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

	-				
Submis	ssion Identification Number (SID)				
Taxpayer	r's name	Social securi	ty numl	per	
RAMA	KRISHNA REDDY BELLAMKONDA	777-88	-524	9	
Spouse's		Spouse's soo			er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	ro au	thorizino	. \
	whole dollars only on lines 1 through 5.	year you a	ire au	uionzing	J. <i>)</i>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	8	7,989.
	Total tax		2		L,615.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		3,650.
	Amount you want refunded to you		4		7,035.
	Amount you owe		5		7,033.
Part	,	еер а сор	y of y	our retu	urn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal Electronic training to send the control of the	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, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected lay in 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 indicated to fine 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 t, 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 particle confidential information necessary to answer inquiries and resolve issues related to the particle confidential information necessary to answer inquiries and resolve issues related to the particle Funds Withdrawal Consent. **Jerc's PIN: check one box only** I authorize GLOBAL TAXES LLC** **Taxes and the income tax return (original or amended) I and the particle of the p	e are the ameter, or electroction of the top	ounts for the counts of the co	rom the ir turn originates ssion, (b) to designated paration so paration so fo revoke ved no late ectronic per knowledgend, if appli	ncome tax ator (ERO) the reason I Financial oftware for count. This (cancel) a ter than 2 ayment of e that the
	ERO firm name	ř En		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	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 ▶				
Spous	e's PIN: check one box only				1
	I authorize to enter or generate r	nv PIN			as my
	ERO firm name	-	ter five	digits, but	, ac,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	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.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	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 Don't ent	6 6 er all 76		8 9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taxed 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 Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Pincompany of the	tting this reti	urn in a	accordanc	
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 Jar	า. 1–D	ec. 31, 2023, or other tax year beginn	ing	,	2023, e	nding		, 20		ructions.
Your first name							number			
RAMA KRISHNA REDDY BELLAMKONDA						777-	88-52	49		
Home address (number and street). If you have a P.O. box, see instructions.						•	A	Apt. no.		
2604 SE E	PRES	TWICK ST306								
City, town, or p	ost of	fice. If you have a foreign address, als	so comp	lete spaces below			State		ZIP code	;
BENTONVII							AR		72712	
Foreign country	/ nam	е	Foreigr	n province/state/co	ounty		Foreign	postal cod	de	
Filing Status	1								tate	☐ Trust
Check only one box.	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depende									
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f	•				, .	. ,		e, or es 🔀 No
Dependents	;						(4) CI	neck the box	if qualifies	s for (see inst.):
(see instructions)	:	(1) First name Last name		(2) Dependent identifying number		(3) Relationship to yo	tionahin to you Child		T I	dit for other ependents
		(i) i i st name		i acimiying nam	-	(b) Helationship to yo	u		- 46	репаена
If more than four										\vdash
dependents, see instructions and								Ä		–
check here								$\overline{\Box}$		
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)				. 1a	1	07,109.
Effectively	b	Household employee wages not rep	orted on	Form(s) W-2 .				. 1b		
Connected	С	Tip income not reported on line 1a (s	see instr	uctions)				. 1c		
With U.S.	d	Medicaid waiver payments not report	rted on F	Form(s) W-2 (see in	nstructio	ons)		. 1d		
Trade or	е	Taxable dependent care benefits fro	m Form	2441, line 26				. 1e		
Business	f	Employer-provided adoption benefit	s from F	orm 8839, line 29				. 1f		
Attach	g	Wages from Form 8919, line 6						. 1g		
Form(s) W-2,	h									
1042-S,	i	Reserved for future use								
SSA-1042-S, RRB-1042-S,	j	Reserved for future use						. <u>1j</u>		
and 8288-A	k	Total income exempt by a treaty from		•	-NR), ite					
here. Also attach	-	line 1(e)				. 1k		. 1z	1 1	07,109.
Form(s)	z 2a	Tax-exempt interest 2a	1	· · · · i	 h Tava	ble interest		. 12	1	07,107.
1099-R if	2a 3a	Qualified dividends 3a	_			nary dividends				
tax was withheld.	4a	IRA distributions 4a	_			ble amount				
If you did not	ъа 5а	Pensions and annuities 5a				ble amount				
get a Form	6	Reserved for future use								
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu								
instructions.	8	Additional income from Schedule 1 (•	, .		•				19,120.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your total effecti	vely co	nnected income .		. 9		87,989.
10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income						l l				
	11	Subtract line 10 from line 9. This is y								87,989.
	12	Itemized deductions (from Schedu deduction (see instructions)	le A (Fo	rm 1040-NR)) or,	for certa	ain residents of Indi	a, stand	ard		13,850.
	13a	Qualified business income deduction								
	b	Exemptions for estates and trusts or								
	c	Add lines 13a and 13b	• •	•				. 13c		
	14									13,850.
	15	Subtract line 14 from line 11. If zero								74,139.

orm 1040-NR (2	2023)							Page 2
Гах and	16	Tax (see instructions). Check if any from Fo	rm(s): 1 88	314 2 497	2 3 🗌		16	11,615.
Credits	17	Amount from Schedule 2 (Form 1040), line	e3				17	0.
	18	Add lines 16 and 17					18	11,615.
	19	Child tax credit or credit for other depend	ents from Sched	ule 8812 (Form 10	40)		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 les	s, enter -0				22	11,615.
	23a	Tax on income not effectively connected v Schedule NEC (Form 1040-NR), line 15			23a			
	b	Other taxes, including self-employment to 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 ta	ıx				24	11,615.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25 a 1	8,650.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	18,650.
	е	Form(s) 8805					25e	
	f	Form(s) 8288-A					25f	
	g	Form(s) 1042-S					25g	
	26	2023 estimated tax payments and amoun	• •				26	
	27	Reserved for future use			27		-	
	28	Additional child tax credit from Schedule	•	,	28		-	
	29	Credit for amount paid with Form 1040-C			29		-	
	30	Reserved for future use			30		-	
	31	Amount from Schedule 3 (Form 1040), line			31		32	
	32 33	Add lines 28, 29, and 31. These are your t Add lines 25d, 25e, 25f, 25g, 26, and 32.					33	18,650.
Dafund	34	If line 33 is more than line 24, subtract line					34	7,035.
Refund	35a	Amount of line 34 you want refunded to y			•		35a	7,035.
Direct deposit?	b	Routing number 1 2 5 0 0 0		c Type:		Savings	OJA	7,033.
See instructions.	d	Account number 1 3 8 1 3 1				Ouvingo		
	e	If you want your refund check mailed to a	ın address outsic	le the United State				
	36	enter it here. Amount of line 34 you want applied to yo	ur 2024 eetimat	ad tay	36		1	
Amount	37	Subtract line 33 from line 24. This is the a						
You Owe	•	For details on how to pay, go to www.irs.g	•				37	
I Ou Owc	38				38			
Third	Do yo	u want to allow another person to discuss			ctions. Ty	es. Compl	ete bel	ow. 🗵 No
Party	Design	nee's	Phone		Perso	nal identifi	cation	
Designee	name		no.		numb	er (PIN)		
		penalties of perjury, I declare that I have examine they are true, correct, and complete. Declaration						
Sign		•						ent you an Identity
Here	Yours	ignature	Date	Your occupation		I		PIN, enter it here
1010				SOFTWARE D	EVELOPER		inst.)	,
	Phone	no.	Email address					
Paid	Prepa	rer's name Preparei	r's signature		Date	PTIN		Check if:
	VENKA	TA SAI PAVAN KUMAR DUDIPALLI VENKATA	A SAI PAVAN KU	JMAR DUDIPALLI		P02470	833	☐ Self-employed
Preparer	Firm's	name GLOBAL TAXES LLC				Phone n	0. (67	78)965-9522

Firm's EIN 88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

RAMA KRISHNA REDDY BELLAMKONDA

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

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

Your soc	ial security number
	Attachment Sequence No. 01

777-88-5249

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-19,120.
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	here and on Form	10	-19 120

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				
	-	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 adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	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

RAMA KRISHNA REDDY BELLAMKONDA 777-88-5249 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

	snown on Form 1040-NR	Your identifying number									
RAN	A KRISHNA REDDY BELLAMKONDA			777-88-52	49						
Α	Of what country or countries were you a citizen or national during the tax year? INDIA										
В	In what country did you claim residence for tax purposes during the tax year? United States										
С	Have you ever applied to be a green card hold		☐ Yes	⊠ No							
D	Were you ever:										
1	A U.S. citizen?					Yes	⊠ No				
2	A green card holder (lawful permanent residen					Yes	⊠ No				
	If you answer "Yes" to (1) or (2), see Pub. 519,										
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 tay year										
F	Have you ever changed your visa type (nonimr		migration status)		Yes	⊠ No				
•	If you answered "Yes," indicate the date and n	-44.4bb				103	Z 110				
G	List all dates you entered and left the United S	·	etructions								
u	Note: If you're a resident of Canada or Mexico	-		tatos at froque	nt intorvale						
	check the box for Canada or Mexico and ski				Mexico						
							1.01.1				
	Date entered United States Date departed mm/dd/yy mm/d			d United States /dd/yy		tea Unitea m/dd/yy	States				
	min, dd, yy	u, y y		, dd, y y		111/ dd/ y y					
Н	Give number of days (including vacation, nonwo		•		-						
	2021, 2022		and 2023	365	··		(
ı	Did you file a U.S. income tax return for any pr					∐ Yes	⊠ No				
	If "Yes," give the latest year and form number	you filed:	1040NR			_	_				
J	Are you filing a return for a trust?					Yes	⊠ No				
	If "Yes," did the trust have a U.S. or foreign o					_					
	U.S. person, or receive a contribution from a U					Yes	☐ No				
K	Did you receive total compensation of \$250,00	00 or more during the tax	year?			☐ Yes	⊠ No				
	If "Yes," did you use an alternative method to		•			☐ Yes	☐ No				
L	Income Exempt From Tax-If you are claiming			J.S. income to	ax treaty with	a foreign	country,				
	complete (1) through (3) below. See Pub. 901 f	or more information on to	ax treaties.								
1	Enter the name of the country, the applicable ta				claimed the trea	aty benefi	t, and the				
	amount of exempt income in the columns below	v. Attach Form 8833 if req	uired. See instruc	ctions.							
	(a) Country	(b) Tax treaty	` '	mber of months	, ,	ount of exe					
			claimed	in prior tax yea	income in	current ta	x year				
	(e) Total. Enter this amount on Form 1040-NF	R, line 1k. Do not enter it a	anywhere else on	line 1							
2	Were you subject to tax in a foreign country or	any of the income show	n in 1(d) above?			☐ Yes	☐ No				
3	Are you claiming treaty benefits pursuant to a	Competent Authority det	ermination?			☐ Yes	⊠ No				
	If "Yes," attach a copy of the Competent Author	ority determination letter	to your return.								
М	Check the applicable box if:										
1	This is the first year you are making an election		al property locate	d in the United	d States as effe	ectively c	onnected				
	with a U.S. trade or business under section 87						· · · · · · · · · · · · · · · · · · ·				
2	You have made an election in a previous year										
	States as effectively connected with a U.S. trace	de or business under sec	tion 871(d). See i	instructions .			. 🗆				

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

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

2023
Attachment Sequence No. 13

Name(s) shown on return Your social security number RAMA KRISHNA REDDY BELLAMKONDA 777-88-5249 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) 8 INCLINE COLONY, PEDDAPALLI TELANAGANA IN 505211 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 . 3 560. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,400. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,320. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 5,620. 14 Repairs 15 Supplies 15 5,430. 16 16 Taxes 17 Utilities 17 5,910. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 19,680. 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 -19,120. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -19,120.) 560. 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 19,680. 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 19,120. 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

-19,120.

26

Passive Activity Loss Limitations

See separate instructions.

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

OMB No. 1545-1008

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

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

	2023 Attachment Sequence No. 858				
Identifying number					

RAMA	A KRISHNA REDDY BELLAMKONDA	A				777	7-88-	-5249
Pai	t I 2023 Passive Activity Loss	S						
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.					
	I Real Estate Activities With Active Pa			ive participa	ition, s	ee Special		
Allow	ance for Rental Real Estate Activities	in the instructions	.)					
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a		0.		
b	Activities with net loss (enter the amo				,	19,120.)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	rt IV, column (c))	<u>1c</u>	()		
d	Combine lines 1a, 1b, and 1c						1d	-19,120.
All Ot	her Passive Activities							
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a				
b	Activities with net loss (enter the amount	unt from Part V, co	olumn (b))	2b	()		
С	Prior years' unallowed losses (enter th	ne amount from Pa	rt V, column (c))	2c	()		
d	Combine lines 2a, 2b, and 2c						2d	
3	Combine lines 1d and 2d and subtra					this line is		
	zero or more, stop here and include							
	prior year unallowed losses entered of	on line 1c or 2c. F	Report the losses	on the forn	ns and	schedules		
	normally used						3	-19,120.
	If line 3 is a loss and: • Line 1d is a l	-						
		loss (and line 1d is	•	-	-			
	on: If your filing status is married filing	separately and yo	u lived with your	spouse at a	any tim	ne during the	year,	do not complete
_	. Instead, go to line 10.	BIE.L.L.	A . 12 212	A . 11				
Par	t II Special Allowance for Rer							
	Note: Enter all numbers in Par Enter the smaller of the loss on line 1	· · · · · · · · · · · · · · · · · · ·		tions for an	ехапц	ne.	4	10 100
4 5	Enter \$150,000. If married filing separ			5		50,000.	4	19,120.
6	Enter modified adjusted gross income	-				.07,109.		
U	Note: If line 6 is greater than or equal				1	.07,109.		
	on line 9. Otherwise, go to line 7.	to line 3, skip line	s / and o and em	.61 -0-				
7	Subtract line 6 from line 5			7		42,891.		
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25			V SEE		8	21,446.
9	Enter the smaller of line 4 or line 8. If				-		9	19,120.
Par		mio o morados arry	01 1D, 000 mon ac	7.10110 1 1	•	<u> </u>		10,120.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total				10	0.
11	Total losses allowed from all passiv	e activities for 20	23. Add lines 9 an	nd 10. See in	nstruct	ions to find		
	out how to report the losses on your to	ax return					11	19,120.
Par	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instruc	ions.			
		Currer	ıt vear	Prior ye	ars	Ove	rall da	in or loss
	Name of activity			1 1101 90		0.0		
	rame or activity	(a) Net income	(b) Net loss	(c) Unallo		(d) Gair	,	(e) Loss
		(line 1a)	(line 1b)	loss (line	: 1c)	(1)		
_8 II	NCLINE COLONY,	0.	19,120.					19,120.
Total.	Enter on Part I, lines 1a, 1b, and 1c	0.	19,120.					

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Part V Complete This Part Befor	e Part I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			•
Name of activity	Currer	nt year		Prior years		Overall gain or loss		ain or loss
Marile of activity	(a) Net income (b) (line 2a)		Net loss (c) Unallo loss (line					(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c								
Part VI Use This Part if an Amour	nt Is Shown on F	Part II,	, Line 9. S	ee instrud	ctions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(а) Loss	(b) Ra	atio	tio (c) Special allowance		(d) Subtract column (c) from column (a).
8 INCLINE COLONY,	E Ln 22		19,120.	1.0000	0000	19,12	20.	0.
Total			19,120.	1.0	0	19,12	20.	0.
Part VII Allocation of Unallowed L	osses. See instr	uction	s.					
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	Loss	(b) Ratio		(c) Unallowed loss
Total						1.00		
Part VIII Allowed Losses. See instr	uctions.							
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	a) Loss (b) Una		Jnallowed loss		c) Allowed loss
Total								