Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Social coourity number

Submission Identification Number (SID)

Taypayar'a nama

талрау		Social Security number						
SAI	SANJAY MALLAREDDY	805-9	805-98-5476					
Spouse	's name	Spouse's s	Spouse's social security number					
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)								
Enter	whole dollars only on lines 1 through 5.							
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	110,138.				
2			2	16,506.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,861.				
4	Amount you want refunded to you		4	6,355.				
5	Amount you owe		5					
Dout	Townsway Declayation and Connetwy Authorization (Decury you not and	kaan a aa						

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				FBO firm name		Er
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8	5	4	7	6	as my
Ent don	asiny				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date

Spouse's	PIN:	check	one	box	only	
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I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨			
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication – Pr	actitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	bur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros			

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature Date						
ERO Must Retain This F Don't Submit This Form to the I						
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)			

Home address (number and street), if you have a P.0, box, see instructions. Apt. no. Periadium Lecton Comparing 609 SAINT PAUL AYE S12 Processing in the set on the set on the search of the search	1040	· ·	artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		turn	202	3	OMB No. 1545	5-0074	IRS Use Only	/—Do not w	vrite or stap	ole in this space.
SAL SANUAY MALLAREDDY BOS 98 5476 If joint runn, socials is fait name and middle initial Last name Country is a country number Home address (number and stree), if you have a breign address, also compite spaces below. Apt. no. Presidential Election Campaign Check here if you. arryout City, torn, or post office. If you have a breign address, also compite spaces below. State 21P code Scate if iting juinty, wind 3S Cost, ANCELES Married filing plantly (even if only one had income) Income Income Income Filing Status Married filing separately (MFS) Income infrance/interse infrance	For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate ir	nstructions.
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609. SALNT: FALL AVE 612 Check here if you or your Gity, town, or post office. State 210 a ANOLIES CA 90017 by below will not change Foreign country name Foreign province/state/country Foreign post acet your or your You by below will not change Filing Status Single □ Head of household (HOH) Wou' Space (OSS) At any time during spoartaly (MFS) □ Qualifying sourving spouse (OSS) If you checked the MF3 box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying previous displase as a dipendent: Statedard Someone can oleim: \f You as a dependent: \f You for you as a dependent: \f You for you as a dependent: \f You checked the MF3 box, enter the thind of you as a dependent: \f You spouse as a dependent: \f You checked the MF3 box, enter the thind of you as a dependent: \f You spouse as a dependent: \f You checked the MF3 box, enter the thor you ware a dual-status allen Age/Bindnes You: Were borb boro January 2, 1959 Are bind Spouse: \f Was borb boro- January 2, 1959 Is bind Dependents, see instructions; (I) First name Las name (I) First name Is a 123, 081. If man four II a tast a													
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City, conv, or port office. If you have a foreign address, also complete spaces below. State ZP code 90 01.7 Space af filling jointly, want 38 Cost ANGELES Single Ca 90 01.7 Foreign control box below will not change box foreign province/state/contry Foreign control Ca 90 01.7 Foreign control Married filling jointly (went 38 of the space state/contry Foreign province/state/contry Foreign control Ca 90 01.7 Check only Married filling jointly (went 36 of the space state/contry Foreign control Counsitying surviving spoce (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the MOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Counsitying surviving spoce (QSS) Standard Someone can claim: You as a dependent You spouse as a dependent Prove Deduction Gpouse thermics on a separate rubm or you were a dual-status allen Prove Chek to box Prove No Age/Blindness You: It at ane Prove Social accurity Prove Prove It at 23, 081. More definition Last name Prove Social accurity Prove It at accurit Prove It at ac	609 SAIN	NT P	AUL AVE						E	512	Check	here if yo	ou, or your
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Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Filling Status Single Head of household (HOH) Wour tax or refund. Check only Married filling jointly (even if only one had income) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent. Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someore can clear. You sa dependent Your box spouse as a dependent Poreign sources); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions); If yes instructions; If postal cocurity (p) featorehip (b) Check the box of qualifies for ther dependent: Unrocer In order adopendent is a constructions); If a total amount from Form(s) W-2, box 1 (see instructions) Is a total amount from Form(s) W-2, box 1 (see instructions) Is a total amount from Form(s) W-2, box 1 (see instructions) Is a total amount from Form(s) W-2, box 1 (see instructions) Is a total amount from Form(s) W-2, box 1 (see instructions) Is a total amount from Form(s) W-2, box 1 (see instruct	LOS ANG	ELES					CA	A	900	17	, v		0
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get a Form W-2, see instructions. h Other earned income (see instructions) 1h 0. W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i 1i 1z 123,081. Attach Sch. B if required. 2a Tax-exempt interest 2a b 5b 2b Attach Sch. B if required. 3a 25. b Ordinary dividends 3b 25. Standard Deduction for- Narried filing separately, \$13.850. Fa b Taxable amount 4b 5b Standard Deduction for- Single or Married filing joint or Oualifying surving spouse, \$27.700 6a Social security benefits 6a b Taxable amount 7 * Additional income from Schedule 1, line 10 6b 7 7 7 * Married filing joint or Oualifying surving spouse, \$27.700 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 110, 138. \$27.700 10 Adjustments to income from Schedule 1, line 26 10 11 110, 138. \$27.00 10 Adjustments to income from Schedule 1, line 26 11 110, 138. 12 13, 850. \$27,00	If you did not	a				-							
W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B a Add lines 1a through 1h 12 123,081. Attach Sch. B a qualified dividends 3a 25. B Tax-exempt interest 3a 25. b Ordinary dividends 3b 25. Standard Geduction for- 5a Pensions and annuities 5a b Taxable amount 4b Standard Deduction for- 6a b Taxable amount 5b 6b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) c 7 Married filing jointy or Qualifying surving spouse, \$27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 Subtract line 10 from line 9. This is your adjusted gross income 11 110, 138. \$28,000 12 Standard deduction or itemized deductions (from Schedule A) 12 13, 850. 9 110, 138. 12 13, 850. 12 13, 850. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 1		h											0.
z Add lines 1a through 1h 123,081. Attach Sch. B 2a b Tax-exempt interest 2b 3a Qualified dividends 3a 25. b Ordinary dividends 3b 25. Standard Qualified dividends 3a 25. b Ordinary dividends 3b 25. Standard Qualified dividends 3a 25. b Taxable amount 4b Standard Pensions and annuities 5a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 6b Singles or 6a Social security benefits 6a b Taxable amount 6b C If you elect to use the lump-sum election method, check here (see instructions) 7 6a -12,968. Married filing jointly or 8 Additional income from Schedule 1, line 10 7 8 -12,968. Surviving spouse, \$27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 110,138. \$20,800 If you checked any box under Standard deduction or ite	,			,	structions)			1	i				
if required. 3a Qualified dividends 3a 25. b Ordinary dividends 3b 25. Standard Deduction for- 4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing separately, S13,850 c If you elect to use the lump-sum election method, check here (see instructions) c 7 Married filing jointly or Capital gain or (loss). Attach Schedule D if required. If not required, check here c 7 Qualifying surving spouse, \$27.700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income fo 9 110, 138. 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 110, 138. 12 Standard deduction or itemized deductions (from Schedule A) 12 13, 850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14		z	Add lines 1a through 1h								. 1z	:	123,081.
if required. 3a Qualified dividends 3a 25. b Ordinary dividends 3b 25. Standard Deduction for- 4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing separately, S13,850 c If you elect to use the lump-sum election method, check here (see instructions) c 7 Married filing jointly or Capital gain or (loss). Attach Schedule D if required. If not required, check here c 7 Qualifying surving spouse, \$27.700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income fo 9 110, 138. 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 110, 138. 12 Standard deduction or itemized deductions (from Schedule A) 12 13, 850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14	Attach Sch. B		J J	2a			bТ	axable interes	st.		. 2b		
Standard Deduction for- 5a b Taxable amount 5b Single or Married filing separately, \$13,850 6a Social security benefits 6a b Taxable amount 6b Married filing jointly or Qualifying surving spouse, \$27,700 7 Capital gain or (loss). Attach Schedule 1, line 10 7 7 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 10 If you checked any box under Standard Deduction, see instructions. 13 Qualified business income deduction from Sone deduction from Form 8995 or Form 8995-A 11 110,138. Standard deduction ine 11. If zero or less, enter -0 This is your taxable income 15 96,288.	if required.	3a	Qualified dividends	3a		25.	b 0	ordinary divide	nds .		. 3b		25.
Standard Deduction for- 5a b Taxable amount 5b Single or Married filing separately, \$13,850 6a Social security benefits 6a b Taxable amount 6b Married filing jointly or Qualifying surving spouse, \$27,700 7 Capital gain or (loss). Attach Schedule 1, line 10 7 7 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 10 If you checked any box under Standard Deduction, see instructions. 13 Qualified business income deduction from Sone deduction from Form 8995 or Form 8995-A 11 110,138. Standard deduction ine 11. If zero or less, enter -0 This is your taxable income 15 96,288.		4a	IRA distributions	4a				-			. 4b		
 Single or Married filing separately, \$13,850 Married filing geparately, \$13,850 Gable Constructions If you elect to use the lump-sum election method, check here (see instructions) Gapital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule 1, line 10 Additional income from Schedule 1, line 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Matried of household, \$20,800 Subtract line 10 from line 9. This is your adjusted gross income Standard deduction or itemized deductions (from Schedule A) Gualified business income deduction from Form 8995 or Form 8995-A Mad lines 12 and 13 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 	Standard Deduction for—	5a		5a			bТ	axable amour	nt		. 5b		
separately, \$13,850 C If you elect to use the lump-sum election method, check here (see instructions)	Single or	6a	Social security benefits	6a			bТ	axable amour	nt		. 6b		
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointly or Qualifying surviving spouse, \$27,700 8 -12,968. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 110,138. \$27,700 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 110,138. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850. 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income 15 96,288.		С	If you elect to use the lump-sum e	lectior	n method,	check here (see	instructions)		[
jointy or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-12,968.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9110,138.9Adjustments to income from Schedule 1, line 261010Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131413,850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income15	\$13,850	7	Capital gain or (loss). Attach Sche	dule D) if require	d. If not requ	ired	, check here		[7		
surviving spouse, \$27,700 9 110,138. 10 Adjustments to income from Schedule 1, line 26 10 11 110,138. \$20,800 12 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Add lines 12 and 13 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15	jointly or	8	Additional income from Schedule	1, line	10						. 8		-12,968.
\$27,700 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 110,138. • If you checked any box under Standard Deduction, see instructions. 13 Standard 13 12 13,850. • Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. • If you checked any box under Standard Deduction, see instructions. 13 14 13,850. • If you checked any box under Standard Deduction. 14 13,850. 14 • Med lines 12 and 13 • • • • • • • • • • • • • • • • • • •		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	3. This is y	our total inc	ome	e			. 9		110,138.
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11110,138.1213,850.131414131596,288.	\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
If you checked any box under Standard deduction or nemized deductions (iron schedule A) Image: Construction of the mized deduction of the mized deduction (iron schedule A) Image: Construction of the mized deduction	household,	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne				. 11		110,138.
any box under Standard Deduction, see instructions.131314Add lines 12 and 131413,850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income1596,288.		12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)				. 12	2	13,850.
Deduction, see instructions.1413,850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income1596,288.	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13		
	Deduction,	14	Add lines 12 and 13								. 14	•	
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is ye	our I	taxable incon	ne.		. 15	;	96,288.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	16,506.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	16,506.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,506.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	16,506.
Payments	25	Federal income tax withheld							
· · · , · · · · · ·	а	Form(s) W-2				25a 22	,861.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	6)			25c			
	d	Add lines 25a through 25c	,					25d	22,861.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return .			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	•		-			33	22,861.
Refund	34	If line 33 is more than line 24						34	6,355.
norana	35a	Amount of line 34 you want	35a	6,355.					
Direct deposit?	b	Routing number 1 1 1							
See instructions.	d	Account number 3 6 8							
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24	•• •						
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		structions					omplete b	elow.	× No
U	De	signee's		Phone			onal identifi	cation	
	nai			no.			oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Deciaration					• •	, ,
									nt you an Identity IN, enter it here
Joint return?					COST MANAGER (S				
See instructions.	Spouse's signature. If a joint return, both must sign.							IRS ser	nt your spouse an
Keep a copy for your records.				l lde					ection PIN, enter it here
your records.							(see ir	ist.)	
		one no. (979) 721-298		Email address	SAI.SANJAY	1250GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	03/24/2024	P02082		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone	eno. ((678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service	Go to www
Name(s) shown on Fo	orm 1040, 1040-SR, or

SAI SANJAY MALLAREDDY

⁻ 1040-NR	Your social security
	805-98-5476

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. Attach Schedule E	. 5	-12,968.
6	Farm income or (loss). Attach Schedule F.	. 6	
7	Unemployment compensation	. 7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay	_	
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
	Income from the rental of personal property if you engaged in the rental		
	for profit but were not in the business of renting such property 81		
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)	_	
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions)		
р	Section 461(I) excess business loss adjustment		
q	Taxable distributions from an ABLE account (see instructions) 8q		
r	Scholarship and fellowship grants not reported on Form W-2 8r		
S	Nontaxable amount of Medicaid waiver payments included on Form		
	1040, line 1a or 1d		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan		
	Wages earned while incarcerated State		
u 7	Other income. List type and amount:		
Z			
9	Total other income. Add lines 8a through 8z	. 9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on For	_	
	1040, 1040-SR, or 1040-NR, line 8	. 10	-12,968.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		ule 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	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	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
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)		
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	_	
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	_	
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 here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

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

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

20	23
Attachme Sequence	

Name(s)	shown on return						Υοι	ir social	security	numb	er
SAI	SANJAY MALLAREDDY						80	5-98	-5476		
Part	I Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper	d Ro	yalties Schedule	C See	instru	tions If you a	are a	n individ	dual ren	ort fa	rm
	rental income or loss from Form 4835 on page 2, line 40.	ty, acc	oonouule	0.000	moura				addi, rop		
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	see ins	tructions .			🗌 Ye	es 🗵	No
Bl	"Yes," did you or will you file required Form(s) 1099?								🗌 Ye	es 🗌	No
1a	Physical address of each property (street, city, state, ZIF	o code	e)								
Α	AS RAO NAGAR HYDERABAD TELANGANA IN	5006	54								
В											
С											
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Pe	ersona	l Use		ЭЛЛ
		w) above, report the number of fair rental and Days Days									20 V
Α	3 personal use days. Check the Q.			Α		365			0		
В	if you meet the requirements to f qualified joint venture. See instru			В							
С				С							
Туре	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe))			
						Propert					
Incom	e:			Α		В				С	
3	Rents received	3			00.					-	
4	Royalties received	4									
Exper											
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,4	56.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,0	00.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		3,8	61.						
15	Supplies	15		3,2	78.						
16	Taxes	16									
17	Utilities	17		3,9	73.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		13,5	68.						
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		-12,9	68.						
22	Deductible rental real estate loss after limitation, if any,		,								,
	on Form 8582 (see instructions)	22	(12,96	· · ·		~)()
23a	Total of all amounts reported on line 3 for all rental prope			•	23a		60	.00			
b	Total of all amounts reported on line 4 for all royalty prop				23b						
C d	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties23dTotal of all amounts reported on line 20 for all properties23e13, 568.										
е 24	Total of all amounts reported on line 20 for all properties				23e	13	יכ , כ				
24 25	Income. Add positive amounts shown on line 21. Do not					· · · ·	•	24		10 () <u> </u>
25 00	Losses. Add royalty losses from line 21 and rental real estate						- F	25 (12,	968.)
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 1040), line 5. Otherwise, include this ar						.	26		-12	968.

Form 8582	Passiv
Department of the Treasury	Att
Internal Revenue Service	Go to <i>www.irs.gov/</i>

Name(s) shown on return

SAI SANJAY MALLAREDDY

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008

Identifying number 805-98-5476

Par	t I 2023 Passive Activity Loss Caution: Complete Parts IV ar		eting Part I					
	I Real Estate Activities With Active Pance for Rental Real Estate Activities	articipation (For th	ne definition of act	ive participation, s	ee Special			
	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter th Combine lines 1a, 1b, and 1c	mount from Part IV unt from Part IV, c ne amount from Pa	V, column (a)) olumn (b)) art IV, column (c))	1b (1c (0. 12,968.))	1d	-12,968.	
All Ot	her Passive Activities							
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter th Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2c ()	2d		
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered normally used If line 3 is a loss and: • Line 1d is a	this form with you on line 1c or 2c. F loss, go to Part II.	ur return; all losse Report the losses 	es are allowed, inc on the forms and 	schedules	3	-12,968.	
Part II	on: If your filing status is married filing Instead, go to line 10.		bu lived with your	spouse at any tim	e during the	year,	, do not complete	
Par				-				
4 5 6	 5 Enter \$150,000. If married filing separately, see instructions							
7 8 9 Part	on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not e Enter the smaller of line 4 or line 8. If Total Losses Allowed					8 9	13,447. 12,968.	
10 11 Part	Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your t	ve activities for 20 ax return	23. Add lines 9 ar	d 10. See instruct		10 11	0. 12,968.	
			nt year	Prior years	Ove	rall ga	ain or loss	
Name of activity					(d) Gair		(e) Loss	
AS H	RAO NAGAR	0.	12,968.				12,968.	
Total.	Enter on Part I, lines 1a, 1b, and 1c	0.	12,968.					

For Paperwork Reduction Act Notice, see instructions.

REV 03/07/24 PRO

Form **8582** (2023)

Part V Complete This Part Befo	re P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.				
Name of activity		Currer	nt year Prior		Prior y	ears Ove		ıll ga	ain or loss	
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss	
	_									
	_							_		
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amou	int Is	s Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	an to	rm or schedule Id line number be reported on se instructions)	(a)) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
AS RAO NAGAR		E Ln 22		12,968.	1.0000	0000	12,96	58.	0.	
				·						
	_									
				12,968.	1.00	0	12,96	58.	0.	
Part VII Allocation of Unallowed	Loss	ses. See instru	uction	S.		1				
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) I	_OSS		b) Ratio	(c) Unallowed loss	
T .4.1							1.00			
Total Allowed Losses. Part VIII Allowed Losses.		<u></u> ons					1.00			
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) I	_OSS	(b) Ur	allowed loss	((c) Allowed loss	

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