## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

internal nevertue Service				
Submission Identification Number (SID)				
Taxpayer's name	Social sec	curity numb	 oer	
PRATHYUSHA MANNAM	144-	85-603'	7	
Spouse's name	social secu	urity number	r	
David Tay Detroys Information Tay Very Ending December 24	) / [mtow.voow.vo		Ale e viei e e	\
<del>-</del>	23 (Enter year yo	u are au	tnorizing.	.)
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.				
<b>1</b> Adjusted gross income		.   1	104	730.
2 Total tax		. 2	15	5,300.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	18	8,835.
4 Amount you want refunded to you		. 4	3	3,535.
5 Amount you owe		. 5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a c	opy of y	our retu	ırn)
return (original or amended) I am now authorizing. I consent to allow my intermediate service provice to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorage to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution apayment of my federal taxes owed on this return and/or a payment of estimated tax, and the finance authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions invo taxes to receive confidential information necessary to answer inquiries and resolve issues relate personal identification number (PIN) below is my signature for the income tax return (original or am Electronic Funds Withdrawal Consent.	son for rejection of the prize the U.S. Treasure count indicated in the ial institution to debit to terminate the authoral lation requests must lived in the processing to the payment. I	e transmis y and its on the tax preparthe entry to prization. To to be received of the el- group of the el- further accommendation	ssion, (b) the designated coaration soft to this according revoke (ved no late ectronic packnowledge	he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
Taxpayer's PIN: check one box only				
	generate my PIN	5 6 0	0 3 7	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	gonorate my r m		digits, but er all zeros	do my
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.				
Your signature ►	Date ►			
Spouse's PIN: check one box only				
	generate my PIN			ac my
ERO firm name	generate my r m	Enter five	digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
I will enter my PIN as my signature on the income tax return (original or amendatify you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.				
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—continu	ie pelow			
Part III Certification and Authentication — Practitioner PIN Method Only	,			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9	9 6 0	8 2 7	7   1
The call with the lines you and any alger in the leaves by your med alger controlled that		enter all ze		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Pro	I income tax return (of am submitting this	original or return in a	amended)   accordance	
ERO's signature ▶	Date ►			
ERO Must Retain This Form — See Instruc	ctions			
Don't Submit This Form to the IRS Unless Reques				

# 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 Jar	ar Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending, 20								ee separate structions.
Your first name	and i	niddle initial	Last na	ame			Your id (see ins	entifyir	ng number
PRATHYUSI	ΙA		MANN	AM			144-	85-6	037
Home address (number and street). If you have a P.O. box, see instructions.									Apt. no.
6445 LOVE	DR								2002
City, town, or p	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP co	de
IRVING						TX		7503	9
Foreign country	nam nam	е	Foreigr	n province/state/county		Foreign p	ostal co	de	
Filing Status	☑ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depende								☐ Trust
Check only one box.									
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					r (b) sell, 		
Dependents						(4) Che	eck the box	c if qualif	fies for (see inst.):
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to yo	Chil	d tax cred	IT I	credit for other
		(i) i i st name Last name		identifying flumber	neiationship to yo	,u			dependents
If more than four									
dependents, see									
instructions and check here							$\dashv$		౼౼
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. 1a		119,820.
Effectively	b	Household employee wages not rep	•	,					
Connected	c	Tip income not reported on line 1a (s		• •					
With U.S.	d	Medicaid waiver payments not report		,					
Trade or	e	Taxable dependent care benefits fro		, ,	•		. 1e		
Business	f	Employer-provided adoption benefit		•			. 1f		
240000	g	Wages from Form 8919, line 6							
Attach	h	Other earned income (see instruction	. 1g . 1h						
Form(s) W-2, 1042-S,	i	Reserved for future use			1i				
SSA-1042-S,	j	Reserved for future use					. 1j		
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)							
attach	z	Add lines 1a through 1h	, .				. 1z		119,820.
Form(s) 1099-R if	2a	Tax-exempt interest 2a	ı	<b>b</b> Tax	able interest		. 2b		
tax was	3a	Qualified dividends 3a	1	<b>b</b> Ord	inary dividends .		. 3b		
withheld.	4a	IRA distributions 4a	1	<b>b</b> Tax	able amount		. 4b		
If you did not	5a	Pensions and annuities 5a	ı	<b>b</b> Tax	able amount				
get a Form W-2, see	6	Reserved for future use				_			
instructions.	7	Capital gain or (loss). Attach Schedu			•				
	8	Additional income from Schedule 1 (							-15,090.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your <b>total effectively c</b>	onnected income		. 9		104,730.
	10	Adjustments to income from Schedincome	•	<b>,</b> ·					
	11	Subtract line 10 from line 9. This is y	our <b>adju</b>	sted gross income			. 11		104,730.
	12	<b>Itemized deductions</b> (from Schedu deduction (see instructions)							13,850.
	13a	Qualified business income deduction							
	b	Exemptions for estates and trusts or	nly (see i	nstructions)	13b				
	С	Add lines 13a and 13b					. 13c	:	
	14	Add lines 12 and 13c					. 14		13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your <b>ta</b> x	cable income .	<u>.</u>	. 15		90,880.

Form 1040-NR (	2023)									Page ∠
Tax and	16	Tax (see instructions). Check if ar	y from For	m(s): <b>1</b> 88	314 <b>2</b> 497	2 3	B 🗆		16	15,300.
Credits	17	17	0.							
	18	Add lines 16 and 17							18	15,300.
	19 Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)									
	20	,	•						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0					22	15,300.
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),				23a				
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 1040),					
		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 yo	ur <b>total ta</b>	x					24	15,300.
<b>Payments</b>	25	Federal income tax withheld from								
	а	Form(s) W-2				25a	18	3,835.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c							25d	18,835.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar		• •		1 1			26	
	27	Reserved for future use				27			_	
	28	Additional child tax credit from S		•	•	28			_	
	29									
	30								-	
	31	•	,.			31				
	32	Add lines 28, 29, and 31. These							32	10.00=
	33	Add lines 25d, 25e, 25f, 25g, 26							33	18,835.
Refund	34	If line 33 is more than line 24, su				-	=	_	34	3,535.
D: 1.1 :10	35a	Amount of line 34 you want <b>refu</b>							35a	3,535.
Direct deposit? See instructions.	b	Routing number 1 1 1 0				Check	ing □	Savings		
	d	Account number 6 9 3 5 1 2 8 0 5								
	е	and an Order or			e the United State					
	36	Amount of line 34 you want app				36				
Amount	37	Subtract line 33 from line 24. Th		-						
You Owe		For details on how to pay, go to	·	•					37	
	38	Estimated tax penalty (see instru				38				
Third	Do yo	ou want to allow another person to	discuss t	his return with th	ne IRS? See instru	ctions.	□ Y	es. Compl	ete be	ow. 🗵 No
Party	Desig			Phone				nal identifi	cation	
Designee	name							er (PIN)		
		penalties of perjury, I declare that I ha they are true, correct, and complete. I								
Sign		signature		Date	Your occupation					ent you an Identity
Here	Tour	signature		Date	Tour occupation			I		PIN, enter it here
11616					ENGINEER				inst.)	,
	Phone	e no.		Email address				'		
Paid	Prepa	arer's name	Preparer*	's signature		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	IYA RAM SAGAR	R GUPTA TALLAM	03/1	1/2024	P02082	2703	Self-employed
•	Firm's	s name GLOBAL TAXES	LLC					Phone n	0. (6	78)965-9522
Use Only	Firm's	s address 245 ROONEY (	T E BR	RUNSWICK N	J 08816			Firm's El		4-3171965

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

PRATHYUSHA MANNAM

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

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

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

	Sequence No. 01
Your soci	ial security number
1//_05	_6027

Par	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	-15,090.
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	4	
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	0- /	\	
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t 8u		
u		ou	-	
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente		9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-15,090.

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

Par	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	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			
С	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			
е	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:	04-			
0E	Total ather adjustments Add lines 04s through 04s	24z		0.5	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 4 (Farme 4040) 0000
	BAA	REV 03/	04/24 PRO	ocnedu	le 1 (Form 1040) 2023

#### **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

PRATHYUSHA MANNAM 144-85-6037 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 3 4 Motion picture or TV copyright royalties . . . . . . . . . . . . . . . 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 (f) LOSS 16 (a) Kind of property and description (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 subtract (d) from (e). descriptive details not shown below) 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 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.

20**2**3

OMB No. 1545-0074

Attachment Sequence No. 7C

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

Name sh	nown on Form 1040-NR				Your identifying	number				
PRAT	'HYUSHA MANNAM				144-85-60	037				
Α	Of what country or countries w									
В	In what country did you claim	residence for tax purposes	s during the tax y	ear? United States						
С	Have you ever applied to be a	green card holder (lawful p	ermanent resider	it) of the United States? .		☐ Yes	⊠ No			
D	Were you ever:									
1.	A U.S. citizen?					☐ Yes	⊠ No			
2.	A green card holder (lawful permanent resident) of the United States?									
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.									
E	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1									
F	Have you ever changed your value of the same of the sa		, changa	gration status?		☐ Yes	⊠ No			
G	List all dates you entered and	left the United States during								
	Note: If you're a resident of C				ent intervals,					
	check the box for Canada or	Mexico and skip to item H	<u>! .</u>	$\square$ Canada	Mexico					
	Date entered United States	Date departed United State	es	Date entered United State			d States			
	mm/dd/yy	mm/dd/yy		mm/dd/yy	r	nm/dd/yy				
					_					
Н	Give number of days (including 2021	, 2022	, an	d 2023 365	·					
I	Did you file a U.S. income tax					X Yes	☐ No			
_	If "Yes," give the latest year ar						<b>-</b>			
J	Are you filing a return for a trust					∐ Yes	⊠ No			
	If "Yes," did the trust have a U.S. person, or receive a contr					Yes	□No			
K	Did you receive total compens					☐ Yes	□ No ⊠ No			
K	If "Yes," did you use an alterna					Yes	□ No			
L	Income Exempt From Tax—If									
-	complete (1) through (3) below				tax treaty with	a loreign	Country,			
1.	Enter the name of the country, amount of exempt income in the				claimed the tre	aty benefi	t, and the			
	(a) Cou		(b) Tax treaty an		ns (d) Am	ount of exe	emnt			
	(a) 00a	Titl y	(b) Tax treaty an	claimed in prior tax ye		n current to				
	(e) Total. Enter this amount o		-							
	Were you subject to tax in a fo					Yes	☐ No			
3.	Are you claiming treaty benefit		-			☐ Yes	⊠ No			
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to y	our return.						
M	Check the applicable box if:		_							
	This is the first year you are mwith a U.S. trade or business u	under section 871(d). See in	structions				🗆			
2.	You have made an election in States as effectively connected									

#### **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

OMB No. 1545-0074

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

PRAT	HYUSHA MANNAM						144-	85-6037	7	
Part										
	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedule	<b>c</b> . See	instru	ctions. If you ar	e an in	dividual, rep	oort farm	
Α [	Did you make any payments in 2023 that would require you	to file	Form(s)	1099? 5	See ins	structions		. <b>T</b> Y	es X No	
	f "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZII									
			<u> </u>	7 7 7 7 7 7	NT 7 T	NT F00070				_
A B	FLAT NO:501, VIJAYANAGAR KUKATPALLY, HYL	JERAE	SAD TEI	JANGA	NA I	N 500072				
C										_
	Type of Property 2 For each rental real estate prope	vety ( light	od.		Ea	air Rental	Doro	onal Use		
ID	(from list below) above, report the number of fair	rental	eu and		Га	Days		Days	QJV	
Α	personal use days. Check the Q	JV box	only	Α		365		0		_
В	if you meet the requirements to f			В						
С	qualified joint venture. See instru	ictions	<b>5.</b>	С						_
Туре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Lanc	ł	7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)			
						Propertie				
Incon	ne'			Α		В	,,,,		С	
3	Rents received	3			90.					
4	Royalties received	4			, , ,					_
Exper										_
5	Advertising	5								
6	Auto and travel (see instructions)	6		4	50.					
7	Cleaning and maintenance	7		1,7	30.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,4	60.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			54.					
15	Supplies	15		4,0	12.					
16	Taxes	16								
17	Utilities	17		4,3	79.					
18	Depreciation expense or depletion	18								
19 20	Other (list) Total expenses. Add lines 5 through 19	19 20		1 F 0	0.5					
		20		15,8	05.					
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		-15,2	95.					
22	Deductible rental real estate loss after limitation, if any,			,-						_
	on <b>Form 8582</b> (see instructions)	22	( -	15,09	90.)	(		)(		)
23a	Total of all amounts reported on line 3 for all rental prope	$\overline{}$			23a		590.			ŕ
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	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					
е	Total of all amounts reported on line 20 for all properties				23e	15,	,885.			
24	Income. Add positive amounts shown on line 21. Do not	<b>t</b> includ	de any lo	sses			24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from lin	e 22. E	nter to	otal losses here	25	5 (	15,090.	)
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						- 1			
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount	in the to	tal on li	ne 41	on page 2	26	:	-15.090	

**Passive Activity Loss Limitations** 

See separate instructions.

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

Identifying number

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8582 for instructions and the latest information.

Attachment Sequence No. **858** 

OMB No. 1545-1008

PRAT	THYUSHA MANNAM					144	l-85-	-6037
Par	2023 Passive Activity Loss							
	Caution: Complete Parts IV ar							
	Il Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive particip	ation, s	ee <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1	1	0.		
b	Activities with net loss (enter the amount				) (	15,295.)		
С	Prior years' unallowed losses (enter the				(	)		
d	Combine lines 1a, 1b, and 1c			<u></u>			1d	-15,295.
All Ot	her Passive Activities							
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2	1			
b	Activities with net loss (enter the amount				) (	)		
С	Prior years' unallowed losses (enter th	ne amount from Pa	rt V, column (c))	20	<b>;</b> (	)		
d	Combine lines 2a, 2b, and 2c			<del>.</del>			2d	
3	Combine lines 1d and 2d and subtra							
	zero or more, stop here and include							
	prior year unallowed losses entered of	on line 1c or 2c. F	Report the losses	on the for	ns and	schedules		
	normally used						3	-15,295.
	If line 3 is a loss and: • Line 1d is a l	, 0						
		oss (and line 1d is	•	•	•			
	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at	any tim	ne during the	year,	do not complete
	. Instead, go to line 10.		A . 12 212 XAP11	A				
Par	t II Special Allowance for Rer Note: Enter all numbers in Par				-			
4	Enter the <b>smaller</b> of the loss on line 1			נוטווא וטו מו	Ехапр	ne.	4	15,295.
5	Enter \$150,000. If married filing separ			5		50,000.	7	13,293.
6	Enter modified adjusted gross income					19,820.		
Ū	<b>Note:</b> If line 6 is greater than or equal				_	17,020.		
	on line 9. Otherwise, go to line 7.	to into o, orap into	o r and o and one	.01				
7	Subtract line 6 from line 5			7		30,180.		
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	.000. If married fili	na separate	lv. see		8	15,090.
9	Enter the <b>smaller</b> of line 4 or line 8. If				-		9	15,090.
Par		,	,					, , , , , , , , , , , , , , , , , , , ,
10	Add the income, if any, on lines 1a an	d 2a and enter the	total				10	0.
11	Total losses allowed from all passiv	e activities for 20	<b>23.</b> Add lines 9 ar	nd 10. See	nstruct	ions to find		
	out how to report the losses on your to						11	15,090.
Par	Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instruc	tions.	1		
	Name of activity	Currer	nt year	Prior y	ears	Ove	rall ga	in or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unall loss (lin		(d) Gair	1	(e) Loss
FLAT NO:501, VIJAYANAGAR 0. 15, 295.								15,295.
Total.	Enter on Part I, lines 1a, 1b, and 1c	0.	15,295.					

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

Form 8582 (2023) Page **2** 

1 01111 0302 (2023)									rage Z
Part V Complete This Part Before	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•
Name of activity		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss
Name of activity	(a	Net income (line 2a)		Net loss ne 2b)	(c) Unall		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amou	nt Is	Shown on F	Part II,	<b>Line 9.</b> S	ee instruc	tions.			<u> </u>
Name of activity	ar to	rm or schedule nd line number be reported on ee instructions)	(a	) Loss	<b>(b)</b> Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a).
FLAT NO:501, VIJAYANAGAR		E Ln 22		15,295.	1.0000	00000 15,09		00. 20!	
	-								
	+								
Total				15,295.	1.00	)	15,09	0.	205.
Part VII Allocation of Unallowed L	_oss	ses. See instr	uction	S.		1			
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	(	<b>b)</b> Ratio	(c	) Unallowed loss
FLAT NO:501, VIJAYANAGAR		E Ln 2	2		205.	1.00000000		205.	
Total					205.		1.00		205.
Part VIII Allowed Losses. See instr	ucti	ons.							
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss
FLAT NO:501, VIJAYANAGAR		E Ln 2	2	-	15,295.		205.		15,090.
Total				-	15,295.		205.		15,090.