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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

тахрау	ver s name	Social security	number
FNU	J LALITA PRIYADARSINI	744-94-	3116
Spouse	a's name	Spouse's socia	l security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (En	ter year you are	e 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		1 115,235.
2	Total tax	[2 17,732.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3 23,748.
4	Amount you want refunded to you	[4 6,016.
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

				EBO firm name		Er
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	<u> </u>
			-			1 4

4	3	1	1	6	as mv
Ent don	er fiv i't er	/e di nter a	gits, all ze	but ros	aomy

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

to	ontor	or	generate	mv	DIN
ιο	enter	or	generate	шу	PIIN

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—continu	e bel	ow							
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		6 nter a		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 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/05/24 PRO	Form 8879 (Rev. 01-2021)

For the year Jar	. 1-Dec	2. 31, 2023, or other tax year beginning		, 2023, en	ding		, 20		See se	parate inst	tructions.
Your first name	and mi	iddle initial	Last n							cial securi	
FNU	ana m			ITA PRIYADAR	2 T N T	т				94 3	-
	oouse's	s first name and middle initial	Last n			L				· ·	curity number
, - , - , - , - , - , - , - , - , - , -											• • •
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. n	0.	Preside	ntial Election	on Campaigr
8645 KEB	INEL	AND DRIVE								here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces below.	Sta	ate	ZIP code				ntly, want \$3 Checking a
FORT WOR	RTH				TΣ	X	76130			ow will not	0
Foreign country	name			Foreign province/state	/count	ty	Foreign pos	tal code		k or refund.	•
										You	Spouse
Filing Status	; 🗵	Single				Head of ho	ousehold (l	HOH)			
Check only		Married filing jointly (even if only o	ne had	l income)		_					
one box.		Married filing separately (MFS)				Qualifying	•	•	. ,		
		ou checked the MFS box, enter the			u che	ecked the HOH	or QSS b	ox, ente	er the chi	ild'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	payr	ment for proper	ty or servi	ces); or	(b) sell,		
Assets	exch	hange, or otherwise dispose of a dig	ital ass	set (or a financial inte	rest ir	n a digital asse	t)? (See in:	structio	ns.)	Ves	🗙 No
Standard	Som	leone can claim: 🗌 You as a de	pende	nt 🗌 Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-status	alien	ı					
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	959	Are blind Sp	ouse	: 🗌 Was bor	n before Ja	anuary 2	2, 1959	🗌 ls bl	ind
Dependent				(2) Social securit	v	(3) Relationshi	(A) Cha			ifies for (see	e instructions)
If more		irst name Last name		number	y	to you		ild tax c	redit	Credit for ot	her dependents
than four										[
dependents,											
see instructions and check	5									[
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					. 1a	ı 12	26,806.
Attach Form(s)	b	Household employee wages not re	eporte	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 W-2G and	d	Medicaid waiver payments not rep		., .	instru	uctions)		· ·	. 1d	I	
1099-R if tax	е	Taxable dependent care benefits f		*	· ·			· ·	. 1e		
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8839, line 29).			· ·	. 1f		
If you did not get a Form	g	0			· ·			· ·	. <u>1g</u>		
W-2, see	h	Other earned income (see instruct	,		• •	· · · ·		· ·	. 1h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)	• •	1 i			_	1 /	26,806.
	z	Add lines 1a through 1h		· · · · · ·	 . .			• •	. 1z		20,000.
Attach Sch. B if required.	2a	· ·	2a 3a			axable interest Ordinary divider		• •	. 2b . 3b		
	<u>3a</u> 4a		3a 4a			axable amount		• •	. 30		
Standard	ча 5а		4a 5a			axable amount		• •	. 40 . 5b		
Deduction for — Single or	5a 6a		6a			axable amount		• •	. 6b		
Married filing	c	If you elect to use the lump-sum e		method check here				 Г		,	
separately, \$13,850	7	Capital gain or (loss). Attach Sche		,	•	,		· · Ľ	7		
Married filing jointly or	8	Additional income from Schedule		•					. 8		11,571.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-						. 9		15,235.
surviving spouse, \$27,700	10	Adjustments to income from Sche				• • • • •			. 10		
Head of household,	11	Subtract line 10 from line 9. This is							. 11		15,235.
\$20,800	12	Standard deduction or itemized	-						. 12		13,850.
If you checked any box under	13	Qualified business income deduct				95-A			. 13		
Standard Deduction,	14								. 14	-	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	е				01,385.
			-								

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 🗌		16	17,732.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	17,732.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	17,732.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	17,732.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 23	3,748.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	23,748.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	s, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	23,748.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	6,016.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆	35a	6,016.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings		
See instructions.	d	Account number 4 8 8	1 0 8 9	0 0 6 2	2 4				
	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, g	o to <i>www.irs.gov</i>	//Payments or	see instructions			37	
	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	structions				Yes. C	omplete b	elow.	× No
	De nai	signee's		Phone no.			onal identifi ber (PIN)	cation	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS sei	nt you an Identity
							Prote	ction P	IN, enter it here
Joint return?					SOFTWARE I		(see ir	- /	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.							(see in	,	enter it here
	Ph	one no. (512) 954-407	1	Email address	גםגעדמם גיידוגד	DOTNT178CMATE C	``	,	
		one no. (512) 954-407 eparer's name	⊥ Preparer's signat	1	UALIIA. PRIIADA	ARSINI17@GMAIL.C			Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		INTE SAGAR	JULIA IAUDAM	1 02/14/2024			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TADAATCI/ IN			1 1 11 1 2		Form 1040 (2023)
GO 10 WWW.IIS.90		in the instructions and the late	scanornation.		BAA	REV 02/05/24 PRO			1 0 m 1 0 m (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

FNU LALITA PRIYADARSINI

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 Your social security number

744-94-3116

Internal Revenue Service	Go to www.irs.gov/Form1040 for Instruc
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-11,571.
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		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-11,571.

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

Schedule 1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s go	venin	lent	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	•••	•	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
- 5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed bealth insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
9a						19a	
b	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					00	
20	IRA deduction					20	
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	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						
		24c					
d		24d					
е	Repayment of supplemental unemployment benefits under the Trade						
		24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g		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						
		24k					
z	Other adjustments. List type and amount:						
		24z					
5	Total other adjustments. Add lines 24a through 24z					25	
6	Add lines 11 through 23 and 25. These are your adjustments to income				don		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								20	23	
Department of the Treasury		Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.								Attachment		
	Revenue Service	or instru	uctions ar	nd the la	itest in	formation.		Sequen	ce No. 13			
•) shown on return									al security	number	
	LALITA PRI	-							744-9	4-3116		
Part			From Rental Real Estate ar be business of renting personal prope			o C Soc	instruc	tions If you	are an indiv	vidual rep	ort farm	
	rental inco	ome or loss	s from Form 4835 on page 2, line 40.	-				-		-		
			nts in 2023 that would require you								s 🛛 No	
Bl	f "Yes," did you	ı or will yo	ou file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No	
1a	Physical add	ress of ea	ch property (street, city, state, Zl	P code	e)							
Α	BIDANASI	CUTTAC	K ORISSA IN 753014									
В												
С												
1b	Type of Property (from list below)2For each rental real estate property listed above, report the number of fair rental andFair Rental DaysPersonal Use Days								QJV			
	(from list below	JV bo			Days		Days					
	3	file as		A	365		0					
<u>В</u> С			qualified joint venture. See instru	uctions	S.	B						
	of Property:											
	Single Family R	esidence	3 Vacation/Short-Term Rer	ntal	5 Land	4	7	Self-Rental				
	Multi-Family Re		4 Commercial	itai	6 Roya			Other (desc	ribe)			
						•		Propert	ies:		•	
Incon 3		_		0		A	EC	В			С	
3 4				3		756.						
Exper		iveu		4								
5				5								
6			tructions)	6								
7				7		2.3	10.					
8				8		, -						
9				9								
10	Legal and othe	er profess	sional fees	10								
11	Management f	fees		11		1,4	52.					
12			to banks, etc. (see instructions)	12								
13	Other interest			13								
14				14		2,9						
15				15		3,6	52.					
16				16		1 0						
17 18			r depletion	17 18		1,9	55.					
10	Other (list)			19								
20		s Add lin	es 5 through 19	20		12,3	27					
21			ne 3 (rents) and/or 4 (royalties). If			12/0	- / •					
21			structions to find out if you must									
				21		-11,5	71.					
22			state loss after limitation, if any, ructions)	22	(11,57	(1,))	(
23a			orted on line 3 for all rental prope				23a		756.			
b			orted on line 4 for all royalty prop				23b					
с			orted on line 12 for all properties				23c					
d			orted on line 18 for all properties				23d					
е			orted on line 20 for all properties				23e	12	2,327.			
24			mounts shown on line 21. Do no		-				. 24			
25	Losses. Add ro	oyalty loss	es from line 21 and rental real estat	te losse	es from lir	ne 22. E	nter tot	al losses he	re 25	(11,571.	

Supplemental Income and Loss

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 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 .

For Paperwork Reduction Act Notice, see the separate instructions.

-11,571.

26

SCHEDULE E

OMB No. 1545-0074

_

Form 8582	Pa	Passive Activity Loss Limitations See separate instructions. Attach to Form 1040, 1040-SR, or 1041.							
Department of the Treasury Internal Revenue Service Go to www		rs.gov/Form8582 fo	Attachment Sequence No. 858						
Name(s) shown on return			Ident	Identifying number					
FNU LALITA PRI	YADARSINI			744	3116				
Part I 2023 F	Passive Activity Lose	6							
Cautio	n: Complete Parts IV ar	nd V before comple	eting Part I.						
	ctivities With Active Pa Real Estate Activities			ve participation, se	ee Special				
1a Activities with	net income (enter the a	mount from Part IN	/, column (a)) .	1a	0.				
b Activities with	net loss (enter the amo	unt from Part IV, c	olumn (b))	1b (11,571.)				
c Prior years' un	allowed losses (enter th	e amount from Pa	rt IV, column (c))	1c ()				
d Combine lines	Combine lines 1a, 1b, and 1c								
All Other Passive Ac	tivities								
2a Activities with	net income (enter the a	mount from Part V	column (a))	2a					
	net loss (enter the amo)				
)				
	Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c () Combine lines 2a, 2b, and 2c . . .								
normally used If line 3 is a los	s and: • Line 1d is a l	oss, go to Part II.				3	-11,571.		
If line 3 is a los Caution: If your filing Part II. Instead, go to Part II Specia	s and: • Line 1d is a l • Line 2d is a l status is married filing line 10. al Allowance for Rer	oss, go to Part II. oss (and line 1d is separately and yc ntal Real Estate	zero or more), ski pu lived with your Activities With	p Part II and go to spouse at any tim Active Participa	e during the ation				
If line 3 is a los Caution: If your filing Part II. Instead, go to Part II Specia Note: E	s and: • Line 1d is a l • Line 2d is a l status is married filing line 10. al Allowance for Ren Enter all numbers in Par	oss, go to Part II. oss (and line 1d is separately and yc ntal Real Estate t II as positive and	zero or more), ski ou lived with your Activities With ounts. See instruct	p Part II and go to spouse at any tim Active Participa	e during the ation	year, o	do not comple		
If line 3 is a los Caution: If your filing Part II. Instead, go to Part II Specia Note: E 4 Enter the smal	s and: • Line 1d is a l • Line 2d is a l status is married filing line 10. al Allowance for Rer inter all numbers in Par ler of the loss on line 1	oss, go to Part II. oss (and line 1d is separately and yo ntal Real Estate t II as positive amo d or the loss on lin	zero or more), ski ou lived with your Activities With punts. See instruct te 3	p Part II and go to spouse at any tim Active Participa ions for an examp	e during the ation le.		do not comple		
If line 3 is a los Caution: If your filing Part II. Instead, go to Part II Specia Note: E 4 Enter the smal 5 Enter \$150,000	s and: • Line 1d is a l • Line 2d is a l status is married filing line 10. Al Allowance for Ren Enter all numbers in Par liler of the loss on line 1 D. If married filing separ	oss, go to Part II. oss (and line 1d is separately and yc ntal Real Estate t II as positive amo d or the loss on lin ately, see instructi	zero or more), ski ou lived with your Activities With ounts. See instruct le 3 ons	p Part II and go to spouse at any tim Active Participa ions for an examp	e during the ation le. 50,000.	year, o	do not comple		
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Total. Enter on Part I, lines 1a, 1b, and 1cFor Paperwork Reduction Act Notice, see instructions.

REV 02/05/24 PRO

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Form **8582** (2023)

Form 8582 (202 Part V	23) Complete This Part Be	ofore P	art Llinos 2	a 2h	and 2c S	ee instru	ctions			Page 2	
			Currer			Prior years		Overall ga		in or loss	
	Name of activity		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		ed (d) Gain		(e) Loss	
					,		,				
Total. Enter Part VI	on Part I, lines 2a, 2b, and 2 Use This Part if an Am		s Shown on P	Part II	Line 9 S	ee instru	rtions				
				arti	, L ine 3 . 0						
	Name of activity		orm or schedule and line number b be reported on see instructions)) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
BIDANAS	BIDANASI		E Ln 22		11,571. 1.0000		00000 11,57		1.	0.	
Total .		 			11,571.	1.0	0	11,57	1.	0.	
Part VII	Allocation of Unallowe	d Los	ses. See instr	uction	s.	-	-	, -	-		
	Name of activity		Form or sche and line num to be reporte (see instructi		nber ed on (a) L		(1	(b) Ratio (d		(c) Unallowed loss	
Total .	<u></u>							1.00			
Part VIII	Allowed Losses. See in	nstruct									
	Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(c) Allowed loss		
Total .							1				

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Form **8582** (2023)