

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|---|--|
| Taxpayer's name LIKHITH AALLA | Social security number 868-72-8509 |
| Spouse's name | Spouse's social security number |

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 | 1 | 112,359. |
| 2 Total tax | 2 | 17,046. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 19,974. |
| 4 Amount you want refunded to you | 4 | 2,928. |
| 5 Amount you owe | 5 | |

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 2 | 8 | 5 | 0 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- 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 _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- 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 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

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.

ERO's signature ▶ _____ Date ▶ _____

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial LIKHITH Last name AALLA Your social security number 868 72 8509

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 548 E TOWN SQUARE CT Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. OAK CREEK WI 53154 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents.

Income section table with columns for line numbers (1a-1z) and amounts. Includes sub-columns for taxable interest, ordinary dividends, and taxable amounts.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes refund amount, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration text: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements...

Signature section with fields for Your signature, Date, Your occupation (SOFTWARE ENGINEER (DEVOPS)), Spouse's signature, Date, Spouse's occupation, and contact information.

Paid Preparer Use Only section with fields for Preparer's name, signature, date, PTIN, firm's name, address, and EIN.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

LIKHITH AALLA

Your social security number

868-72-8509

Part 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 E | | 5 | -12,547. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLÉ 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 nonqualified 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 here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -12,547. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | 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: | | | |
| a | 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 | | |
| c | 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 | | |
| e | 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: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

LIKHITH AALLA

868-72-8509

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.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
- B** If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A SRI NAGAR COLONY HYDERABAD TELANGANA IN 50073

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe) _____

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 520. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,120. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,050. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 5,689. | | |
| 15 Supplies | 15 3,563. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 | | |
| 18 Depreciation expense or depletion | 18 2,456. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 13,878. | | |
| 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 -13,358. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (12,547.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 520. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d 2,456. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 13,878. | | |
| 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 (12,547.) | | |
| 26 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 . | 26 -12,547. | | |

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.

Name(s) shown on return
 LIKHITH AALLA

Identifying number
 868-72-8509

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)) | 1a | 0 . | | |
| b Activities with net loss (enter the amount from Part IV, column (b)) | 1b | (13,358 .) | | |
| c Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c | () | | |
| d Combine lines 1a, 1b, and 1c | 1d | | | -13,358 . |

All Other Passive Activities

| | | | | |
|---|-----------|-----|--|--|
| 2a Activities with net income (enter the amount from Part V, column (a)) | 2a | | | |
| 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 | () | | |
| d Combine lines 2a, 2b, and 2c | 2d | | | |

| | | | | |
|--|----------|--|--|-----------|
| 3 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 normally used | 3 | | | -13,358 . |
|--|----------|--|--|-----------|

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.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

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 | 4 | | | 13,358 . |
| 5 Enter \$150,000. If married filing separately, see instructions | 5 | 150,000 . | | |
| 6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | 6 | 124,906 . | | |
| 7 Subtract line 6 from line 5 | 7 | 25,094 . | | |
| 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 8 | | | 12,547 . |
| 9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions | 9 | | | 12,547 . |

Part III Total Losses Allowed

| | | | | |
|--|-----------|--|--|----------|
| 10 Add the income, if any, on lines 1a and 2a and enter the total | 10 | | | 0 . |
| 11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | 11 | | | 12,547 . |

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| SRI NAGAR COLONY | 0 . | 13,358 . | | | 13,358 . |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0 . | 13,358 . | | | |

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | | | | |

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|------------------|---|----------|-------------|-----------------------|--|
| SRI NAGAR COLONY | E Ln 22 | 13,358. | 1.00000000 | 12,547. | 811. |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | 13,358. | 1.00 | 12,547. | 811. |

Part VII Allocation of Unallowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-------------|--------------------|
| SRI NAGAR COLONY | E Ln 22 | 811. | 1.00000000 | 811. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 811. | 1.00 | 811. |

Part VIII Allowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|---|----------|--------------------|------------------|
| SRI NAGAR COLONY | E Ln 22 | 13,358. | 811. | 12,547. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 13,358. | 811. | 12,547. |

For the year Jan. 1-Dec. 31, 2023, or other tax year

Check here if an amended return beginning _____, 2023 ending _____, 20____.

Note

DO NOT STAPLE

See page 5 before assembling return

| | | | |
|---|-------------------------------------|--------------------------|--|
| Your legal last name AALLA | Legal first name L IKHITH | M.I. | Your social security number 868728509 |
| If a joint return, spouse's legal last name | Spouse's legal first name | M.I. | Spouse's social security number |
| Home address (number and street). If you have a PO Box, see page 12. 548 E TOWN SQUARE CT | | Apt. no. | Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2023. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town MILWAUKEE County of MILWAUKEE School district number See page 45 3619 |
| City or post office OAK CREEK | State WI | Zip code 53154 | |
| Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> <input type="checkbox"/> Head of household, NOT married (see page 13). <input type="checkbox"/> Head of household, married (see page 13). If married, fill in spouse's SSN above and full name here <input type="checkbox"/> | | | Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 10) |

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not** like this → 0147 ● **NO COMMAS; NO CENTS**

| | | |
|---|--------------------------|-----------|
| 1 Federal adjusted gross income from Form 1040, line 11 | 1 | 112359.00 |
| 2 Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13) | 2 | 0.00 |
| 3 Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes | 3 | 112359.00 |
| Form W-2 wages included in line 3 | <input type="checkbox"/> | 124906.00 |
| 4 Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14) | 4 | .00 |
| 5 Add lines 3 and 4 | 5 | 112359.00 |
| 6 Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number | 6 | .00 |
| 7 Subtract line 6 from line 5. This is your Wisconsin income. | 7 | 112359.00 |
| 8 Standard deduction. See table on page 35, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/> | 8 | 1498.00 |
| 9 Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0 | 9 | 110861.00 |
| 10 Exemptions (Caution: See page 15) | | |
| a Fill in exemptions allowed <u>1</u> x \$700 | 10a | 700.00 |
| b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 | 10b | .00 |
| c Add lines 10a and 10b | 10c | 700.00 |

PAPER CLIP payment here



NO COMMAS; NO CENTS

| | | | |
|-----------|---|------------------------------------|---|
| 11 | Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . . | 11 | <u>110161.00</u> |
| 12 | Tax (see table on page 38) | 12 | <u>5466.00</u> |
| 13 | Itemized deduction credit. Include Schedule 1, page 4 | 13 | <u>.00</u> |
| 14 | Additional child and dependent care tax credit (see page 17) | | |
| | Federal credit from Form 2441 \blacktriangleright <u>.00</u> x 50% = | 14 | <u>.00</u> |
| 15 | School property tax credit | | |
| a | Rent paid in 2023 – heat included <u>.00</u> | } Find credit from table page 19 . | 15a <u>.00</u> |
| | Rent paid in 2023 – heat not included <u>.00</u> | | |
| b | Property taxes paid on home in 2023 <u>.00</u> | Find credit from table page 20 . | 15b <u>.00</u> |
| 16 | Working families tax credit (see page 20) | 16 | <u>.00</u> |
| 17 | Married couple credit. Include Schedule 2, page 4 | 17 | <u>.00</u> |
| 18 | Nonrefundable credits from line 34 of Schedule CR | 18 | <u>.00</u> |
| 19 | Net income tax paid to another state. Include Schedule OS <input type="checkbox"/> | 19 | <u>.00</u> |
| 20 | Add lines 13 through 19 | 20 | <u>.00</u> |
| 21 | Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax | 21 | <u>5466.00</u> |
| 22 | Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) 22 <u>.00</u> | | |
| | If you certify that no sales or use tax is due, check here \blacktriangleright <input checked="" type="checkbox"/> <u>X</u> | | |
| 23 | Donations (decreases refund or increases amount owed) | | |
| a | Endangered resources <u>.00</u> | e | Military family relief <u>.00</u> |
| b | Cancer research <u>.00</u> | f | Second Harvest/Feeding Amer. <u>.00</u> |
| c | Veterans trust fund <u>.00</u> | g | Red Cross WI Disaster Relief <u>.00</u> |
| d | Multiple sclerosis <u>.00</u> | h | Special Olympics Wisconsin <u>.00</u> |
| | Total (add lines a through h) . . . \blacktriangleright | 23i | <u>.00</u> |
| 24 | Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . . <u>.00</u> x .33 = | 24 | <u>.00</u> |
| 25 | Other penalties (see page 25) | 25 | <u>.00</u> |
| 26 | Add lines 21, 22, 23i, 24, and 25 | 26 | <u>5466.00</u> |
| 27 | Wisconsin tax withheld. Include withholding statements | 27 | <u>6133.00</u> |
| 28 | 2023 estimated tax payments and amount applied from 2022 return. . . | 28 | <u>.00</u> |
| 29 | Earned income credit. Number of qualifying children \blacktriangleright <u> </u> | | |
| | Federal credit. <u>.00</u> x <u> </u> % = | 29 | <u>.00</u> |
| 30 | Farmland preservation credit. a Schedule FC, line 17. | 30a | <u>.00</u> |
| | b Schedule FC-A, line 13 | 30b | <u>.00</u> |
| 31 | Repayment credit (see page 27) | 31 | <u>.00</u> |




| | |
|---|---|
| Name(s) shown on Form 1 LIKHITH AALLA | Your social security number 868728509 |
|---|---|

| | | NO COMMAS; NO CENTS |
|-----------|---|--------------------------------|
| 32 | Homestead credit. Include Schedule H or H-EZ | 32 _____ .00 |
| 33 | Eligible veterans and surviving spouses property tax credit . . | 33 _____ .00 |
| 34 | Refundable credits from Schedule CR, line 40. Include Schedule CR | 34 _____ .00 |
| 35 | AMENDED RETURN ONLY—Amounts previously paid (see page 31) | 35 _____ .00 |
| 36 | Add lines 27 through 35 | 36 _____ 6133.00 |
| 37 | AMENDED RETURN ONLY—Amounts previously refunded (see page 31) | 37 _____ .00 |
| 38 | Subtract line 37 from line 36 | 38 _____ 6133.00 |
| 39 | If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID | 39 _____ 667.00 |
| 40 | Amount of line 39 you want REFUNDED TO YOU | 40 _____ 667.00 |
| 41 | Amount of line 39 you want APPLIED TO YOUR 2024 ESTIMATED TAX | 41 _____ 0.00 |
| 42 | If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID | 42 _____ .00 |
| 43 | Underpayment interest. Fill in exception code-See Sch. U _____ | 43 _____ .00 |
| 44 | Add lines 42 and 43. This is the AMOUNT YOU OWE . Paper clip payment to front of return | 44 _____ .00 |
| 45 | Interest (see page 34) | 45 _____ .00 |

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 34)? **Yes** Complete the following. **No**

Designee's name ▶ _____ Phone no. ▶ _____ Personal identification number (PIN) ▶

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

Sign here
 ▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

| | | | |
|--|------|---------------|--|
| Your signature | Date | Daytime Phone | Wisconsin Identity Protection PIN (7 characters) |
| | | 6825528163 | _____ |
| Spouse's signature (if filing jointly, BOTH must sign) | Date | Daytime Phone | Wisconsin Identity Protection PIN (7 characters) |
| | | | _____ |

I-010ai **Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34).

Mail your return to: Wisconsin Department of Revenue
 If tax due.....PO Box 268, Madison WI 53790-0001
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 16)

| | | |
|--|----------|--------------|
| 1 Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions. | 1 | .00 |
| 2 Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction | 2 | .00 |
| 3 Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions | 3 | .00 |
| 4 Casualty losses from federal Schedule A (Form 1040) | 4 | .00 |
| 5 Add lines 1 through 4 | 5 | .00 |
| 6 Fill in your standard deduction from line 8 on page 1 of Form 1. | 6 | .00 |
| 7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. | 7 | 0 .00 |
| 8 Rate of credit is .05 (5%) | 8 | x .05 |
| 9 Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1 | 9 | .00 |

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

| | (A) YOURSELF | (B) SPOUSE |
|---|--------------|--------------|
| 1 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1 | .00 | .00 |
| 2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2 | .00 | .00 |
| 3 Combine lines 1 and 2. This is earned income. 3 | .00 | .00 |
| 4 Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income 4 | .00 | .00 |
| 5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5 | .00 | .00 |
| 6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. 6 | | .00 |
| 7 Rate of credit is .03 (3%). 7 | | x .03 |
| 8 Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form 1 8 | | .00 |

Do not fill in more than \$480.

INTUIT



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial LIKHITH Last name AALLA Your social security number 868 72 8509
If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 548 E TOWN SQUARE CT Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. OAK CREEK WI 53154
Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes dependents section.

Income section table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 17,046.

Table for Payments (lines 25-33). Includes federal income tax withheld (19,974) and total payments (19,974).

Table for Refund (lines 34-36). Shows overpaid amount of 2,928 and amount applied to 2024 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, and occupation fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **01**

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

LIKHITH AALLA

Your social security number

868-72-8509

Part 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 E | | 5 | -12,547. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL 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 nonqualified 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 here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -12,547. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | 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: | | | |
| a | 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 | | |
| c | 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 | | |
| e | 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: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |

**SCHEDULE E
(Form 1040)**

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return
LIKHITH AALLA

Your social security number
868-72-8509

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.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A SRI NAGAR COLONY HYDERABAD TELANGANA IN 50073

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 520. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,120. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,050. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 5,689. | | |
| 15 Supplies | 15 3,563. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 | | |
| 18 Depreciation expense or depletion | 18 2,456. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 13,878. | | |
| 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 -13,358. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (12,547.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 520. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d 2,456. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 13,878. | | |
| 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 (12,547.) | | |
| 26 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 . | 26 -12,547. | | |

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.

Name(s) shown on return
 LIKHITH AALLA

Identifying number
 868-72-8509

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)) | 1a | 0. | | |
| b Activities with net loss (enter the amount from Part IV, column (b)) | 1b | (13,358.) | | |
| c Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c | () | | |
| d Combine lines 1a, 1b, and 1c | 1d | | | -13,358. |

All Other Passive Activities

| | | | | |
|---|-----------|-----|--|--|
| 2a Activities with net income (enter the amount from Part V, column (a)) | 2a | | | |
| 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 | () | | |
| d Combine lines 2a, 2b, and 2c | 2d | | | |

| | | | | |
|--|----------|--|--|----------|
| 3 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 normally used | 3 | | | -13,358. |
|--|----------|--|--|----------|

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.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

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 | 4 | | | 13,358. |
| 5 Enter \$150,000. If married filing separately, see instructions | 5 | 150,000. | | |
| 6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | 6 | 124,906. | | |
| 7 Subtract line 6 from line 5 | 7 | 25,094. | | |
| 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 8 | | | 12,547. |
| 9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions | 9 | | | 12,547. |

Part III Total Losses Allowed

| | | | | |
|---|-----------|--|--|---------|
| 10 Add the income, if any, on lines 1a and 2a and enter the total | 10 | | | 0. |
| 11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | 11 | | | 12,547. |

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| SRI NAGAR COLONY | 0. | 13,358. | | | 13,358. |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0. | 13,358. | | | |

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | | | | |

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|------------------|---|----------|-------------|-----------------------|--|
| SRI NAGAR COLONY | E Ln 22 | 13,358. | 1.00000000 | 12,547. | 811. |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | 13,358. | 1.00 | 12,547. | 811. |

Part VII Allocation of Unallowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-------------|--------------------|
| SRI NAGAR COLONY | E Ln 22 | 811. | 1.00000000 | 811. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 811. | 1.00 | 811. |

Part VIII Allowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|---|----------|--------------------|------------------|
| SRI NAGAR COLONY | E Ln 22 | 13,358. | 811. | 12,547. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 13,358. | 811. | 12,547. |