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

Social security number 234-99-3195	Submi	ssion Identification Number (SID)						
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Taxpaye	r's name	Social securit	y number				
Part Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)			234-99-3195					
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1					number			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 13, 617. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 960, 4 Amount you want refunded to you 4 4 2, 343. 5 Amount you want refunded to you 1 A mount you want refunded to you 1 Amount you want refunded to you 1 A mount you 1	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	r year you a	re autho	rizing.)			
Adjusted gross income Adjusted gross income Total tax Total tax Federal income tax withheld from Form(s) W-2 and Form(s) 1099 Amount you want refunded to you Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Tuder penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizand to the best of my knowledge and belief, It is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended). I am now authorizing I consent to allow my intermediate service provider. Transmitter, or decinion or amended. I am now authorizing I consent to allow my intermediate service provider intermediate in the tax preparation software for nor any delay in processing the return or refund, and (c) the date of any refund. If specificate, I authorize the U.S. Treasing and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any refund. If specificate institution of the termy to this account. This payment, I must contact the U.S. Treasiny Financial Agent to the financial institution account indicated in the tax preparation software for the payment of electronic trudh and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for any refund. If specification into the control of the payment of estimated tax, and the financial institution account indicated in the tax preparation software for any refund. If specification into the refunded tax is also authorize the financial institutions are undersometed in the tax preparation software for tax sets or receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below the ma	Enter	whole dollars only on lines 1 through 5.						
2 10.1 at 1xx 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 15, 960. 4 Amount you want refunded to you . 4 2, 343. 5 Amount you want refunded to you . 4 2, 343. 5 Amount you want refunded to you . 4 2, 343. 5 Amount you want refunded to you . 4 2, 343. 5 Amount you want refunded to you . 4 2, 343. 5 Amount you want refunded to you . 4 4 2, 343. 5 Amount you want refunded to you . 4 4 2, 343. 5 Amount you want refunded to you . 4 4 2, 343. 5 Amount you want refunded to you return) Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of whowledge and bellef, it is true, correct, and complete, I turnter declare that the amounts in Part I above are transuration. By the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct dealiny entry to the financial institution account indicated that spreparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution color that the processing of the electronic return originator (ERO) the case of effect curlin longly the U.S. Treasury Financial Agent to the transmission, (b) the reason for any defect curlin longly the U.S. Treasury Financial Agent to the transmission of the supprendict for the payment of estimated tax, and the financial institutions involved in the processing of the electronic payment of estimated tax. And the financial institutions involved in the processing of the electronic payment of the case to receive confidential information necessary to answer inquiries and resolve issues related to the payment to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the personal identification number (PIN) as my signature for the	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
Amount you want refunded to you	1	Adjusted gross income		1				
Amount you want refunded to you 5 Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are an extension of the properties of the part of the	2			2	13,617.			
S Amount you owe Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the IRS (a) an acknowledgement of recipit or reason for or amounts from the income tax return (original or amended). I am now authorizing, and to the separate of management of any delare I applicable, I authorize the U.S. Treasury and its designated Financial or any delay in processing the return or return, and/or a payment of any federal taxes owed on this return and/or a payment of residual tax, and the financial institutions into terminate thurity to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-4353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature Paractitioner PIN Method Returns Only—continue b								
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)				-	2,343.			
under penalties of perjuy; I declare that II have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above en the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to termination account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution for payment of the payment. I must contact the U.S. Treasury Financial Agent at 1-888-353-4637. Payment cancellation requests must be received no later than 2 subsiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If urther acknowledge that the presonal identification number (PIN) below in my signature for the income tax return (original or amended) I am now authorizing. I vall enter my PIN as my signature or the income tax return (original or amended) I am now authorizing. I vall enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you a				- 1				
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I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ Date ▶ Spouse's PIN: check one box only I authorize ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	to send for any Agent t paymen authoriz paymen busines taxes t persona	my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I as	ection of the tr .S. Treasury and icated in the taken to debit the ethe authorizates uests must be processing of payment. I furt	ansmission and its design ax preparate entry to the ation. To re received the electr her ackno	n, (b) the reason gnated Financial tion software for nis account. This evoke (cancel) a no later than 2 onic payment of wledge that the			
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I authorize	Snous	e's PIN: check one how only						
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	EDO'	signatura N						
	Lnu s	-						

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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-0	074	IRS Use Only	–Do not v	write or staple in th	his space.	
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling _			, 20	See se	parate instruc	ctions.	
Your first name	A		Last na	E							Your social security number 234 99 3195 Spouse's social security number		
ir joint return, s	spouse	s first name and middle initial	Last na	ame						Spouse	's social securi	ity numbe	
	•	er and street). If you have a P.O. box, see	instruct	ions.				Α	pt. no.	ł	ential Election on the here if you, or		
260 ADAI		' <u>l'</u> ice. If you have a foreign address, also co	mnlata	enaces he	Now	Sta	to :	ZIP co	nde	1	if filing jointly,	,	
		ioc. Il you have a loreigh address, also ec	inpicte.	эриссэ Бс	now.			088			this fund. Ch	•	
PISCATA! Foreign countr				Foreign n	rovince/state/o	Onn			n postal code	1	low will not cha x or refund.	ange	
. o.o.g oou	,			. o. o.g p	. o v II loo, otato, t		.,	0.0.5	poota. ooac	your tu	You	Spouse	
Filing Status	s 🗵	Single					Head of hou	useh	old (HOH)				
Check only		Married filing jointly (even if only o	ne had	income)									
one box.		Married filing separately (MFS)					☐ Qualifying s	urviv	ing spouse	(QSS)			
	-	you checked the MFS box, enter the		-	pouse. If you	u che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if t	the	
	qu	ualifying person is a child but not you	ır depe	ndent:									
Digital		ny time during 2023, did you: (a) rec						-		. ,			
Assets		nange, or otherwise dispose of a dig						? (Se	ee instruction	ns.)	☐ Yes	⊠ No	
Standard		neone can claim: You as a de	•		•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status	alien	1						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spc	ouse	: Was born		re January 2	-	☐ Is blind		
Dependent				(2)	Social security	′	(3) Relationship	, (4			lifies for (see ins		
If more	(1) F	First name Last name			number		to you		Child tax c	redit	Credit for other	dependents	
than four dependents,								_					
see instruction	ıs												
and check here [₁ —												
	 1a	Total amount from Form(s) W-2, b	ov 1 (e	ae instru	ctions)					. 1a	107	,620.	
Income	b		,		,							7020.	
Attach Form(s) W-2 here. Also	1	Household employee wages not reported on Form(s) W-2								. 10			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10			
W-2G and	e	Taxable dependent care benefits f		•	,	•					9		
1099-R if tax was withheld.	f	Employer-provided adoption bene			-					. 11	f		
If you did not	g	Wagaa from Form 2010 line 6								. 19	1		
get a Form	h	Other earned income (see instruct	ions)							. 1h	^	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i						
	z	Add lines 1a through 1h								. 12	107	,620.	
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interest			. 2t)		
if required.	3a_	Qualified dividends	3a			b C	Ordinary dividend	ds .		. 3Ł)		
	4a	IRA distributions	4a			b T	axable amount			. 4t)		
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amount			. 5b)		
 Single or 	6a	Social security benefits	6a			b T	axable amount			. 6k)		
Married filing separately,	С	If you elect to use the lump-sum e	If you elect to use the lump-sum election method, check here (see instructions) $$										
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								□	_		
jointly or	8	Additional income from Schedule	income from Schedule 1, line 10						. 8		, 529.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total inc	com	е			. 9	97	,091.	
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1,	line 26						. 10)		
household,	11	Subtract line 10 from line 9. This is	s your a	ıdjusted	gross incor	ne				. 11	<u>ı 97</u>	,091.	
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	2 13	,850.	
any box under Standard	13	Qualified business income deduct	ion fror	n Form 8	995 or Form	899	95-A			. 13	3		
Deduction,	14									. 14		,850.	
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loc	ontor	O This is v	our t	tavabla inaama			15	± 1 03	2/11	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	13,617.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17					18	13,617.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	13,617.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	13,617.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 15	,960			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	15,960.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	·		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, line 15								
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,960.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,343.	
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	2,343.	
Direct deposit?	b	Routing number 1 0 1				Checking	Savings	;		
See instructions.	d	Account number 1 4 5	5 7 4 3	1 8 9 1	1 4					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		,	•				omplete	below.	⋉ No	
		esignee's		Phone				tification		
		me		no.			ber (PIN)			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here			•	Date	Your occupation					
	10	Your signature		Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?			DEVOPS ENGINEER				see inst.)			
See instructions.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					nt your spouse an	
Keep a copy for your records.							Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (660) 528-053	6	Email address	SUSRITHAGADE	1996@GMAIL.C	MC			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/10/2024	P0208	32703	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Ph	one no.	(678) 965-9522	
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fi					Fire	m's EIN	84-3171965		

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

SUSRITHA GADE

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

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

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

Your social security number 234-99-3195

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	ach Schedule E .	5	-10,529.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-10 , 529.

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-basis g			
	officials. Attach Form 2106	í	12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
0E	Total other adjustments. Add lines 24s through 24z		OF	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter he Form 1040, 1040-SR, or 1040-NR, line 10	iere and on	26	
			20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

234-99-3195

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

SUSRITHA GADE

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

Attachment Sequence No. 13

OMB No. 1545-0074

Your social security number

Par	Note: If you a	Loss From Rental Real Estate and the in the business of renting personal propert	d Ro y, use	yalties Schedule	C . See	e instru	ctions. If you a	ıre an	indivi	idual, re _l	oort fa	rm
Α		e or loss from Form 4835 on page 2, line 40. payments in 2023 that would require you	to file	Form(s) 1	0002	Soo inc	structions				00 X	7 No
	, , , , , , , , , , , , , , , , , , , ,	will you file required Form(s) 1099? .		` '								∖ No
1a		s of each property (street, city, state, ZIP			· ·	· ·		• •	•	<u> </u>	<u> </u>	
		INAYAKA NAGAR OPP.SIRI APARTME			O 7 D	KODY	D CIIDVADI	7 m m	א א דידו	TC 7 NT 7	TNI E	00206
A B	4-/1/3///8 VI	5T T	LLAI	NGANA	IN 5	08206						
C												
1b	Type of Property	2 For each rental real estate proper	tv liet	tod		Ea	ir Rental	Poi	rcon	al Use		
10	(from list below)	above, report the number of fair r				Га	Days	rei	Day			JJV
Α	3	personal use days. Check the QJ	V box	x only	Α		365			0		
В	-	if you meet the requirements to fi			В							
С		qualified joint venture. See instruc	ctions	5.	С							
Туре	of Property:											
1	Single Family Resid	dence 3 Vacation/Short-Term Rent	al	5 Land			Self-Rental					
2	Multi-Family Resid	lence 4 Commercial		6 Roya	alties	8	Other (descr	ribe) _.				
							Properti					
Incon	ne:				Α		В				С	
3	Rents received .		3		7	721.						
4	Royalties received	d	4									
Expe	nses:											
5			5									
6		see instructions)	6									
7		intenance	7		2,4	110.						
8			8									
9			9									
10		professional fees	10									
11	-	S	11		2,3	300.						
12		t paid to banks, etc. (see instructions)	12									
13			13			11.0			_			
14			14 15)10. 370.						
15 16			16		1,0	5/0.			-			
17			17		2 6	560.						
18		ense or depletion	18		2,0							
19		·	19									
20	Total expenses. A	Add lines 5 through 19	20		11,2	250.						
21	· ·	rom line 3 (rents) and/or 4 (royalties). If										
		see instructions to find out if you must										
	file Form 6198 .		21	-	-10, 5	529.						
22		real estate loss after limitation, if any, ee instructions)	22	(10,52	29.)	()()
23a	Total of all amour	nts reported on line 3 for all rental proper	ties			23a		72	1.			
b		nts reported on line 4 for all royalty prope	erties			23b						
С		nts reported on line 12 for all properties				23c						
d		nts reported on line 18 for all properties				23d						
е		nts reported on line 20 for all properties				23e	11	,25				
24		sitive amounts shown on line 21. Do not							24		4.0	`
25	•	Ity losses from line 21 and rental real estate							25 (10,5	529.)
26		estate and royalty income or (loss). On the state and IV, and line 40 on page 2 do not										
		n, and iv, and line 40 on page 2 do not n 1040), line 5. Otherwise, include this an							26		-10	529.
For P	•	Act Notice, see the senarate instructions	·Carit	NE			-10,529			odulo E (040) 2023