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

| талрау | | Social Secu | inty mumi | bei |
|--------|---|-------------|------------|--------------|
| SAI | BHARGAV YERRAMSETTY | 389-93 | 1-973 | 2 |
| Spouse | 's name | Spouse's so | ocial secu | urity number |
| Dout | Tay Datum Information Tay Vacy Ending Decomber 21 0000 (Ent | | | |
| Part | Tax Return Information – Tax Year Ending December 31, 2023 (Enternation | er year you | are au | thorizing.) |
| 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 | 93,218. |
| 2 | Total tax | | 2 | 12,770. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 18,216. |
| 4 | Amount you want refunded to you | | 4 | 5,446. |
| 5 | Amount you owe | | 5 | |

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

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

| | | | | FBO firm name | | Ē |
|---|-------------|--------|-------|---------------|-----------------------------|----|
| X | l authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | _ |
| - | | | | | | 11 |

| 1 | 9 | 7 | 3 | 2 | 20 |
|-----|--------|--------|--------|-----|----|
| Ent | er fiv | ve di | gits, | but | 43 |
| dor | n't er | nter a | all ze | ros | |

my

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 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—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.

| RO's signature ► Date ► | | | | | | | |
|--|-----|------------------|--------------------------|--|--|--|--|
| ERO Must Retain This Don't Submit This Form to the | | | | | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions | BAA | REV 02/22/24 PRO | Form 8879 (Rev. 01-2021) | | | | |

| 1040 | - | IR Department of the Treasury-Intern U.S. Nonresident Ali | nal Rever en In | nue Service Come Tax R | eturn | 2023 | OMB No. 1 | 545-0074 | | Only-Do not write le in this space. |
|--|---|--|---------------------------|----------------------------|------------|---------------------|-----------|--------------|---------|--|
| For the year Jan | . 1–D | Dec. 31, 2023, or other tax year beginn | ing | , | 2023, ei | nding | | , 20 | | e separate structions. |
| | | | | | | <u> </u> | | Your id | | ng number |
| SAI BHARG | AV | | YERR | AMSETTY | | | | 389 | -91-9 | 732 |
| | AI BHARGAV YERAMSETTY mme address (number and street). If you have a P.O. box, see instructions. 152 PINE TREE LN y, town, or post office. If you have a foreign address, also complete spaces below. State OCKY MOUNT NC reign country name Foreign province/state/county Foreign pc Iing atus 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 dependents (a) Decided the QSS box, enter the child's name (if the qualifying number (g) Relationship to you Child einstructions; (f) First name Last name (a) Decided all asset(? (See instructions). Child order the norm promotion and pack here 1a Total amount from Form(s) W-2, box 1 (see instructions). Image: the pack of the p | | | | 1 000 | | Apt. no. | | | |
| 2152 PINE | TR | EE LN | | | | | | | | |
| City, town, or po | ost of | ffice. If you have a foreign address, als | so comp | lete spaces below | <i>ı</i> . | | State | | ZIP co | Je |
| ROCKY MOU | NT | | | | | | NC | | 2780 | 4 |
| Foreign country | nam | e | Foreigr | n province/state/c | ounty | | Foreign | postal co | ode | |
| Filing Status Check only one box. | | • • | | | | | | Espendent: | state | Trust |
| Digital Assets | | | | | | | s.) | | . 🗆 | Yes 🔀 No |
| Dependents | | | | | ,_ | | (4) CI | neck the bo | | es for (see inst.): |
| (see instructions): | | (1) First name Last name | | | | (3) Relationship to | vou Ch | ild tax cree | | redit for other dependents |
| | | | | | | ., . | , | | | |
| If more than four | | | | | | | | | | |
| instructions and | | | | | | | | | | |
| check here | | | | | | | | | | |
| Income | 1a | | • | , | | | | | ı | 109,411. |
| Effectively | b | | | | | | | | | |
| Connected | | | | | | | | | | |
| With U.S. | | | | | | | | | | |
| | | | | | | | | · 16 | | |
| Dusiness | | | | | | | | | | |
| Attach | | - | | | | | | | | |
| Form(s) w-2, 1042-S, | i | | | | | | | | | |
| 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), ite | m L, | | | | |
| here. Also | | line 1(e) | | | | . 1k | | | | |
| attach Form(s) | | - | 1 | | | | | | | 109,411. |
| 1099-R if | | | - | | | | | | | |
| tax was withheld. | | | - | | | - | | | - | |
| If you did not | | | | | | | | | | |
| get a Form | | | | | | | | | | |
| W-2, see instructions. | | | | | | | | | | |
| | 8 | Additional income from Schedule 1 (| Form 10 | 040), line 10 . | | | | . 8 | | -10,569. |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | 3. This is | s your total effect | ively co | nnected income | | . 9 | | 98,842. |
| | 10 | | | | | | | |) | 5,624. |
| | 11 | Subtract line 10 from line 9. This is y | our adjı | usted gross inco | ne . | | | . 11 | | 93,218. |
| | 12 | | | | | | | | 2 | 13,850. |
| | 13a | | | | | 1 1 | | | | |
| | b | Exemptions for estates and trusts or | | , | | | | | | |
| | С | Add lines 13a and 13b | | | | | | | | |
| | 14 | | | | | | | | | 13,850. |
| | 15 | Subtract line 14 from line 11. If zero | | | | | | . 15 | | 79,368. |
| For Disclosure, | Priva | cy Act, and Paperwork Reduction Act | Notice, | see separate inst | ructions. | | | | Form 10 | 040-NR (2023) |

| Form 1040-NR (| 2023) | | | | | | | Page 2 |
|----------------------------------|---------|---|---------------------|--------------------|-----------------|---------------------|-----------|---|
| Tax and | 16 | Tax (see instructions). Check if any from For | m(s): 1 🗌 88 | 314 2 497 | 72 3 | | 16 | 12,770. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line | 3 | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | 18 | 12,770. |
| | 19 | Child tax credit or credit for other depende | ents from Sched | ule 8812 (Form 10 |)40) | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), line | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less | | | | | 22 | 12,770. |
| | 23a | Tax on income not effectively connected w | | | 1 1 | | | |
| | | Schedule NEC (Form 1040-NR), line 15 | | | 23a | | | |
| | b | Other taxes, including self-employment tax | | | | | | |
| | | line 21 | | . , | 23b | | | |
| | с | Transportation tax (see instructions) | | | 23c | | | |
| | d | Add lines 23a through 23c | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total tax | | | | | 24 | 12,770. |
| ayments | 25 | Federal income tax withheld from: | x | | | • • | 27 | 12,110. |
| ayments | 25 a | Form(s) W-2 | | | 25a 18 | 3,216. | | |
| | a b | Form(s) 1099 | | | 25a 10 | 5,210. | - | |
| | | Other forms (see instructions) | | | 250 25c | | - | |
| | c d | Add lines 25a through 25c | | | | | 25d | 18,216. |
| | | 8 | | | | | | 10,210. |
| | e | Form(s) 8805 | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | 25g | |
| | 26 | 2023 estimated tax payments and amount | •• | | | | 26 | |
| | 27 | Reserved for future use | | | 27 | | - | |
| | 28 | Additional child tax credit from Schedule 8 | | | 28 | | - | |
| | 29 | Credit for amount paid with Form 1040-C | | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | - | |
| | 31 | Amount from Schedule 3 (Form 1040), line | | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These are your to | | | | | 32 | 10.010 |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. T | | | | | 33 | 18,216. |
| efund | 34 | If line 33 is more than line 24, subtract line | | | - | | 34 | 5,446. |
| | 35a | Amount of line 34 you want refunded to yo | | | | | 35a | 5,446. |
| rect deposit? e instructions. | b | Routing number 1 2 2 1 0 1 | | | Checking | Savings | | |
| | d | Account number 4 5 7 0 4 4 | | | | | | |
| | е | If you want your refund check mailed to an | n address outsid | le the United Stat | es not shown on | page 1, | | |
| | | enter it here. | | | | | | |
| | 36 | Amount of line 34 you want applied to you | ur 2024 estimat | ed tax | 36 | | | |
| mount | 37 | Subtract line 33 from line 24. This is the an | • | | | | | |
| ou Owe | | For details on how to pay, go to www.irs.g | - | | 1 1 | • • | 37 | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | |
| hird | Do yo | u want to allow another person to discuss the | his return with th | e IRS? See instru | ictions. 🗌 Ye | es. Comp | olete bel | ow. 🛛 No |
| arty | Desig | nee's | Phone | | | hal identi | fication | |
| esignee | name | | | | | er (PIN) | | |
| | | penalties of perjury, I declare that I have examined hey are true, correct, and complete. Declaration of | | | | | | |
| ign | | | | | | | | , , |
| - | Yours | ignature | Date | Your occupation | 1 | | | ent you an Identity PIN, enter it here |
| lere | | | | SOFTWARE E | NCINFFR | | e inst.) | Pin, enter it here |
| | Dhon | 20 | Email address | | | (300 | | |
| | Phone | | s signature | | Date | PTIN | | Check if: |
| aid | • | | e | ייידיע עשבויס (| | | 2702 | Self-employed |
| alu | | PRIYA RAM SAGAR GUPTA TALLAM SYAM PR | IIA KAM SAGAH | R GUPTA TALLAM | 03/06/2024 | P0208 | | |
| | | | | | | Dhart | | 701065 0500 |
| Preparer Jse Only | Firm's | name GLOBAL TAXES LLC address 245 ROONEY CT E BR | | - 00010 | | Phone I Firm's E | 1 - | 78)965-9522 4-3171965 |

| SCHEDULE | 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 SAI BHARGAV YERRAMSETTY 389-91-9732

| Par | t Additional Income | | | |
|---------|---|------------|--------|-----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sc | hedule E . | 5 | -10,569. |
| 6 | Farm income or (loss). Attach Schedule F. | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | |) | |
| b | Gambling | | | |
| С | Cancellation of debt | | | |
| d | Foreign earned income exclusion from Form 2555 | |) | |
| е | Income from Form 8853 | | | |
| f | Income from Form 8889 | | | |
| g | Alaska Permanent Fund dividends | | | |
| h | Jury duty pay | | | |
| i | Prizes and awards | | | |
| j | Activity not engaged in for profit income | | | |
| k | Stock options | | | |
| 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) | | | |
| n | Section 951(a) inclusion (see instructions) | | | |
| 0 | Section 951A(a) inclusion (see instructions) | | | |
| р | Section 461(I) excess business loss adjustment | | | |
| 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 | | 2 | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | | - | |
| u | Wages earned while incarcerated | | - | |
| Z | Other income. List type and amount: | | | |
| 0 | Tatal other income. Add lines to through 27 | | 9 | |
| 9 10 | Total other income. Add lines 8a through 8z | | 3 | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -10,569. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedu | le 1 (Form 1040) 2023 |

| Par | t II Adjustments to Income | | | | | |
|----------|---|------------|-------------|---------|-----|----------------------|
| 11 | Educator expenses | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | basis | s gove | ernment | | |
| | 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 | | | | | | |
| | | 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 | | 5,624. | | |
| f | | 24f | | | - | |
| g | , , , , , , , , , , , , , , , , , , , | 24g | | | - | |
| h | Attorney fees and court costs for actions involving certain unlawful | ~~ | | | | |
| | , | 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 | | | | | |
| | | 04: | | | | |
| | | 24i 24j | | | - | |
| J | 0 | <u>24j</u> | | | - | |
| К | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | | | |
| - | , | 24K | | | - | |
| Z | Other adjustments. List type and amount: | 24z | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | 25 | 5,624. |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | Ente | ar hara | and on | 20 | 5,024. |
| 20 | Form 1040, 1040-SR, or 1040-NR, line 10 | Line | | | 26 | 5,624. |
| | BAA | |)2/22/24 PI | | =- | e 1 (Form 1040) 2023 |

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

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

Report property sales or exchanges that are effectively connected with a U.S. business

Form 4797, or both.

on Schedule D (Form 1040),

(Form 1040).

Sequence No. 7B Your identifying number

6

74

Attachment

389-91-9732

SAI BHARGAV YERRAMSETTY

| | Nature of Income | | (a) 10% | (b) 15% | (c) 30% | (d) Other | (specify) |
|----------------|---|-----|-----------------------------|----------------------|-------------------------|--|---|
| | | | (a) 1078 | (b) 1378 | (c) 30 % | % | 9 |
| 1 | Dividends and dividend equivalents: | | | | | | |
| а | Dividends paid by U.S. corporations | 1a | | | | | |
| b | Dividends paid by foreign corporations | 1b | | | | | |
| С | Dividend equivalent payments received with respect to section 871(m) transactions | 1c | | | | | |
| 2 | Interest: | | | | | | |
| а | Mortgage | 2a | | | | | |
| b | Paid by foreign corporations | 2b | | | | | |
| С | Other | 2c | | | | | |
| 3 | Industrial royalties (patents, trademarks, etc.) | 3 | | | | | |
| 4 | Motion picture or TV copyright royalties | 4 | | | | | |
| 5 | Other royalties (copyrights, recording, publishing, etc.) | 5 | | | | | |
| 6 | Real property income and natural resources royalties | 6 | | | | | |
| 7 | Pensions and annuities | 7 | | | | | |
| B | Social security benefits | 8 | | | | | |
| 9 | Capital gain from line 18 below | 9 | | | | | |
| 0 | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 | | | | | | |
| а | Winnings | | | | | | |
| b | Losses | 10c | | | | | |
| 1 | Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed | 11 | | | | | |
| 2 | | | | | | | |
| 2 | Other (specify): | 12 | | | | | |
| 3 | Add lines 1a through 12 in columns (a) through (d) | 13 | | | | | |
| 3 4 | Multiply line 13 by rate of tax at top of each column | 14 | | | | | |
| + 5 | Tax on income not effectively connected with a U.S. trade or business. Add colum | | through (d) of line 14 | Enter the total borr | and on Form 1040 | -NR. line 23a 15 | |
| | Capital Gains and Losses F | | | | | | |
| er or | \mathbf{A} the capital gains and \mathbf{A} (-) ((a) of a second decondation | | | · · · | | (f) LOSS | (g) GAIN |
| ses fi hang | (b) Date acq mm/dd/yy he United States and not | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (subtract (e) from (c |

17 Add columns (f) and (g) of line 16

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

. .

17 (

| SCHE | DULE | 5 OI |
|-------|-------|------|
| (Form | 1040- | NR) |

Other Information

Attach to Form 1040-NR.

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

ADNR for instructions and the latest infor Answer all questions.

| OMB No. 1545-0074 |
|--------------------------------------|
| 2023 |
| Attachment Sequence No. 7C |

| Department of the Treasury Internal Revenue Service | | | | | |
|--|-----|--|--|--|--|
| Name shown on Form 1040 | -NR | | | | |

| Name sl | nown on Form 1040-NR | | | | Your identifying r | number | | | | | | |
|---------|--|---------------------------------------|-------------------------|--|--------------------|-----------------------|----------|--|--|--|--|--|
| SAI | BHARGAV YERRAMSETTY | | | | 389-91-97 | - | | | | | | |
| Α | Of what country or countries w | vere you a citizen or nation | al during the tax year? | INDIA | | | | | | | | |
| В | In what country did you claim | residence for tax purpose | s during the tax year? | United States | | | | | | | | |
| С | Have you ever applied to be a | green card holder (lawful p | permanent resident) of | the United States? . | | Yes | 🗙 No | | | | | |
| D | Were you ever: | | | | | _ | | | | | | |
| | A U.S. citizen? | | | | | | X No | | | | | |
| 2. | A green card holder (lawful pe | , | | | | | 🗙 No | | | | | |
| _ | If you answer "Yes" to (1) or (2 | | - | | | | | | | | | |
| 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 Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | | | | |
| F | If you answered "Yes," indicat | e the date and nature of th | e change: | | | ∐ Yes | 🗙 No | | | | | |
| G | List all dates you entered and Note: If you're a resident of C check the box for Canada or | anada or Mexico AND cor | nmute to work in the | United States at frequ | ient intervals, | | | | | | | |
| | Date entered United States mm/dd/yy | Date departed United Stat mm/dd/yy | es Da | te entered United State mm/dd/yy | | ted United m/dd/yy | States | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| н | Give number of days (including 2021 | - | | - | - | | | | | | | |
| | Did you file a U.S. income tax | , 2022, return for any prior year? | , anu 20, | 23 | · · · | 🛛 Yes | No | | | | | |
| • | If "Yes," give the latest year ar | nd form number you filed: | 104 | 10nr | | | | | | | | |
| J | Are you filing a return for a true | st? | | | | 🗌 Yes | 🗙 No | | | | | |
| | If "Yes," did the trust have a l | | | | | | | | | | | |
| | U.S. person, or receive a cont | ribution from a U.S. person | ? | | | 🗌 Yes | 🗌 No | | | | | |
| κ | Did you receive total compens | ation of \$250,000 or more | during the tax year? . | | | Yes | 🛛 No | | | | | |
| | If "Yes," did you use an alterna | ative method to determine | the source of this com | pensation? | | 🗌 Yes | 🗌 No | | | | | |
| L | Income Exempt From Tax-If complete (1) through (3) below | | | | tax treaty with | a foreign | country, | | | | | |
| 1. | Enter the name of the country, amount of exempt income in the | | | | claimed the trea | aty benefit, | and the | | | | | |
| | (a) Cou | ntry | (b) Tax treaty article | (c) Number of month claimed in prior tax ye | | ount of exer | • | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | (e) Total. Enter this amount o | n Form 1040-NR, line 1k. D | o not enter it anywher | re else on line 1 | | | | | | | | |
| 2. | Were you subject to tax in a fo | | | | | 🗌 Yes | No | | | | | |
| | Are you claiming treaty benefit | | | | | 🗌 Yes | 🗙 No | | | | | |
| | If "Yes," attach a copy of the C | Competent Authority deterr | nination letter to your | return. | | | | | | | | |
| М | Check the applicable box if: | | | | | | | | | | | |
| 1. | This is the first year you are m | | | - | | - | nnected | | | | | |
| - | with a U.S. trade or business u | | | | | | · [] | | | | | |
| 2. | You have made an election in States as effectively connected | | | | | | United | | | | | |
| For Pa | perwork Reduction Act Notice, | see the Instructions for Fo | rm 1040-NR. B | REV 02/22/24 PRO | Schedule OI | (Form 1040- | NR) 2023 | | | | | |

| (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | 20 | 93 | | | | | | |
|---|---|--------|--------|-----------------------------|----------------------------|----------|-------------|---------|---------|--------------------------|--------------|-------------|----------|
| Department of the TreasuryAttach to Form 1040, 1040-SR, 1040-NR, or 1041.Internal Revenue ServiceGo to www.irs.gov/ScheduleE for instructions and the latest information. | | | | | | | | | Attachm | nent ce No. 13 | | | |
| |) shown on return | | | | | | | | | | Your soci | al security | |
| | , | RRAN | ISE' | TTY | | | | | | | 389-9 | 1-9732 | |
| Part | I Income | or L | oss | From Ren | tal Real Estate a | nd Ro | yalties | | | | 1 | | |
| | rental inco | me or | r loss | s from Form 48 | 335 on page 2, line 40 | | | | | - | | | |
| | | | | | | | | | | | | | |
| BI | f "Yes," did you | or w | ill yc | ou file require | d Form(s) 1099? | | | | | | | . 🗌 Ye | s 🗌 No |
| 1a | BHARGAV YERRAMSETTY 389-91-9732 rt1 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farrental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions | | | | | | | | | | | | |
| | BHADRACHAI | LAM | BHA | ADRADRI K | OTHAGUDEM TEL | ANGAI | NA IN 5 | 50711 | 1 | | | | |
| | A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions | | | | | | | | | | | | |
| | | | | | | | | | | | - | | |
| 10 | | | 2 | | | | | | ⊦a | | | | QJV |
| Α | 3 | | | | | | | Α | | 365 | | 0 | |
| В | | | | If you meet 1 | the requirements to | file as | a | В | | | | | |
| С | | | | qualitied join | it venture. Gee inst | uctions | 5. | С | | | | | |
| | | | | | | | | | | | | | |
| | • • | | | | | ntal | | | - | | | | |
| 2 | Multi-Family Re | sider | nce | 4 Comr | mercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | | | | | | | | Propert | ies: | | |
| Incon | ne: | | | | | | | Α | | B | | | С |
| 3 | Rents received | Ι. | | | | 3 | | 6 | 89. | | | | |
| 4 | Royalties recei | ved | | | | 4 | | | | | | | |
| Exper | | | | | | | | | | | | | |
| 5 | Advertising . | | | | | 5 | | | | | | | |
| 6 | Auto and trave | l (see | e ins | tructions) . | | 6 | | | | | | | |
| 7 | | | | | | 7 | | 1,9 | 50. | | | | |
| 8 | Commissions | | | | | 8 | | | | | | | |
| 9 | | | | | | 9 | | | | | | | |
| 10 | • | | | | | 10 | | | | | | | |
| 11 | | | | | | 11 | | 1,5 | 23. | | | | |
| 12 | 00 | | | | . (see instructions) | 12 | | | | | | | |
| 13 | | | | | | 13 | | 2 1 | 2.0 | | | | |
| 14 15 | | | | | | 14 15 | | | 20. | | | | |
| 16 | | | | | | 16 | | 5,0 | 50. | | | | |
| 17 | | | | | | 17 | | 1.0 | 15. | | | | |
| 18 | | | | | | 18 | | 1/0 | 10. | | | | |
| 19 | Other (list) | • | | | | 10 | | | | | | | |
| 20 | · · · | s. Ad | d lin | es 5 throuah | 19 | 20 | | 11,2 | 58. | | | | |
| 21 | | | | - | nd/or 4 (royalties). If | | | | | | | | |
| | result is a (loss | s), se | e ins | structions to t | find out if you must | | | -10,5 | 69. | | | | |
| 22 | | | | | er limitation, if any, | | (– | 10,50 | 59.) | (|) | (|) |
| 23a | | | | | 3 for all rental prop | | | | 23a | | 689. | | , |
| b | | | | | 4 for all royalty pro | | | | 23b | | | | |
| С | | | | | 12 for all properties | - | | | 23c | | | | |
| d | | | | | 18 for all properties | | | | 23d | | | | |
| е | | | | | 20 for all properties | | | | 23e | 11 | .258. | | |
| 24 | | | | | n on line 21. Do no | | - | | | | . 24 | | |
| 25 | Losses. Add ro | yalty | loss | es from line 2 [.] | 1 and rental real esta | te losse | es from lin | e 22. E | nter to | tal losses hei | re 25 | (| 10,569.) |

Supplemental Income and Loss

SCHEDULE E

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.

Schedule E (Form 1040) 2023

26

.

-10,569.

OMB No. 1545-0074

| 9 | 8582 | Passive Activity Loss Limitations | | 0 | MB No. 1545-1008 | |
|---------|---|--|------------|------------------|------------------|--|
| Form | | See separate instructions. | | 0 07 2 | | |
| Depart | ment of the Treasury | Attach to Form 1040, 1040-SR, or 1041. | | Δ | | |
| Interna | I Revenue Service | Go to www.irs.gov/Form8582 for instructions and the latest information. | | Sequence No. 858 | | |
| Name(| s) shown on return | | Identifyin | - | | |
| - | BHARGAV YE | | 389-9 | 91- | ·9732 | |
| Pa | | Passive Activity Loss | | | | |
| | Cautio | n: Complete Parts IV and V before completing Part I. | | _ | | |
| | | ctivities With Active Participation (For the definition of active participation, see Spece Real Estate Activities in the instructions.) | cial | | | |
| 1a | Activities with | net income (enter the amount from Part IV, column (a)) 1a | 0. | | | |
| b | | net loss (enter the amount from Part IV, column (b)) 1b (10,56 | 9.) | | | |
| с | | allowed losses (enter the amount from Part IV, column (c)) 1c (|) | | | |
| d | | 1a, 1b, and 1c | . 10 | d | -10,569 | |
| aii o | ther Passive Ac | tivities | | | | |
| 2a | | net income (enter the amount from Part V, column (a)) 2a | | | | |
| b | | net loss (enter the amount from Part V, column (b)) 2b (|) | | | |
| С | - | allowed losses (enter the amount from Part V, column (c)) 2c (|) | | | |
| d | Combine lines | 2a, 2b, and 2c | . 20 | d | | |
| 3 | zero or more, | 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line stop here and include this form with your return; all losses are allowed, including a lowed losses entered on line 1c or 2c. Report the losses on the forms and schedu | any | | | |
| | normally used | | . 3 | 3 | -10,569 | |
| | If line 3 is a los | s and: • Line 1d is a loss, go to Part II. | | | | |
| | | Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10 | | | | |
| | i on: If your filing II. Instead, go to l | status is married filing separately and you lived with your spouse at any time during ine 10. | g the ye | ear, | do not comp | |
| | | I Allowance for Rental Real Estate Activities With Active Participation | | | | |
| | | nter all numbers in Part II as positive amounts. See instructions for an example. | | | | |
| 4 | | ler of the loss on line 1d or the loss on line 3 | . 4 | 1 | 10,569 | |
| 5 | Enter \$150.000 |) If married filing separately see instructions $5 150.00$ | | | | |

| | | | | | , | | | | |
|-----|--|---------|--------------------|----|---------|--|--|--|--|
| 5 | Enter \$150,000. If married filing separately, see instructions | 5 | 150,000. | | | | | | |
| 6 | Enter modified adjusted gross income, but not less than zero. See instructions | 6 | 103,787. | | | | | | |
| | Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-on line 9. Otherwise, go to line 7. | | | | | | | | |
| 7 | Subtract line 6 from line 5 | 7 | 46,213. | | | | | | |
| 8 | 8 | 23,107. | | | | | | | |
| 9 | 9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions | | | | | | | | |
| Par | Total Losses Allowed | | | | | | | | |
| 10 | 10 Add the income, if any, on lines 1a and 2a and enter the total | | | | | | | | |
| 11 | Total losses allowed from all passive activities for 2023. Add lines 9 and 10. S | ee in | structions to find | | | | | | |
| | out how to report the losses on your tax return | | | 11 | 10,569. | | | | |
| | | | | | | | | | |

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

| | Currer | nt year | Prior years | Overall gain or loss | | | |
|--|---|---------|---------------------------------|----------------------|----------|--|--|
| Name of activity | (a) Net income (b) Net loss (line 1a) (line 1b) | | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss | | |
| BHADRACHALAM | 0. | 10,569. | | | 10,569. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0. | 10,569. | | | | | |
| For Danarwork Poduction Act Nation son instr | | 101 000 | Earm 8587 (0000) | | | | |

For Paperwork Reduction Act Notice, see instructions.

REV 02/22/24 PRO

Form **8582** (2023)

| Form 8582 (202 Part V | 3) Complete This Part B | efore P | Part I, Lines 2 | a, 2b, | and 2c. S | See instru | ctions. | | | Page 2 | |
|---------------------------------|------------------------------|----------|--|---------------|--------------------|--|--------------------|--------------------------------|--------|--|--|
| | | | Currer | | | Prior y | | Overa | all ga | ain or loss | |
| | Name of activity | | a) Net income (b) Not (line 2a) (line | | Net loss ne 2b) | t loss (c) Unallo 2b) loss (line | | | | (e) Loss | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | on Part I, lines 2a, 2b, and | | | | | <u> </u> | | | | | |
| Part VI | Use This Part if an An | | | art II, | Line 9. S | ee instruc | ctions. | | | | |
| | Name of activity | ar to | rm or schedule nd line number be reported on se instructions) | (a |) Loss | (b) Ra | atio | (c) Specia allowance | | (d) Subtract column (c) from column (a). | |
| BHADRACH | IALAM | | E Ln 22 | | 10,569. | 1.0000 | 10,56 | | 59. | 0. | |
| | | | | | | | | | | | |
| Total | <u> </u> | | | | 10,569. | 1.0 | 0 | 10,56 | 59. | 0. | |
| Part VII | Allocation of Unallow | ed Los | ses. See instru | uction | s. | | 1 | | | | |
| | Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) | Loss | (t |) Ratio | (c |) Unallowed loss | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | 1.00 | | | |
| Part VIII | Allowed Losses. See i | nstructi | ions. | | | | | | 1 | | |
| | Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) | _oss | (b) Unallowed loss | | (| c) Allowed loss | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

REV 02/22/24 PRO

Form **8582** (2023)