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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

талрау		Social Security	mumb	CI							
VED.	A VYAS DYAWANAPALLY	324-59-0929									
Spouse	's name	Spouse's socia	al secu	rity number							
Part	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	82,882.							
2	Total tax	[2	10,493.							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3	13,772.							
4	Amount you want refunded to you	[4	3,279.							
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 periury. 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

GLOBAL	TAXES	LLC	to enter or generate my	' PIN

Ent	as my				
9	0	9	2	9	

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

X I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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.

Spouse's signature 🕨	Date 🕨							
Practitioner PIN Method Returns Only—continue below								
Part III Certification and Authentication – Practit	ioner PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1							

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 🕨	
Don't	ERO Must Retain This Form — S Submit This Form to the IRS Unles		
For Demonstrade Deduction Act Nation	a constant websing in about the set		Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

For the year Jar	. 1-Dec	. 31, 2023, or other tax year beginning		, 2023,	ending		, 20)	See sei	parate instructions	
Your first name			Last n				······································				
									Your social security number 324 59 0929		
VEDA VYA		s first name and middle initial	Last n	WANAPALLY						social security nun	
n joint rotarn, e	poudo c		Laoth						opouoo		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt.	no.	Preside	ntial Election Camp	
949 THAI	TA I	R					В			nere if you, or your	
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP code			if filing jointly, want	
CHARLOT	ΓE				N	С	28262			this fund. Checking ow will not change	
Foreign country	/ name			Foreign province/sta	ate/coun	ity	Foreign p	ostal code		or refund.	
										You Spo	
Filing Status	; 🛛] Single				Head of h	ousehold	(HOH)			
Check only		Married filing jointly (even if only o	ne had	income)		_					
one box.		Married filing separately (MFS)				Qualifying	0	•	. ,		
		ou checked the MFS box, enter the			you ch	ecked the HOF	l or QSS	box, ente	er the chi	ld's name if the	
	qu	alifying person is a child but not you	ur depe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award,	or pay	ment for prope	rty or ser	vices); or	(b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	et (or a financial in	iterest i	n a digital asse	t)? (See i	nstructio	ns.)	🗌 Yes 🛛 No	
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌 Your spo	ouse as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-stat	us alier	า					
Age/Blindnes	s You:	Were born before January 2, 1	959	Are blind	Spouse	: 🗌 Was bor	n before	January	2, 1959	Is blind	
Dependent				(2) Social secu	-	(3) Relationsh				fies for (see instruction	
•		irst name Last name		number	unity	to you	P P	Child tax c	· · · · ·	Credit for other depend	
If more than four											
dependents,											
see instruction and check	s ——										
here]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions)					. 1a	102,08	
Attach Form(s)	b	Household employee wages not re	eported	d on Form(s) W-2					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	a (see ii	nstructions) .					. 1c	:	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (se	e instru	uctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441, line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line	29 .				. 1f	_	
If you did not	g	Wages from Form 8919, line 6 .							. 1g		
get a Form W-2, see	h	Other earned income (see instruct	,				· · ·		. 1h	(
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		1 i			_	100.00	
	Z	Add lines 1a through 1h	• •						. 1z		
Attach Sch. B if required.	2a	· · -	2a			axable interes		• •	. 2b		
	<u>3a</u>		3a			Ordinary divide			. 3b		
Standard	4a		4a			axable amoun		• •	. 4b		
Deduction for -	5a		5a			Taxable amoun			. 5b		
Single or Married filing	6a	, _	6a			Taxable amoun	t	 г	. 6b		
separately, \$13,850	с 7	If you elect to use the lump-sum e						L	╡┞╺		
Married filing	7	Capital gain or (loss). Attach Sche		•	•	-		L		10.201	
jointly or Qualifying	8	Additional income from Schedule						• •	. <u>8</u> . 9	-19,205	
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					· · ·	• •	. 9 . 10		
Head of	10 11	Adjustments to income from Sche							. <u>10</u> . 11		
household, \$20,800	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized						• •	· 11	- 1	
If you checked any box under	12	Qualified business income deduct						• •	· 12 · 13		
Standard	13 14								. 13 . 14		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	 Ie	· ·			
	10			55, 6H.CI -0 HIS	is your				. 10	09,034	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	10	6 10,493.
Credits	17	Amount from Schedule 2, lin	e3				1	7
	18	Add lines 16 and 17					18	B 10,493.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		19	Э
	20	Amount from Schedule 3, lin	ie8				20	D
	21	Add lines 19 and 20					2 '	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 10,493.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		23	3 0.
	24	Add lines 22 and 23. This is	your total tax				24	4 10,493.
Payments	25	Federal income tax withheld						
•	а	Form(s) W-2				25a 13	,772.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	id 13,772.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return		20	6
qualifying child,	27	Earned income credit (EIC)			No .	27		
attach Sch. EIC.	28	Additional child tax credit fror				28		
	29	American opportunity credit	from Form 8863	8, line 8		29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin	ie 15			31		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits	3	2
	33	Add lines 25d, 26, and 32. T					3	3 13,772.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	34	4 3,279.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	. 🗌 35	ia 3,279.
Direct deposit?	b	Routing number 0 4 4 0 0 3 7 c Type: X Checking Savings						
See instructions.	d	Account number 3 1 3						
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36		
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe				
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> u	//Payments or	see instructions		37	7
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		
Designee	ins	tructions				🗌 Yes. Co	omplete belov	w. 🔀 No
	De: nar	signee's		Phone no.			onal identification oer (PIN)	on
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	est of my knowledge and
Sign		ief, they are true, correct, and com						, ,
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
							Protection	n PIN, enter it here
Joint return?					SOFTWARE I		(see inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupat	ion		sent your spouse an rotection PIN, enter it here
your records.							(see inst.)	,
	Ph	one no. (937)626-242	1	Email address		S32@GMAIL.CC	, ,	
		one no. (937)626-2423 parer's name	⊥ Preparer's signat	I	VEDAVIAS.VV	Date	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208270	
Preparer		n's name GLOBAL TAX		TAUAG INA	OUFIA IAUUAM	02/13/2024		. (678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's EIN	
Go to www.ire.cr		1040 for instructions and the late		TIDWICK IN				Form 1040 (2023)
		noto for instructions and the late	st mornation.		BAA	REV 02/05/24 PRO		10m 10-to (2023)

REV 02/05/24 PRO

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

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** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VEDA VYAS DYAWANAPALLY 324-59-0929

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-19,205.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b		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		
I	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			
	· · · · · · · · · · · · · · · · · · ·	8m		
n		8n		
0		80		
р		8p		
q		8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		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	-19,205.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basi			
	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			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:		20	
2 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
h			-	
d			-	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
_	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV	02/05/24 PRO	Schedule 1 (F	orm 1040) 202

									OMB No	o. 1545-0074		
(Form	1040)	(From I	ental real estate, royalties,	, partnersł	hips, S	corporat	tions, es	states,	trusts, REMI	Cs, etc.)	20	23
	ent of the Treasury		Attach to Fo	,							Attachn	nent
	Revenue Service		Go to www.irs.gov/Sche	eduleE for	r instru	ictions ar	nd the la	atest ir	formation.			ice No. 13
. ,	shown on return										al security	
		WANAPA				. 112				324-5	9-0929	
Part	Note: If yo	ou are in t	s From Rental Real Es he business of renting perso s from Form 4835 on page 2	nal proper	d Ro ty, use	Schedul	e C . See	e instru	ctions. If you	are an indi	vidual, rep	ort farm
A D			ents in 2023 that would red		to file	Form(s)	1099? 8	See ins	structions .		. 🗌 Ye	s 🛛 No
			ou file required Form(s) 1									
1 a			ach property (street, city,									
Α	PLOT NO:3	3,KAII	ASH NAGAR D-COLON	JY,ADII	JABAI) TELAI	NGANA	IN	504001			
В												
C								1				I
1b	Type of Prope (from list below		For each rental real esta above, report the numb					Fa	ir Rental Days		nal Use iys	QJV
Α	3		personal use days. Che				Α		365		0	
В			if you meet the requiren				В					
С			qualified joint venture. S	see instru	ICTIONS	5.	С					
Туре о	of Property:	•										
1 :	Single Family R	esidenc	e 3 Vacation/Short-T	Ferm Ren ⁻	tal	5 Land	k	7	Self-Rental			
2	Multi-Family Re	sidence	4 Commercial			6 Roya	alties	8	Other (desc	ribe)		
									Propert			
Incom	e:						Α		B			С
3					3			50.				•
4					4		-					
Expen												
5					5							
6			structions)		6		4	10.				
7			ance		7		2,0	10.				
8					8							
9	Insurance				9							
10	Legal and othe	er profes	sional fees		10							
11	Management f	ees.			11		1,6	50.				
12	Mortgage inter	est paid	to banks, etc. (see instru	ictions)	12							
13					13							
14					14			46.				
15					15		5,2	48.				
16					16			0.1				
17					17		5,5	91.				
18		xpense	or depletion	• •	18 19							
19 20	Other (list)		nes 5 through 19		20		19,8	55				
20	-		-		20		19,0	55.				
21			ne 3 (rents) and/or 4 (roya structions to find out if yo									
					21		-19,2	05.				
22			estate loss after limitation									
			tructions)		22	(19,20)5.)	()	()
23a			ported on line 3 for all ren		rties			23a		650.		,
b			ported on line 4 for all roy					23b				
с	Total of all amo	ounts re	ported on line 12 for all pr	roperties				23c				
d			ported on line 18 for all pr					23d				
е			ported on line 20 for all pr					23e	19	9,855.		
24			amounts shown on line 2 ⁻			-				. 24		
25	Losses. Add ro	yalty los	ses from line 21 and rental	real estate	e losse	es from lir	ne 22. E	nter to	tal losses he	re 25	(19,205.)

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

For Paperwork Reduction Act Notice, see the separate instructions.

26

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-19,205.

Form 8582		Passive Activity Loss Limitations						OMB No. 1545-1008		
orm UUUL		See separate instructions.							2023	
Department of the Treasury			Attach to Form 1040, 1040-SR, or 1041.				Attachment			
	nue Service	Go to www.i	irs.gov/Form8582 for instructions and the latest information.					Sequence No. 858		
()	wn on return							tifying nu		
EDA VY		WANAPALLY					324	1-59-	0929	
Part I		Passive Activity Loss n: Complete Parts IV ar		ting Part I						
							• • •			
		ctivities With Active Parket Real Estate Activities			ive particip	ation, s	ee Spec ial			
a Act	tivities with	net income (enter the a	mount from Part IV	/, column (a)) .	18	a	0.			
b Act	tivities with	net loss (enter the amo	unt from Part IV, co	olumn (b))	1b) (19,205.))		
	-	allowed losses (enter th)			
d Co	mbine lines	1a, 1b, and 1c						1d	-19,205.	
Other	Passive Ac	tivities								
a Act	tivities with	net income (enter the a	mount from Part V	, column (a)) .	2	a				
b Act	tivities with	net loss (enter the amo	unt from Part V, co	olumn (b))	2ł) ()			
c Prio	or years' un	allowed losses (enter th	ne amount from Pa	rt V, column (c))	20) ()			
d Co	mbine lines	2a, 2b, and 2c						2d		
zer pric	o or more,	1d and 2d and subtra stop here and include lowed losses entered o	this form with you on line 1c or 2c. F	ur return; all losse	es are allov	ved, inc	luding any	3	-19,205.	
	,	s and: • Line 1d is a l				• •			,	
	tead, go to Specia	status is married filing line 10. al Allowance for Rer	ntal Real Estate	Activities With	spouse at Active Pa	any tim	e during the	e year,	do not comple	
rt II. Ins [.] Part II	tead, go to Specia Note: E	status is married filing line 10.	separately and yo ntal Real Estate t II as positive amo	Activities With your	spouse at Active Pa	any tim	e during the	year,	do not comple	
rt II. Ins Part II 4 Ent 5 Ent	tead, go to Specia Note: E ter the smal ter \$150,000	status is married filing line 10. al Allowance for Rer inter all numbers in Par ler of the loss on line 1). If married filing separ	separately and yo ntal Real Estate t II as positive amo d or the loss on lin ately, see instruction	Activities With your Activities With bunts. See instruct ie 3 ons	spouse at Active Pa tions for ar 5	any tim articipa examp	e during the ation ble. 50,000.			
rt II. Ins [.] Part II 1 Ent 5 Ent 6 Ent	tead, go to Specia Note: E ter the smal ter \$150,000 ter modified	status is married filing line 10. Al Allowance for Ren inter all numbers in Par ler of the loss on line 1 D. If married filing separ adjusted gross income	separately and yo ntal Real Estate t II as positive amo d or the loss on lin ately, see instruction o, but not less than	Activities With your Activities With bunts. See instruct ie 3 ons zero. See instruct	spouse at Active Patient tions for ar . . </td <td>any tim articipa examp</td> <td>e during the ation ble.</td> <td></td> <td></td>	any tim articipa examp	e during the ation ble.			
rt II. Ins [•] Part II 4 Ent 5 Ent 6 Ent No on	tead, go to Specia Note: E ter the smal ter \$150,000 ter modified te: If line 6 i line 9. Othe	status is married filing ine 10. al Allowance for Rer inter all numbers in Par ler of the loss on line 1 0. If married filing separ adjusted gross income is greater than or equal rwise, go to line 7.	separately and yo ntal Real Estate t II as positive amo d or the loss on lin ately, see instruction o, but not less than	Activities With your Activities With bunts. See instruct ie 3 ons zero. See instruct	Spouse at Active Pations for an	any tim	e during the ation ble. 50,000. 02,087.			
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Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Current year			Prior years		Overall gain or loss			
Name of activity			Net loss	(c) Unallowed		-			
	(line 2a)	(line 2b)		loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amour	nt Is Shown on F	Part II,	Line 9. S	ee instruc	ctions.				
	Form or schedule								
Name of activity	and line number to be reported on (see instructions)	(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
PLOT NO:33, KAILASH NAGAR	E Ln 22	19,205.		1.00000000		19,205.		0.	
Total			19,205.	1.0	0	19,20	5.	0.	
Part VII Allocation of Unallowed L	osses. See instr	uction	S.						
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on (a) L		Loss (I		(b) Ratio (d		(c) Unallowed loss	
						1.00			
Part VIII Allowed Losses. See instru									
Name of activity	Form or scho and line nur to be reporte (see instruct	nber ed on	(a) L	_OSS	(b) Unallowed loss		(c) Allowed loss		
Total	<mark></mark>	<u></u>							

REV 02/05/24 PRO

Form **8582** (2023)