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.

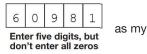
Submission Identification Number (SID)

Taxpayer's name	Social security number			
HARISH KULKARNI	733-06-0981			
Spouse's name	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	1 120,371.			
2 Total tax	2 18,965.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				
4 Amount you want refunded to you				
5 Amount you owe	· · · · 5 111.			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)			
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate	e are the amounts from the income tax tter, or electronic return originator (ERO) ction of the transmission, (b) the reason S. Treasury and its designated Financial cated in the tax preparation software for n to debit the entry to this account. This			

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

X lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN



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

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

				as my
er fiv n't er				

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 🕨
	d Returns Only—continue below
Part III Certification and Authentication – Practiti	oner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fiv	e-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 Form – See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										
For Department's Peduation Act Natio	o oco vour tov return instructions		PEV 01/08/24 PPO	Earm 8879 (Pov. 01 2021)						

IF you live in	THEN use this address to send in your payment					
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214					
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000					
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501					
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303					

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2023

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

2023

- Use this voucher when making a payment with Form 1040.
- Do not staple this voucher or your payment to Form 1040.
- Make your check or money order payable to the 'United States Treasury.'
 Write your social security number (SSN) on your check or money order.

Form 1040-V Payment Voucher

d States Treasury.' Enter the amount or money order. of your payment

רבר.

REV 01/08/24 PRO 1

1555

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

HARISH KULKARNI

3210 ESPERANZA CROSSING 5125 AUSTIN TX 78758

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or stap	le in this space.		
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, ending, 20, 20,						See separate instructions.			
Your first name	and mi	ddle initial	Last r	name	ame							rity number		
HARISH			KUL	KARNI						733	06	0981		
	pouse's	first name and middle initial	Last r									security number		
Home address	(numbe	r and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ential Elec	tion Campaign		
3210 ESE	PERAN	NZA CROSSING						5	125	Check	here if yo	u, or your		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	ode			pintly, want \$3		
AUSTIN						T	ζ	787	58			d. Checking a ot change		
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code		x or refun			
											Vou You	I Spouse		
Filing Status		Single					Head of ho	ouseh	old (HOH)					
Check only		Married filing jointly (even if only o	ne hac	l income)										
one box.		Married filing separately (MFS)					Qualifying	surviv	ring spouse	e (QSS)				
		ou checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or Q	SS box, en	ter the ch	ild's nam	ne if the		
	qu	alifying person is a child but not you	ir depe	endent:										
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	pavr	ment for prope	rty or	services); c	r (b) sell.				
Assets		ange, or otherwise dispose of a dig									X Yes	s 🗌 No		
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien								
Age/Blindness	S You:	Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	☐ Is	blind		
Dependents				T	Social security		(3) Relationsh	14			ifies for (se	ee instructions):		
If more		irst name Last name		(2)	number to you					credit	Credit for	other dependents		
than four														
dependents,	_													
see instructions and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1a	a 1	120,371.		
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 11	5			
W-2 here. Also	С	Tip income not reported on line 1a	i <mark>(see</mark> i	nstructions)						· 10	>			
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see instructions)						. 10	k			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26	•		<u>.</u> .	· · ·	- 10	•			
was withheld.	f	Employer-provided adoption bene					· · · ·	· ·	· · ·	. 1	f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .		· · ·	\cdot · ·		· · · ·	· ·	· · ·	. 10	3			
W-2, see	h	Other earned income (see instruct				• •	· · × ·	$\gamma = 2$		· 11	1	0.		
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	de e e e	• •	1 i			_		100 071		
	Z	Add lines 1a through 1h	N i					• •	· · ·	. 12		120,371.		
Attach Sch. B if required.	2a		2a				axable interest			. 21				
	3a		3a				ordinary divider			. 31				
Standard	4a		4a				axable amount		• • •	. 41				
Deduction for—	5a	The second se	5a				axable amount		· · ·	. 51	1			
 Single or Married filing 	6a	· · · · · · · · · · · · · · · · · · ·	6a	mathad			axable amount	••••	• • •	. 6t	,			
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Scher						• •						
 Married filing 	8	Additional income from Schedule		-	1.53			• •		. 8		0.		
jointly or Qualifying	9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	_	120,371.		
surviving spouse, \$27,700	9 10	Adjustments to income from Sche							• • •	. 10		<u></u> ,		
 Head of 	11	Subtract line 10 from line 9. This is							• • •	. 1		120,371.		
household, [\$20,800	12	Standard deduction or itemized	-		-					. 12		13,850.		
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13	-	10,000.		
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is v	our f	taxable incom	e .		. 15		106,521.		
			-											

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

Form 1040 (2023)

Form 1040 (2023	5)								Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s)): 1 🗌 8814	2 🗌 49	972 3	3 🗆 🔄		. 16	18,965.
Credits	17	Amount from Schedule 2, line 3						. 17	
	18	Add lines 16 and 17						. 18	18,965.
	19	Child tax credit or credit for other dependents	from Schedu	ıle 8812 .				. 19	
	20	Amount from Schedule 3, line 8						. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18. If zero or less, en	iter -0					. 22	18,965.
	23	Other taxes, including self-employment tax, fro							0.
	24	Add lines 22 and 23. This is your total tax .			• •			. 24	18,965.
Payments	25	Federal income tax withheld from:			1	1			
	а	Form(s) W-2				25a	18,8	54.	
	b	Form(s) 1099			-	25b	-		
	C	Other forms (see instructions)				25c			10.054
	d	Add lines 25a through 25c					· · · ·	. 25d	18,854.
If you have a	26	2023 estimated tax payments and amount app				· · · ·		. 26	
qualifying child, attach Sch. EIC. 7	27	Earned income credit (EIC)			·	27			
	28	Additional child tax credit from Schedule 8812			·	28			
	29	American opportunity credit from Form 8863, I			-	29			
	30	Reserved for future use				30 31		_	
	31	Amount from Schedule 3, line 15 Add lines 27, 28, 29, and 31. These are your to			d rofun		adita	20	
	32 33	Add lines 25d, 26, and 32. These are your tota						· 32 · 33	18,854.
Defined	35 34	If line 33 is more than line 24, subtract line 24 f						. 33	10,004.
Refund	35a	Amount of line 34 you want refunded to you . I				-			
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X				Checking			
	d	Account number X X X X X X X X X						ings	
	36	Amount of line 34 you want applied to your 20				36			
Amount	37	Subtract line 33 from line 24. This is the amou							
You Owe	01	For details on how to pay, go to www.irs.gov/F		see instruct	tions .			. 37	111.
	38	Estimated tax penalty (see instructions)		• • •	. [38			
Third Party	Do	you want to allow another person to discus	ss this return	n with the	IRS? S	See			
Designee	ins	tructions				. 🗆	Yes. Comp	olete below.	🗙 No
		signee's	Phone					identification	
<u>.</u>	na	le der penalties of perjury, I declare that I have examined th	no.		a sebodi	loc and d	number (of my knowledge and
Sign		ef, they are true, correct, and complete. Declaration of p			0				,
Here	Yo	ir signature	Date	Your occupa	ation			If the IRS se	ent you an Identity
		g	c						PIN, enter it here
Joint return?				ENGINE				(see inst.)	
See instructions. Keep a copy for	Sp	buse's signature. If a joint return, both must sign.	Date	Spouse's or	ccupatior	n			ent your spouse an tection PIN, enter it here
your records.								(see inst.)	
	Ph	one no. (512)216-7714 E	Email address	HARISH	SAPO	НОТМА			
	Pre	parer's name Preparer's signature	e			Date		IN	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA	AM SAGAR (GUPTA TA	LLAM	01/17/	2024 PO	2082703	Self-employed
Preparer	Fir	n's name GLOBAL TAXES LLC						Phone no.	(678)965-9522
Use Only	Fir	n's address 245 ROONEY CT E BRUN	SWICK NJ	08816				Firm's EIN	84-3171965
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	F	REV 01/08/2	24 PRO		Form 1040 (2023)
Go to www.ns.yt				ВАА	ł	KEV U1/U8/	24 PKU		(2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 20 23

Attachment

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	al security number
HARISH KULKARN	I	733-06	-0981
Port Additio	nal Incomo		

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. Att		5		0.
6	Farm income or (loss). Attach Schedule F.				
7	Unemployment compensation		7		
8	Other income:				
a	Net operating loss	8a (
b		8b	1		
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e	4		
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g	-		
9 h		8h			
	Prizes and awards	8i	-		
	Activity not engaged in for profit income	8j	-		
J k		8k	-		
I N	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			
p	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		Ź		
-	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z		9		
10	Combine lines 1 through 7 and 9. This is your additional income. Enter				
	1040, 1040-SR, or 1040-NR, line 8		10		0.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ule 1 (Form 104	40) 2023

Par	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:			
a	, , , , , , , , , , , , , , , , , , , ,	24a	-	
b	Deductible expenses related to income reported on line 8I from the			
-	rental of personal property engaged in for profit	24b	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade			
•	Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
		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	1		
	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 adjustments to income	e. Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA	REV 01/08/24 PRO	Sched	ile 1 (Form 1040) 2023
	T			

(Form	Form 1040) (From rental real estate, royalties, partner					corporat	2023						
	Attach to Form 1040, 1 arral Revenue Service Go to www.irs.gov/ScheduleE for in								nformation.		Attachm Sequend	ent ce No. 13	
Name(s)) shown on return			-						Your soci	al security i		
HARI	SH KULKARN	I								733-0	6-0981		
Part	Note: If vo	ou are in t		Real Estate ar ing personal proper on page 2, line 40.	rtv. use		e C. See	instru	ctions. If you	are an indi	vidual, repo	ort farm	
				would require you orm(s) 1099? .								_	
1a	Physical addr	ress of e	ach property (stre	eet, city, state, ZI	P code	e)							
Α	H NO.21/2	4,UMA	DEVI NAGAR	NTR NAGAR,LI	B NAC	GAR RAI	NGA RI	EDDY	, TELANGA	NA IN !	500074		
<u> </u>								_					
1b	Type of Prope (from list below		above, report th	real estate properties of fair	rental	and		Fa	air Rental Days	Persor Da	ys	QJV	
	3	_		ays. Check the Q requirements to			A		298		0		
<u>В</u> С		_		enture. See instru			BC						
	of Property:												
1	Single Family R Multi-Family Re			n/Short-Term Rer rcial	ntal	5 Land 6 Roya			Self-Rental Other (desc	cribe)			
									Propert	ies:			
Incom	ne:						Α		В			С	
3 4					3		5	47.	P				
Exper													
5	Advertising .			*	5								
6			structions)		6								-
7	Cleaning and r	maintena	ance		7		9	85.					
8	Commissions				8								
9	Insurance				9								
10	•	-	sional fees		10								
11	0				11		1,8	57.					
12	00		to banks, etc. (s		12								
13					13								
14					14		2,8						
15					15		3,5	68.					
16					16		1 0	<u> </u>					
17			or depletion		17		1,8						
18 19	Other (list)	expense	or depietion		18 19		2,8	50.					
20	· · ·	s Add liv	nes 5 through 19		20		14,0	0.0					
21			ne 3 (rents) and/				11,0	00.					
21		s), see in	structions to find	I out if you must			12 /	E 2					
00					21		-13,4	JJ.					
22	on Form 8582	(see ins	estate loss after l tructions)		22	(0.)	()	()
2 3a				or all rental prope				23a		547.			
b				or all royalty prop				23b					
С				for all properties		· · ·		23c					
d				for all properties				23d		2,850.			
e				for all properties				23e	1	4,000.			
24				on line 21. Do no		-			• • • •	. 24	/	^	``
25 26				nd rental real estat							(0	.)
-//5	I OTOL FORTOL P	Dal Ceta	to and roualty in	COMO OF LOCO	1 omb	ing lines	2/L and	- Jh L	TITOR THO FOO	UT I			

Supplemental Income and Loss

SCHEDULE E

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

0.

OMB No. 1545-0074

Form 8582		Passive Activity Loss Limitations						MB No. 1545-1008				
		See separate instructions.					2023					
Department of the Treasury			Attach to Form 1040, 1040-SR, or 1041.				A	ttachment				
Internal Revenue Service Go to www.irs.gov/Form8582 for instructions and the latest in				the latest information		_	equence No. 858					
							ntifying number 33-06-0981					
-		[⊥] Passive Activity Los	<u>s</u>			/33	00	0001				
i ai		n: Complete Parts IV ar		eting Part I.								
	l Real Estate A	ctivities With Active P I Real Estate Activities	articipation (For the	ne definition of act	ive participation, se	ee Special						
1a b c d	Activities with Prior years' un	net income (enter the a net loss (enter the amo allowed losses (enter th 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (1c (1d					
All Other Passive Activities												
2a b c d	Activities with Prior years' un	net income (enter the a net loss (enter the amo allowed losses (enter th 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b))	2a 2b (- 2c (0. 13,453.))	2d	-13,453.				
3	zero or more, prior year una normally used	a 1d and 2d and subtra stop here and include llowed losses entered ss and: • Line 1d is a • Line 2d is a	this form with yo on line 1c or 2c. F loss, go to Part II.	ur return; all losse Report the losses 	es are allowed, inc	luding any schedules	3	-13,453.				
Part II	. Instead, go to	status is married filing line 10.	separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete				
Par		al Allowance for Rei										
		Enter all numbers in Par			tions for an examp	le.						
4		ller of the loss on line 1				• • • •	4					
5 6		 If married filing separ adjusted gross income 					-					
U	Note: If line 6	is greater than or equal erwise, go to line 7.										
7	Subtract line 6				7		8					
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions											
9		ller of line 4 or line 8. If	line 3 includes any	y CRD, see instruc	ctions		9	0.				
Part		Losses Allowed	al O a surd surtau the	total			10					
10		ne, if any, on lines 1a an					10	0.				
11		Illowed from all passiv ort the losses on your t					11	0				
Part				a. 1b. and 1c. S	ee instructions	· · · ·		0.				
Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.												
	Name o	of activity	Current year		Prior years	Ove	Overall gain or loss					
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	ו	(e) Loss				

Total. Enter on Part I, lines 1a, 1b, and 1cFor Paperwork Reduction Act Notice, see instructions.

Form **8582** (2023)

Form 8582 (202	23)					Page 2	
Part V	Complete This Part Befor	re Part I, Lines 2	a, 2b, and 2c. S	See instruc	tions.		
	Name of activity	Current year		Prior ye	ears Overa	Overall gain or loss	
Name of activity		(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unall loss (line		(e) Loss	
H NO.21/	24,UMA DEVI NAGAR	0.	13,453.			13,453.	
	·						
Tatal Enter	an Part L lines 2a, 2b, and 2a	0	12 452				
Part VI	on Part I, lines 2a, 2b, and 2c Use This Part if an Amou	0. Dt Is Shown on F	13,453. Part II Ling 9 9	See instruc	tions		
	Ose This Fart II all Allou						
	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ra	tio (c) Specia allowance	(d) Subtract column (c) from column (a).	
	<u></u>						
		4					
Total .	. <u>.</u>			1.00			
Part VII	Allocation of Unallowed L	_osses. See instr	uctions.				
Name of activity		and line nur to be reporte	Form or schedule and line number to be reported on (see instructions)		(b) Ratio	(c) Unallowed loss	
H NO.21/24, UMA DEVI NAGAR		E Ln 2	2	13,453.	1.00000000	13,453.	
Total .				13,453.	1.00	13,453.	
Part VIII	Allowed Losses. See instr						
	Name of activity		edule nber ed on ions)	Loss	(b) Unallowed loss	(c) Allowed loss	
H NO.21/24, UMA DEVI NAGAR		E Ln 2	2	13,453.	13,453.	0.	
Total .			.	13,453.	13,453.	0.	
			ľ		REV 01/08/24 PRO	Form 8582 (2023)	