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.

Submission Identification Number (SID)

Γαχραν	/er's	name	

	875-10- Spouse's soc 700-13-	ial security	y number					
	700-13-	-	y number					
3 (Enter y		-8509						
(Enter)								
, (<u> </u>	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.								
		1	109,858.					
		2	9,415.					
		3	18,876.					
		4	9,461.					
		5						
	· · · · ·		1 1 <t< td=""></t<>					

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

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
------------	------	-------	-----	-----	------

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

			gits, all ze		as my
0	8	4	0	5	

as mv

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.

Your signature 🕨

5.1	avan	

Spouse's PIN: check one box only

X	l authorize	GLOBAL TAXES	LLC ERO firm name	to enter or generate my PIN			5 ve dig		
	signature on the income tax return (original or amended) I am now authorizing							ill ze	

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.

= 0.00			10/2	2024					
Practitioner PIN Method Returns Only—continue below									
d Only									
I PIN.	2 2						2 7	7 1	
	ontinue b I Only	ontinue below I Only	ontinue below I Only	i PIN. 2 2 2 4	PIN. 2 2 2 4 9 6	I Only 2 2 2 4 9 6 0	ontinue below I Only	Continue below 1 Only 1 PIN. 2 2 2 4 9 6 0 8 2 7	Pine 2 2 2 4 9 6 0 8 2 7 1

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	

Date > 04/10/2024

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Or	nly—Do not w	/rite or stap	ple in this space.
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	parate ir	nstructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial secu	urity number
PAVAN			SUR	EDDI						875	10	8405
	oouse's	s first name and middle initial	Last r									security number
POOJA			PAL	ADUGU						700	13	8509
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaigr
647 STRA	SSL	E WAY								Check	here if yo	ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			ointly, want \$3
SOUTH PI	JAINI	FIELD				NJ	J	070	80			nd. Checking a not change
Foreign country				Foreign p	rovince/state/	coun	ty		n postal cod		k or refur	0
												u 🗌 Spouse
Filing Status		Single					Head of h	ouseho	old (HOH)	_		
Check only		Married filing jointly (even if only o	ne had	l income)					()			
one box.		Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	e (QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If yo	u che					ild's nar	ne if the
		alifying person is a child but not you										
	• •		• •									
Digital Assets		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig						-			∏Ye	s 🛛 No
								i) i (Se		0115.)		
Standard Deduction	_		•				a dependent					
Deduction		Spouse itemizes on a separate retur	noryc		uuai-status	allel	I					
Age/Blindness	You	Were born before January 2, 1	959	Are b	lind Sp	ouse	: 🗌 Was bor	n befo	re January	/ 2, 1959	🗌 Is	blind
Dependents	s (see	instructions):		(2) \$	Social securit	/	(3) Relationsh	ip (4				see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax	credit	Credit for	r other dependents
than four												
dependents, see instructions	s ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	•		,							124,335.
Attach Form(s)	b	Household employee wages not re	•		.,							
W-2 here. Also	С											
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 10	_			
1099-R if tax	е	Taxable dependent care benefits f			-	· ·		• •		. 1e	•	
was withheld.	f	Employer-provided adoption bene						• •		. <u>1</u> f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				· ·		• •		. <u>1</u> g		
W-2, see	h	Other earned income (see instruct	,			· ·	· · · ·	···		. <u>1</u> h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))	• •	1 i					104 005
		Add lines 1a through 1h	· ·		· · ·	· ·				. 1z		124,335.
Attach Sch. B if required.	2a		2a		52.		axable interest			. 2b		E O
	<u>3a</u>		3a		JZ .		Ordinary divider			. 3b		52.
Standard	4a		4a				axable amoun			. 4b		
Deduction for—	5a		5a				axable amoun			. 5b		
 Single or Married filing 	6a	, _	6a		ahash ki		axable amoun	ι		. 6b	·	
separately, \$13,850	с _	If you elect to use the lump-sum e				`	,	• •				2 0 0 0
 Married filing 	7	Capital gain or (loss). Attach Sche						• •				-3,000.
jointly or Qualifying	8	Additional income from Schedule						• •		. 8		-11,529.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•				• •		. 9		109,858.
 Head of 	10	Adjustments to income from Sche						• •		. 10	-	100 050
household, [\$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11		109,858.
• If you checked	12	Standard deduction or itemized					 	• •		. 12		27,700.
any box under Standard	13	Qualified business income deduct	ion tro	III Form 8	aas or form	1 899	ъ-А	• •		. 13		27 700
Deduction, see instructions.	14 15	Add lines 12 and 13	· ·	· · ·	 0 Thin in .	· ·				. 14		27,700.
	15	Subtract line 14 from line 11. If zer	U Ur Ie	ss, enter	-u I HIS IS	our	taxable incom	IC .		. 15	2	82,158.

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

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	9,415.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	9,415.
	19	Child tax credit or credit for	other dependen	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	9,415.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	9,415.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 18	3,876.		
	b	Form(s) 1099				25b		1	
	c	Other forms (see instructions				25c		1	
	d	Add lines 25a through 25c	,					25d	18,876.
	26	2023 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31				-		32	4
	33	Add lines 25d, 26, and 32. T	,	•	•		• •	33	18,876.
Defined	34	If line 33 is more than line 24						34	9,461.
Refund	34 35a	Amount of line 34 you want						34 35a	9,461.
Direct deposit?	b soa	Routing number 0 6 3				Checking		30a	5,101.
See instructions.		Account number 8 8 2					Savings		
	d								
	36	Amount of line 34 you want a				36		-	
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	a a					1 1		37	
	38	Estimated tax penalty (see in	*			38			
Third Party		you want to allow another					omplete k	alow	× No
Designee							•		INO NO
	nai	signee's me		Phone no.			onal identi ber (PIN)	Ication	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statemer	its, and to t	he best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informat	on of which	n prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
									PIN, enter it here
Joint return?					SOFTWARE		(inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.					STUDENT				ection r inv, enter it here
	Ph	one no. (860) 772-938	9	Email address		DI@GMAIL.CO	MC		
		eparer's name	Preparer's signat		TAVANOUKEL	Diegmail.co.			Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CIIDWA	04/11/2024	P02082	2703	Self-employed
Preparer	-	m's name GLOBAL TAX		A TATA DA	JUIL OUL IN	101/11/2024	· · · ·		
Use Only			Y CT E BRU	NOWICK N	J 08816			's EIN	(678) 965-9522
Go to warne in an		n1040 for instructions and the late		TIONICI IN			ן רווווו	3 LIN	84-3171965 Form 1040 (2023)
GO IO WWW.IIS.go	wrom	and the late	st mornation.		BAA	REV 03/07/24 PRO			Form IUHU (2023)

REV 03/07/24 PRO

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

Attachment Sequence No. **01**

Your social security number

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

PAVA	N SUREDDI & POOJA PALADUGU		875-10-	-840	5
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		•	1	
2a	Alimony received		2	a	
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	ach Schedule	E	5	-11,529.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a ()		
b	Gambling	8b	/		
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e	/		
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h		8h			
i	Prizes and awards	8i			
i	Activity not engaged in for profit income	8j			
ķ	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			
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				
	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	r here and on	Form		
	1040, 1040-SR, or 1040-NR, line 8		· · 1	0	-11,529.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Sch	edule	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 D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

PAVAN SUREDDI & POOJA PALADUGU

Your social security number 875 - 10 - 8405

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	🗙 No	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reportin	a vour aain	or loss.	

Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	1,471.	5,286.			-3,815.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat			.,	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any	Carryover				
	Worksheet in the instructions				14	(5,893.)
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,		15	-9,708.

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-9,708.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains?			
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Form 8949 (2023)		Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PAVAN SUREDDI & POOJA PALADUGU

Social security number or taxpayer identification number 875-10-8405

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed of (Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	1,471.	5,286.			-3,815.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D	1,471.	5,286.			-3,815.		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

	CHEDULE E Supplemental Income and Loss							OMB No. 1545-0074				
(Form	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									20	93	
	ent of the Treasury Revenue Service		Go to wi	Attach to Form 1040, ww.irs.gov/ScheduleE for					formation.		Attachn Sequen	nent ce No. 13
Name(s) shown on return Your social										al security	number	
	N SUREDDI								8	875-1	0-8405	
Part				ental Real Estate an								
	Note: If yo	ou are	e in the business	of renting personal proper 14835 on page 2, line 40.	ty, use	Schedule	C . See	e instru	ctions. If you are	an indiv	vidual, rep	ort farm
Α				that would require you	to file	Form(s) 1	0992 5	See ins	structions			s X No
				ired Form(s) 1099?								
1a				ty (street, city, state, ZIF								
						,						
	9-42-23/1	, BA.	LAJI NAGAR	VISAKHAPATNAM A	ANDHE	RA PRAD	DESH	IN 5	30003			
<u> </u>												
<u>C</u>	Turner of Durane							-				
1b	Type of Prope (from list below			rental real estate prope port the number of fair I				⊢a	ir Rental I Days	Person Da	al Use	QJV
A	3	<i>(v</i>)		use days. Check the Qu			Α		365	Da	0	
B	5		if you me	et the requirements to f	ile as	a	 B		303		0	
- C		_	qualified	joint venture. See instru	ictions	S	<u>с</u>					
	of Property:						•					
	Single Family R	esid	ence 3.Va	cation/Short-Term Rent	tal	5 Land		7	Self-Rental			
	Multi-Family Re			ommercial	i ai	6 Roya			Other (describ	e)		
								0				
_									Properties	:		
Incom							A	- 0	В			С
3					3		./	50.				
4		ived		· · · · · · · · ·	4							
Expen					-							
5					5							
6					6							
7					7		1,2	56.				
8					8							
9					9							
10					10		1 0	0.5				
11					11		1,6	95.				
12				etc. (see instructions)	12							
13	Other Interest	•			13		2 4	C E				
14 15					14		2,4	65.				
15 16					15 16		۷,0	65.				
17					17		3 0	98.				
18				· · · · · · · · · · · · · · · · · · ·	18		5,5	90.				
19	Other (list)				19							
20				gh 19	20		12,2	79				
21				and/or 4 (royalties). If								
21				to find out if you must								
	•				21	-	-11,5	29.				
22	Deductible ren	tal r	eal estate loss	after limitation, if any,								
				· · · · · · · · ·	22	(11,52	29.)	()	(
23a	Total of all am	ount	s reported on li	ne 3 for all rental prope	rties			23a		750.		
b				ne 4 for all royalty prop				23b				
с				ne 12 for all properties				23c				
d	Total of all am	ount	s reported on li	ne 18 for all properties				23d				
е	Total of all am	ount	s reported on li	ne 20 for all properties				23e	12,2	279.		
24	Income. Add p	oosit	tive amounts sh	nown on line 21. Do not	t inclu	de any los	sses			24		
25	Losses. Add ro	yalty	/ losses from line	e 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	25	(11,529.
26				alty income or (loss).								
				ne 40 on page 2 do no								
	Schedule 1 (Fo	orm '	1040), line 5. O	therwise, include this ar	nount	in the tot	al on li	ne 41	on page 2 .	26	-	-11,529.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8582 Department of the Treasury Internal Revenue Service		Assive Activi See sepa Attach to Form irs.gov/Form8582 fo	OMB No. 1545-1008				
Name(s) shown on return Identifyin							
PAVAN SUREDDI	& POOJA PALADUG	J			875	5-10-	8405
	assive Activity Los						
Cautio	n: Complete Parts IV a	nd V before comple	eting Part I.				
	ctivities With Active P Real Estate Activities			ive participation, s	ee Special		
1a Activities with	net income (enter the a	mount from Part IV	, column (a))	 1a 	0.		
	net loss (enter the amo				11,529.)		
	allowed losses (enter th)		
d Combine lines	1a, 1b, and 1c					1d	-11,529
Il Other Passive Ac							
2a Activities with	net income (enter the a	mount from Part V	column (a))	2a			
	net loss (enter the amo)		
	allowed losses (enter the				/		
•	2a, 2b, and 2c			· · ·		2d	
	1d and 2d and subtra						
	stop here and include						
	lowed losses entered						
normally used						3	-11,529
	s and: • Line 1d is a						
art II. Instead, go to	status is married filing ine 10. Il Allowance for Rei		-		Ū.	e year, o	do not compl
	inter all numbers in Par			-			
	ler of the loss on line 1					4	11,529
5 Enter \$150,000). If married filing separ	ately, see instruction	ons		50,000.		
6 Enter modified	adjusted gross income	e, but not less than	zero. See instruc		21,387.		
	s greater than or equal				•		
on line 9. Othe	rwise, go to line 7.	· •					
7 Subtract line 6	from line 5			7	28,613.		
8 Multiply line 7 k	oy 50% (0.50). Do not e	nter more than \$25,	000. If married fili	ng separately, see i	nstructions	8	14,307
	ler of line 4 or line 8. If	line 3 includes any	<u>CRD, see instruc</u>	ctions	<u></u>	9	11,529
	osses Allowed						
	e, if any, on lines 1a ar					10	0
	llowed from all passiv		23. Add lines 9 ar	nd 10. See instructi	ons to find		
	ort the losses on your t					11	11,529
Part IV Comp	ete This Part Befor	e Part I, Lines 1a	a, 1b, and 1c. S	See instructions.			
		Curren	it year	Prior years	Ove	rall gai	n or loss
Name o	of activity		•				
	-	(a) Net income	(b) Net loss	(c) Unallowed loss (line 1c)	(d) Gair	n	(e) Loss
· ۸۰ ۰۰ /۱ ۰۰ ۳	TT NACAD	(line 1a)	(line 1b)				11 500
9-42-23/1,BALA	JI NAGAK	0.	11,529.				11,529
otal Enter on Part I	lines 1a, 1b, and 1c	0.	11,529.				

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Form **8582** (2023)

Form 8582 (2023) Part V Complete This Part Before	re Part I, Lines 2	a, 2b,	and 2c. S	See instru	ctions.			Page 2		
	Currer			Prior y		Overa	ıll ga	in or loss		
Name of activity	(a) Net income (line 2a)	(b) (li			lowed ne 2c)	(d) Gain		(e) Loss		
					_					
Total. Enter on Part I, lines 2a, 2b, and 2cPart VIUse This Part if an Amount	nt la Shawn an [Dort II	Line 0. S							
Part VI Use This Part II an Amou	nt is Shown on P	art II,	Line 9. 5		Juons.					
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a	(a) Loss		atio (c) Special allowance					(d) Subtract column (c) from column (a).
9-42-23/1,BALAJI NAGAR	E Ln 22	I Ln 22 11		1.00000000		11,52	9.	0.		
 Total			11,529.	1.0	0	11,52	9.	0.		
Part VII Allocation of Unallowed I	Losses. See instr	uction	s.							
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a)	Loss	(b) Ratio		(c)	Unallowed loss		
 Total						1.00				
Part VIII Allowed Losses. See instr	ructions.									
Name of activity	Form or sch and line nur to be reporte (see instruct	nber ed on	(a)	Loss	(b) Unallowed loss		(4	c) Allowed loss		
 Total										

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