# 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

	1					
Submis	ssion Identification Number (SID)					
Taxpaye	r's name	Social securi	ty numl	per		
KRIS	SHNA MOHAN REDDY DONTHIREDDY	065-17	-217	0		
Spouse's	s name	Spouse's soo	ial seci	urity numb	er	
Dort	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	VOOR VOU	ro ou	thorizina	- \	
Part	whole dollars only on lines 1 through 5.	year you a	re au	unonzing	J.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		1	9	0,2	09.
	Total tax		2		2,1	
_	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			66.
	Amount you want refunded to you		4		7,4	
	Amount you owe		5		. , _	<del>.</del>
Part		еер а сор	y of y	our ret	urn)	
my kno return (of to send for any Agent to payment authoriz payment business taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) 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, transm my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or 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 action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the patic Funds Withdrawal Consent.	e are the ametter, or electro- tiction of the transcription of the trans	ounts for the counts of the co	rom the inturn origing ssion, (b) designated paration so this according to revoke ved no la ectronic paration be knowledge.	ncom lator ( the red d Final oftwa count (can liter the payme	ne tax (ERO) eason ancial re for . This cel) a nan 2 ent of at the
	yer's PIN: check one box only				1	
Тахра	•	7 DINI 7	2   2	1 7 0		
	I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as	s my
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Your si	gnature ▶ Date ▶					
Snous	e's PIN: check one box only					
Opous	I authorize to enter or generate	my DINI			20	s my
	ERO firm name		ter five	digits, but	_	5 IIIy
	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 n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 6 er all ze		8 9	)
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm nents of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Providers of Ir	x return (origi	nal or urn in a	amended) accordanc		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions	_				
	Don't Submit This Form to the IRS Unless Requested To I	o So				

# 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	ı. 1–C	Dec. 31, 2023, or other tax year begin	nning	, 2023,	ending			, 2	20		separate uctions.
Your first name	and r	middle initial	Last na	ame					Your ide	entifying	
									(see inst	ructions)	
KRISHNA M	IOHA	AN REDDY	DONT	HIREDDY					065-	17-21	70
Home address (	numl	ber and street). If you have a P.O. bo	ox, see ins	structions.						Α	pt. no.
836 KINWE	ST	PARKWAY								2	265
City, town, or po	ost of	ffice. If you have a foreign address, a	also comp	olete spaces below.			S	tate	:	ZIP code	
IRVING							Т	X		75063	
Foreign country	nam	e	Foreig	n province/state/county			F	oreign p	ostal cod	е	
Filing	X	Single Married filing se	parately (I	MFS) Qualifyi	ng surviv	ing spo	ouse (QS	SS)	☐ Esta	ate	☐ Trust
Status	If	you checked the QSS box, enter the			son is a	child bu	it not yo	ur depe	ndent:		
Check only one box.											
	Λ+ o	ny timo during 2022, did your (a) roo	oivo (oo o	roward award or navm	ont for n	roportu	or con	iooo): or	(b) coll o	vohongo	
Digital Assets		ny time during 2023, did you: (a) rec erwise dispose of a digital asset (or a								. $\square$ Ye	
Dependents					Ì		<u> </u>	(4) Che	ck the box		for (see inst.):
(see instructions):				(2) Dependent's				1	d tax credit	Crec	lit for other
		(1) First name Last name		identifying number (3			(3) Relationship to you			de	pendents
If more than four											
dependents, see											旹
instructions and check here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see i	instructions)					1a	1 10	06,380.
Effectively	b	Household employee wages not re	•	,					1b		
Connected	С	Tip income not reported on line 1a	•	` '					1c		
With U.S.	d	Medicaid waiver payments not rep	`	,					1d		
Trade or	е	Taxable dependent care benefits f	rom Form	2441, line 26					1e		
Business	f	Employer-provided adoption bene	fits from F	Form 8839, line 29 .					1f		
A44 I-	g	Wages from Form 8919, line 6 .							1g		
Attach Form(s) W-2,	h	Other earned income (see instruction	ons) .						1h		
1042-S,	i	Reserved for future use				1i					
SSA-1042-S, RRB-1042-S,	j	Reserved for future use							1j		
and 8288-A	k	Total income exempt by a treaty fr		,	tem L,						
here. Also		line 1(e)				1k				1.0	) C 200
attach Form(s)	Z	Add lines 1a through 1h	. [						1z	1	06,380.
1099-R if	2a 3a	· —	2a 3a		kable inte dinary di				2b 3b		39.
tax was withheld.	4a		4a		kable am						
If you did not	5a		5a		able am						
get a Form	6	Reserved for future use									
W-2, see instructions.	7	Capital gain or (loss). Attach Scheo	dule D (Fo	orm 1040) if required. If n	ot requir	ed, che	ck here	[	] 7		
mon donorio.	8	Additional income from Schedule	1 (Form 10	040), line 10					8	-1	L6,210.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	d 8. This is	s your total effectively o	onnecte	ed inco	me .		9	٥	0,209.
	10	Adjustments to income from Scheincome	,	orm 1040), line 26. Thes	,		•				
	11	Subtract line 10 from line 9. This is	your <b>adj</b> i	usted gross income					11		90,209.
	12	Itemized deductions (from Sched deduction (see instructions)									13,850.
	13a	Qualified business income deducti				13a					
	b										
	С	Add lines 13a and 13b	• •	•					13c	<u></u>	
	14	Add lines 12 and 13c							14	] 1	L3,850.
,	15	Subtract line 1/1 from line 11. If zer	o or loce	enter -0- This is your ta	vabla in	aama			15	-	76 359

orm 1040-NR (2	2023)							Page 2
Гах and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 88	14 <b>2</b> 🗌 4972	2 3 🗌		16	12,110.
Credits	17	Amount from Schedule 2 (Form 1040), line 3	3				17	0.
	18	Add lines 16 and 17					18	12,110.
	19	Child tax credit or credit for other dependen	its from Schedu	ile 8812 (Form 104	10)		19	
	20	Amount from Schedule 3 (Form 1040), line 8	3				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	12,110.
	23a	Tax on income not effectively connected wit	h a U.S. trade o	r business from				
		Schedule NEC (Form 1040-NR), line 15 .			23a			
	b	Other taxes, including self-employment tax,	from Schedule	2 (Form 1040),				
		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 $total\ tax$			<u> </u>		24	12,110.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b> 19	7,566.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	19,566.
	е	Form(s) 8805					25e	
	f	Form(s) 8288-A					25f	
	g	Form(s) 1042-S					25g	_
	26	2023 estimated tax payments and amount a	• •	1	. <u></u>		26	
	27	Reserved for future use			27			
	28	Additional child tax credit from Schedule 88	` ,		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 1			31			
	32	Add lines 28, 29, and 31. These are your tot					32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. Th					33	19,566.
Refund	34	If line 33 is more than line 24, subtract line 2			•		34	7,456.
	35a	Amount of line 34 you want <b>refunded to you</b>		_			35a	7,456.
Direct deposit? See instructions.	b	Routing number 1 1 1 0 0 0 0			Checking L	Savings		
occ mondonons.	d	Account number 7 9 1 8 9 0						
	е	If you want your refund check mailed to an	address outside	e the United State	s not shown on	page 1,		
		enter it here.						
	36	Amount of line 34 you want applied to your		ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the <b>am</b> . For details on how to pay, go to <i>www.irs.go</i>	-	soo instructions				
You Owe	20		•	1			37	
F1. * 1	38				38	- 0		ow. 🔀 No
Third Party		u want to allow another person to discuss thi		e instruc		s. Comple		ow. 🔼 NO
Designee	Desigi name		Phone no.			nal identific er (PIN)	cation	
200.9.1.00		penalties of perjury, I declare that I have examined		companying schedu			hest of	my knowledge and
		they are true, correct, and complete. Declaration of						
Sign	Yours	ignature	Date	Your occupation		If the	IRS se	nt you an Identity
Here		.9				Prote	ection F	PIN, enter it here
				SOFTWARE E	NGINEER	(see	inst.)	
	Phone		Email address				,	
Paid	Prepa	rer's name Preparer's	signature		Date	PTIN		Check if:
Preparer			SAI PAVAN KU	MAR DUDIPALLI		P02470		Self-employed
las Onl	Firm's	name GLOBAL TAXES LLC				Phone no	. (67	8)965-9522

Use Only

Firm's EIN

88-2145487

# 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

KRISHNA MOHAN REDDY

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

DONTHIREDDY

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

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

Your social security number 065-17-2170

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-16,210.
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	4	
m	Olympic and Paralympic medals and USOC prize money (see	_		
	instructions)	8m	4	
n	Section 951(a) inclusion (see instructions)	8n	4	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form	0- /	\	
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t   8u		
u	Wages earned while incarcerated	ou		
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	here and on Form	9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-16,210.
	10 10, 10 10 O11, 01 10 TO 1111, III 10 0		10	

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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
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				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	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				
	<del>-</del>	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			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		.   20	

### **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

KRISHNA MOHAN REDDY DONTHIREDDY 065-17-2170 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties . . . . . . . . . . . . . . 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings \_\_\_\_\_ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) . . . . . . . . . . . . 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources subtract (d) from (e). descriptive details not shown below) subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

### SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

## Other Information

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

Attachment Sequence No. 7C

Name shown on Form 1040-NR Your identifying number KRISHNA MOHAN REDDY DONTHIREDDY 065-17-2170 Of what country or countries were you a citizen or national during the tax year? \_INDIA\_\_\_\_\_\_ Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . . . X No Were you ever: ☐ Yes X No 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε 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 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . . . . . . . . . Yes If you answered "Yes," indicate the date and nature of the change: G List all dates you entered and left the United States during 2023. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date departed United States Date entered United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 \_\_\_\_\_\_, 2022 \_\_\_\_\_\_, and 2023 \_\_\_\_\_\_365 \_\_\_. Did you file a U.S. income tax return for any prior year? . . . . . . . . . . . . . . X Yes ☐ No ı If "Yes," give the latest year and form number you filed: 1040NR X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a □ No Yes ⊠ No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? . . . . . . . . . . . . Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United 

#### **SCHEDULE E** (Form 1040)

## Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

2023	
Attachment Sequence No. <b>13</b>	

OMB No. 1545-0074

Name(s) shown on return Your social security number 065-17-2170 KRISHNA MOHAN REDDY DONTHIREDDY Part I **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 farm rental 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 . . . . . 1a Physical address of each property (street, city, state, ZIP code) SRINIVAS NAGAR NARASARAOPET ANDHRAPRADESH IN 522601 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 500. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,250. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 980. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,580. 14 Repairs . . . . 14 15 Supplies 15 4,687. 16 16 Taxes 17 Utilities . . . . . . . 17 5,213. 18 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 20 16,710. Total expenses. Add lines 5 through 19 . . . . . 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -16,210. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . -16,210.) 500. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 16,710. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 16,210. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -16,210.

**Passive Activity Loss Limitations** 

See separate instructions.

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

OMB No. 1545-1008 Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8582 for instructions and the latest information. Name(s) shown on return Identifying number KRISHNA MOHAN REDDY DONTHIREDDY 065-17-2170 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special **Allowance for Rental Real Estate Activities** in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) . . . . 1b 16,210. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c . . . . . . . . . . . . . . . . . . 1d -16,210. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) **b** Activities with net loss (enter the amount from Part V, column (b)) . . . . 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c ( **d** Combine lines 2a, 2b, and 2c . . . . . . . . . . . . . . . . . . 2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -16,210. If line 3 is a loss 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. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete

Part I	II. Instead, go to line 10.	•	·				
Pa	rt II Special Allowance for Rental Real Estate Activities With Active Participation						
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.						
4	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3	4	16,210.				
5	Enter \$150,000. If married filing separately, see instructions						
6	Enter modified adjusted gross income, but not less than zero. See instructions 6 106, 419.						
	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						
8	Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	8	21,791.				
9	Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions	9	16,210.				
Par	t III Total Losses Allowed						
10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.				
11	11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find						
	out how to report the losses on your tax return						
Par	Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.						

Complete This Part Before	e Part I, Lines I	a, ID, and IC. S	ee instructions.			
Name of activity.	Currer	nt year	Overall gain or loss			
Name of activity	(a) Net income (line 1a)			(d) Gain	(e) Loss	
SRINIVAS NAGAR	0.	16,210.			16,210.	
-						
-						
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	16,210.				

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Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.				
			Currer	nt year		Prior y	ears	Overa	erall gain or loss		
	Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
	on Part I, lines 2a, 2b, and 2c			· · · · ·	1:		17				
Part VI	Use This Part if an Amour			art II,	, <b>Line 9.</b> S	ee instruc	tions.				
	Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a	) Loss	<b>(b)</b> Ra	itio	(c) Special allowance		(d) Subtract column (c) from column (a).	
SRINIVAS	NAGAR		E Ln 22		16,210.	1.0000	0000	16,21	0.	0.	
Total					16,210.	1.00	)	16,21	0.	0.	
Part VII	Allocation of Unallowed L	.oss			S.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(	<b>b)</b> Ratio	(c	) Unallowed loss	
Total	<u> </u>							1.00			
Part VIII	Allowed Losses. See instr	ucti									
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	oss <b>(b)</b> Unallowed		(	c) Allowed loss	
Total											