

**E-file Authorization for Form 1065**  
(For return of partnership income or administrative adjustment request)

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or tax year beginning , 2023, and ending , 20 .

**ERO must obtain and retain completed Form 8879-PE.**  
Go to [www.irs.gov/Form8879PE](http://www.irs.gov/Form8879PE) for the latest information.

**2023**

Name of partnership

KSNR HOLDINGS LLC

Employer identification number

86-3060421

**Part I Form 1065 Information** (Whole dollars only)

<b>1</b>	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	<b>1</b>	
<b>2</b>	Gross profit (Form 1065, line 3)	<b>2</b>	
<b>3</b>	Ordinary business income (loss) (Form 1065, line 23)	<b>3</b>	
<b>4</b>	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	<b>4</b>	228.
<b>5</b>	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	<b>5</b>	

**Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative**

I declare under penalties of perjury that:

- 1a. If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- b. If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
- 2. I have examined a copy of the partnership's electronic Form 1065 (whether used as return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
- 3. I am fully authorized to sign the return or AAR on behalf of the partnership.
- 4. The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
- 5. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
- 6. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

**Partner or Member or PR PIN: check one box only**

- I authorize \_\_\_\_\_ to enter my PIN       as my signature  
ERO firm name Don't enter all zeros  
on the partnership's 2023 electronically filed return of partnership income or AAR.
- As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2023 electronically filed return of partnership income or AAR.

Partner or Member or PR signature: \_\_\_\_\_

Title: PARTNER Date: \_\_\_\_\_

**Part III Certification and Authentication**

**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	1
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: \_\_\_\_\_ Date: 03/07/2024

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**U.S. Return of Partnership Income**

For calendar year 2023, or tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20\_\_\_\_\_.

**2023**

Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

<b>A</b> Principal business activity REAL ESTATE	<b>Type or Print</b>	Name of partnership KSNR HOLDINGS LLC	<b>D</b> Employer identification number 86-3060421
<b>B</b> Principal product or service SERVICE		Number, street, and room or suite no. If a P.O. box, see instructions. 22428 BRIGHT SKY DR	<b>E</b> Date business started 04/09/2021
<b>C</b> Business code number 531190		City or town, state or province, country, and ZIP or foreign postal code CLARKSBURG MD 20871	<b>F</b> Total assets (see instructions) \$ 88,969.

- G** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return
- H** Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify): \_\_\_\_\_
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: \_\_\_\_\_ 4
- J** Check if Schedules C and M-3 are attached \_\_\_\_\_
- K** Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

**Caution:** Include **only** trade or business income and expenses on lines 1a through 23 below. See instructions for more information.

	1a	b	c	1c
<b>Income</b>	1a	Gross receipts or sales	Less returns and allowances	Balance
	2	Cost of goods sold (attach Form 1125-A)		
	3	Gross profit. Subtract line 2 from line 1c		
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		
	5	Net farm profit (loss) (attach Schedule F (Form 1040))		
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
	7	Other income (loss) (attach statement)		
	8	<b>Total income (loss).</b> Combine lines 3 through 7		
<b>Deductions</b> (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)		9
	10	Guaranteed payments to partners		10
	11	Repairs and maintenance		11
	12	Bad debts		12
	13	Rent		13
	14	Taxes and licenses		14
	15	Interest (see instructions)		15
	16a	Depreciation (if required, attach Form 4562)	16a	
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b	16c
	17	Depletion ( <b>Do not deduct oil and gas depletion.</b> )		17
	18	Retirement plans, etc.		18
	19	Employee benefit programs		19
	20	Energy efficient commercial buildings deduction (attach Form 7205)		20
	21	Other deductions (attach statement)		21
22	<b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 21		22	
23	<b>Ordinary business income (loss).</b> Subtract line 22 from line 8		23	
<b>Tax and Payment</b>	24	Interest due under the look-back method—completed long-term contracts (attach Form 8697)		24
	25	Interest due under the look-back method—income forecast method (attach Form 8866)		25
	26	BBA AAR imputed underpayment (see instructions)		26
	27	Other taxes (see instructions)		27
	28	<b>Total balance due.</b> Add lines 24 through 27		28
	29	Elective payment election amount from Form 3800		29
	30	Payment (see instructions)		30
	31	<b>Amount owed.</b> If the sum of line 29 and line 30 is smaller than line 28, enter amount owed		31
	32	<b>Overpayment.</b> If the sum of line 29 and line 30 is larger than line 28, enter overpayment		32 0.

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_

Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name RAMYA KRISHNA KOLLIPARA	Preparer's signature RAMYA KRISHNA KOLLIPARA	Date 03/07/2024	Check <input type="checkbox"/> if self-employed	PTIN P03129146
	Firm's name GLOBAL TAXES LLC	Firm's EIN 84-3171965			
	Firm's address 245 ROONEY CT E BRUNSWICK, NJ 08816	Phone no. (678) 965-9522			

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:
a [X] Domestic general partnership b [ ] Domestic limited partnership
c [ ] Domestic limited liability company d [ ] Domestic limited liability partnership
e [ ] Foreign partnership f [ ] Other:
2 At the end of the tax year:
a Did any foreign or domestic corporation, partnership...
b Did any individual or estate own, directly or indirectly, an interest of 50% or more...
3 At the end of the tax year, did the partnership:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power...
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more...
4 Does the partnership satisfy all four of the following conditions?
a The partnership's total receipts for the tax year were less than \$250,000.
b The partnership's total assets at the end of the tax year were less than \$1 million.
c Schedules K-1 are filed with the return and furnished to the partners...
d The partnership is not filing and is not required to file Schedule M-3...
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified...
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement...
8 At any time during calendar year 2023, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country...
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election?
b For this tax year, did the partnership make an optional basis adjustment under section 743(b)?

<b>Schedule B Other Information (continued)</b>		<b>Yes</b>	<b>No</b>
<b>c</b>	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ ( _____ ) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions . . . . .		X
<b>d</b>	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year \$ _____. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		X
<b>11</b>	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) . . . . . <input type="checkbox"/>		
<b>12</b>	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? . . . . .		X
<b>13</b>	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions . . . . .		
<b>14</b>	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership . . . . .		X
<b>15</b>	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return . . . . .		
<b>16a</b>	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .		X
<b>b</b>	If "Yes," did you or will you file required Form(s) 1099? . . . . .		
<b>17</b>	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return . . . . .		
<b>18</b>	Enter the number of partners that are foreign governments under section 892 . . . . .		
<b>19</b>	During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? . . . . .		X
<b>20</b>	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938 . . . . .		X
<b>21</b>	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? . . . . .		X
<b>22</b>	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions . . . . . If "Yes," enter the total amount of the disallowed deductions . . . . . \$ _____		X
<b>23</b>	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .		X
<b>24</b>	Does the partnership satisfy one or more of the following? See instructions . . . . . <b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the partnership has business interest expense. <b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
<b>25</b>	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . . If "Yes," enter the amount from Form 8996, line 15 . . . . . \$ _____		X
<b>26</b>	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership . . . . . Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
<b>27</b>	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? . . . . .		X
<b>28</b>	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: _____ By vote: _____ By value: _____		X
<b>29</b>	Is the partnership required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions): <b>a</b> Under the applicable foreign corporation rules? . . . . .		X

<b>Schedule B Other Information</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
<b>b</b>	Under the covered surrogate foreign corporation rules? . . . . . If "Yes" to either (a) or (b), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		<b>X</b>
<b>30</b>	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions . . . . .		<b>X</b>
<b>31</b>	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 . . . . . If "No," complete Designation of Partnership Representative below.		<b>X</b>

**Designation of Partnership Representative** (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR THALVAYAPATI RAGHU KUMAR

U.S. address of PR <u>22428 BRIGHT SKY DR Clarksburg MD 20871</u>	U.S. phone number of PR <u>(717) 585-5254</u>
If the PR is an entity, name of the designated individual for the PR	
U.S. address of designated individual	U.S. phone number of designated individual

<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 23)	<b>1</b>	
	<b>2</b> Net rental real estate income (loss) (attach Form 8825)	<b>2</b>	228.
	<b>3a</b> Other gross rental income (loss)	<b>3a</b>	
	<b>b</b> Expenses from other rental activities (attach statement)	<b>3b</b>	
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a	<b>3c</b>	
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> <b>b</b> Capital <b>4b</b>	<b>4c</b>	
	<b>c</b> Total. Add lines 4a and 4b	<b>4c</b>	
	<b>5</b> Interest income	<b>5</b>	
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends	<b>6a</b>	
	<b>b</b> Qualified dividends <b>6b</b> <b>c</b> Dividend equivalents <b>6c</b>	<b>6c</b>	
	<b>7</b> Royalties	<b>7</b>	
<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065))	<b>8</b>		
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065))	<b>9a</b>		
<b>b</b> Collectibles (28%) gain (loss)	<b>9b</b>		
<b>c</b> Unrecaptured section 1250 gain (attach statement)	<b>9c</b>		
<b>10</b> Net section 1231 gain (loss) (attach Form 4797)	<b>10</b>		
<b>11</b> Other income (loss) (see instructions) Type: _____	<b>11</b>		
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562)	<b>12</b>	
	<b>13a</b> Cash contributions	<b>13a</b>	
	<b>b</b> Noncash contributions	<b>13b</b>	
	<b>c</b> Investment interest expense	<b>13c</b>	
	<b>d</b> Section 59(e)(2) expenditures: <b>(1)</b> Type: _____ <b>(2)</b> Amount: _____	<b>13d(2)</b>	
<b>e</b> Other deductions (see instructions) Type: _____	<b>13e</b>		
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment	<b>14a</b>	
	<b>b</b> Gross farming or fishing income	<b>14b</b>	
	<b>c</b> Gross nonfarm income	<b>14c</b>	
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5))	<b>15a</b>	
	<b>b</b> Low-income housing credit (other)	<b>15b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	<b>15c</b>	
	<b>d</b> Other rental real estate credits (see instructions) Type: _____	<b>15d</b>	
	<b>e</b> Other rental credits (see instructions) Type: _____	<b>15e</b>	
	<b>f</b> Other credits (see instructions) Type: _____	<b>15f</b>	
<b>Inter-national</b>	<b>16</b> Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
<b>Alternative Minimum Tax (AMT) items</b>	<b>17a</b> Post-1986 depreciation adjustment	<b>17a</b>	
	<b>b</b> Adjusted gain or loss	<b>17b</b>	
	<b>c</b> Depletion (other than oil and gas)	<b>17c</b>	
	<b>d</b> Oil, gas, and geothermal properties—gross income	<b>17d</b>	
	<b>e</b> Oil, gas, and geothermal properties—deductions	<b>17e</b>	
	<b>f</b> Other AMT items (attach statement)	<b>17f</b>	
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income	<b>18a</b>	
	<b>b</b> Other tax-exempt income	<b>18b</b>	
	<b>c</b> Nondeductible expenses	<b>18c</b>	
	<b>19a</b> Distributions of cash and marketable securities	<b>19a</b>	
	<b>b</b> Distributions of other property	<b>19b</b>	
	<b>20a</b> Investment income	<b>20a</b>	
	<b>b</b> Investment expenses	<b>20b</b>	
<b>c</b> Other items and amounts (attach statement)			
<b>21</b> Total foreign taxes paid or accrued	<b>21</b>		

**Analysis of Net Income (Loss) per Return**

<b>1</b>	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21					<b>1</b>	228.
<b>2</b>	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
<b>a</b>	General partners						
<b>b</b>	Limited partners		228.				

**Schedule L Balance Sheets per Books**

		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
<b>1</b>	Cash				
<b>2a</b>	Trade notes and accounts receivable				
<b>b</b>	Less allowance for bad debts				
<b>3</b>	Inventories				
<b>4</b>	U.S. Government obligations				
<b>5</b>	Tax-exempt securities				
<b>6</b>	Other current assets (attach statement)				
<b>7a</b>	Loans to partners (or persons related to partners)				
<b>b</b>	Mortgage and real estate loans				
<b>8</b>	Other investments (attach statement)				
<b>9a</b>	Buildings and other depreciable assets				
<b>b</b>	Less accumulated depreciation				
<b>10a</b>	Depletable assets				
<b>b</b>	Less accumulated depletion				
<b>11</b>	Land (net of any amortization)		88,741.		88,969.
<b>12a</b>	Intangible assets (amortizable only)				
<b>b</b>	Less accumulated amortization				
<b>13</b>	Other assets (attach statement)				
<b>14</b>	Total assets		88,741.		88,969.
<b>Liabilities and Capital</b>					
<b>15</b>	Accounts payable				
<b>16</b>	Mortgages, notes, bonds payable in less than 1 year				
<b>17</b>	Other current liabilities (attach statement)				
<b>18</b>	All nonrecourse loans				
<b>19a</b>	Loans from partners (or persons related to partners)				
<b>b</b>	Mortgages, notes, bonds payable in 1 year or more		18,710.		18,710.
<b>20</b>	Other liabilities (attach statement)				
<b>21</b>	Partners' capital accounts		70,031.		70,259.
<b>22</b>	Total liabilities and capital		88,741.		88,969.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return**

**Note:** The partnership may be required to file Schedule M-3. See instructions.

<b>1</b>	Net income (loss) per books	228.	<b>6</b>	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		<b>a</b>	Tax-exempt interest \$	
<b>3</b>	Guaranteed payments (other than health insurance)		<b>7</b>	Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize):	
<b>4</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize):		<b>a</b>	Depreciation \$	
<b>a</b>	Depreciation \$		<b>8</b>	Add lines 6 and 7	
<b>b</b>	Travel and entertainment \$		<b>9</b>	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	228.
<b>5</b>	Add lines 1 through 4	228.			

**Schedule M-2 Analysis of Partners' Capital Accounts**

<b>1</b>	Balance at beginning of year	70,031.	<b>6</b>	Distributions: <b>a</b> Cash	
<b>2</b>	Capital contributed: <b>a</b> Cash		<b>b</b> Property		
	<b>b</b> Property		<b>7</b>	Other decreases (itemize):	
<b>3</b>	Net income (loss) (see instructions)	228.	<b>8</b>	Add lines 6 and 7	
<b>4</b>	Other increases (itemize):		<b>9</b>	Balance at end of year. Subtract line 8 from line 5	70,259.
<b>5</b>	Add lines 1 through 4	70,259.			

# Rental Real Estate Income and Expenses of a Partnership or an S Corporation

▶ Attach to Form 1065 or Form 1120S.  
 ▶ Go to [www.irs.gov/Form8825](http://www.irs.gov/Form8825) for the latest information.

OMB No. 1545-0123

Name: **KSNR HOLDINGS LLC** Employer identification number: **86-3060421**

<b>1</b>	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property—street, city, state, ZIP code	Type—Enter code 1–8; see page 2 for list	Fair Rental Days	Personal Use Days
<b>A</b>	.....			
<b>B</b>	.....			
<b>C</b>	.....			
<b>D</b>	.....			

	Properties				
	A	B	C	D	
<b>2</b> Gross rents . . . . .	<b>2</b>				
<b>Rental Real Estate Expenses</b>					
<b>3</b> Advertising . . . . .	<b>3</b>				
<b>4</b> Auto and travel . . . . .	<b>4</b>				
<b>5</b> Cleaning and maintenance . . . . .	<b>5</b>				
<b>6</b> Commissions . . . . .	<b>6</b>				
<b>7</b> Insurance . . . . .	<b>7</b>				
<b>8</b> Legal and other professional fees . . . . .	<b>8</b>				
<b>9</b> Interest (see instructions) . . . . .	<b>9</b>				
<b>10</b> Repairs . . . . .	<b>10</b>				
<b>11</b> Taxes . . . . .	<b>11</b>				
<b>12</b> Utilities . . . . .	<b>12</b>				
<b>13</b> Wages and salaries . . . . .	<b>13</b>				
<b>14</b> Depreciation (see instructions) . . . . .	<b>14</b>				
<b>15</b> Other (list) ▶ .....	<b>15</b>				
<b>16</b> Total expenses for each property. Add lines 3 through 15 . . . . .	<b>16</b>				
<b>17</b> Income or (loss) from each property. Subtract line 16 from line 2 . . . . .	<b>17</b>				
<b>18a</b> Total gross rents. Add gross rents from line 2, columns A through H . . . . .	<b>18a</b>				
<b>b</b> Total expenses. Add total expenses from line 16, columns A through H . . . . .	<b>18b</b>				
<b>19</b> Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities . . . . .	<b>19</b>				
<b>20a</b> Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1) . . . . .	<b>20a</b>				228
<b>b</b> Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed.					
<b>(1)</b> Name		<b>(2)</b> Employer identification number			
ATX HWY 185 S LLC		87-4792192			228
<b>21</b> Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on: . . . . .	<b>21</b>				228



<b>1</b>	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.			
	Physical address of each property—street, city, state, ZIP code	Type—Enter code 1–8; see below for list	Fair Rental Days	Personal Use Days
<b>E</b>	.....			
<b>F</b>	.....			
<b>G</b>	.....			
<b>H</b>	.....			

		<b>Properties</b>			
		<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
<b>Rental Real Estate Income</b>					
<b>2</b> Gross rents . . . . .	<b>2</b>				
<b>Rental Real Estate Expenses</b>					
<b>3</b> Advertising . . . . .	<b>3</b>				
<b>4</b> Auto and travel . . . . .	<b>4</b>				
<b>5</b> Cleaning and maintenance . . . . .	<b>5</b>				
<b>6</b> Commissions . . . . .	<b>6</b>				
<b>7</b> Insurance . . . . .	<b>7</b>				
<b>8</b> Legal and other professional fees . . . . .	<b>8</b>				
<b>9</b> Interest (see instructions) . . . . .	<b>9</b>				
<b>10</b> Repairs . . . . .	<b>10</b>				
<b>11</b> Taxes . . . . .	<b>11</b>				
<b>12</b> Utilities . . . . .	<b>12</b>				
<b>13</b> Wages and salaries . . . . .	<b>13</b>				
<b>14</b> Depreciation (see instructions) . . . . .	<b>14</b>				
<b>15</b> Other (list) ▶ .....	<b>15</b>				
.....					
.....					
<b>16</b> Total expenses for each property. Add lines 3 through 15 . . . . .	<b>16</b>				
<b>17</b> Income or (loss) from each property. Subtract line 16 from line 2 . . . . .	<b>17</b>				

**Allowable Codes for Type of Property**

- 1—Single Family Residence
- 2—Multi-Family Residence
- 3—Vacation or Short-Term Rental
- 4—Commercial
- 5—Land
- 6—Royalties
- 7—Self-Rental
- 8—Other (include description with the code on Form 8825 or on a separate statement)

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 86-3060421
B Partnership's name, address, city, state, and ZIP code KSNR HOLDINGS LLC 22428 BRIGHT SKY DR CLARKSBURG, MD 20871
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 220-83-3035
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. NAGESWARA REDDY KANUPARTHI 12014 GREY SQUIRREL ST CLARKSBURG MD 20871
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 25.00000% 25.00000%
Loss 25.00000% 25.00000%
Capital 25.00000% 25.00000%
Check if decrease is due to:
Sale or Exchange of partnership interest. See instructions.
K1 Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ 4,676. \$ 4,676.
Recourse \$ \$
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Table with 2 columns: Description, Amount. Rows include Beginning capital account (\$17,508), Capital contributed during the year, Current year net income (loss) (\$57), Other increase (decrease), Withdrawals and distributions, Ending capital account (\$17,565).

M Did the partner contribute property with a built-in gain (loss)? Yes No (checked) If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Column number, Amount. Rows include Ordinary business income (loss), Net rental real estate income (loss) (57), Other net rental income (loss), Guaranteed payments for services, Guaranteed payments for capital, Total guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Foreign taxes paid or accrued.

22 More than one activity for at-risk purposes\*
23 More than one activity for passive activity purposes\*
\*See attached statement for additional information.

For IRS Use Only

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 86-3060421
B Partnership's name, address, city, state, and ZIP code KSNR HOLDINGS LLC 22428 BRIGHT SKY DR CLARKSBURG, MD 20871
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 329-04-9369
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. KAMALAKAR REDDY KRISHNA REDDY 22428 BRIGHT SKY DR CLARKSBURG MD 20871
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 25.00000% 25.00000%
Loss 25.00000% 25.00000%
Capital 25.00000% 25.00000%
Check if decrease is due to:
Sale or Exchange of partnership interest. See instructions.
K1 Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ 4,678. \$ 4,678.
Recourse \$ \$
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Beginning capital account \$ 17,508.
Capital contributed during the year \$
Current year net income (loss) \$ 57.
Other increase (decrease) (attach explanation) \$
Withdrawals and distributions \$ ( )
Ending capital account \$ 17,565.

M Did the partner contribute property with a built-in gain (loss)?
Yes No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Line number, and Amount. Rows include: 1 Ordinary business income (loss) 14 Self-employment earnings (loss); 2 Net rental real estate income (loss) 57.; 3 Other net rental income (loss) 15 Credits; 4a Guaranteed payments for services; 4b Guaranteed payments for capital 16 Schedule K-3 is attached if checked; 4c Total guaranteed payments 17 Alternative minimum tax (AMT) items; 5 Interest income; 6a Ordinary dividends; 6b Qualified dividends 18 Tax-exempt income and nondeductible expenses; 6c Dividend equivalents; 7 Royalties; 8 Net short-term capital gain (loss); 9a Net long-term capital gain (loss); 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss); 11 Other income (loss); 12 Section 179 deduction 21 Foreign taxes paid or accrued; 13 Other deductions

22 More than one activity for at-risk purposes\*
23 More than one activity for passive activity purposes\*

\*See attached statement for additional information.

For IRS Use Only

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 86-3060421
B Partnership's name, address, city, state, and ZIP code KSNR HOLDINGS LLC 22428 BRIGHT SKY DR CLARKSBURG, MD 20871
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 040-11-7761
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. RAGHU KUMAR THALVAYAPATI 22434 BRIGHT SKY DR CLARKSBURG MD 20871
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 25.00000% 25.00000%
Loss 25.00000% 25.00000%
Capital 25.00000% 25.00000%
Check if decrease is due to: Sale or Exchange of partnership interest. See instructions.
K1 Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ 4,678. \$ 4,678.
Recourse \$ \$
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Table with columns: Description, Beginning, Ending. Rows: Beginning capital account (\$17,507), Capital contributed during the year, Current year net income (loss) (\$57), Other increase (decrease) (attach explanation), Withdrawals and distributions, Ending capital account (\$17,564).

M Did the partner contribute property with a built-in gain (loss)? Yes No (checked) If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with columns: Line number, Description, Amount, Code, and Other information. Rows include: 1 Ordinary business income (loss) 14 Self-employment earnings (loss); 2 Net rental real estate income (loss) 57.; 3 Other net rental income (loss) 15 Credits; 4a Guaranteed payments for services; 4b Guaranteed payments for capital 16 Schedule K-3 is attached if checked; 4c Total guaranteed payments 17 Alternative minimum tax (AMT) items; 5 Interest income; 6a Ordinary dividends; 6b Qualified dividends 18 Tax-exempt income and nondeductible expenses; 6c Dividend equivalents; 7 Royalties; 8 Net short-term capital gain (loss); 9a Net long-term capital gain (loss); 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss); 11 Other income (loss); 12 Section 179 deduction 21 Foreign taxes paid or accrued; 13 Other deductions; 19 Distributions; 20 Other information.

22 More than one activity for at-risk purposes\*
23 More than one activity for passive activity purposes\*
\*See attached statement for additional information.

For IRS Use Only

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 86-3060421
B Partnership's name, address, city, state, and ZIP code KSNR HOLDINGS LLC 22428 BRIGHT SKY DR CLARKSBURG, MD 20871
C IRS center where partnership filed return: KANSAS CITY, MO
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 185-84-7165
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. SURENDRA BABU MANYAM 22414 BRIGHT SKY DR CLARKSBURG MD 20871
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 25.00000% 25.00000%
Loss 25.00000% 25.00000%
Capital 25.00000% 25.00000%
Check if decrease is due to: Sale or Exchange of partnership interest. See instructions.
K1 Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ 4,678. \$ 4,678.
Recourse \$ \$
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Table with 2 columns: Description, Amount. Rows include Beginning capital account (\$17,508), Capital contributed during the year, Current year net income (loss) (\$57), Other increase (decrease), Withdrawals and distributions, Ending capital account (\$17,565).

M Did the partner contribute property with a built-in gain (loss)? Yes No (checked) If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) Beginning Ending

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Line number, Description. Rows include Ordinary business income (loss), Net rental real estate income (loss) 57., Other net rental income (loss), Guaranteed payments for services, Guaranteed payments for capital, Total guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Foreign taxes paid or accrued.

22 More than one activity for at-risk purposes\*
23 More than one activity for passive activity purposes\*
\*See attached statement for additional information.

For IRS Use Only

# 199A Worksheet by Activity

**2023**

▶ Keep for your records

Partnership's name KSNR HOLDINGS LLC	Partnership's EIN 86-3060421
---	---------------------------------

**Note: See 199A Summary for Special Allocation information**

QuickZoom to 199A Summary . . . . ▶ \_\_\_\_\_

Aggregation Code: _____	Trade or Business: <u>1065, Line 22</u>
	EIN: <u>86-3060421</u>
	Is this activity a qualified trade/business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Specified Service Trade or Business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**QBI or qualified PTP items subject to partner-specific determinations:**

<b>1 a</b> Ordinary business income (loss) . . . . .	<b>1 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted ordinary business income (loss) . . . . .	<b>c</b>	<b>1</b>	<b>c</b>	
<b>2 a</b> Rental income (loss) . . . . .	<b>2 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted rental income (loss) . . . . .	<b>c</b>	<b>2</b>	<b>c</b>	
<b>3 a</b> Royalty income (loss) . . . . .	<b>3 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted royalty income (loss) . . . . .	<b>c</b>	<b>3</b>	<b>c</b>	
<b>4 a</b> Section 1231 gain (loss) . . . . .	<b>4 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted section 1231 gain (loss) . . . . .	<b>c</b>	<b>4</b>	<b>c</b>	
<b>5</b> Other income (loss) . . . . .	<b>5</b>			
<b>6 a</b> Section 179 deduction . . . . .	<b>6 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted section 179 deduction . . . . .	<b>c</b>	<b>6</b>	<b>c</b>	
<b>7</b> Other deductions . . . . .	<b>7</b>			
<b>8 a</b> W-2 wages . . . . .	<b>8 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted W-2 Wages . . . . .	<b>c</b>	<b>8</b>	<b>c</b>	
<b>9 a</b> UBIA of qualified property . . . . .	<b>9 a</b>			
<b>b</b> Adjustments . . . . .	<b>b</b>			
<b>c</b> Adjusted UBIA of qualified property . . . . .	<b>c</b>	<b>9</b>	<b>c</b>	

**Section 179 Carryover Detail for this Activity**

Tentative Section 179 deduction from current year assets . . . . .

**Part I: Prior Year Carryovers  
by Year and Category**

- A** Before 2018 . . . . .
- B** 2018 . . . . .
- C** 2019 . . . . .
- D** 2020 . . . . .
- E** 2021 . . . . .
- F** 2022 . . . . .
- Total prior year carryovers to this year** . . . . .

Section 179 Regular Tax	Section 179 QBI
	0.

**Part II: 179 Deduction Allowed  
by Year and Category**

**Total 179 deduction allowed for this activity in current year** . . . . .

- A** Amount allowed from 2023 . . . . .
- B** Amount allowed from before 2018 . . . . .
- C** Amount allowed from 2018 . . . . .
- D** Amount allowed from 2019 . . . . .
- E** Amount allowed from 2020 . . . . .
- F** Amount allowed from 2021 . . . . .
- G** Amount allowed from 2022 . . . . .

Section 179 Regular Tax	Section 179 QBI

**Part III: Total Carryforward to 2024  
by Year and Category**

- A** Carryforward from 2023 . . . . .
- B** Carryforward from before 2018 . . . . .
- C** Carryforward from 2018 . . . . .
- D** Carryforward from 2019 . . . . .
- E** Carryforward from 2020 . . . . .
- F** Carryforward from 2021 . . . . .
- G** Carryforward from 2022 . . . . .
- Total carryforward to next year** . . . . .

Section 179 Regular Tax	Section 179 QBI

### Additional Information From 2023 Federal Partnership Tax Return

Form 1065: Partnership Tax Return  
Sch L, Line 11(d)

**Itemization Statement**

Description	Amount
	88,969.
<b>Total</b>	<b>88,969.</b>





235100014

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2023, ENDING \_\_\_\_\_

863060421

Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

040921

531190

Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)

Print Using Blue or Black Ink Only

KSNR HOLDINGS LLC Name

22428 BRIGHT SKY DR Current Mailing Address (PO Box, Number, Street and Apt. No)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

CLARKSBURG MD 20871 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

Do not write in this space. ME YE

TYPE OF ENTITY - Check the applicable box.

- S Corporation Partnership Limited Liability Company Business Trust

Amended Return

CHECK HERE - Check applicable box(es).

- Name or address has changed First filing of the entity Inactive entity Final Return 510C Filed This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

Complete this form if the pass-through entity ("PTE") is paying tax only on behalf of nonresident members and not electing to remit tax on all members' shares of income. If the PTE made an irrevocable election on Form 510/511D or 510/511E to remit tax with respect to all members' shares, STOP. You must file Form 511.

You may also use this form to request a refund of estimated payment(s) for tax paid on resident members' shares of income if the PTE has decided not to make the entity election.

1. Number of members:

- a. Individual (including fiduciary) residents of Maryland 4 c. Nonresident entities
b. Individual (including fiduciary) nonresidents d. Others
e. Total 4

2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate entities or multistate entities with no nonresident members also enter this amount on line 4 2. 228 00

ALLOCATION OF INCOME (To be completed by multistate PTEs with nonresident members - unistate entities, and multistate entities with no nonresidents, go to line 4.)

- 3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4. 3a. 00
3b. Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4. (If factor is zero, enter .000001). 3b.



235100114

NAME KSNR HOLDINGS L FEIN 863060421

4. Distributive or pro rata share of income allocable to Maryland 4. 228 00

NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.)

5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. 5.

6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) 6. 00

7. Nonresident individual tax (Multiply line 6 by 5.75%). 7. 00

8. Special nonresident tax (Multiply line 6 by 2.25%). 8. 00

9. Total Maryland tax on individual members (Add lines 7 and 8.) 9. 00

10. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11. 10.

11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.) 11. 00

12. Nonresident entity tax (Multiply line 11 by 8.25%). 12. 00

13. Total nonresident tax (Add lines 9 and 12.) 13. 00

14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here 14. 00

15. Nonresident tax due (Enter the lesser of line 13 or line 14.) 15. 00

16a. Estimated PTE nonresident tax paid with Form 510/511D and MW506NRS. 16a. 00

16b. PTE nonresident tax paid with an extension request (Form 510/511E). 16b. 00

16c. Credit for nonresident tax paid on behalf of the PTE by another PTE (Attach Schedule K-1 (510/511)) 16c. 00

16d. If the PTE filing this return is a non-resident member of a PTE paying tax at the entity level, report the amount of credit for tax paid by the PTE paying tax at the entity level with regard to this entity's nonresident shares of income. (Attach Schedule K-1 (510/511)) 16d. 00

16e. If the PTE filing this return is a resident member of a PTE paying tax at the entity level, report the amount of credit for tax paid by the PTE paying tax at the entity level with regard to this entity's resident shares of income. (Attach Schedule K-1 (510/511)). 16e. 00

16f. Total payments and credits (Add lines 16a through 16e.) 16f. 00

17. Balance of tax due (If line 15 exceeds line 16f, enter the difference.) 17. 00

18. Overpayment. (If line 16f exceeds line 15, enter the difference.) 18. 00

18a. If amending, prior overpayment. (Total all refunds previously issued.) 18a. 00

19. Interest and/or penalty from Form 500UP or late payment interest TOTAL 19. 00

20. Total nonresident balance due (Add lines 15, 18a, and 19. Subtract line 16f.) Pay in full with this return. 20. 00

NOTE: The total tax paid from lines 16f and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)

21. Amount of overpayment from original return to be applied to estimated tax for 2024 (not to exceed the net of lines 18 minus 18a and 19). 21. 00

22. Amount of overpayment TO BE REFUNDED. (Add lines 19 and 21, and subtract the total from line 18.) (If amending, subtract lines 18a and 19 from line 18.) 22. 00



235100214

NAME KSNR HOLDINGS LL FEIN 863060421

DIRECT DEPOSIT OF REFUND (see Instruction 9)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following.

Check here if you authorize the State of Maryland to issue your refund by direct deposit.

Check here if this refund will go to an account outside of the United States.

23a. Type of account: 23a. Checking Savings

23b. Routing Number (9-digits): 23b.

23c. Account Number: 23c.

23d. Name as it appears on the bank account:

ADDITIONAL INFORMATION REQUIRED

1. Address of principal place of business in Maryland (if other than indicated on page 1): 22428 BRIGHT SKY DR CLARKSBURG MD 20871

2. Address at which tax records are located (if other than indicated on page 1): 22428 BRIGHT SKY DR CLARKSBURG MD 20871

3. Telephone number of pass-through entity tax department: 7175855254

4. State of organization or incorporation: MD

5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Comptroller of Maryland? Yes No

6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland for the last calendar year? Yes No

If a multistate operation, provide the following:

7. Is this entity a multistate corporation that is a member of a unitary group? Yes No

8. Is this entity a multistate manufacturing corporation with more than 25 employees? Yes No

SIGNATURE AND VERIFICATION

Check here if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of general partner, officer or member Date GENERAL PARTNER Title

GLOBAL TAXES LLC Printed name of the Preparer/Firm's name RAMYA KRISHNA KOLLIPARA Signature of preparer other than taxpayer (Required by Law) 245 ROONEY CT Street address of preparer or Firm's address E BRUNSWICK NJ 08816 City, State, ZIP Code + 4 6789659522 Telephone number of preparer P03129146 Preparer's PTIN (Required by Law)

CODE NUMBERS (3 digits per line)

Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

Comptroller Of Maryland, Revenue Administration Division 110 Carroll Street, Annapolis, Maryland 21411-0001



235100314

NAME KSNR HOLDINGS L FEIN 863060421

**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate pass-through entities. See instructions.)

<b>NOTE:</b> Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.	<b>Column 1 TOTALS WITHIN MARYLAND</b>	<b>Column 2 TOTALS WITHIN AND WITHOUT MARYLAND</b>	<b>Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)</b>
<b>1. Receipts</b>			
a. Gross receipts or sales less returns and allowances . . . . .	00	00	
b. Dividends . . . . .	00	00	
c. Interest . . . . .	00	00	
d. Gross rents . . . . .	00	00	
e. Gross royalties . . . . .	00	00	
f. Capital gain net income . . . . .	00	00	
g. Other income (Attach schedule.) . . . . .	00	00	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) . . . . .	00	00	

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

<b>2. Property</b>			
a. Inventory . . . . .	00	00	
b. Machinery and equipment . . . . .	00	00	
c. Buildings . . . . .	00	00	
d. Land . . . . .	00	00	
e. Other tangible assets (Attach schedule.) . . . . .	00	00	
f. Rent expense capitalized (multiply by eight) . . . . .	00	00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) . . . . .	00	00	
<b>3. Payroll</b>			
a. Compensation of officers . . . . .	00	00	
b. Other salaries and wages . . . . .	00	00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) . . . . .	00	00	

**4. Maryland apportionment factor** Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000001 on line 3b, page 1.) . . . . .

▶  **Check here if special apportionment or alternative apportionment formula is used.**

**MARYLAND  
FORM  
510  
SCHEDULE B**

**PASS-THROUGH ENTITY  
INCOME TAX RETURN  
MEMBERS' INFORMATION**



23510B014

NAME KSNR HOLDINGS LLC FEIN 863060421

**PART I – INDIVIDUAL MEMBERS’ INFORMATION**

Enter the information in Social Security Number order.

	Social Security Number and name of member	Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
			Resident	Non-Resident			
1	040117761 RAGHU KUMAR THALVAYAPATI	22434 BRIGHT SKY DR CLARKSBURG MD 20871	X		57		
2	185847165 SURENDRA BABU MANYAM	22414 BRIGHT SKY DR CLARKSBURG MD 20871	X		57		
3	220833035 NAGESWARA REDDY KANUPARTHI	12014 GREY SQUIRREL ST CLARKSBURG MD 20871	X		57		
4	329049369 KAMALAKAR REDDY KRISHNA REDDY	22428 BRIGHT SKY DR CLARKSBURG MD 20871	X		57		
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for individual members							
<b>TOTAL:</b>							

**You must file  
Form 510  
electronically  
to pass on  
business tax  
credits from  
Form 500CR  
and/or  
Form 502S to  
your members.**



23510K014

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2023, ENDING \_\_\_\_\_

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)				
KSNR HOLDINGS LLC			863060421	
PTE Name			PTE FEIN	
22428 BRIGHT SKY DR				
	CLARKSBURG	MD	20871	
Street Address	City	State	ZIP Code	+4

INFORMATION ABOUT THE MEMBER				
1	NAGESWARA REDDY KANUPARTHI		220-83-3035	
Member Number	Member Name		Member's SSN/FEIN	
12014 GREY SQUIRREL ST				
	CLARKSBURG	MD	20871	
Street Address	City	State	ZIP Code	+4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Distributive or Pro Rata Share Percentage 25.00000 %			

**A. Member's Income**

1. Distributive or pro rata share of income from federal Schedule K-1. . . . .	1.	57	00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents). . . . .	2.	57	00

**B. Additions**

1. Non-Maryland municipal interest and dividends . . . . .	1.		00
2. Tax preference items . . . . .	2.		00
3. Net decoupling modification . . . . .	3.		00
4. Net decoupling modification from another PTE . . . . .	4.		00
5. Other additions (Specify additions with amounts in part G of this form.) . . . . .	5.		00

**C. Subtractions**

1. Income from U.S. obligations . . . . .	1.		00
2. Work opportunity credit salary expense. . . . .	2.		00
3. Net decoupling modification . . . . .	3.		00
4. Net decoupling modification from another PTE . . . . .	4.		00
5. Other subtractions (Specify subtractions with amounts in part G of this form.) . . . . .	5.		00

**D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share**

1. Nonresident tax paid on member's behalf by this PTE (Form 510). . . . .	1.		00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511). . . . .	2.		00
3. RESERVED . . . . .	3.	XXXXXXXXXX	00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511) . . . . .	4.		00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form. <b>Note:</b> Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns. . . . .	5.		00

**E. Credits (\*\*Required documentation or certification must be attached.)**

**Nonrefundable Credits**

1. Enterprise Zone Tax Credit*** . . . . .	1.		00
2. Maryland Disability Employment Tax Credit*** . . . . .	2.		00
3. Job Creation Tax Credit*** . . . . .	3.		00
4. Community Investment Tax Credit*** . . . . .	4.		00
5. Businesses that Create New Jobs Tax Credit. . . . .	5.		00
6. Credit for buyers of cybersecurity technology and/or cybersecurity services*** . . . . .	6.		00



23510K114

NAME KSNR HOLDINGS LLC FEIN 863060421

7. Employer-Provided Long-Term Insurance Tax Credit	7.	00
8. Security Clearance Costs Tax Credit***	8.	00
9. First Year Leasing Cost Tax Credit for Small Businesses***	9.	00
10. Research and Development Tax Credit***	10.	00
11. Commuter Tax Credit***	11.	00
12. Work Opportunity Tax Credit	12.	00
13. Energy Storage Systems Tax Credit***	13.	00
14. Automated External Defibrillator Tax Credit for Restaurants	14.	00
15. Endow Maryland Tax Credit***	15.	00
16. Preservation and Conservation Easements Tax Credit***	16.	00
17. Apprentice Employee Tax Credit***	17.	00
18. Qualified Farms Tax Credit***	18.	00
19. Endowments of Maryland Historically Black Colleges and Universities***	19.	00

**Refundable Credits**

20. Innovation Incentive Tax Credit for Investors in Innovation***	20.	00
21. Film Production Activity Tax Credit***	21.	00
22. Biotechnology Investment Incentive Tax Credit***	22.	00
23. Small Business Relief Tax Credit***	23.	00
24. Small Business Research & Development Tax Credit***	24.	00
25. Heritage Structure Rehabilitation Tax Credit***	25.	00
26. Theatrical Production Tax Credit ***	26.	00
27. More Jobs for Marylanders Tax Credit***	27.	00
28. Catalytic Revitalization Projects and Historic Revitalization Tax Credit ***	28.	00

**One Maryland Economic Development Tax Credit\*\*\* Certified after June 30, 2018**

Refundable  Nonrefundable

29a. Total number of "qualified employees" 29a. \_\_\_\_\_

29b. If the amount on line 29a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?

Yes  No

**Enter Member's Distributive or Pro Rata share of the following:**

30. Portion of PTE's income attributable to project.	30.	00
31. Amount of Maryland income tax required to be withheld from employees reported on line 29a of this form	31.	00
32. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.)	32.	00

**One Maryland Economic Development Tax Credit\*\*\* Certified before July 1, 2018**

Refundable  Nonrefundable

33a. Total number of "qualified employees" 33a. \_\_\_\_\_

33b. If the amount on line 33a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?

Yes  No

**Enter Member's Distributive or Pro Rata share of the following:**

34. Portion of PTE's income attributable to project	34.	00
35. Non-project taxable income from PTE	35.	00
36. Number of "qualified employees" multiplied by \$10,000	36.	00
37. Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form	37.	00
38. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	38.	00
39. Total cumulative eligible start-up costs (\$500,000 PTE maximum)	39.	00



**MARYLAND  
SCHEDULE K-1  
(510/511)**

**PASS-THROUGH ENTITY  
MEMBER'S INFORMATION**



23510K214

**2023**  
page 3

NAME KSNR HOLDINGS LLC FEIN 863060421

**F. Withholding for Nonresident Sale of Real Property**

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real  
Property payment from PTE . . . . . 1. \_\_\_\_\_ 00

**G. Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







23510K014

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2023, ENDING \_\_\_\_\_

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)				
KSNR HOLDINGS LLC			863060421	
PTE Name			PTE FEIN	
22428 BRIGHT SKY DR				
	CLARKSBURG	MD	20871	
Street Address	City	State	ZIP Code	+4

INFORMATION ABOUT THE MEMBER				
2	KAMALAKAR REDDY KRISHNA REDDY		329-04-9369	
Member Number	Member Name		Member's SSN/FEIN	
22428 BRIGHT SKY DR				
	CLARKSBURG	MD	20871	
Street Address	City	State	ZIP Code	+4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Distributive or Pro Rata Share Percentage 25.00000 %			

**A. Member's Income**

1. Distributive or pro rata share of income from federal Schedule K-1. . . . .	1.	57	00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents). . . . .	2.	57	00

**B. Additions**

1. Non-Maryland municipal interest and dividends . . . . .	1.		00
2. Tax preference items . . . . .	2.		00
3. Net decoupling modification . . . . .	3.		00
4. Net decoupling modification from another PTE . . . . .	4.		00
5. Other additions (Specify additions with amounts in part G of this form.) . . . . .	5.		00

**C. Subtractions**

1. Income from U.S. obligations . . . . .	1.		00
2. Work opportunity credit salary expense. . . . .	2.		00
3. Net decoupling modification . . . . .	3.		00
4. Net decoupling modification from another PTE . . . . .	4.		00
5. Other subtractions (Specify subtractions with amounts in part G of this form.) . . . . .	5.		00

**D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share**

1. Nonresident tax paid on member's behalf by this PTE (Form 510). . . . .	1.		00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511). . . . .	2.		00
3. RESERVED . . . . .	3.	XXXXXXXXXX	00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511) . . . . .	4.		00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
<b>Note:</b> Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns. . . . .	5.		00

**E. Credits (\*\*Required documentation or certification must be attached.)**

**Nonrefundable Credits**

1. Enterprise Zone Tax Credit*** . . . . .	1.		00
2. Maryland Disability Employment Tax Credit*** . . . . .	2.		00
3. Job Creation Tax Credit*** . . . . .	3.		00
4. Community Investment Tax Credit*** . . . . .	4.		00
5. Businesses that Create New Jobs Tax Credit. . . . .	5.		00
6. Credit for buyers of cybersecurity technology and/or cybersecurity services*** . . . . .	6.		00



23510K114

NAME KSNR HOLDINGS LLC FEIN 863060421

7. Employer-Provided Long-Term Insurance Tax Credit	7.	00
8. Security Clearance Costs Tax Credit***	8.	00
9. First Year Leasing Cost Tax Credit for Small Businesses***	9.	00
10. Research and Development Tax Credit***	10.	00
11. Commuter Tax Credit***	11.	00
12. Work Opportunity Tax Credit	12.	00
13. Energy Storage Systems Tax Credit***	13.	00
14. Automated External Defibrillator Tax Credit for Restaurants	14.	00
15. Endow Maryland Tax Credit***	15.	00
16. Preservation and Conservation Easements Tax Credit***	16.	00
17. Apprentice Employee Tax Credit***	17.	00
18. Qualified Farms Tax Credit***	18.	00
19. Endowments of Maryland Historically Black Colleges and Universities***	19.	00

**Refundable Credits**

20. Innovation Incentive Tax Credit for Investors in Innovation***	20.	00
21. Film Production Activity Tax Credit***	21.	00
22. Biotechnology Investment Incentive Tax Credit***	22.	00
23. Small Business Relief Tax Credit***	23.	00
24. Small Business Research & Development Tax Credit***	24.	00
25. Heritage Structure Rehabilitation Tax Credit***	25.	00
26. Theatrical Production Tax Credit ***	26.	00
27. More Jobs for Marylanders Tax Credit***	27.	00
28. Catalytic Revitalization Projects and Historic Revitalization Tax Credit ***	28.	00

**One Maryland Economic Development Tax Credit\*\*\* Certified after June 30, 2018**

Refundable  Nonrefundable

29a. Total number of "qualified employees" . . . . . 29a. \_\_\_\_\_

29b. If the amount on line 29a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?

Yes  No

**Enter Member's Distributive or Pro Rata share of the following:**

30. Portion of PTE's income attributable to project.	30.	00
31. Amount of Maryland income tax required to be withheld from employees reported on line 29a of this form . . . . .	31.	00
32. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.) . . . . .	32.	00

**One Maryland Economic Development Tax Credit\*\*\* Certified before July 1, 2018**

Refundable  Nonrefundable

33a. Total number of "qualified employees" . . . . . 33a. \_\_\_\_\_

33b. If the amount on line 33a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?

Yes  No

**Enter Member's Distributive or Pro Rata share of the following:**

34. Portion of PTE's income attributable to project . . . . .	34.	00
35. Non-project taxable income from PTE . . . . .	35.	00
36. Number of "qualified employees" multiplied by \$10,000 . . . . .	36.	00
37. Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form . . . . .	37.	00
38. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.) . . . . .	38.	00
39. Total cumulative eligible start-up costs (\$500,000 PTE maximum) . . . . .	39.	00



**MARYLAND  
SCHEDULE K-1  
(510/511)**

**PASS-THROUGH ENTITY  
MEMBER'S INFORMATION**



23510K214

**2023**  
page 3

NAME KSNR HOLDINGS LLC FEIN 863060421

**F. Withholding for Nonresident Sale of Real Property**

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real  
Property payment from PTE . . . . .1. \_\_\_\_\_ 00

**G. Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





23510K014

OR FISCAL YEAR BEGINNING 2023, ENDING

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)
KSNR HOLDINGS LLC
PTE Name
22428 BRIGHT SKY DR
CLARKSBURG
MD 20871
PTE FEIN 863060421

INFORMATION ABOUT THE MEMBER
3 RAGHU KUMAR THALVAYAPATI
Member Number Member Name
22434 BRIGHT SKY DR
CLARKSBURG
MD 20871
Resident? [X] Yes [ ] No
Distributive or Pro Rata Share Percentage 25.00000 %

A. Member's Income
1. Distributive or pro rata share of income from federal Schedule K-1. 1. 57 00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents). 2. 57 00

B. Additions
1. Non-Maryland municipal interest and dividends 1. 00
2. Tax preference items 2. 00
3. Net decoupling modification 3. 00
4. Net decoupling modification from another PTE 4. 00
5. Other additions (Specify additions with amounts in part G of this form.) 5. 00

C. Subtractions
1. Income from U.S. obligations 1. 00
2. Work opportunity credit salary expense. 2. 00
3. Net decoupling modification 3. 00
4. Net decoupling modification from another PTE 4. 00
5. Other subtractions (Specify subtractions with amounts in part G of this form.) 5. 00

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share
1. Nonresident tax paid on member's behalf by this PTE (Form 510). 1. 00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511). 2. 00
3. RESERVED 3. XXXXXXXXXX 00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511) 4. 00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form. 5. 00
Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns.

E. Credits (\*\*Required documentation or certification must be attached.)
Nonrefundable Credits
1. Enterprise Zone Tax Credit\*\*\* 1. 00
2. Maryland Disability Employment Tax Credit\*\*\* 2. 00
3. Job Creation Tax Credit\*\*\* 3. 00
4. Community Investment Tax Credit\*\*\* 4. 00
5. Businesses that Create New Jobs Tax Credit. 5. 00
6. Credit for buyers of cybersecurity technology and/or cybersecurity services\*\*\* 6. 00



23510K114

NAME KSNR HOLDINGS LLC FEIN 863060421

- 7. Employer-Provided Long-Term Insurance Tax Credit
8. Security Clearance Costs Tax Credit\*\*\*
9. First Year Leasing Cost Tax Credit for Small Businesses\*\*\*
10. Research and Development Tax Credit\*\*\*
11. Commuter Tax Credit\*\*\*
12. Work Opportunity Tax Credit
13. Energy Storage Systems Tax Credit\*\*\*
14. Automated External Defibrillator Tax Credit for Restaurants
15. Endow Maryland Tax Credit\*\*\*
16. Preservation and Conservation Easements Tax Credit\*\*\*
17. Apprentice Employee Tax Credit\*\*\*
18. Qualified Farms Tax Credit\*\*\*
19. Endowments of Maryland Historically Black Colleges and Universities\*\*\*

Refundable Credits

- 20. Innovation Incentive Tax Credit for Investors in Innovation\*\*\*
21. Film Production Activity Tax Credit\*\*\*
22. Biotechnology Investment Incentive Tax Credit\*\*\*
23. Small Business Relief Tax Credit\*\*\*
24. Small Business Research & Development Tax Credit\*\*\*
25. Heritage Structure Rehabilitation Tax Credit\*\*\*
26. Theatrical Production Tax Credit \*\*\*
27. More Jobs for Marylanders Tax Credit\*\*\*
28. Catalytic Revitalization Projects and Historic Revitalization Tax Credit \*\*\*

One Maryland Economic Development Tax Credit\*\*\* Certified after June 30, 2018

Refundable Nonrefundable

- 29a. Total number of "qualified employees"
29b. If the amount on line 29a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?

Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 30. Portion of PTE's income attributable to project.
31. Amount of Maryland income tax required to be withheld from employees reported on line 29a of this form
32. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.)

One Maryland Economic Development Tax Credit\*\*\* Certified before July 1, 2018

Refundable Nonrefundable

- 33a. Total number of "qualified employees"
33b. If the amount on line 33a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?

Yes No

Enter Member's Distributive or Pro Rata share of the following:

- 34. Portion of PTE's income attributable to project
35. Non-project taxable income from PTE
36. Number of "qualified employees" multiplied by \$10,000
37. Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form
38. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)
39. Total cumulative eligible start-up costs (\$500,000 PTE maximum)



**MARYLAND  
SCHEDULE K-1  
(510/511)**

**PASS-THROUGH ENTITY  
MEMBER'S INFORMATION**



23510K214

**2023**  
page 3

NAME KSNR HOLDINGS LLC FEIN 863060421

**F. Withholding for Nonresident Sale of Real Property**

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real  
Property payment from PTE . . . . . 1. \_\_\_\_\_ 00

**G. Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





23510K014

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2023, ENDING \_\_\_\_\_

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)				
KSNR HOLDINGS LLC			863060421	
PTE Name			PTE FEIN	
22428 BRIGHT SKY DR				
	CLARKSBURG	MD	20871	
Street Address	City	State	ZIP Code	+4

INFORMATION ABOUT THE MEMBER				
4	SURENDRA BABU MANYAM		185-84-7165	
Member Number	Member Name		Member's SSN/FEIN	
22414 BRIGHT SKY DR				
	CLARKSBURG	MD	20871	
Street Address	City	State	ZIP Code	+4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Distributive or Pro Rata Share Percentage 25.00000 %			

**A. Member's Income**

1. Distributive or pro rata share of income from federal Schedule K-1. . . . .	1.	57	00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents). . . . .	2.	57	00

**B. Additions**

1. Non-Maryland municipal interest and dividends . . . . .	1.		00
2. Tax preference items . . . . .	2.		00
3. Net decoupling modification . . . . .	3.		00
4. Net decoupling modification from another PTE . . . . .	4.		00
5. Other additions (Specify additions with amounts in part G of this form.) . . . . .	5.		00

**C. Subtractions**

1. Income from U.S. obligations . . . . .	1.		00
2. Work opportunity credit salary expense. . . . .	2.		00
3. Net decoupling modification . . . . .	3.		00
4. Net decoupling modification from another PTE . . . . .	4.		00
5. Other subtractions (Specify subtractions with amounts in part G of this form.) . . . . .	5.		00

**D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share**

1. Nonresident tax paid on member's behalf by this PTE (Form 510). . . . .	1.		00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511). . . . .	2.		00
3. RESERVED . . . . .	3.	XXXXXXXXXX	00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511) . . . . .	4.		00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
<b>Note:</b> Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns. . . . .	5.		00

**E. Credits (\*\*Required documentation or certification must be attached.)**

**Nonrefundable Credits**

1. Enterprise Zone Tax Credit*** . . . . .	1.		00
2. Maryland Disability Employment Tax Credit*** . . . . .	2.		00
3. Job Creation Tax Credit*** . . . . .	3.		00
4. Community Investment Tax Credit*** . . . . .	4.		00
5. Businesses that Create New Jobs Tax Credit. . . . .	5.		00
6. Credit for buyers of cybersecurity technology and/or cybersecurity services*** . . . . .	6.		00



23510K114

NAME KSNR HOLDINGS LLC FEIN 863060421

7. Employer-Provided Long-Term Insurance Tax Credit	7.	00
8. Security Clearance Costs Tax Credit***	8.	00
9. First Year Leasing Cost Tax Credit for Small Businesses***	9.	00
10. Research and Development Tax Credit***	10.	00
11. Commuter Tax Credit***	11.	00
12. Work Opportunity Tax Credit	12.	00
13. Energy Storage Systems Tax Credit***	13.	00
14. Automated External Defibrillator Tax Credit for Restaurants	14.	00
15. Endow Maryland Tax Credit***	15.	00
16. Preservation and Conservation Easements Tax Credit***	16.	00
17. Apprentice Employee Tax Credit***	17.	00
18. Qualified Farms Tax Credit***	18.	00
19. Endowments of Maryland Historically Black Colleges and Universities***	19.	00

**Refundable Credits**

20. Innovation Incentive Tax Credit for Investors in Innovation***	20.	00
21. Film Production Activity Tax Credit***	21.	00
22. Biotechnology Investment Incentive Tax Credit***	22.	00
23. Small Business Relief Tax Credit***	23.	00
24. Small Business Research & Development Tax Credit***	24.	00
25. Heritage Structure Rehabilitation Tax Credit***	25.	00
26. Theatrical Production Tax Credit ***	26.	00
27. More Jobs for Marylanders Tax Credit***	27.	00
28. Catalytic Revitalization Projects and Historic Revitalization Tax Credit ***	28.	00

**One Maryland Economic Development Tax Credit\*\*\* Certified after June 30, 2018**

Refundable  Nonrefundable

29a. Total number of "qualified employees" . . . . . 29a. \_\_\_\_\_

29b. If the amount on line 29a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?

Yes  No

**Enter Member's Distributive or Pro Rata share of the following:**

30. Portion of PTE's income attributable to project.	30.	00
31. Amount of Maryland income tax required to be withheld from employees reported on line 29a of this form . . . . .	31.	00
32. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.) . . . . .	32.	00

**One Maryland Economic Development Tax Credit\*\*\* Certified before July 1, 2018**

Refundable  Nonrefundable

33a. Total number of "qualified employees" . . . . . 33a. \_\_\_\_\_

33b. If the amount on line 33a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?

Yes  No

**Enter Member's Distributive or Pro Rata share of the following:**

34. Portion of PTE's income attributable to project . . . . .	34.	00
35. Non-project taxable income from PTE . . . . .	35.	00
36. Number of "qualified employees" multiplied by \$10,000 . . . . .	36.	00
37. Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form . . . . .	37.	00
38. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.) . . . . .	38.	00
39. Total cumulative eligible start-up costs (\$500,000 PTE maximum) . . . . .	39.	00





23510K214

NAME KSNR HOLDINGS LLC FEIN 863060421

**F. Withholding for Nonresident Sale of Real Property**

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real  
Property payment from PTE . . . . .1. \_\_\_\_\_ 00

**G. Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**U.S. Return of Partnership Income**

For calendar year 2023, or tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20\_\_\_\_\_.

**2023**

Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

<b>A</b> Principal business activity REAL ESTATE	<b>Type or Print</b>	Name of partnership KSNR HOLDINGS LLC	<b>D</b> Employer identification number 86-3060421
<b>B</b> Principal product or service SERVICE		Number, street, and room or suite no. If a P.O. box, see instructions. 22428 BRIGHT SKY DR	<b>E</b> Date business started 04/09/2021
<b>C</b> Business code number 531190		City or town, state or province, country, and ZIP or foreign postal code CLARKSBURG MD 20871	<b>F</b> Total assets (see instructions) \$ 88,969.

- G** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return
- H** Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify): \_\_\_\_\_
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: \_\_\_\_\_ 4
- J** Check if Schedules C and M-3 are attached \_\_\_\_\_
- K** Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

**Caution:** Include **only** trade or business income and expenses on lines 1a through 23 below. See instructions for more information.

	1a	b	c	1c
<b>Income</b>	1a Gross receipts or sales	Less returns and allowances	Balance	
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7 Other income (loss) (attach statement)			7
	8 <b>Total income (loss).</b> Combine lines 3 through 7			8
<b>Deductions</b> (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest (see instructions)			15
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion ( <b>Do not deduct oil and gas depletion.</b> )			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Energy efficient commercial buildings deduction (attach Form 7205)			20
	21 Other deductions (attach statement)			21
22 <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 21			22	
23 <b>Ordinary business income (loss).</b> Subtract line 22 from line 8			23	
<b>Tax and Payment</b>	24 Interest due under the look-back method—completed long-term contracts (attach Form 8697)			24
	25 Interest due under the look-back method—income forecast method (attach Form 8866)			25
	26 BBA AAR imputed underpayment (see instructions)			26
	27 Other taxes (see instructions)			27
	28 <b>Total balance due.</b> Add lines 24 through 27			28
	29 Elective payment election amount from Form 3800			29
	30 Payment (see instructions)			30
	31 <b>Amount owed.</b> If the sum of line 29 and line 30 is smaller than line 28, enter amount owed			31
	32 <b>Overpayment.</b> If the sum of line 29 and line 30 is larger than line 28, enter overpayment			32 0.

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_

Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name RAMYA KRISHNA KOLLIPARA	Preparer's signature RAMYA KRISHNA KOLLIPARA	Date 03/07/2024	Check <input type="checkbox"/> if self-employed	PTIN P03129146
	Firm's name GLOBAL TAXES LLC	Firm's EIN 84-3171965			
	Firm's address 245 ROONEY CT E BRUNSWICK, NJ 08816	Phone no. (678) 965-9522			

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:
a [X] Domestic general partnership b [ ] Domestic limited partnership
c [ ] Domestic limited liability company d [ ] Domestic limited liability partnership
e [ ] Foreign partnership f [ ] Other:
2 At the end of the tax year:
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership
3 At the end of the tax year, did the partnership:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below
(i) Name of Corporation (ii) Employer Identification Number (if any) (iii) Country of Incorporation (iv) Percentage Owned in Voting Stock
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below
(i) Name of Entity (ii) Employer Identification Number (if any) (iii) Type of Entity (iv) Country of Organization (v) Maximum Percentage Owned in Profit, Loss, or Capital
4 Does the partnership satisfy all four of the following conditions?
a The partnership's total receipts for the tax year were less than \$250,000.
b The partnership's total assets at the end of the tax year were less than \$1 million.
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.
d The partnership is not filing and is not required to file Schedule M-3
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?
8 At any time during calendar year 2023, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? If "Yes," enter the effective date of the election
See instructions for details regarding a section 754 election.
b For this tax year, did the partnership make an optional basis adjustment under section 743(b)? If "Yes," enter the total aggregate net positive amount \$ and the total aggregate net negative amount \$ ( ) of such section 743(b) adjustments for all partners made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions

<b>Schedule B Other Information (continued)</b>		<b>Yes</b>	<b>No</b>
<b>c</b>	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ ( _____ ) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions . . . . .		<b>X</b>
<b>d</b>	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year \$ _____. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		<b>X</b>
<b>11</b>	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) . . . . . <input type="checkbox"/>		
<b>12</b>	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? . . . . .		<b>X</b>
<b>13</b>	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions . . . . .		
<b>14</b>	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership . . . . .		<b>X</b>
<b>15</b>	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return . . . . .		
<b>16a</b>	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .		<b>X</b>
<b>b</b>	If "Yes," did you or will you file required Form(s) 1099? . . . . .		
<b>17</b>	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return . . . . .		
<b>18</b>	Enter the number of partners that are foreign governments under section 892 . . . . .		
<b>19</b>	During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? . . . . .		<b>X</b>
<b>20</b>	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938 . . . . .		<b>X</b>
<b>21</b>	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? . . . . .		<b>X</b>
<b>22</b>	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions . . . . . If "Yes," enter the total amount of the disallowed deductions . . . . . \$ _____		<b>X</b>
<b>23</b>	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .		<b>X</b>
<b>24</b>	Does the partnership satisfy one or more of the following? See instructions . . . . . <b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the partnership has business interest expense. <b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		<b>X</b>
<b>25</b>	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . . If "Yes," enter the amount from Form 8996, line 15 . . . . . \$ _____		<b>X</b>
<b>26</b>	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership . . . . . Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
<b>27</b>	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? . . . . .		<b>X</b>
<b>28</b>	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: _____ By vote: _____ By value: _____		<b>X</b>
<b>29</b>	Is the partnership required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions): <b>a</b> Under the applicable foreign corporation rules? . . . . .		<b>X</b>

<b>Schedule B Other Information</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
<b>b</b>	Under the covered surrogate foreign corporation rules? . . . . . If "Yes" to either (a) or (b), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		<b>X</b>
<b>30</b>	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions . . . . .		<b>X</b>
<b>31</b>	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 . . . . . If "No," complete Designation of Partnership Representative below.		<b>X</b>

**Designation of Partnership Representative** (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR THALVAYAPATI RAGHU KUMAR

U.S. address of PR <u>22428 BRIGHT SKY DR Clarksburg MD 20871</u>	U.S. phone number of PR <u>(717) 585-5254</u>
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If the PR is an entity, name of the designated individual for the PR

U.S. address of designated individual _____	U.S. phone number of designated individual _____
---	--

<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 23)	<b>1</b>
	<b>2</b> Net rental real estate income (loss) (attach Form 8825)	<b>2</b> 228.
	<b>3a</b> Other gross rental income (loss)	<b>3a</b>
	<b>b</b> Expenses from other rental activities (attach statement)	<b>3b</b>
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a	<b>3c</b>
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> <b>b</b> Capital <b>4b</b>	<b>4c</b>
	<b>c</b> Total. Add lines 4a and 4b	<b>4c</b>
	<b>5</b> Interest income	<b>5</b>
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends	<b>6a</b>
	<b>b</b> Qualified dividends <b>6b</b> <b>c</b> Dividend equivalents <b>6c</b>	<b>6c</b>
	<b>7</b> Royalties	<b>7</b>
<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065))	<b>8</b>	
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065))	<b>9a</b>	
<b>b</b> Collectibles (28%) gain (loss)	<b>9b</b>	
<b>c</b> Unrecaptured section 1250 gain (attach statement)	<b>9c</b>	
<b>10</b> Net section 1231 gain (loss) (attach Form 4797)	<b>10</b>	
<b>11</b> Other income (loss) (see instructions) Type: _____	<b>11</b>	
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562)	<b>12</b>
	<b>13a</b> Cash contributions	<b>13a</b>
	<b>b</b> Noncash contributions	<b>13b</b>
	<b>c</b> Investment interest expense	<b>13c</b>
	<b>d</b> Section 59(e)(2) expenditures: <b>(1)</b> Type: _____ <b>(2)</b> Amount: _____	<b>13d(2)</b>
<b>e</b> Other deductions (see instructions) Type: _____	<b>13e</b>	
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment	<b>14a</b>
	<b>b</b> Gross farming or fishing income	<b>14b</b>
	<b>c</b> Gross nonfarm income	<b>14c</b>
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5))	<b>15a</b>
	<b>b</b> Low-income housing credit (other)	<b>15b</b>
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	<b>15c</b>
	<b>d</b> Other rental real estate credits (see instructions) Type: _____	<b>15d</b>
	<b>e</b> Other rental credits (see instructions) Type: _____	<b>15e</b>
	<b>f</b> Other credits (see instructions) Type: _____	<b>15f</b>
<b>Inter-national</b>	<b>16</b> Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>	
<b>Alternative Minimum Tax (AMT) items</b>	<b>17a</b> Post-1986 depreciation adjustment	<b>17a</b>
	<b>b</b> Adjusted gain or loss	<b>17b</b>
	<b>c</b> Depletion (other than oil and gas)	<b>17c</b>
	<b>d</b> Oil, gas, and geothermal properties—gross income	<b>17d</b>
	<b>e</b> Oil, gas, and geothermal properties—deductions	<b>17e</b>
	<b>f</b> Other AMT items (attach statement)	<b>17f</b>
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income	<b>18a</b>
	<b>b</b> Other tax-exempt income	<b>18b</b>
	<b>c</b> Nondeductible expenses	<b>18c</b>
	<b>19a</b> Distributions of cash and marketable securities	<b>19a</b>
	<b>b</b> Distributions of other property	<b>19b</b>
	<b>20a</b> Investment income	<b>20a</b>
	<b>b</b> Investment expenses	<b>20b</b>
<b>c</b> Other items and amounts (attach statement)		
<b>21</b> Total foreign taxes paid or accrued	<b>21</b>	

**Analysis of Net Income (Loss) per Return**

<b>1</b>	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21					<b>1</b>	228.
<b>2</b>	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
<b>a</b>	General partners						
<b>b</b>	Limited partners		228.				

**Schedule L Balance Sheets per Books**

		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
<b>1</b>	Cash				
<b>2a</b>	Trade notes and accounts receivable				
<b>b</b>	Less allowance for bad debts				
<b>3</b>	Inventories				
<b>4</b>	U.S. Government obligations				
<b>5</b>	Tax-exempt securities				
<b>6</b>	Other current assets (attach statement)				
<b>7a</b>	Loans to partners (or persons related to partners)				
<b>b</b>	Mortgage and real estate loans				
<b>8</b>	Other investments (attach statement)				
<b>9a</b>	Buildings and other depreciable assets				
<b>b</b>	Less accumulated depreciation				
<b>10a</b>	Depletable assets				
<b>b</b>	Less accumulated depletion				
<b>11</b>	Land (net of any amortization)		88,741.		88,969.
<b>12a</b>	Intangible assets (amortizable only)				
<b>b</b>	Less accumulated amortization				
<b>13</b>	Other assets (attach statement)				
<b>14</b>	Total assets		88,741.		88,969.
<b>Liabilities and Capital</b>					
<b>15</b>	Accounts payable				
<b>16</b>	Mortgages, notes, bonds payable in less than 1 year				
<b>17</b>	Other current liabilities (attach statement)				
<b>18</b>	All nonrecourse loans				
<b>19a</b>	Loans from partners (or persons related to partners)				
<b>b</b>	Mortgages, notes, bonds payable in 1 year or more		18,710.		18,710.
<b>20</b>	Other liabilities (attach statement)				
<b>21</b>	Partners' capital accounts		70,031.		70,259.
<b>22</b>	Total liabilities and capital		88,741.		88,969.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return**

**Note:** The partnership may be required to file Schedule M-3. See instructions.

<b>1</b>	Net income (loss) per books	228.	<b>6</b>	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		<b>a</b>	Tax-exempt interest \$	
<b>3</b>	Guaranteed payments (other than health insurance)		<b>7</b>	Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize):	
<b>4</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize):		<b>a</b>	Depreciation \$	
<b>a</b>	Depreciation \$		<b>8</b>	Add lines 6 and 7	
<b>b</b>	Travel and entertainment \$		<b>9</b>	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	228.
<b>5</b>	Add lines 1 through 4	228.			

**Schedule M-2 Analysis of Partners' Capital Accounts**

<b>1</b>	Balance at beginning of year	70,031.	<b>6</b>	Distributions: <b>a</b> Cash	
<b>2</b>	Capital contributed: <b>a</b> Cash		<b>b</b> Property		
	<b>b</b> Property		<b>7</b>	Other decreases (itemize):	
<b>3</b>	Net income (loss) (see instructions)	228.	<b>8</b>	Add lines 6 and 7	
<b>4</b>	Other increases (itemize):		<b>9</b>	Balance at end of year. Subtract line 8 from line 5	70,259.
<b>5</b>	Add lines 1 through 4	70,259.			

**Additional Information From 2023 Federal Partnership Tax Return**

Form 1065: Partnership Tax Return

Sch L, Line 11(d)

**Itemization Statement**

Description	Amount
	88,969.
<b>Total</b>	<b>88,969.</b>