Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

2023

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginn			ning, 2023, ending, 20				20	See separate instructions.		
Your first name	and i	niddle initial	Last name Yo				Your ider	our identifying number		
							(see instru	see instructions)		
NAVEEN			JAMI			884-53-8791				
Home address ((num	per and street). If you have a P.O. box	, see ins	structions.				Apt. no.		
388 OCEAN	AV	E						1514		
City, town, or po	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code		
REVERE						MA	0	2151		
Foreign country	nam	е	Foreig	n province/state/county		Foreign p	ostal code			
Filing	×	Single	aratelv (N	MFS) Qualifvir	ng surviving spouse	(QSS)	☐ Estat	e Trust		
Status		you checked the QSS box, enter the	5 6							
Check only one box.										
	Λ+ ο	ou time during 2002 did you (a) reco	vo /oo o	roward award as paym	ant far property are	m doools or	(b) call av	ahanga ar		
Digital Assets		ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a f					(b) sell, ex			
Dependents	_	3	1,000 00 00					qualifies for (see inst.):		
(see instructions):				(2) Dependent's		Chil	d tax credit	Credit for other		
,		(1) First name Last name		identifying number	(3) Relationship to yo	ou Siliii		dependents		
If more than four						Ť				
dependents, see							$\frac{\sqcup}{\sqcap}$	 		
instructions and check here										
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. 1a	109,161.		
Effectively	b	Household employee wages not rep						200, 2021		
Connected	C	Tip income not reported on line 1a (
With U.S.	d	Medicaid waiver payments not repo					. 1d			
Trade or	е	Taxable dependent care benefits from					. 1e			
Business	f	Employer-provided adoption benefit	s from F	Form 8839, line 29 .			. 1f			
Attach	g	Wages from Form 8919, line 6	. /.				. 1g			
Form(s) W-2,	h	Other earned income (see instruction	. 1h							
1042-S,	i Reserved for future use									
SSA-1042-S, RRB-1042-S,										
and 8288-A										
here. Also attach	7	Add lines 1a through 1h					. 1z	109,161.		
Form(s)	2a	Tax-exempt interest 2a			able interest			14.		
1099-R if tax was	3a	Qualified dividends 3a		and the second	linary dividends .		1 1 1 1 1 1 1			
withheld.	4a	IRA distributions 4a			able amount					
If you did not	5a	Pensions and annuities 5a		b Tax	able amount		. 5b			
get a Form W-2, see	6	Reserved for future use					. 6			
instructions.	7	Capital gain or (loss). Attach Schedu	(2)		-		1			
	8	Additional income from Schedule 1						-14,680.		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						94,495.		
	10	Adjustments to income from Sched	170				50.50			
								01 105		
	11 12	Subtract line 10 from line 9. This is y	-					94,495.		
	12	Itemized deductions (from Schedudeduction (see instructions)						13,850.		
	13a	Qualified business income deductio				7-0	12			
	b	Exemptions for estates and trusts o								
	С	Add lines 13a and 13b					. 13c			
	14	Add lines 12 and 13c					. 14	13,850.		
	15	Subtract line 1/1 from line 11. If zero	or loce	antar -0- This is your ta	vahla incoma		15	80 645		

Form 1040-NR (2023) Page 2

Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	13,045.
Credits	17	Amount from Schedule 2 (Form 1040), line 3	17	0.
	18	Add lines 16 and 17	18	13,045.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	19	
	20	Amount from Schedule 3 (Form 1040), line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	13,045.
	23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15		
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21		
	C	Transportation tax (see instructions)		
	d	Add lines 23a through 23c	23d	
	24	Add lines 22 and 23d. This is your total tax	24	13,045.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	18,414.
	е	Form(s) 8805	25e	
	f	Form(s) 8288-A	25f	
	g	Form(s) 1042-S	25g	
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Reserved for future use		
	28	Additional child tax credit from Schedule 8812 (Form 1040)		
	29	Credit for amount paid with Form 1040-C		
	30	Reserved for future use		
	31	Amount from Schedule 3 (Form 1040), line 15		
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	18,414.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,369.
D	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	5,369.
Direct deposit? See instructions.	b	Routing number 0 2 1 0 0 0 0 2 1 c Type: X Checking Savings		
	a	Account number 5 8 1 6 6 3 0 9 0		
	е	If you want your refund check mailed to an address outside the United States not shown on page 1,		
	00	enter it here.		
A	36 37	Amount of line 34 you want applied to your 2024 estimated tax 36 Subtract line 33 from line 24. This is the amount you owe.		
Amount	31	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
You Owe	38	Estimated tax penalty (see instructions)	31	
Third	- 100	u want to allow another person to discuss this return with the IRS? See instructions.	to bol	ow. 🗵 No
Third Party				ow.
Designee	Desig name		allon	
		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	best of	f my knowledge and
		they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p		
Sign	Your	signature Date Your occupation If the	IRS se	ent you an Identity
Here	1	Prote	ction F	PIN, enter it here
		DATA SCIENTIST (see i	nst.)	
	Phon			1000
Paid	05.0	rer's name Preparer's signature Date PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2024 P02082		Self-employed
Use Only		s name GLOBAL TAXES LLC Phone no	1	78)965-9522
	Firm's	saddress 245 rooney ct e briinswick n.i 08816 Firm's Ell	v 84	4-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number
884-53-8791

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	-14,680.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	7	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see	_		
	instructions)	8m	-	
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	0- /		
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
u		ou		
Z		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente		9	
	1040, 1040-SR, or 1040-NR, line 8		10	-14,680.
	,			

Schedule 1 (Form 1040) 2023 Page **2**

Part II Adjustments to Income 11 11 12 Certain business expenses of reservists, performing artists, and fee-basis government 12 13 13 14 Moving expenses for members of the Armed Forces. Attach Form 3903 14 Deductible part of self-employment tax. Attach Schedule SE 15 15 16 16 17 17 18 18 19a 19a Date of original divorce or separation agreement (see instructions): 20 20 21 Student loan interest deduction 21 Reserved for future use 22 22 23 Archer MSA deduction 23 24 Other adjustments: Jury duty pay (see instructions) 24a **b** Deductible expenses related to income reported on line 8l from the c Nontaxable amount of the value of Olympic and Paralympic medals Reforestation amortization and expenses 24d Repayment of supplemental unemployment benefits under the Trade 24e Contributions to section 501(c)(18)(D) pension plans . . . 24f Contributions by certain chaplains to section 403(b) plans . . . **24g** h Attorney fees and court costs for actions involving certain unlawful 24h 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 24**j k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 24k **z** Other adjustments. List type and amount: 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 26

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. **7B**

Name shown on Form 1040-NR Your identifying number 884-53-8791 NAVEEN JAMI Enter amount of income under the appropriate rate of tax. See instructions.

	Nature of Income		(a) 10%	(b) 150/	(b) 15% (c) 30%		(b) 15% (c) 20% (d) Oth		Other (specify)	
	Nature of Income		(a) 10%	(b) 15%	(c) 30%	%	%			
1	Dividends and dividend equivalents:									
а	Dividends paid by U.S. corporations	1a								
b	Dividends paid by foreign corporations	1b								
С	Dividend equivalent payments received with respect to section 871(m) transactions	1c								
2	Interest:									
а	Mortgage	2a								
b	Paid by foreign corporations	2b								
С	Other	2c								
3	Industrial royalties (patents, trademarks, etc.)	3								
4	Motion picture or TV copyright royalties	4								
5	Other royalties (copyrights, recording, publishing, etc.)	5								
6	Real property income and natural resources royalties	6								
7	Pensions and annuities	7								
8	Social security benefits	8								
9	Capital gain from line 18 below	9								
10	Gambling — Residents of Canada only. Enter net income in column (c). If zero or less, enter -0									
		-								
a	Winnings	10-								
b	Winnings Losses	10c								
11	Note: Enter winnings only. Losses aren't allowed	11								
12	Other (specify):									
		40								
13	Add lines 1a through 12 in columns (a) through (d)	13								
14	Multiply line 13 by rate of tax at top of each column	14								
15	Tax on income not effectively connected with a U.S. trade or business. Add colur	mns (a)	through (d) of line 14	1. Enter the total here	and on Form 1040-	-NR, line 23a 15				
	Capital Gains and Losses	From	Sales or Excha	nges of Propert	t y					
losses fexchan	the capital gains and grown property sales or ges that are from sources are United States and not (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) (b) Date accommodified (b) Date accommodified (c) (b) Date accommodified (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).			
	ely connected with a U.S. s. Do not include a gain									
or loss	on disposing of a U.S. real									
gains a	y interest; report these and losses on Schedule D									
(Form 1	, l									
exchan	property sales or ges that are effectively									
connec	ted with a U.S. business 17 Add columns (f) and (g) of line 16				17					
	18 Capital gain. Combine columns (f) and (g) of line 1	7. Ent	er the net gain here	e and on line 9 abo	ove. If a loss, ente	er -0 18				

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

2023	
Attachment Sequence No. 7C	

NAV	EEN JAMI			}	884-53-8791						
Α	Of what country or countries w	vere you a citizen or nationa	I 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										
D	Were you ever:	9	,								
_	-				Yes	⊠ No					
	A green card holder (lawful per				_	⊠ No					
۷.	•										
_	If you answer "Yes" to (1) or (2		0.5		W. V. C. W. L. L. C.						
E	If you had a visa on the last of										
_	immigration status on the last day of the tax year. $_{\rm F1}$										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
	If you answered "Yes," indicate the date and nature of the change:										
G	2										
	Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals,										
	check the box for Canada or	Mexico and skip to item H	<u>.</u> <u>.</u>	Canada	☐ Mexico						
	Date entered United States	Date departed United State	s D	ate entered United States	Date departed Unite	ed States					
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy						
н	Give number of days (including	vacation, nonworkdays, and	partial days) you wer	re present in the United Sta	ates during:						
		, 2022									
ı	Did you file a U.S. income tax	return for any prior year?	77.		× Yes	□No					
	If "Yes," give the latest year ar	nd form number you filed:	10	40NR							
J	Are you filing a return for a trus	st?		101111	Yes	⊠ No					
Ū	If "Yes," did the trust have a l					<u> </u>					
	U.S. person, or receive a contr					□No					
K	Did you receive total compens					⊠ No					
N.	•		-			□ No					
	If "Yes," did you use an alterna										
L	Income Exempt From Tax—If complete (1) through (3) below				x treaty with a foreig	n country,					
1.	Enter the name of the country,				laimed the treaty bene	it, and the					
	amount of exempt income in th				1						
	(a) Cou	ntry	(b) Tax treaty article								
				claimed in prior tax year	s income in current	Lax year					
_	(e) Total. Enter this amount of		•								
2.	Were you subject to tax in a fo					∐ No					
3.	Are you claiming treaty benefit	ž i	5		L Yes	⊠ No					
	If "Yes," attach a copy of the C	Competent Authority determ	ination letter to your	return.							
М	Check the applicable box if:										
1.											
	This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions										
	You have made an election in a previous year that has not been revoked, to treat income from real property located in the United										
2.	You have made an election in	a previous year that has	not been revoked, t	to treat income from real	property located in t						
2.		a previous year that has	not been revoked, t	to treat income from real	property located in t						

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

OMB No. 1545-0074

2023

Attachment Sequence No. 13

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

Your social security number

NAV	EEN JAMI						884-53	-8791	
Pa	Note: If you a	r Loss From Rental Real Estate an are in the business of renting personal prope to or loss from Form 4835 on page 2, line 40.	erty, use Schedul	le C. See	instructions	s. If you a	are an indivi	dual, rep	ort farm
Α		payments in 2023 that would require you		1099? S	ee instruc	tions .		☐ Ye	s 🛮 No
В	If "Yes," did you or	will you file required Form(s) 1099?						☐ Ye	s 🗌 No
1a		s of each property (street, city, state, Zl							
A	,	AM SRIKAKULAM ANDHRA PRADE		0.5					7
<u></u>	111111111111111111111111111111111111111		DII IN 3320	0.5					/
1b	Type of Property (from list below)	above, report the number of fair	rental and		Fair Re	Control of the Contro	Persona Day		QJV
Α	3	personal use days. Check the C		Α	3	365		0	
В		if you meet the requirements to qualified joint venture. See instr		В	\				
C		quamica joint vontare. Geo man	dottorio.	C					
	of Property:								
	Single Family Resid		ntal 5 Lan 6 Roy			-Rental er (desc	ribe)		
						Properti	es:		
Inco	me:			Α		В			С
3	Rents received .		3	65	50.				
4	Royalties received	d	4						
Ехре	enses:								
5			5						
6		see instructions)	6						
7		intenance	7	1,26	55.				
8			8						
9			9						
10		professional fees	10						
11	-	s	11	1,15	54.				
12	0 0	t paid to banks, etc. (see instructions)	12						
13			13	2 45	7.0				
14			14	3,4					
15	-		15	3,11					
16			16	2 45	7.0				
17 18		ense or depletion	17	2,47					
19	Other (list)		10	3,00	10.				
20	, , , , , , , , , , , , , , , , , , , ,	Add lines 5 through 19	20	15,33	30				
21		from line 3 (rents) and/or 4 (royalties). If	 	10/00	,,,,				
21	result is a (loss), s	see instructions to find out if you must		-14,68	30.				
22		real estate loss after limitation, if any, ee instructions)	22 (-14,68	0.)()()
23a	Total of all amoun	nts reported on line 3 for all rental prope	erties		23a		650.		
b	Total of all amoun	nts reported on line 4 for all royalty prop	perties	. , [23b				
С		nts reported on line 12 for all properties		- F	23c				
d		nts reported on line 18 for all properties		-	23d		8,843.		
е		nts reported on line 20 for all properties			23e	15	,330.		
24	·	sitive amounts shown on line 21. Do no	•				. 24		
25	•	Ity losses from line 21 and rental real esta							14,680.)
26		estate and royalty income or (loss). II. and IV. and line 40 on page 2 do no							

-14,680.

26

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

NAVEEN JAMI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 884-53-8791

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. ■ Self-only
 □ Family HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 0. If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for 3 3,850. Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also 4 5 5 3,850. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . 3,850. 6 If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2023, enter your additional contribution amount. See instructions. 7 8 3,850. 9 Employer contributions made to your HSAs for 2023 . . . 10 11 11 960. 2,890. 12 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. Total distributions you received in 2023 from all HSAs (see instructions) Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form

21

Form **8582**

Passive Activity Loss Limitations

Department of the Treasury

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

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

OMB No. 1545-1008

2023

Attachment Sequence No. 858

Internal Revenue Service

Name(s) shown on return

NAVEEN JAMI

Identifying number 884-53-8791

Par	t I 2023 Passive Activity Los	SS			•		
	Caution: Complete Parts IV a	and V before compl	eting Part I.				
	al Real Estate Activities With Active l ance for Rental Real Estate Activitie			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the Activities with net loss (enter the am Prior years' unallowed losses (enter Combine lines 1a, 1b, and 1c	ount from Part IV, c the amount from Pa	column (b)) art IV, column (c))	1b (1c (0. 14,680.)	1d	-14,680.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the Activities with net loss (enter the am Prior years' unallowed losses (enter Combine lines 2a, 2b, and 2c	ount from Part V, co	olumn (b)) art V, column (c))	2b (2c (2d	
3	Combine lines 1d and 2d and subtr zero or more, stop here and include prior year unallowed losses entered	ract any prior year of this form with you	unallowed CRD. S ur return; all losse	See instructions. If es are allowed, inc	cluding any	3	-14,680.
	normally used	loss go to Part II				3	<u>-14</u> , 660.
		loss, go to rait ii. loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
Cauti	on: If your filing status is married filin	•				/ear,	do not complet
Part II	. Instead, go to line 10.						•
Par	t II Special Allowance for Re	ental Real Estate	Activities With	Active Particip	ation		
	Note: Enter all numbers in Pa			tions for an examp	ole.		
4	Enter the smaller of the loss on line			4		4	14 <u>,680.</u>
5	Enter \$150,000. If married filing sepa	-			50,000.		
6	Enter modified adjusted gross incom				.09,175.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	al to line 5, skip line	es 7 and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	40,825.		
7 8	Multiply line 7 by 50% (0.50). Do not	enter more than \$25		0 0		8	20,413.
9	Enter the smaller of line 4 or line 8.					9	14,680.
Pari		in into o intolados art	y 0112, 000 indiad	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			14,000.
10	Add the income, if any, on lines 1a a	nd 2a and enter the	e total			10	0.
11	Total losses allowed from all pass						
	out how to report the losses on your	tov votuvo				11	14,680.
Part	IV Complete This Part Befo	re Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Curre	nt year	Prior years	Overa	all ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
HAY	ATINAGARAM	0.	14,680.				14,680.

0.

14,680.

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

Page 2

Part V Complete This Part Befor	e Part I, Lines 2	a, 2b, and 2c. S	ee instructions.		
	Currer	nt year	Prior years	Overall	I gain or loss
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(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 instructions.		
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
HAYATINAGARAM	E Ln 22	14,680.	1.00000000	14,680	0.
Total		14,680.	1.00	14,680	0.
Part VII Allocation of Unallowed L					
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	Loss (b) Ui	nallowed loss	(c) Allowed loss
Total					