Email add	dress						
Paid	Preparer's name		Preparer'	s signature				Date	PTIN		Check if:
	SYAM PRIYA	RAM SAGAR GUPTA	SYAM	PRIYA	RAM	SAGAR	GUPTA	04/03/2024	P02082	703	Self-employed
Preparer	Firm's name	Firm's name GLOBAL TAXES LLC						Phone no. (678) 965-9522			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firm's EIN				
F (-	40	

For forms and publications, visit www.irs.gov/Forms.

BAA REV 03/07/24 PRO

Form **1040-X** (Rev. 2-2024)

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta 2		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	parate i	instructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	curity number
SANDEEP			CHI	GURUPA	TI					840	41	5371
	oouse's	s first name and middle initial	Last r									security number
RASAJNA			MAN	УАМ						795	61	5585
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ection Campaign
905 SOUI	HWES	ST BLVD						F		Check I	nere if y	ou, or your
		ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3
JEFFERSC	N C	ITY				MC		651	09	, v		nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state	/count	ty	Foreig	n postal code	your tax		•
											Yo	ou 🗌 Spouse
Filing Status	; [Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ring spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	e name	of your s	pouse. If yo	u che	ecked the HOH	l or Q	SS box, ente	er the chi	ild's na	me if the
	qu	alifying person is a child but not you	ur depe	endent:								
Digital	Atar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d award or	navr	ment for prope	rtv or	services): or	(b) sell		
Assets		ange, or otherwise dispose of a dig									XΥ	es 🗌 No
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	•		-							
Age/Blindness	S You:	Were born before January 2, 1	959	Are bl	lind Sp	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 ls	s blind
Dependents	s (see	instructions):		(2) 5	Social securit	v	(3) Relationsh	ip (4) Check the b	ox if quali	fies for ((see instructions):
- If more		irst name Last name		.,	number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions												
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	.	97,000.
Attach Form(s)	b	Household employee wages not r	eporte	d on Form	n(s) W-2 .					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstruction	ıs)					. 1c	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	, (instru	uctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits								. 1e	-	
was withheld.	f	Employer-provided adoption bene			,					. 1f	_	
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. <u>1g</u>		
W-2, see	h	Other earned income (see instruct	,			· ·	· · · ·	· ·		. <u>1h</u>	-	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)		• •	1 i					07 000
		Add lines 1a through 1h	 0.		· · .	 . .	•••••			. 1z	-	97,000.
Attach Sch. B if required.	2a	· · -	2a		13.		axable interest			. 2b	-	62.
	<u>3a</u>		3a		<u> </u>		Ordinary divider			. 3b	-	02.
Standard	4a 50		4a 5a				axable amount axable amount			. 4b . 5b	-	
Deduction for -	5a 6a		5a 6a				axable amount			. 50 . 6b	-	
 Single or Married filing 	oa C	If you elect to use the lump-sum e		method					 Г		<u> </u>	
separately, \$13,850	с 7	Capital gain or (loss). Attach Sche						• •	L	7		-3,000.
 Married filing 	8	Additional income from Schedule						• •	•••	. 8	-	-16,625.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		. 8	-	77,467.
surviving spouse, \$27,700	10	Adjustments to income from Sche					• · · · ·			. <u> </u>		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		77,467.
\$20,800	12	Standard deduction or itemized	-							. 12	_	27,700.
 If you checked any box under 	13	Qualified business income deduct					95-A			. 13	-	,,,
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer		ss, enter	-0 This is	, our t	taxable incom	е.		. 15		49,767.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	1	16	5,533.
Credits	17	Amount from Schedule 2, lin	ie 3				1	17	
	18	Add lines 16 and 17					1	18	5,533.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	e8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	5,533.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	23	0.
	24	Add lines 22 and 23. This is					2	24	5,533.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 13	,600.		
	b	Form(s) 1099				25b	·		
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,				2	5d	13,600.
If you have a	26	2023 estimated tax payment					2	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31	_		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	•		-			32 33	13,600.
Refund	34	If line 33 is more than line 24						34	8,067.
nerana	35a	Amount of line 34 you want				•		5a	8,067.
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	ď	Account number X X X	Jarnige						
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	,						
Designee		structions	•				mplete belo	ow.	× No
	De	signee's		Phone			nal identificat	tion	
	nai			no.			er (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Declaration	、	.,,				, 0
	Yo	ur signature		Date	Your occupation				t you an Identity N, enter it here
Joint return?					SOFTWARE 1	DEVELOPER	(see inst		, enter it here
See instructions.	Sp	ouse's signature. If a joint return, i	Date	Spouse's occupat		If the IRS	S sent	t your spouse an	
Keep a copy for	-1-	Spouse's signature. It a joint return, both must sign.					Identity F	Protec	ction PIN, enter it here
your records.					HOME MAKE	R	(see inst.	.)	
		one no. (860) 989-724		Email address	SANDEEP.CHIC	GURUP@GMAIL.CO	М	,	
Paid	Pr€	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/03/2024	P0208270	03	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone n	o. (6	678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

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.

2023

Attachment Sequence No. **01** Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SANDEEP CHIGURUPATI & RASAJNA MANYAM 840-41-5371 Dort I Additional Income

Га	Additional income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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. Attach Schedule E .	5	-16,625.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555 8d ()	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
ĥ	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
	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)		
n	Section 951(a) inclusion (see instructions)		
ο	Section 951A(a) inclusion (see instructions)		
р	Section 461(I) excess business loss adjustment		
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan		
u	Wages earned while incarcerated		
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	-16,625.
or Pa	perwork Reduction Act Notice, see your tax return instructions,	Schedu	ile 1 (Form 1040) 2023

OMB No. 1545-0074

F ct Notice, see your tax returi instructio

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-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		
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)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses 24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
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)	-	
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	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SANDEEP CHIGURUPATI & RASAJNA MANYAM

Your social security number 840-41-5371

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fro	.	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column (s	rt I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	43,298.	64,711.		0.	-21,413.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	11,546.	11,485.			61.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	-21,352.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result	
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.			line 2, colum	n (g)	with column (g)	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	1.	2.			-1.	
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.						
11 12	in or (loss)	11 12					
13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	13					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions						
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	-1.	

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-21,353.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains?			
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

-orm **8949**

Sales and Other Dispositions of Capital Assets

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



 Department of the Treasury Internal Revenue Service
 Go to www.irs.gov/Form8949 for instructions and the latest information.
 Attachment Sequence No. 1

 Name(s) shown on return
 Social security number or taxpayer identification number

.,					
SANDEEP CHI	IGURUPATI	&	RASAJNA	MANYAM	840-41-5371

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/23	12/31/23	43,298.	64,711.	W	0.	-21,413.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), lin	lude on your ne 2 (if Box B	43,298.	64,711.		0.	-21,413.

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SANDEEP CHIGURUPATI & RASAJNA MANYAM

Social security number or taxpayer identification number 840-41-5371

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

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

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/22	12/31/23	1.	2.			-1.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	1.	2.			-1.			

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

8949

Sales and Other Dispositions of Capital Assets

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



Department of the Treasury Go to www.irs.gov/Form8949 for instructions and the latest information. Internal Revenue Service

Name(s) shown on return	Social security number or taxpayer identification number
SANDEEP CHIGURUPATI & RASAJNA MANYAM	840-41-5371

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

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

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

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

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions adjustment		from column (d) and combine the result with column (g).	
Robinhood Crypto LLC	01/01/23	12/31/23	11,546.	11,485.			61.	
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), lir	lude on your ne 2 (if Box B	11,546.	11,485.			61.	

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

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

	DULE E				Supplementa	l Inc	ome ar	nd Los	SS			OMB No	o. 1545-0074		
(Form 1040) (From rental real estate, royalties, partnerships, S							S corporations, estates, trusts, REMICs, etc.)								
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.											Attachment Sequence No. 13			
Name(s)	Name(s) shown on return										Your soci	al security		_	
SAND												1-5371			
Part	I Income	or L	Loss	From Rental	Real Estate an	d Ro	yalties				1				
	Note: If yo rental inco	ou are	e in th or loss	ne business of rent s from Form 4835	ing personal proper on page 2, line 40.	rty, use	Schedule	e C . See	e instru	ctions. If you	are an indi	vidual, rep	ort farm		
B li	f "Yes," did you	or w	vill yc	ou file required F	orm(s) 1099?							. 🗌 Ye	es 🗌 No		
1a	,				eet, city, state, ZI		,								
A	FLAT NO. 3	02,	CE.	AZERS CASTI	LE, DEFENCE CC	DLONY	SAINI	KPURI	, SEG	CUNDERABA	D,HYDEB	RABAD I	N 50009	4	
B															
C									1		1				
1b	Type of Prope (from list below		2		real estate prope he number of fair				Fa	ir Rental Days	Persor Da	nal Use iys	QJV		
Α	2	-			ays. Check the Q			Α		185		0		_	
В					requirements to f			В						_	
С				qualified joint v	enture. See instru	lotions	5.	С						_	
	of Property:							-	1					-	
	Single Family R	eside	ence	a 3 Vacatior	n/Short-Term Ren	ital	5 Land	ł	7	Self-Rental					
	Multi-Family Re			4 Comme	rcial		6 Roya		8	Other (desc	ribe)				
	, , ,						,		_						
Incom	ю .							Α		Propert B	ies:		С	_	
3		4				3			45.	2			•		
4						4			10.						
Expen						+ •									
5						5									
6	0			structions)		6								_	
7				-		7		8	46.					_	
8									.01						
9						8								_	
10						10								_	
11	-	er professional fees						1 0	45.						
12	-			to banks, etc. (s		11 12		1, C	43.						
13					,	13									
14	Duner Interest	•	• •			14		3 0	51.						
14						14			51.					_	
						-		4,~	,, , , ,					_	
16						16		1 5	74						
17				or depletion		17			574. 582.						
18		xper	ise c	braepietion		18 19		2,0	02.						
19	Other (list)			ies 5 through 19		20		14,6							
20				0		20		14,0	. 69.						
21					or 4 (royalties). If										
	· · ·				d out if you must	0.1		-13,8	24						
00						21		-13,0	24.						
22					limitation, if any,		(12 07		1	,	,		,	
				ructions)		22	(13,82		()	(_)	
23a					or all rental prope			•	23a		845.				
b					or all royalty prop			•	23b						
c					for all properties			•	23c	,					
d		mounts reported on line 18 for all properties													
e					for all properties			•	23e	14	1,669.				
24					on line 21. Do no t						. 24	1	10.01		
25					nd rental real estat							(13,824.)	
26					ncome or (loss).										
					on page 2 do no								10.001		
				-	ise, include this a				ine 41		· 26		-13,824		
For Pa	nerwork Reducti	ion A	Act No	otice see the ser	parate instructions		NI	-A		-13,824	±• 60	hadula E (E	orm 1040) 20	101	

Schedule E (Form 1040) 2023

Schedul	e E (Form 1040) 2023			At	tachment	Sequen	ce No. 13					F	Page 2	
Name(s)	shown on return. Do not enter name and	number i	r if shown on other side.							our social security number				
	DEEP CHIGURUPATI & RAS										1-5371	-		
-	on: The IRS compares amounts		,				s shown	on Sc	hedule(s) K-	1.				
Part	II Income or Loss From Note: If you report a loss, red the box in column (e) on line amount is not at risk, you me	ceive a distribu 28 and attach	tion, di the req	spose of uired ba	f stock, c isis comp	or receiv	n. If you re	eport a	loss from an a	at-risk act				
27	Are you reporting any loss not passive activity (if that loss wa	allowed in a	prior y	/ear due	e to the	at-risl	k or basis	s limit	ations, a prid	or year u				
	see instructions before comple							•			·	Yes X	_ `	
28			(b) Enter P for (c) Check if (d) Err				Employer	Check if (f) Check if						
	(a) Name				rship; S rporation	fore partne			ation number		sis computation is required		ount is risk	
Α	PRSN INVESTMENT LLC			E	2			88-3	3575562]	
B	PRSN INVESTMENT LLC			E	2			88-3	3575562					
						L					<u> </u>]	
D	Dessive Income	andlass					Ner							
	Passive Income (g) Passive loss allowed	(h) Passive	e income	;	(i) Nonpa	ssive los	s allowed	-	Section 179 exp			assive inc		
	(attach Form 8582 if required)	from Sche	dule K-1			Schedul			uction from For			chedule k		
							62.							
<u>В</u> С	2,739.													
29a	Totals													
b	Totals 2,739.						62.							
30	Add columns (h) and (k) of line	29a								30				
31	Add columns (g), (i), and (j) of li									31	(2,80)1.)	
32	Total partnership and S corp				Combin	e lines	30 and	31		32		-2,8	01.	
Part	III Income or Loss From	Estates an	dIru	sts							(b) Em	alovor		
33			(a) N	lame							identificatio		r	
A														
B	Deseños I							NI.						
	(c) Passive deduction or loss allo	ncome and I		(d) Passive income (e) Deduction or lo						te Income and Loss				
	(attach Form 8582 if required		from Schedule K-1						dule K-1		Schedule K-1			
<u>B</u>	Tatala									_				
34a b	Totals													
35	Add columns (d) and (f) of line	34a									. 35			
36	Add columns (c) and (e) of line									36	()	
37	Total estate and trust income									37				
Part	IV Income or Loss From	Real Estat	e Mor	tgage					-		I Holde	er		
38	(a) Name ider			Employer ation num	tion number Schedules Q, line 2c (net lo				(d) Taxable in (net loss) fr Schedules Q,	rom		come fror Iles Q, line		
20	Combine columns (d) and (e) o	oly Enter the	recult	hore -	nd in also	do in t	ha tatal		11 halaw	00				
39 Part		niy. Enter the	resuit	nere ar		de in t	ne total t	Shime	41 Delow .	39	<u> </u>			
40	Net farm rental income or (loss) from Form	4835. /	Also, co	omplete	line 42	below			40				
41	Total income or (loss). Combi		2, 37, 3						on Schedule			-16,6	25	
42	Reconciliation of farming a			e. Ente	er vour	gross	s	•				± 0 , 0		
	farming and fishing income rep													
	(Form 1065), box 14, code B; S	chedule K-1 ((Form ⁻	1120-S)), box 17	7, code	e							
	AN; and Schedule K-1 (Form 10						42							
43	Reconciliation for real estate professional (see instructions), enter the	net ir	ncome	or (los	s) you	L L							
	reported anywhere on Form 1 from all rental real estate activ under the passive activity loss	ities in which												