Department of the Treasury – Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginn				ning, 2023, ending, 20					ee separate nstructions.	
Your first name	and r	niddle initial	Last name					our identifying number		
					(see inst	(see instructions)				
KARAN KALYAN				AGERE KARIYAPPA	680-	91-2	2922			
Home address (numb	per and street). If you have a P.O. box	, see ins	tructions.			•		Apt. no.	
7784 CANT	ERB	URY LN								
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP co	de	
DUBLIN						CA		9456	38	
Foreign country	nam	e	Foreigr	n province/state/county		Foreign	postal cod	de		
Filing		Single	aratelv (N	MFS) Qualifvir	ng surviving spouse ((QSS)	☐ Est	ate	☐ Trust	
Status		you checked the QSS box, enter the o		· · · · · · · · · · · · · · · · · · ·	0.	` '	endent:			
Check only				, , , , ,						
one box.	4.					. ,	<i>(</i> ,) , , , ,			
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					r (b) sell, (nge, or Yes 🔀 No	
Dependents					,. (fies for (see inst.):	
(see instructions):				(2) Dependent's		1	ld tax credi	1 0	Credit for other	
(0000000).		(1) First name Last name		identifying number	(3) Relationship to yo	ou Oili			dependents	
If more than four										
dependents, see										
instructions and										
check here	4 -	T-1-1	4 (1	11'>						
Income	1a	Total amount from Form(s) W-2, box	`	,				-	75,500.	
Effectively	b	Household employee wages not rep		• •						
Connected With U.S.	c d	Tip income not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid waiver payments not reported on line 1a (see Medicaid		,				+		
Trade or	e	Taxable dependent care benefits fro								
Business	f	Employer-provided adoption benefit		·						
Dusiness	g g	Wages from Form 8919, line 6					. 1g			
Attach	h	Other earned income (see instruction					. 1h			
Form(s) W-2, 1042-S,	i	Reserved for future use	•							
SSA-1042-S,	j	Reserved for future use					. 1j			
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	n Sched	ule OI (Form 1040-NR), i	tem L,					
here. Also		line 1(e)			1k					
attach	Z	Add lines 1a through 1h					. 1z		75,500.	
Form(s) 1099-R if	2a	Tax-exempt interest 2a	_		able interest		. 2b			
tax was	_	Qualified dividends 3a			linary dividends .		. 3b			
withheld.	4a	IRA distributions 4a			able amount					
If you did not get a Form	5a	Pensions and annuities 5a			able amount					
W-2, see	6	Reserved for future use				_			75,500. 75,500. -3,0008,639. 63,861.	
instructions.	7	Capital gain or (loss). Attach Schedu	•		•					
	8 9	Additional income from Schedule 1 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8								
				•				+	03,001.	
·	10	Adjustments to income from Sched income	,	, ·	,		_			
	11	Subtract line 10 from line 9. This is y							63,861.	
	12	Itemized deductions (from Schedu	-						, ,	
		deduction (see instructions)							13,850.	
	13a	Qualified business income deduction								
	b	Exemptions for estates and trusts of	nly (see i	nstructions)	13b					
	С	Add lines 13a and 13b					. 13c			
-	14								13,850.	
•	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta :	kable income	<u> </u>	. 15		50,011.	

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if ar	y from For	rm(s): 1 88	314 2 [497	2 3			16	6,313.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	6,313.
	19	Child tax credit or credit for other	r depende	ents from Sched	ule 8812 (F	orm 10	40) .			19	
	20	Amount from Schedule 3 (Form 1040), line 8									
	21	Add lines 19 and 20									
	22	Subtract line 21 from line 18. If zero or less, enter -0									6,313.
	23a	Tax on income not effectively co	nnected w	rith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR),	line 15 .				23a				
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 1	040),					
		line 21					23b				
	С	Transportation tax (see instruction	ons)				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is you	ur total ta :	x						24	6,313.
Payments	25	Federal income tax withheld from	n:								
	а	Form(s) W-2					25a		9,347.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions) .					25c				
	d	Add lines 25a through 25c								25d	9,347.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments ar								26	
	27	Reserved for future use					27				
	28	Additional child tax credit from S		•	,		28			-	
	29	Credit for amount paid with Forr					29				
	30	Reserved for future use					30				
	31	Amount from Schedule 3 (Form 1040), line 15									
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits								32	
	33									33	9,347.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								34	3,034.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								35a	3,034.
Direct deposit? See instructions.	b	Routing number 1 2 1 0 0 0 3 5 8 c Type: Checking Savings									
	d	Account number 3 2 5 1 1 4 5 2 1 5 4 5									
	е	·									
	00	enter it here.								-	
A	36 37	Amount of line 34 you want app				•	36				
Amount You Owe	31	Subtract line 33 from line 24. The For details on how to pay, go to		-		tions				37	
rou Owe	38	Estimated tax penalty (see instru	_	-			38			37	
Third		u want to allow another person to							es. Compl	ete he	low. 🗵 No
Party	Desig	•	aloodoo t	Phone		, mou ac	Juono.		nal identifi		
Designee	name			no.					er (PIN)	Callon	
	Under	penalties of perjury, I declare that I ha		d this return and a				statement	s, and to th		
Sign		they are true, correct, and complete. D	eciaration			,	ed on all	iniormatic			, ,
_	Your signature			Date	Your occu	ipation					ent you an Identity PIN, enter it here
Here				SOFTWARE ENGINEER					inst.)	4, OITTOI IT HOLD	
	Phone	e no.		Email address					, , , , ,	,	
Daid		rer's name	Preparer*	's signature			Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM		· ·	R GUPTA T	ALLAM	02/0	9/2024	P02082	2703	Self-employed
Preparer		s name GLOBAL TAXES	RIYA RAM SAGAR GUPTA TALLAM 02/09/2024				Phone n		78) 965-9522		
Use Only								Firm's El		4-3171965	
		210 1001VIII C			2 20010				5 =		

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

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

KARAN KALYAN GOUDAGERE KARIYAPPA

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

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

Attachment Sequence No. 01 Your social security number

680-91-2922

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. Att	ach Schedule E .	5	-8,639.
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. Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-8,639.

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-				
	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	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
0 -					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

KARAN KALYAN GOUDAGERE KARIYAPPA 680-91-2922 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

vame	snown on Form 1040-NR				Your identifying number					
KAF	AN KALYAN GOUDAGERE KARI				680-91-29					
Α	Of what country or countries were y	ou a citizen or nationa	I during the tax ye	ear? INDIA						
В	In what country did you claim resid	ence for tax purposes	during the tax ye	ear? United States						
С	Have you ever applied to be a greer		☐ Yes	⊠ No						
D	Were you ever:									
1						☐ Yes	⊠ No			
2	A green card holder (lawful permane						⊠ No			
	If you answer "Yes" to (1) or (2), see	·								
Е	If you had a visa on the last day of				ter your U.S					
	immigration status on the last day of				-					
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?									
•	If you answered "Yes," indicate the date and nature of the change:									
G	List all dates you entered and left th									
G	Note: If you're a resident of Canada	-			ont intorvals					
	check the box for Canada or Mex				Mexico					
		•								
	Date entered United States Date mm/dd/yy	e departed United State mm/dd/yy	s	Date entered United States mm/dd/yy		irted Unite nm/dd/yy	ted States			
	Tilli/dd/yy	ППП/СССТУУ		ПП/аа/уу	'	ilili/dd/yy				
			⊣ ⊦							
Н	Give number of days (including vacat				_					
	2021,	2022	, and	d 2023 365						
I	Did you file a U.S. income tax return					⊠ Yes	☐ No			
	If "Yes," give the latest year and for	m number you filed:		1040NR						
J	Are you filing a return for a trust?.					☐ Yes	⊠ No			
	If "Yes," did the trust have a U.S. o									
	U.S. person, or receive a contribution	on from a U.S. person?	'			☐ Yes	☐ No			
Κ	Did you receive total compensation	of \$250,000 or more of	luring the tax yea	r?		☐ Yes	⊠ No			
	If "Yes," did you use an alternative r	method to determine th	ne source of this	compensation?		☐ Yes	☐ No			
L	Income Exempt From Tax-If you	are claiming exemption	on from income t	ax under a U.S. income	tax treaty with	a foreign	country,			
	complete (1) through (3) below. See	Pub. 901 for more info	ormation on tax tr	eaties.						
1	Enter the name of the country, the ap	pplicable tax treaty arti	cle, the number o	f months in prior years you	claimed the tre	aty benefi	t, and the			
	amount of exempt income in the colu	umns below. Attach Fo	rm 8833 if require	d. See instructions.						
	(a) Country		(b) Tax treaty arti	cle (c) Number of month	s (d) Am	ount of ex	unt of exempt current tax year			
				claimed in prior tax ye	ars income i	n current t				
	(e) Total. Enter this amount on Form	m 1040-NR, line 1k. Do	not enter it anv	where else on line 1						
2			•			Yes	□No			
	Are you claiming treaty benefits pur					☐ Yes	⊠ No			
•	If "Yes," attach a copy of the Comp	·	-			00				
М	Check the applicable box if:	Stant Additiontly dotelling	ation lotter to y	oai iotaini						
	This is the first year you are making	an election to treat inc	come from real or	onerty located in the Linite	nd States as of	fectively o	onnected			
- 1	with a U.S. trade or business under									
9	You have made an election in a pr						na Unitad			
2	States as effectively connected with									
	Caatoo ao Chocavory Connocted With	. a J.J. Hade of basilie		or italiactions.			· · <u> </u>			

SCHEDULE D (Form 1040)

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.

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 680-91-2922 KARAN KALYAN GOUDAGERE KARIYAPPA 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 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 7,327. 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 -7,327. 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 -7,**327. 16 Combine lines 7 and 15 and enter the result 16 • 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)

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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

_NAF	RAN KALYAN GOUDAGERE KARIYAPPA	680-	680-91-2922									
Pa	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use Sch	nedule						-			
A B		ou make any payments in 2023 that would require you to file Form(s) 1099? See instructions.								No No		
	20, 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 200, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20, 700 20											
1a												
A												
B												
C							1					
1b	(from list below) above, report the number of fair	rental and			Fa	ir Rental Days		onal Use Days	QJ	JV		
Α	personal use days. Check the Qu		ly [Α		365		0				
В	if you meet the requirements to f qualified joint venture. See instru			В								
С	qualified joint venture. See institu	ictions.		С								
Туре	e of Property:											
1	Single Family Residence 3 Vacation/Short-Term Rent	tal 5	Land			Self-Rental						
2	Multi-Family Residence 4 Commercial	6	Royalt	ties	8	Other (desc	ribe)					
						Propert						
Inco	me			Α		В	103.		С			
3	Rents received	3			92.							
4	Royalties received	4		0.	۶۷.							
	enses:	4										
5	Advertising	5										
6	Auto and travel (see instructions)	6										
7	Cleaning and maintenance	7		2,0	50							
8	Commissions	8		2,0	30.							
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11		1,3	a n							
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,5								
13	Other interest	13										
14	Repairs	14		2,40	01.							
15	Supplies	15		2,20								
16	Taxes	16										
17	Utilities	17		1,2	90.							
18	Depreciation expense or depletion	18										
19	Other (list)	19										
20	Total expenses. Add lines 5 through 19	20		9,33	31.							
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		-8 , 63	39.							
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (_	·8 , 63	9.)	()()		
23a	Total of all amounts reported on line 3 for all rental prope	rties .			23a		692.					
k	Total of all amounts reported on line 4 for all royalty prop	erties .			23b							
c	Total of all amounts reported on line 12 for all properties				23c							
c	Total of all amounts reported on line 18 for all properties				23d							
e	Total of all amounts reported on line 20 for all properties			.	23e	(9,331.					
24	Income. Add positive amounts shown on line 21. Do not	t include a	ny los	ses			. 24					
25	Losses. Add royalty losses from line 21 and rental real estate	e losses fro	om line	22. Er	nter to	tal losses he	re 25	5 (8,63	39.)		
26	Total rental real estate and royalty income or (loss).											
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar							•	-8,6	539.		