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

internal nevertue Service						
Submission Identification Number (SID)						
Taxpayer's name	security nun	ber				
VENKATESH VATTURI	199	-95-812	-8121			
Spouse's name	Spouse	's social se	curity nu	mber		
LAKSHMI DURGA ALEKHY DONIPUDI	015	-23-740) 4			
Part I Tax Return Information — Tax Year Ending December 31, 2023	3 (Enter year y	ou are a	uthoriz	ing.)		
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income		. 1			069.	
2 Total tax				9,	445.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				10,	311.	
4 Amount you want refunded to you		. 4	-		866.	
5 Amount you owe			<u> </u>			
Part II Taxpayer Declaration and Signature Authorization (Be sure you go Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or a						
return (original or amended) I am now authorizing. I consent to allow my intermediate service provided to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I author Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acc payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involv taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	on for rejection of rize the U.S. Treas count indicated in all institution to dek terminate the autation requests muled in the process to the payment.	the transmann and its the tax pre- bit the entry chorization. ust be receing of the earth of th	designa eparation to this To revolution electron acknowle	(b) the ated Foundation accounts to later in the contraction accounts account accounts accounts accounts accounts accounts accounts accounts accounts account accounts accounts accounts accounts account accounts accounts accounts accounts accounts account accounts accounts account account accounts account account account account account accounts account accoun	e reason inancial ware for int. This ancel) a than 2 ment of that the	
				_		
Taxpayer's PIN: check one box only	an anata na DIN	5 8	1 2	1		
X I authorize GLOBAL TAXES LLC to enter or g	enerate my PIN	Enter five			as my	
signature on the income tax return (original or amended) I am now authorizing.		don't en	er all ze	ros		
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.						
Your signature ► Venkatesh Vatturi	oate ► <u>03/13/</u>	2024				
Spouse's PIN: check one box only						
	enerate my PIN	3 7	4 0	4	as my	
ERO firm name	·	Enter five	· · ·		·	
signature on the income tax return (original or amended) I am now authorizing.		don't en				
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.						
Spouse's signature ▶ □	Date ►					
Practitioner PIN Method Returns Only—continue						
Part III Certification and Authentication — Practitioner PIN Method Only	<i>5</i> 501011					
EDO's EEIN/DIN Entervous eix digit EEIN followed by your five digit celf celected DIN	2 2 2 4	9 6 0	8 2	2 7	1	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		ı't enter all a		- '		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual is authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Proving the Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Province of the Practition Pin Pin Pin Pin Pin Pin Pin Pin Pin Pi	am submitting thi	s return in	accord	ance v		
ERO's signature ▶ □	Date ▶					
FRO Must Retain This Form — See Instruct						

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

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					See separate instructions.			
Your first name	and m	iddle initial	Last na	ame					Your social security number			
VENKATES	SH		VATI	TURI					199	95 81	21	
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse	's social secu	ırity number	
LAKSHMI	DUR	GA ALEKHY	DONI	IPUDI					015	23 74	04	
		er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.			ntial Election		
360 GRAN	1 VI	A					2100		Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Stat	te	ZIP code		spouse if filing jointly, want \$			
IRVING					TX		75039		to go to this fund. Checking a box below will not change			
Foreign country	/ name			Foreign province/state/o	count	у	Foreign postal			x or refund.	y .	
										You	Spouse	
Filing Status	; [Single				Head of ho	ousehold (HC	H)				
Check only		Married filing jointly (even if only or										
one box.		Married filing separately (MFS)				Qualifying	surviving spo	ouse (0	QSS)			
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	or QSS box	, enter	the ch	ild's name if	f the	
	qu	alifying person is a child but not you	ır depe	ndent:								
Distrib	Λ+ α <i>r</i>	ny time during 2023, did you: (a) rece	oivo (oc	a roward award or	nav/m	agent for propo	rty or convice	s): or (h) coll			
Digital Assets		nange, or otherwise dispose of a digi								Yes	⊠ No	
		eone can claim: You as a de		_ <u>`</u>			t): (000 iii0ti	3011011	J.,			
Standard Deduction	_	Spouse itemizes on a separate return	•	•		a dependent						
Deddetion	Ш,		11 O1 yO		anen							
Age/Blindness	You	: Were born before January 2, 19	959 [Are blind Spo	ouse:	: Was bor	n before Jan	uary 2	, 1959	Is blin	ıd	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip · ·		-	ifies for (see ir	-	
If more	(1) F	irst name Last name		number		to you	Child	tax cre	edit	Credit for othe	r dependents	
than four]	
dependents, see instructions	s ——]	
and check	, —										<u> </u>	
here L										<u> </u>]	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					1a	132	2,023.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2										
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
1099-R if tax	е											
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not get a Form	g	Wages from Form 8919, line 6								j 1		
W-2, see	h	Other earned income (see instructions)									0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				1 2.	0 000	
	<u>z</u>	1							1z		2,023.	
Attach Sch. B if required.	2a	'	2a			axable interest			2b			
	3a		3a			rdinary divider			3b			
Standard	4a		4a			axable amount			4b			
Deduction for—	5a	-	5a			axable amount			5b 6b			
Single or Married filing	6a	· · · · · · · · · · · · · · · · · · ·	Social security benefits							<u> </u>		
separately, \$13,850	c	,		•	`	,] 	٠.	2 000	
Married filing	7	Capital gain or (loss). Attach School						. ∟	7		3,000. 8,954.	
jointly or Qualifying	8	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•						9		0,069.	
surviving spouse, \$27,700	9			•							J, 009.	
Head of	10	Adjustments to income from Sche							10		0 060	
household, [11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	-						12		0,069. 7 700	
If you checked any box under	13	Qualified business income deduction		•	,	 5-Δ			13		7 , 700.	
Standard	14	Add lines 12 and 13		0535 011 01111	1 033	υ ત			14		7,700.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		ss. enter -0- This is v	 /Our +	axable incom	 le		15		2 , 369.	
				, y	J UI .					. 1	-,	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	9,445.
Credits	17	Amount from Schedule 2, line 3	3					17	
	18	Add lines 16 and 17						18	9,445.
	19	Child tax credit or credit for oth	ner dependent	s from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8	3					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	9,445.
	23	Other taxes, including self-emp	oloyment tax, f	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is you	ur total tax					24	9,445.
Payments	25	Federal income tax withheld from	om:						
-	а	Form(s) W-2				25a 10	,311.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	10,311.
If you have a	26	2023 estimated tax payments a	and amount ap	oplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28			
	29	American opportunity credit fro	m Form 8863	, line 8 . .		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1							
	32	Add lines 27, 28, 29, and 31. The	32						
	33	Add lines 25d, 26, and 32. The	se are your to	tal payments				33	10,311.
Refund	34	If line 33 is more than line 24, s	subtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	866.
	35a	Amount of line 34 you want ref	. 🗆	35a	866.				
Direct deposit?	b	Routing number 1 1 1 0				Checking	Savings		
See instructions.	d	Account number 4 8 8 0							
	36	Amount of line 34 you want app	plied to your 2	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. The For details on how to pay, go to						07	
rou Owe	20		_	-		1 1		37	
The level December	38	Estimated tax penalty (see instr				38			
Third Party Designee		you want to allow another pestructions					omplete	below	X No
Designee		signee's		Phone			onal ident		
		me		no.			ber (PIN)		
Sign		der penalties of perjury, I declare that lief, they are true, correct, and complete							
Here	Yo	Your signature		Date Your occupation			lf th	e IRS se	nt you an Identity
		3							IN, enter it here
Joint return?					SOFTWARE E		(see	e inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, bot l	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
		one no. (814) 812-9381		Email address	ASSISTANT VATTURIVENKATE		,		
			reparer's signatu		ATTOMIARMWATE	Date	PTIN		Check if:
Paid		·			CΙΙΡΤΆ ΤΆΤ.Τ.ΔΜ	03/14/2024	P0208	2703	Self-employed
Preparer									(678) 965-9522
Use Only		m's address 245 ROONEY		NSWICK N.	т 08816			n's EIN	84-3171965
<u> </u>	<u>'</u> -	1040 (·	TANKET CIK IN	3 00010		1 1 1111	II S LIIN	- 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.

ame	social security number				
/ENF	KATESH VATTURI & LAKSHMI DURGA ALEKHY DONIPUDI		199-9	5-812	21
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. Attach	Schedule	Ε.	5	-18,954.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss)		
b	Gambling	_			
С	Cancellation of debt	_			
d	Foreign earned income exclusion from Form 2555)		
е	Income from Form 8853	_			
f	Income from Form 8889				
g	Alaska Permanent Fund dividends				
h	Jury duty pay	_			
į	Prizes and awards	_			
j	Activity not engaged in for profit income				
_	Stock options	K			
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)				
n	Section 951(a) inclusion (see instructions)	_			
0	Section 951A(a) inclusion (see instructions)	_		-	
p	Section 461(I) excess business loss adjustment			-	
q	Scholarship and fellowship grants not reported on Form W-2 8r	•			
r	Nontaxable amount of Medicaid waiver payments included on Form				
S	1040, line 1a or 1d	. (١		
ŧ	Pension or annuity from a nonqualifed deferred compensation plan or	\			
٠	a nongovernmental section 457 plan 8t	.			
u	Wages earned while incarcerated				
z		•			
_	8z				
9	Total other income. Add lines 8a through 8z			9	

10

-18,954.

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	o		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	_		
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		.	
f	Contributions to section 501(c)(18)(D) pension plans		.	
g	Contributions by certain chaplains to section 403(b) plans 24g	9		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	n	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	_		
	tax law violations		.	
j	Housing deduction from Form 2555	j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
- -				
25	Total other adjustments. Add lines 24a through 24z		25	_
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Name(s) shown on return Your social security number 199-95-8121 VENKATESH VATTURI & LAKSHMI DURGA ALEKHY DONIPUDI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 9,827. Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -9,827.Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -9,827. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

SCHEDULE E (Form 1040)

Department of the Treasury

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,

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return Your social security number 199-95-8121 VENKATESH VATTURI & LAKSHMI DURGA ALEKHY DONIPUDI Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) LIG-386 BARATHNAGAR MOOSAPET HYDERABAD, TELANGANA IN 500018 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 654. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 3,562. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 3,010. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,845. Repairs 2,915. 15 Supplies 15 16 16 Taxes 17 Utilities 17 3,281. 18 2,995. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 19,608. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -18,954.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 18,954.) 654. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 2,995. 23d Total of all amounts reported on line 18 for all properties 23e 19,608. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 18,954. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

-18,954.

26

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

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

Attachment Sequence No. **858**

Identifying number

VENE	KATESH VATTURI & LAKSHMI DU	JRGA ALEKHY D	ONIPUDI		199	-95-	-8121
Par	_						
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amorprior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, co ne amount from Pa	olumn (b)) art IV, column (c))	1b (1c ()	1d	
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amorprior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (0. 0.) 13,521.)	2d	-13,521.
	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered onormally used	ct any prior year uthis form with you on line 1c or 2c. F	unallowed CRD. Sur return; all losses Report the losses zero or more), sk	See instructions. If es are allowed, income on the forms and	this line is luding any schedules	3 year,	-13,521.
	t III Special Allowance for Ren	stal Bool Estata	Activition With	Active Perticip	otion		
Par	Note: Enter all numbers in Par			•			
4	Enter the smaller of the loss on line 1	· · · · · · · · · · · · · · · · · · ·		tions for all examp	ne.	4	
5	Enter \$150,000. If married filing separ			5		7	
6	Enter modified adjusted gross income	•					
7	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5						
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married filir	ng separately, see i	nstructions	8	
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	CRD, see instruc	ctions	[9	0.
Part	Total Losses Allowed						
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv		23. Add lines 9 ar	nd 10. See instructi	ons to find		
	out how to report the losses on your t	ax return	<u> </u>			11	0.
Part	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Currer		Prior years	Over	all ga	in or loss
(a) Net income (b) Net loss (c) Unallowed loss (line 1c) (d)							(e) Loss

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

Form 8582 (2023) Page **2**

Part V	Complete This Part Befor	e P	art I. Lines 2	a. 2b.	and 2c. S	ee instruc	tions			
	Complete interaction	<u> </u>	Currer		<u> </u>	Prior ye		Overa	ain or loss	
	Name of activity	(a	Net income (line 2a)	(b)	Net loss ne 2b)	(c) Unalle	owed	(d) Gain		(e) Loss
LIG-386	BARATHNAGAR	0.		(0.	-	521.			13,521.
						207	0221			13,321,
Total. Enter	on Part I, lines 2a, 2b, and 2c		0.		0.	13,	521.			
Part VI	Use This Part if an Amou	nt Is		Part II,	Line 9. S					
	Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	itio	(c) Special allowance		(d) Subtract column (c) from column (a).
Total						1.00)			
Part VII	Allocation of Unallowed L	oss	ses. See instr	uction	S.					
	Name of activity		Form or scho and line nun to be reporte (see instruct	nber ed on	(a) l	-OSS	(b) Ratio	(c) Unallowed loss
LIG-386	BARATHNAGAR	E Ln 2		2	13,521.		1.0000000			13,521.
Total					-	13,521.		1.00		13,521.
Part VIII	Allowed Losses. See instr	ucti	ons.							
	Name of activity		Form or sche and line nun to be reporte (see instruct	e number ported on (a) Loss (b) Unall		nber d on (a) Loss (b) Unallowed I		(b) Unallowed loss		(c) Allowed loss
LIG-386	BARATHNAGAR		E Ln 22	2	-	L3 , 521.		13,521.		0.
Total			ı			13 521		13 521		0