Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
MADHAN MOHAN DATTA K ENDETI	897-76-7125
Spouse's name	Spouse's social security number
CHANDU TEVAKONI	826-49-1205
Part I Tax Return Information — Tax Year Ending December	31, 2023 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 10994 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be	sure you get and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax returns.	
return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of for any delay in processing the return or refund, and (c) the date of any refund. If appl Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financia payment of my federal taxes owed on this return and/or a payment of estimated tax, a authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Pa business days prior to the payment (settlement) date. I also authorize the financial instaxes to receive confidential information necessary to answer inquiries and resolve personal identification number (PIN) below is my signature for the income tax return (Electronic Funds Withdrawal Consent.	receipt or reason for rejection of the transmission, (b) the reason licable, I authorize the U.S. Treasury and its designated Financial all institution account indicated in the tax preparation software for and the financial institution to debit the entry to this account. This ancial Agent to terminate the authorization. To revoke (cancel) a syment cancellation requests must be received no later than 2 stitutions involved in the processing of the electronic payment of issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
• •	to enter or generate my PIN 6 7 1 2 5 as my
ERO firm name	Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now a	uthorizing.
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the below.	
Your signature ►	Date ►
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN 9 1 2 0 5 as my
ERO firm name signature on the income tax return (original or amended) I am now a	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or annexided) running a	_
if you are entering your own PIN and your return is filed using the below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns On	lly—continue below
Part III Certification and Authentication — Practitioner PIN Me	ethod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-self	lected 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 for the electronauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized	confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ▶
ERO Must Retain This Form — S	

Don't Submit This Form to the IRS Unless Requested To Do So

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

£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn 20 2	23	OMB No. 1545-	-0074	RS Use O	nly—Do not	write or st	aple in t	this space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, e	ending		, 2	.0	See s	eparate	instru	ictions.
Your first name	e and m	iddle initial	Last nam	ne					Your	social se	curity	number
MADHAN	MOHA	N DATTA K	ENDET	rī					897	7 76	712	25
		s first name and middle initial	Last nam						Spous			rity numbe
CHANDU			TEVA	KONT					826	49	120	0.5
	(numbe	er and street). If you have a P.O. box, see					Apt	. no.				Campaig
17440 N	TAT	IIM BIJVD					31	4	1	k here if		
		ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ate	ZIP code			•		y, want \$3
PHOENIX					A	z	8503	2	1 -	to this fu elow will		hecking a
Foreign countr			Fo	oreign province/stat	e/coun	ty		ostal cod	- 1	ax or ref		larige
									'	Y	ou [Spouse
Filing Statu	s	Single				Head of ho	ouseholo	HOH)	-			
_	_	Married filing jointly (even if only o	ne had in	come)		_		(- /				
Check only one box.	Ē	Married filing separately (MFS)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Qualifying	survivin	a spous	e (QSS)			
One box.	If v	you checked the MFS box, enter the	name of	vour spouse. If v	ou che				, ,	hild's na	ame if	the
		alifying person is a child but not you						,				
			· ·									
Digital		ny time during 2023, did you: (a) rec	•				-				, ,	
Assets		nange, or otherwise dispose of a dig		<u> </u>			t)? (See	instruct	ions.)	Y	es [⊠ No
Standard		neone can claim:	•	•		•						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a dual-statu	ıs alier	1						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind S	pouse	: Was bor	n before	Januar	y 2, 1959	I	ls blind	d
Dependent	s (see	instructions):		(2) Social secur	ritv	(3) Relationsh	in (4) C	heck the	box if qu	alifies for	(see in	structions)
•	•	irst name Last name		number	ity	to you		Child tax	credit	Credit f	or other	r dependent
If more than four	•										$\neg \Box$	
dependents,											$\overline{\Box}$	
see instruction and check	ns										一百	
here											$\overline{\Box}$	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .					. 11	a	104	1,752.
IIICOIIIC	b	Household employee wages not re	,	,						b		
Attach Form(s) W-2 here. Also	1	Tip income not reported on line 1a	•							lc		
attach Forms	d	Medicaid waiver payments not rep	•	•						d		
W-2G and	e	Taxable dependent care benefits f		. , , ,						le		
1099-R if tax was withheld.	f	Employer-provided adoption bene								lf		
If you did not	g g	Wages from Form 8919, line 6.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 01111 0000, 11110 2					_	g		
get a Form	э h	Other earned income (see instruct	ione)							h		0.
W-2, see instructions.	 i	Nontaxable combat pay election (s	,			1i	i ·					
monuonona.	Z	Add lines 1a through 1h				11				lz	104	1,752.
Attach Sch. B	<u></u> 2a		2a		 h Т	axable interest				2b		, - - ·
if required.	3a	· –	3a	14.		Ordinary divider			_	Bb		20.
	4a	_	4a			axable amount			_	lb		
Standard	5a	_	5a			axable amount				ib		
Deduction for— Single or	6a	_	6a			axable amount				bb B		
Married filing	C	If you elect to use the lump-sum e		nethod check ber								
separately, \$13,850	7	Capital gain or (loss). Attach Sche		· ·	•	,			H F	7		
Married filing	8	Additional income from Schedule		•	•	•				8	_10	2,961.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							_	9		L,811.
surviving spouse, \$27,700	10	Add liftes 12, 25, 35, 45, 35, 65, 7		-						10		<u>., </u>
Head of	11	Subtract line 10 from line 9. This is	•						_	11	Ω1	L,811.
household, \$20,800	12	Standard deduction or itemized	•	-						12		7,700.
If you checked any box under	13	Qualified business income deduct		•	,	 15_Δ	• •		_	13		7,700. 1.
Standard							• •				25	7,701.
Deduction, see instructions.	14	Add lines 12 and 13		ontor O This is					_	14		/,/UI. 1 110

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Check it	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	7,249.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	7,249.
	19	Child tax credit or credit for o	ther dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	7,249.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y	our total tax					24	7,249.
Payments	25	Federal income tax withheld f	rom:						
-	а	Form(s) W-2				25a 15	,021.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	15,021.
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20	022 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit f	rom Form 8863	8, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line							
	32	Add lines 27, 28, 29, and 31.	32						
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				33	15,021.
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	. This is the amour	nt you overpaid		34	7,772.
	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	3 is attached, chec	k here		35a	7,772.
Direct deposit?	b	Routing number 0 7 1			c Type:	Checking	Savings		
See instructions.	d	Account number 7 5 7	2 0 7 1	5 9					
	36	Amount of line 34 you want a	oplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe					
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see ins	structions) .			38			
Third Party		you want to allow another				_			
Designee		structions					•		⊠ No
		esignee's me		Phone no.			onal iden ber (PIN)	tification	
Sign		der penalties of perjury, I declare that	at I have examined	d this return and	accompanying sched	dules and statemen	ts, and to	the best	of my knowledge and
_		lief, they are true, correct, and comp							,
Here	Yo	our signature		Date	Your occupation	If th	ne IRS se	nt you an Identity	
						1		IN, enter it here	
Joint return?					SOFTWARE D			e inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.					HOME MAKER		e inst.)		
	——Ph	one no. (217)414-4324		Email address	MOHANE4549		1		
D-14	Pr	, , ,	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAI	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/03/2024	P0208	32703	Self-employed
Preparer									678)965-9522
Use Only		m's address 245 ROONEY		n's EIN	84-3171965				
	/=	40406 1 1 11 11 11			J 08816		1		= 1010 (*****)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity number			
MADI	MADHAN MOHAN DATTA K ENDETI & CHANDU TEVAKONI 897-7							
Par	t I Additional Income							
1	Taxable refunds, credits, or offsets of state and local income taxes			1				
2a	Alimony received			2a				
b	Date of original divorce or separation agreement (see instructions):							
3	Business income or (loss). Attach Schedule C			3				
4	Other gains or (losses). Attach Form 4797			4				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule	Ε.	5	-12,971.			
6	Farm income or (loss). Attach Schedule F			6				
7	Unemployment compensation			7				
8	Other income:							
а	Net operating loss	8a ()					
b	Gambling	8b						
С	Cancellation of debt	8c						
d	Foreign earned income exclusion from Form 2555	8d ()					
е	Income from Form 8853	8e						
f	Income from Form 8889	8f						
g	Alaska Permanent Fund dividends	8g						
h	Jury duty pay	8h						
i	Prizes and awards	8i						
j	Activity not engaged in for profit income	8j						
k	Stock options	8k						
ı	Income from the rental of personal property if you engaged in the rental							
	for profit but were not in the business of renting such property	81						
m	Olympic and Paralympic medals and USOC prize money (see							
	instructions)	8m						
n	Section 951(a) inclusion (see instructions)	8n						
0		8o						
р		8p						
q		8q						
r	Scholarship and fellowship grants not reported on Form W-2	8r						
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()					
t	Pension or annuity from a nonqualified deferred compensation plan or		,					
	a nongovernmental section 457 plan	8t						
	•	8u						

10.

8z

Substitute Payment from 1099-Misc

z Other income. List type and amount:

10

9

10

10.

-12,961.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN	· <u> </u>			
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/	23/24 PRO	Schedu	le 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

Name(s)) shown on return								Your socia	al security	number
MADH	IAN MOHAN DAT	TA K ENDE	ETI & CHANDU TEVAKO	INC					897-7	6-7125	5
Part	Note: If you are rental income	re in the busin or loss from F	n Rental Real Estate an ess of renting personal proper form 4835 on page 2, line 40.	ty, use	Schedule						
A [Did you make any p	ayments in 2	023 that would require you	to file	Form(s) 1	1099? 5	See ins	tructions .		. 🗌 Ye	es 🗵 No
B I	f "Yes," did you or	will you file r	equired Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address	of each pro	perty (street, city, state, ZIF	ode	e)						
			dhra Pradesh IN 52								
B	Randukur Pre	anasalli Al	idilia Fladesii IN 32	23102	,						
C											
	Type of Property	2 For ea	ach rental real catata prope	rtv liet	end .		Fo	ir Rental	Person	ol Hoo	
ID	(from list below)		ach rental real estate prope e, report the number of fair				га	Days	Da		QJV
A	3		nal use days. Check the Q			Α		365		0	
В	3	if you	meet the requirements to f	ile as	a	В		303		0	
C		qualifi	ed joint venture. See instru	ictions	S.	С					
	of Property:										
	Single Family Resid	dence 3	Vacation/Short-Term Ren	tal	5 Lanc	ı	7	Self-Rental			
	Multi-Family Reside		Commercial	tai	6 Roya			Other (descr	ihe)		
	Walti Falliny Resid		Commercial		- O Hoye	11103					
								Propertie	es:		
Incom						Α		В			С
3				3		6	00.				
4		<u></u>		4							
Exper											
5				5							
6	Auto and travel (se	ee instructio	ns)	6							
7	•			7		1,3	25.				
8				8							
9				9							
10	-		ees	10							
11	_			11		1,0	00.				
12		-	ks, etc. (see instructions)	12							
13				13							
14				14			81.				
15				15		3,2	73.				
16				16							
17				17		4,2	92.				
18		ense or deple	etion	18							
19	Other (list)			19							
20			rough 19	20		13,5	71.				
21			nts) and/or 4 (royalties). If								
			ons to find out if you must			10 0	71				
00				21		-12,9	/ 1 .				
22			oss after limitation, if any,		,	10 05	, ,	,		,	,
00	•		s)	22	(12,97			(00	(
23a			on line 3 for all rental prope			•	23a		600.		
b			on line 4 for all royalty prop				23b				
С			on line 12 for all properties				23c				
d			on line 18 for all properties				23d	1.0			
e			on line 20 for all properties				23e	13	,571.		
24	•		s shown on line 21. Do not						. 24	/	10 051
25	•	•	line 21 and rental real estat							(12,971.
26			royalty income or (loss).								
			d line 40 on page 2 do no								-12,971.

Investment Interest Expense Deduction

Attachment

Identifying number

OMB No. 1545-0191

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

Attach to your tax return. Go to www.irs.gov/Form4952 for the latest information.

MADI	HAN MOHAN DATTA K ENDETT & CHANDU TEVAKONI 85	1 / - / 6	-/125
Par	Total Investment Interest Expense		
1	Investment interest expense paid or accrued in 2023 (see instructions)	1	69.
2	Disallowed investment interest expense from 2022 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	69.
Pari	Net Investment Income		
4a	Gross income from property held for investment (excluding any net gain from		
	the disposition of property held for investment)		
b	Qualified dividends included on line 4a		
С	Subtract line 4b from line 4a	4c	6.
d	Net gain from the disposition of property held for investment		
е	Enter the smaller of line 4d or your net capital gain from the disposition		
	of property held for investment. See instructions		
f	Subtract line 4e from line 4d	4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	6.
5	Investment expenses (see instructions)	5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	6	6.
Part	Investment Interest Expense Deduction		
7	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line		
	3. If zero or less, enter -0	7	63.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	6.
For Pa	aperwork Reduction Act Notice, see page 4. BAA REV 02/23/24 PRO		Form 4952 (2023)

Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return

MADHAN MOHAN DATTA K ENDETI & CHANDU TEVAKONI

Your taxpayer identification number 897-76-7125

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(c) Qualified business income or (loss)		
i				
ii				
iii				
iv				
3	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	3 (
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 6.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 6.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 and	i i	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 64,111.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 14.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 64,097.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	12,819.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		4.5	1
16	the applicable line of your return (see instructions)		15 16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a		10	<u>(</u>
	zero, enter -0		17	(0.)

Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. 858

Name(s) shown on return Identifying number MADHAN MOHAN DATTA K ENDETI & CHANDU TEVAKONI 897-76-7125 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 12,971. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . 1d -12,971. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -12,971. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 12,971. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 104,782. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 22,609. 12,971. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 12,971. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 12,971. 12,971. Kandukur

12,971.

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

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Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instrud	ctions.			•
	Name of activity		Curren	ıt year		Prior y	ears	Overall gain or loss		
	warne or activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss
Total. Enter	on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amour	nt Is	s Shown on F	Part II,	Line 9. S	ee instruc	ctions.			
	Name of activity	ar to	rm or schedule nd line number be reported on ee instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).
Kandukur	<u> </u>		E Ln 22		12,971.	1.0000	0000	12,97	1.	0.
Total					12,971.	1.00	0	12,97	1.	0.
Part VII	Allocation of Unallowed L	.os	ses. See instri							I
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) L	_oss	oss (b) Ratio		(c) Unallowed los	
Total								1.00		
Part VIII	Allowed Losses. See instr	ucti	ions.							
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) L	(a) Loss		nallowed loss	((c) Allowed loss
			1							
Total										