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

| | 5.5.1.65 55.1.65 | | | | | | |
|---|---|---|--|---|---|--|--|
| Submis | ssion Identification Number (SID) | | | | | | |
| Taxpaye | 's name | Social securi | ty numl | per | | | |
| SAI | KUMAR REDDY ALAVALA | 661-68 | 661-68-4977 | | | | |
| Spouse's | name | Spouse's social security number | | | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2023 (Enter | vear vou a | ro au | thorizing | <u> </u> | | |
| | hole dollars only on lines 1 through 5. | year you a | ıı c au | uionzing. |) | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | |
| | Adjusted gross income | | 1 | 90 | ,026. | | |
| | Total tax | | 2 | | ,066. | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,069. | | |
| 4 | Amount you want refunded to you | | 4 | | ,003. | | |
| 5 | Amount you owe | | 5 | | | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and k | eep a cop | y of y | our retu | rn) | | |
| return (of to send for any Agent to paymen authoriz paymen business taxes to personal | wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I.I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment withdrawal Consent. | ter, or electriction of the too. Treasury a cated in the too debit the the authorizests must be processing on ayment. I fur | onic refransmisted ax preparties at least one of the element of th | turn origina ssion, (b) the designated paration soft to this acco To revoke (eved no late ectronic par ecknowledge | tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the | | |
| | ic Funds Withdrawal Consent. yer's PIN: check one box only | | | | | | |
| X | l authorize GLOBAL TAXES LLC to enter or generate n | av PINI 8 | 4 | 9 7 7 | as my | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Er | | digits, but er all zeros | as my | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow. | | | | | | |
| Your si | gnature ▶ Date ▶ | | | | | | |
| Snous | e's PIN: check one box only | | | | | | |
| Opous | I authorize to enter or generate n | ov DINI | | | as my | | |
| Ш | ERO firm name | _ | ter 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 amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow. | | | | | | |
| Spouse | e's signature ▶ Date ▶ | | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | | |
| Part I | II 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 4 9 | 6 0 | 8 2 7 | 1 | | |
| | | Don't en | ei dii Ze | 5100 | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income tax ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc. | tting this ret | urn in a | accordance | | | |
| ERO's | signature ▶ Date ▶ | | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | o So | | | | | |

E1040-NR Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

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

| For the year Jan. 1-Dec. 31, 2023, or other tax year beginning | | | ning, 2023, ending, 20 _ | | | | | See separate instructions. | | |
|---|----------|---|--------------------------|--|------------------------|-------------|-------------------|----------------------------|----------------------------|--|
| Your first name | and r | niddle initial Las | | | | | | our identifying number | | |
| | | | | | | | | | ctions) | |
| SAI KUMAF | RE | DDY AI | JAVA | ALA | 661 | 661-68-4977 | | | | |
| Home address | (numb | per and street). If you have a P.O. box, see | e inst | ructions. | | Apt | | | Apt. no. | |
| 4335 WALN | UT | GROVE LN N | | | | | | | | |
| City, town, or p | ost of | fice. If you have a foreign address, also co | ompl | ete spaces below. | | State | | ZIP code | | |
| PLYMOUTH | | | | | | MN | | | 5446 | |
| Foreign country | nam | For | reign | province/state/county | | Foreign | postal c | ode | | |
| | | | | | | | | | | |
| Filing Status | | | | | | | | state | e 🗌 Trust | |
| If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent | | | | | | | endent: | | | |
| Check only one box. | | | | | | | | | | |
| | Δt a | ny time during 2023, did you: (a) receive (a | as a r | eward award or payme | ent for property or se | rvices). c | ır (h) sel | l exc | hange or | |
| Digital Assets | | rwise dispose of a digital asset (or a finan | | | | | | | Yes 🛭 No | |
| Dependents | | | | | | (4) Ch | eck the b | ox if o | qualifies for (see inst.): | |
| (see instructions): | 1 | (4) First name | | (2) Dependent's | (2) Deletienship to ve | Chi | ld tax cre | edit | Credit for other | |
| | | (1) First name Last name | identifying number (; | | (3) Relationship to yo | ou | | | dependents | |
| If more than four | | | | | | | $\overline{\Box}$ | | | |
| dependents, see instructions and | | | | | | | $\overline{\Box}$ | | | |
| check here | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box 1 (s | see in | nstructions) | | | . 1 | а | 105,873. | |
| Effectively | b | Household employee wages not reported | | , | | | | b | · | |
| Connected | | | | | | | | С | | |
| With U.S. | d | Medicaid waiver payments not reported | on F | | | | . 1 | d | | |
| Trade or | е | Taxable dependent care benefits from Fo | orm 2 | 2441, line 26 | | | . 1 | е | | |
| Business | f | Employer-provided adoption benefits fro | m Fo | orm 8839, line 29 . | | | . 1 | f | | |
| Attach | g | | | | | | | | | |
| Form(s) W-2, | h | Other earned income (see instructions) | . 1 | h | | | | | | |
| 1042-S, | i | | | | | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | | | | | | | | |
| and 8288-A [°] | k | Total income exempt by a treaty from Sc | | | | | | | | |
| here. Also attach | _ | line 1(e) | | | 1k | | | | 105,873. | |
| Form(s) | z 2a | Tax-exempt interest 2a | • | 1 | able interest | | | z b | 103,073. | |
| 1099-R if | 2a 3a | Qualified dividends 3a | | | inary dividends . | | | b | | |
| tax was withheld. | 4a | IRA distributions 4a | | | able amount | | | b | | |
| If you did not | 5a | Pensions and annuities 5a | | | able amount | | | b | | |
| get a Form | 6 | | | | | | | | | |
| W-2, see instructions. | 7 | Capital gain or (loss). Attach Schedule D | (For | m 1040) if required. If no | ot required, check he | re | | 7 | | |
| | 8 | Additional income from Schedule 1 (Form 1040), line 10 | | | | | | | -15,847. | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. Th | is is | your total effectively c | onnected income | | 9 |) | 90,026. | |
| | 10 | Adjustments to income from Schedule 1 income | • | • | • | | | 0 | | |
| | 11 | Subtract line 10 from line 9. This is your | adju | sted gross income | | | . 1 | 1 | 90,026. | |
| | 12 | Itemized deductions (from Schedule A | | | | | | | | |
| | | deduction (see instructions) | | | | ndia Tre | eaty 1 | 2 | 13,850. | |
| | 13a | Qualified business income deduction fro | [] | | | | | | | |
| | b | Exemptions for estates and trusts only (s | | | | | | | | |
| | C 1/ | Add lines 13 and 13b | | | | | | 3c | 12 050 | |
| | 14 15 | Add lines 12 and 13c Subtract line 14 from line 11. If zero or le | | enter -∩- This is vour ta v | | | | 5 | 13,850. 76,176. | |
| | . • | | | oo io your tax | | <u> </u> | <u> </u> | | · · · · · · · | |

| Form 1040-NR (| 2023) | | | | | Pa | age 2 |
|-------------------|--|--|--------------------|-----------------------|-----------------|-----------------------------|-------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 88 | 14 2 4972 | 2 3 🗌 | 1 | 12,06 | 66. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | | | <u>1</u> | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | 1 | 12,06 | 66. |
| | 19 | Child tax credit or credit for other dependents from Schedu | ule 8812 (Form 104 | 40) | 1 | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), line 8 | | | 2 | 20 | |
| | 21 | Add lines 19 and 20 | | | 2 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | | | 2 | 12,06 | 66. |
| | 23a | Tax on income not effectively connected with a U.S. trade of Schedule NEC (Form 1040-NR), line 15 | | 23a | | | |
| | b | Other taxes, including self-employment tax, from Schedule | | | | | |
| | | line 21 | , | 23b | | | |
| | С | Transportation tax (see instructions) | | 23c | | | |
| | d | Add lines 23a through 23c | | | 2 | 3d | |
| | 24 | Add lines 22 and 23d. This is your total tax | | | 2 | 12,06 | <u>66.</u> |
| Payments | 25 | Federal income tax withheld from: | | | | | |
| - c. y | а | Form(s) W-2 | | 25a 16 | 5,069. | | |
| | b | Form(s) 1099 | | 25b | | | |
| | С | Other forms (see instructions) | | 25c | | | |
| | d | Add lines 25a through 25c | | | 2 | 5d 16,06 | 69. |
| | е | Form(s) 8805 | | | 2 | 5e | |
| | f | Form(s) 8288-A | | | 2 | 5f | |
| | g | Form(s) 1042-S | | | 2 | 5g | |
| | 26 | 2023 estimated tax payments and amount applied from 20. | | | | 26 | |
| | 27 | Reserved for future use | | 27 | | | |
| | 28 | Additional child tax credit from Schedule 8812 (Form 1040) | | 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 15 | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These are your total other payme | ents and refunda | ble credits | 3 | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your to | tal payments . | | 3 | 16,06 | 69 . |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. | This is the amoun | t you overpaid | 3 | 4,00 | 03. |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 | is attached, chec | k here | . 🗌 3 | 5a 4,00 | 03. |
| Direct deposit? | b | Routing number 0 7 5 0 0 0 0 1 9 | c Type: | Checking | Savings | | |
| See instructions. | d | Account number 8 5 5 3 6 3 7 3 2 | | | | | |
| | е | If you want your refund check mailed to an address outsid | e the United State | s not shown on | page 1, | | |
| | | enter it here. | | | | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimate | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe. | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or | see instructions . | | 3 | 37 | |
| | 38 | Estimated tax penalty (see instructions) | | 38 | | | |
| Third | Do yo | u want to allow another person to discuss this return with th | e IRS? See instruc | ctions. 🗌 Y e | es. Complete | below. 🛛 No |) |
| Party | Desig | nee's Phone | | Persor | nal identificat | ion | |
| Designee | name | no. | | numbe | er (PIN) | | |
| 0. | | penalties of perjury, I declare that I have examined this return and act they are true, correct, and complete. Declaration of preparer (other the | | | | | |
| Sign | Your | signature Date | Your occupation | | l l | S sent you an Iden | - |
| Here | | | | | | ion PIN, enter it her | re |
| | | | SOFTWARE E | NGINEER | (see ins | t.) | |
| | Phone | | П | Data | DTIN | 01. 1.11 | |
| Paid | | rer's name Preparer's signature | | Date | PTIN | Check if: | |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR | GUPTA TALLAM | 02/15/2024 | P0208270 | | |
| Use Only | | name GLOBAL TAXES LLC | | | Phone no. | (678) 965-952 84-3171965 | |
| | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN | | | | | |) |

BAA

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SAI KUMAR REDDY ALAVALA

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 soc | ial security number |
| 661-68 | -4977 |

| 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 | ich Schedule E . | 5 | -15,847. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (| | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (| | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (| | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income. Enter | | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -15,847. |

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

| Par | t II Adjustments to Income | | | | |
|-----|---|---------|-------------|-----|--|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | | | | |
| | officials. Attach Form 2106 | | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | 16 | |
| 17 | Self-employed health insurance deduction | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | 18 | |
| 19a | Alimony paid | | | 19a | |
| b | Recipient's SSN | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | 20 | |
| 21 | Student loan interest deduction | | | 21 | |
| 22 | Reserved for future use | | | 22 | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | | | | |
| а | , , , , , , , , , , , , , , , , , , , | 24a | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | 04 | | | |
| _1 | · · · · · · · · · · · · · · · · · · · | 24c | | _ | |
| d | | 24d | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 24f | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | discrimination claims (see instructions) | 24h | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | |
| | - | 24i | | | |
| j | | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | 24z | | | |
| | | | | - | |
| 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 | nere and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 26 | |

SCHEDULE NEC (Form 1040-NR)

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

Your identifying number

SAI KUMAR REDDY ALAVALA 661-68-4977 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

Attachment Sequence No. **7C**

| Nam | shown on Form 1040-NR | | | Your identifying number | | | | | | |
|-----|--|---------------------------------|---|---------------------------------------|----------------|--|--|--|--|--|
| SA | KUMAR REDDY ALAVALA | | | 661-68-4977 | | | | | | |
| Α | Of what country or countries were you a citizen or national | al during the tax year | ? INDIA | | | | | | | |
| В | In what country did you claim residence for tax purposes | s during the tax year | ? United States | | | | | | | |
| С | Have you ever applied to be a green card holder (lawful p | ermanent resident) o | f the United States? . | Ye | es 🗵 No | | | | | |
| D | Were you ever: | | | _ | | | | | | |
| | . A U.S. citizen? | | | | | | | | | |
| 2 | . A green card holder (lawful permanent resident) of the Un | | ⊔ Y € | es 🗵 No | | | | | | |
| _ | 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 | | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | | |
| G | List all dates you entered and left the United States durin | g 2023. See instruction | ons. | | | | | | | |
| | Note: If you're a resident of Canada or Mexico AND cor | | | | | | | | | |
| | check the box for Canada or Mexico and skip to item h | | | ☐ Mexico | | | | | | |
| | Date entered United States Date departed United State | es D | ate entered United State | | | | | | | |
| | mm/dd/yy mm/dd/yy | | mm/dd/yy | mm/dd. | ууу | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| н | Give number of days (including vacation, nonworkdays, and | d partial davs) vou wer | re present in the United S | States during: | | | | | | |
| | 2021, 2022 | | • | _ | | | | | | |
| ı | Did you file a U.S. income tax return for any prior year? . | | | | es 🗌 No | | | | | |
| | If "Yes," give the latest year and form number you filed: | | | | | | | | | |
| J | Are you filing a return for a trust? | | | | es 🛛 No | | | | | |
| | If "Yes," did the trust have a U.S. or foreign owner unde | | | | | | | | | |
| 1/ | U.S. person, or receive a contribution from a U.S. person | | | | _ | | | | | |
| K | Did you receive total compensation of \$250,000 or more If "Yes," did you use an alternative method to determine | | | | | | | | | |
| L | Income Exempt From Tax—If you are claiming exempti | | • | | | | | | | |
| | complete (1) through (3) below. See Pub. 901 for more in | formation on tax treat | ties. | - | | | | | | |
| • | Enter the name of the country, the applicable tax treaty art amount of exempt income in the columns below. Attach Fo | | | claimed the treaty be | nefit, and the | | | | | |
| | (a) Country | (b) Tax treaty article | (c) Number of month claimed in prior tax ye | , , , | | | | | | |
| | | | | | _ | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line 1k. D | o not ontor it anywha | oro also on line 1 | | | | | | | |
| | . Were you subject to tax in a foreign country on any of the | | | | es No | | | | | |
| | Are you claiming treaty benefits pursuant to a Competent | | · | | | | | | | |
| | If "Yes," attach a copy of the Competent Authority determ | - | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| М | Check the applicable box if: | | - | | | | | | | |
| • | This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See ir | come from real properstructions | erty located in the Unite | ed States as effective | ly connected | | | | | |
| 2 | You have made an election in a previous year that has States as effectively connected with a U.S. trade or busin | not been revoked, t | to treat income from re | al property located i | n the United | | | | | |

SCHEDULE E (Form 1040)

Name(s) shown on return

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

Your social security number

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

| SAI | KUMAR REDDY ALAVALA | (| 661-68-4977 | | | | | | | | |
|-------------|---|---|-----------------|----------------|--------|--------------------|---------|-------------|-----------------|-----|--|
| Part | | d Roy | alties | | | ' | | | | | |
| | Note: If you are in the business of renting personal proper | ty, use | Schedule | C . See | instru | ctions. If you are | an indi | vidual, rep | ort farm | | |
| Α [| rental income or loss from Form 4835 on page 2, line 40. | to file | Form(a) 1 | 0002 6 | oo inc | tructions | | | . V N | | |
| | | payments in 2023 that would require you to file Form(s) 1099? See instructions will you file required Form(s) 1099? | | | | | | | | | |
| | | | | • • | • • | | • • | 10 | 3 <u> </u> 140 | _ | |
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | | | | | | | |
| Α | KOTHAREPUDI, A. KONDURU MAN KRISHNA DIST | RICT | ANDHF | RAPRAI | DESH | IN 521226 |) | | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate prope | rty liste | ed _. | Fair Rental | | | | nal Use | QJV | | |
| | (from list below) above, report the number of fair in personal use days. Check the Qu | | | | | Days | Da | ıys | | | |
| A | gersonal use days. Check the Qui | | | Α | | 365 | | 0 | | | |
| В | qualified joint venture. See instru | | | В | | | | | | | |
| С | -f Duran and an | | | С | | | | | | | |
| | of Property: | احا | | | 7 | Self-Rental | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Rent | tai | 5 Land | | - | | -\ | | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | uties | 8 | Other (describ | e) | | | | |
| | | | | | | Properties | S: | | | | |
| Incom | ne: | | | Α | | В | | | С | | |
| 3 | Rents received | 3 | | 6 | 00. | | | | | | |
| 4 | Royalties received | 4 | | | | | | | | | |
| Exper | | | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,4 | 32. | | | | | | |
| 8 | Commissions | 8 | | | | | | | | | |
| 9 | Insurance | 9 | | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | 1 0 | | | | | | | |
| 11 | Management fees | 11 | | 1,2 | 2/. | | | | | | |
| 12 13 | Mortgage interest paid to banks, etc. (see instructions) Other interest | 12 | | | | | | | | | |
| 14 | | 14 | | 3,2 | 2.1 | | | | | | |
| 15 | Repairs | 15 | | 2,7 | | | | | | | |
| 16 | Taxes | 16 | | 2, 1. | 11. | | | | | | |
| 17 | Utilities | 17 | | 3,8 | 45. | | | | | | |
| 18 | Depreciation expense or depletion | 18 | | 4,0 | | | | | | | |
| 19 | Other (list) | 19 | | , - | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 16,4 | 47. | | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | · · | | | | | | | |
| ٠ | result is a (loss), see instructions to find out if you must | | | | | | | | | | |
| | file Form 6198 | 21 | - | -15 , 8 | 47. | | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (– | 15 , 84 | 7.) | • |) | (| |) | |
| 23 a | Total of all amounts reported on line 3 for all rental proper | | | | 23a | | 600. | | | | |
| b | Total of all amounts reported on line 4 for all royalty properties. | erties | | | 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 | | 008. | | | | |
| е | | | | ı | 23e | 16, | 447. | | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | 25 | | 15 , 847 | .) | |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar | | | | | | | | -15 , 84 | 7 | |
| | Concadie i (i orin rotto), inte o. Otherwise, include tills at | HOUIT | 1116 101 | ıaı UII III | 10 41 | on paye∠ . | 26 | i . | 10,04 | / • | |

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number SAI KUMAR REDDY ALAVALA Sch E KOTHAREPUDI, A. KONDURU MAN 661-68-4977 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. SIL g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 115,011. 4,008 27.5 yrs. S/L property MM 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L **b** 12-year 30 yrs. ММ S/L c 30-year ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 4,008. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.