### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

- Internal n	levellue del vice							
Submis	ssion Identification Number (SID)							
Taxpayer	r's name		Social	security	y numbe	er		
HARS	SHAVARDHAN KAKARLA		037	-82-	3690			
Spouse's	s name		Spouse	e's soci	al secu	rity nu	ımber	
Part	Tax Return Information — Tax Year Ending December 31, 2023	(Enter	Vear V	/OLL 21	n aut	noriz	rina \	
	whole dollars only on lines 1 through 5.	(LIILEI	year y	ou ai	e auti	10112	.ii ig.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	Adjusted gross income				1		85,	988.
	Total tax				2			175.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3			884.
	Amount you want refunded to you				4			709.
5	Amount you owe				5			
Part I	Taxpayer Declaration and Signature Authorization (Be sure you ge	t and k	еер а	copy	of yo	our i	retur	n)
return (o to send for any o Agent to payment authorize payment business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Paroriginal or amended) I am now authorizing. I consent to allow my intermediate service provider my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial station is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the tit, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellates days prior to the payment (settlement) date. I also authorize the financial institutions involve to receive confidential information necessary to answer inquiries and resolve issues related alidentification number (PIN) below is my signature for the income tax return (original or amen and income tax return (original or amen and consent.	transmin for rejected the U. count indiction institution required in the ptop of the properties of the	tter, or of ction of S. Treas cated in to delete the autoprocess ayment.	electro the tra sury ar the ta oit the thoriza ust be sing of I furtl	nic returnismismismismismismismismismismismismismi	urn or sion, esign aratio this orevo	iginato (b) the ated F n softo accou oke (ca o later ic pay edge 1	or (ERO) reason
	yer's PIN: check one box only							
X	-	nerate r	nv PIN	2	3 6		0	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		,	Ent	er five o		but	,
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PI below.							
Your si	ignature ▶ Da	ate▶_						
Snouse	e's PIN: check one box only							
	I authorize to enter or ge	nerate r	nv PIN					as my
	ERO firm name	norato i	,		er five o	ligits,		ao my
	signature on the income tax return (original or amended) I am now authorizing.			don	't enter	all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PI below.							
Spouse	e's signature ▶ Da	ate 🕨						
	Practitioner PIN Method Returns Only—continue	below						
Part II	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 6	5 6	1 9	8 8	9
				n't ente	r all zer	os		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual in red to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providence.	m subm	itting th	is retu	rn in a	ccord	ance v	
ERO's	signature ▶ Da	ate 🕨						
	ERO Must Retain This Form — See Instructi	ons						
	Don't Submit This Form to the IRS Unless Requeste		o So					

# E 1040-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	ı. 1–C	ec. 31, 2023, or other tax year beginn	ing	, 2023,	ending	,	20	instructions.
Your first name	and r	niddle initial	Last na	ame			Your ide	entifying number
							(see inst	ructions)
HARSHAVAR	DHA	N	KAKA	RLA			037-	82-3690
Home address (	numb	per and street). If you have a P.O. box	, see ins	tructions.			•	Apt. no.
5321 156T	'H D	R NE						
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State	- :	ZIP code
REDMOND						WA		98052
Foreign country	nam	e	Foreigr	n province/state/county		Foreign	postal cod	le
	ı							
Filing	×	Single	rately (N	∕IFS) ☐ Qualifvi	ng surviving spouse (	OSS)	☐ Esta	ate 🗌 Trust
Status	1	you checked the QSS box, enter the o	• .		0 .	,		
Check only		,				,		
one box.								
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					r (b) sell, e	exchange, or .  Yes X No
Danandanta		Twise dispose of a digital asset (of a f	ii iai ioiai	microst in a digital asso				if qualifies for (see inst.):
Dependents (see instructions):				(2) Dependent's		1		Cradit for other
(see manachons).	(1) First name Last name			identifying number	(3) Relationship to yo	ou Chi	ld tax credit	dependents
If more than four								
dependents, see							Ц	<u> </u>
instructions and								
check here							Щ	
Income	1a	Total amount from Form(s) W-2, box	•	•				104,298.
Effectively	b	Household employee wages not rep	. 1b					
Connected	C	Tip income not reported on line 1a (s	. 1c					
With U.S.	d	Medicaid waiver payments not report Taxable dependent care benefits fro		` , ` `	,		. 1d	
Trade or	e f	Employer-provided adoption benefit		·			. 1e	
Business	g	Wages from Form 8919, line 6		·			. 1g	
Attach	h	Other earned income (see instruction	. 19					
Form(s) W-2, 1042-S,	i	Reserved for future use						
SSA-1042-S,	i	Reserved for future use	. 1j					
RRB-1042-S,	, k	Total income exempt by a treaty from						
and 8288-A here. Also		line 1(e)		,,	1k			
attach	z	Add lines 1a through 1h	, .				. 1z	104,298.
Form(s) 1099-R if	2a	Tax-exempt interest 2a	ı	<b>b</b> Tax	cable interest		. 2b	
tax was	3a	Qualified dividends 3a	1	<b>b</b> Ord	dinary dividends .		. 3b	
withheld.	4a	IRA distributions 4a	ı	<b>b</b> Tax	cable amount		. 4b	
If you did not	5a	Pensions and annuities 5a	1	<b>b</b> Tax	cable amount		. 5b	
get a Form W-2, see	6	Reserved for future use				_		
instructions.	7	Capital gain or (loss). Attach Schedu		, ,	•			
	8	Additional income from Schedule 1 (						-18,310.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		-				85,988.
	10	Adjustments to income from Schedincome	`	,,	•			
	11	Subtract line 10 from line 9. This is y	our <b>adju</b>	ısted gross income			. 11	85,988.
	12	<b>Itemized deductions</b> (from Schedu deduction (see instructions)						13,850.
	13a	Qualified business income deduction						
	b	Exemptions for estates and trusts or	nly (see i	nstructions)	13b			
	С	Add lines 13a and 13b					. 13c	
	14	Add lines 12 and 13c					. 14	13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your <b>ta</b>	xable income .		. 15	72,138.

orm 1040-NR (2	2023)					Page 2
Гах and	16	Tax (see instructions). Check if any from Form(s): 1  8814 2  4972	3 🗌		16	11,175.
Credits	17	Amount from Schedule 2 (Form 1040), line 3			17	0.
	18	Add lines 16 and 17			18	11,175.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040	0)		19	
	20	Amount from Schedule 3 (Form 1040), line 8			20	
	21	Add lines 19 and 20			21	
	22	Subtract line 21 from line 18. If zero or less, enter -0			22	11,175.
	23a	Tax on income not effectively connected with a U.S. trade or 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 <b>total tax</b>			24	11,175.
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2	25a	17,884.		
	b	Form(s) 1099	25b			
	С	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c			25d	17,884.
	е	Form(s) 8805			25e	
	f	Form(s) 8288-A			25f	
	g	Form(s) 1042-S			25g	
	26	2023 estimated tax payments and amount applied from 2022 return			26	
	27	Reserved for future use	27			
	28	` ' '	28			
	29	· · · · · · · · · · · · · · · · · · ·	29			
	30		30			
	31	· · · · · · · · · · · · · · · · · · ·	31			
	32	Add lines 28, 29, and 31. These are your total other payments and refundable			32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b> .			33	17,884.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount			34	6,709.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check			35a	6,709.
Direct deposit? See instructions.	b		hecking	Savings		
	d	Account number 7 7 2 8 5 2 3 9 5				
	е	If you want your refund check mailed to an address outside the United States	not snowr	n on page 1,		
	00	enter it here.	36		-	
A	36 37	Amount of line 34 you want <b>applied to your 2024 estimated tax</b> Subtract line 33 from line 24. This is the <b>amount you owe</b> .	30			
Amount	31	For details on how to pay, go to www.irs.gov/Payments or see instructions.			37	
You Owe	38		38		31	
Third		u want to allow another person to discuss this return with the IRS? See instructions		Yes. Compl	ete hel	ow. 🗵 No
Party				•		5W. 🔼 140
Designee	Desigi name	nee's Phone no.		ersonal identifi Imber (PIN)	cation	
J		penalties of perjury, I declare that I have examined this return and accompanying schedule		, ,	e best o	f my knowledge and
		they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based				
Sign	Yours	signature Date Your occupation		If the	e IRS se	ent you an Identity
Here						PIN, enter it here
		SOFTWARE DEVELO	PMENT EN	GINEER   (see	inst.)	
	Phone		Date	DTIN	-	01 1 11
Paid	•		Date	PTIN		Check if:
Preparer		TA SAI PAVAN KUMAR DUDIPALLI   VENKATA SAI PAVAN KUMAR DUDIPALLI		P02470		Self-employed
	⊢ırm's	name GLOBAL TAXES LLC		Phone n	o. (6'	78)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

HARSHAVARDHAN KAKARLA

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

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

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

Your social security number 037-82-3690

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		5	-18,310.
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		
I	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	4	
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	4	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s (	<u>'</u>	
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:			
0		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente 1040, 1040-SR, or 1040-NR, line 8		40	-18,310.
	1040, 1040-30, 01 1040-110, 11116 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			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				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

## SCHEDULE A (Form 1040-NR)

#### **Itemized Deductions**

Attach to Form 1040-NR.

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

2023 Attachment Sequence No. 7A

Your identifying number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

HARSHAVARD	NAH	KAKARLA	2-369	90		
Taxes You Paid	1a	State and local income taxes	1a	0.		
. a.a	b	Enter the smaller of line 1a or \$10,000 (\$5,000 if married filing separate	ely)		1b	0.
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2			
Caution: If you made a gift and got	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	3			
a benefit for it, see	4	Carryover from prior year	4			
nstructions.	5	Add lines 2 through 4			5	
Casualty and Theft Losses	6	Casualty and theft loss(es) from a federally declared disaster (ot disaster losses). Attach Form 4684 and enter the amount from line instructions	orm. See	6		
Other Itemized Deductions	7	Other—from list in instructions. List type and amount:			7	
Total Itemized Deductions	8	Add the amounts in the far right column for lines 1b through 7. Also Form 1040-NR, line 12	, enter this a	mount on	8	0.
For Paperwork F	Reduc	tion Act Notice, see the Instructions for Form 1040-NR.	REV 02/05/24	PRO Sche	edule A (	Form 1040-NR) 2023

## SCHEDULE A (Form 1040-NR)

#### **Itemized Deductions**

Attach to Form 1040-NR.

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

2023 Attachment Sequence No. 7A

Your identifying number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

HARSHAVARD	HAN	KAKARLA	2-36	90			
Taxes You Paid	1a	State and local income taxes	1a				
· uiu	b	Enter the smaller of line 1a or \$10,000 (\$5,000 if married filing separate	ely) .			1b	
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2				
Caution: If you made a gift and got	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	3				
a benefit for it, see	4	Carryover from prior year	4				
instructions.	5	Add lines 2 through 4				5	
Casualty and Theft Losses	6	Casualty and theft loss(es) from a federally declared disaster (oth disaster losses). Attach Form 4684 and enter the amount from line instructions		6			
Other Itemized Deductions	7	Other—from list in instructions. List type and amount:  Net Qualified Disaster Loss  Standard Deduction Claimed With Qualified Disaster Loss		13,8	350.	7	13,850.
Total Itemized Deductions	8	Add the amounts in the far right column for lines 1b through 7. Also Form 1040-NR, line 12			unt on	8	
For Paperwork R	Reduc	tion Act Notice, see the Instructions for Form 1040-NR.	REV 02	2/05/24 PRO	Sche	dule A	(Form 1040-NR) 2023

#### **SCHEDULE NEC** (Form 1040-NR)

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

HARSHAVARDHAN KAKARLA

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information.

Sequence No. 7B

Your identifying number

037-82-3690

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 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings \_\_\_\_\_ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) . . . . . . . . . . . . 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources subtract (d) from (e). descriptive details not shown below) subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

### SCHEDULE OI (Form 1040-NR)

#### **Other Information**

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name sh	Name shown on Form 1040-NR  Your identifying number										
HARS	SHAVARDHAN KAKARLA				037-82-36	590					
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						D				
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes ☒ No	o				
2.	A green card holder (lawful per	rmanent resident) of the Ur	nited States?			☐ Yes ☒ No	o				
	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 of immigration status on the last of			ı didn't have a visa, en	•						
F	Have you ever changed your v If you answered "Yes," indicate	isa type (nonimmigrant sta e the date and nature of th	tus) or U.S. immigrati e change:	ion status?		☐ Yes ⊠ No	)				
G	List all dates you entered and	eft the United States durin	g 2023. See instruction	ons.							
	Note: If you're a resident of C				ent intervals,						
	check the box for Canada or	Mexico and skip to item h	<u>1 .</u> <u>. </u>	🗌 Canada	☐ Mexico						
	Date entered United States	Date departed United Stat	es D	ate entered United State		rted United States	s				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	n	nm/dd/yy					
							Ц				
							$\Box$				
Н	Give number of days (including										
_	2021	, 2022	, and 20	023365	··						
ı	Did you file a U.S. income tax If "Yes," give the latest year ar					⊠ Yes □ No	)				
J	Are you filing a return for a trus	st?				☐ Yes ⊠ No	5				
	If "Yes," did the trust have a l										
	U.S. person, or receive a contr					Yes No					
K	Did you receive total compens		-			☐ Yes ⊠ No					
	If "Yes," did you use an alterna					☐ Yes ☐ No					
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign countr	ry,				
4	Enter the name of the country,				alaimed the tro	aty banafit and th	·ho				
١.	amount of exempt income in th				ciairied trie tre	aty benefit, and the	116				
	(a) Cou		(b) Tax treaty article		ns (d) Amo	ount of exempt	_				
	(a) 33a	y	(b) rax troaty artiolo	claimed in prior tax ye		current tax year					
						-	_				
							_				
							_				
	(e) Total. Enter this amount or										
	Were you subject to tax in a fo					∐ Yes ∐ No	-				
3.	Are you claiming treaty benefit	•	•			☐ Yes ⊠ No	)				
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to your	r return.							
M	Check the applicable box if:				101 :						
1.	This is the first year you are may with a U.S. trade or business u						ed				
2.	You have made an election in	a previous year that has	not been revoked, t	to treat income from re	eal property loc	ated in the Unite	ed				
	States as effectively connected						<u>_</u>				

#### **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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

HARS	HAVARDHAN KAKARLA						037-8	2-3690	
Part									
	Note: If you are in the business of renting personal proper	rty, use	Schedule	<b>C</b> . See	instru	ctions. If you a	re an indiv	/idual, rep	ort farm
	rental income or loss from <b>Form 4835</b> on page 2, line 40.		- () 4	2000					57.11
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	s U No
1a	Physical address of each property (street, city, state, ZIF	P code	)						
Α	GOTTIGERE BENGALURU KARNATAKA IN 56008	33							
В									
С									
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da	(.).IV	
Α	personal use days. Check the Q	JV box	only	Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	ictions	•	С					
Tvpe	of Property:		ı		<u>I</u>	l			
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desci	ribe)		
	,								
_		-				Properti	es:		
Incon				Α		В			С
3	Rents received	3		5	20.				
_ 4	Royalties received	4							
Expe		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		1 (	F 0				
7	Cleaning and maintenance	7		1,6	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		1 1	00				
11	Management fees	11		1,1	20.				
12	Mortgage interest paid to banks, etc. (see instructions)	12		4 5	1.4				
13	Other interest	13			14.				
14	Repairs	14		3,5					
15 16	Supplies	16		۷,5	00.				
17	Taxes	17		5,4	26				
18	Depreciation expense or depletion	18		٦,٦	20.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		18,8	3.0				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		10,0	50.				
21	result is a (loss), see instructions to find out if you must								
	file <b>Form 6198</b>	21	_	-18,3	10.				
22	Deductible rental real estate loss after limitation, if any,								
	on <b>Form 8582</b> (see instructions)	22	( -	18,31	0.)	(	)	(	,
23a	Total of all amounts reported on line 3 for all rental prope				23a	1	520.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	18	,830.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>						. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses her		(	18,310.
26	Total rental real estate and royalty income or (loss).								
-	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 10/0) line 5. Otherwise include this ar						06		_10 210

**Passive Activity Loss Limitations** 

See separate instructions.

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

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

<b>2023</b>	
Attachment Sequence No. <b>858</b>	

OMB No. 1545-1008

HARS	SHAVARDHAN KAKARLA				037-8	82-	-3690	
Par	t I 2023 Passive Activity Loss	S			•			
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.					
	Il Real Estate Activities With Active Parance for Rental Real Estate Activities	- '		ive participation, s	ee <b>Special</b>			
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.			
b	Activities with net loss (enter the amo				18,310.)			
С	Prior years' unallowed losses (enter the				)			
d					1	d	-18,310.	
	her Passive Activities						- <b>,</b>	
2a	Activities with net income (enter the a	mount from Part V	. column (a)) .	2a				
b	Activities with net loss (enter the amo				)			
C	Prior years' unallowed losses (enter the				)			
d	•		. ,,		2	2d		
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered	this form with you	ur return; all losse	es are allowed, inc	luding any			
	normally used				[ ;	3	-18,310.	
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), sk	ip Part II and go to	line 10.			
Cauti	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tim	e during the ye	ear,	do not complete	
Part II	. Instead, go to line 10.							
Par	t II Special Allowance for Rei	ntal Real Estate	<b>Activities With</b>	<b>Active Particip</b>	ation			
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	ole.			
4	Enter the <b>smaller</b> of the loss on line 1	d or the loss on lin	ie 3		4	4	18,310.	
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5   1	50,000.			
6	Enter modified adjusted gross income	-		tions 6 1	04,298.			
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5			7	45,702.			
8	Multiply line 7 by 50% (0.50). <b>Do not</b> e	nter more than \$25	,000. If married fili	ng separately, see	instructions 3	8	22,851.	
9	Enter the <b>smaller</b> of line 4 or line 8. If	line 3 includes any	CRD, see instruc	ctions	9	9	18,310.	
Part	Total Losses Allowed							
10	Add the income, if any, on lines 1a an	d 2a and enter the	total		1	0	0.	
11	Total losses allowed from all passiv	e activities for 20	<b>23.</b> Add lines 9 ar	nd 10. See instruct	ions to find			
	out how to report the losses on your t	ax return			1	1	18,310.	
Par	Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.	•			
	Name of activity	Currer	nt year	Prior years	Overal	l ga	in or loss	
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss	
GOT	ΓIGERE	0.	18,310.				18,310.	
			·				•	
						_		

18,310.

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

Form 8582 (2023) Page **2** 

									. ugo <b>-</b>
Complete This Part Before	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.			
Name of a skirtle		Currer	nt year		Prior y	ears	Overa	ıll ga	ain or loss
Name of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)			(d) Gain		(e) Loss
on Part I, lines 2a, 2b, and 2c									
Use This Part if an Amour			Part II,	, <b>Line 9.</b> S	ee instrud	ctions.			
Name of activity	an to	and line number to be reported on				tio (c) Special allowance			(d) Subtract column (c) from column (a).
RE		E Ln 22		18,310.	1.0000	0000	18,31	0.	0.
					1.0	0	18,31	0.	0.
Allocation of Unallowed L	.oss	ses. See instr	uction	s.					
Name of activity		and line nun	nber ed on	(a) l	_oss	(b) Ratio		(с	e) Unallowed loss
		· • • • •					1.00		
Allowed Losses. See instru	ucti	ons.							
Name of activity		and line nun to be reporte		(a) l	_oss	<b>(b)</b> Ur	nallowed loss	(	(c) Allowed loss
	Name of activity  on Part I, lines 2a, 2b, and 2c  Use This Part if an Amour  Name of activity  RE  Name of activity  Name of activity  Allocation of Unallowed L  Name of activity	Name of activity  on Part I, lines 2a, 2b, and 2c  Use This Part if an Amount Is  Name of activity  For ar to (see	Name of activity  On Part I, lines 2a, 2b, and 2c  Use This Part if an Amount Is Shown on Form or schedule and line number to be reported on (see instructions)  RE  Allocation of Unallowed Losses. See instructions  Name of activity  Form or schedule and line number to be reported on (see instructions)  Form or schedule and line number to be reported (see instructions)  Form or schedule and line number to be reported on the schedule and line num	Name of activity  (a) Net income (b) (line 2a)  On Part I, lines 2a, 2b, and 2c  Use This Part if an Amount Is Shown on Part II.  Name of activity  Form or schedule and line number to be reported on (see instructions)  RE  E Ln 22  Allocation of Unallowed Losses. See instruction  Name of activity  Form or schedule and line number to be reported on (see instructions)  Form or schedule and line number to be reported on (see instructions)  Form or schedule and line number to be reported on (see instructions)	Name of activity    Current year	Name of activity    Current year	Name of activity  (a) Net income (line 2a)  (b) Net loss (line 2c)  (c) Unallowed loss (line 2c)  on Part I, lines 2a, 2b, and 2c  Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.  Form or schedule and line number to be reported on (see instructions)  E	Name of activity    Current year	Name of activity    Current year

SCHEDULE A (Form 1040-NR)			2023	
		Your identifyin	tifying number 3690	
Taxes You Paid  1 a State and local income taxes			ь	
Gifts to U.S. Charities Caution: If you made a gift and got a benefit for it, see instructions.				
or more, se  Other than \$250 or mo 8283 if over	th or check. If you made any gift of \$250 e instructions	5		
Casualty and Theft Losses  6 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form				
Other Itemized Deductions 7 Other — from list in instructions. List type and amount:  Net Qualified Disaster Loss Standard Deduction Claimed With Qualified Disaster Loss 13,850.			13,850.	
Total Itemized Deductions  8 Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 12				