## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

		!
Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
VENKATA PHANEENDRA CHERUKU	163-19-	-6324
Spouse's name	Spouse's soci	al security number
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter year year a	ro outhorizing \
Part I Tax Return Information — Tax Year Ending December 31, 2023 Enter whole dollars only on lines 1 through 5.	(Enter year you ar	e authorizing.)
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 103,357.
2 Total tax		2 15,003.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 17,559.
4 Amount you want refunded to you		4 2,556.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy	of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accordance of the payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to te payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended to enter or generate of the income tax return (original or amended). I am now authorizing.  I authorize GLOBAL TAXES LLC to enter or generate on the income tax return (original or amended). I am now authorizing.	transmitter, or electro for rejection of the trace the U.S. Treasury are unt indicated in the tan institution to debit the erminate the authorization requests must be in the processing of the payment. I furtled I am now authorization regretation of the payment. I furtled I am now authorization of the payment.	nic return originator (ERO) ansmission, <b>(b)</b> the reason of its designated Financial expreparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the acknowledge that the zing and, if applicable, my er five digits, but or the reaction of the cancel of
if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Dat	te ▶	
Spouse's PIN: check one box only		
· <u> </u>	avete my DIN	
I authorize to enter or ger	,	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		i't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Dat	te ▶	
Practitioner PIN Method Returns Only—continue	below	
Part III Certification and Authentication — Practitioner PIN Method Only		
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6  Don't ente	5 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I an requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provide	n submitting this retu	rn in accordance with the
ERO's signature ▶ Dat	te ▶	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>£1040</b>		eartment of the Treasury-Internal Revenue Serves. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this spa	ace.
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstruction	s.
Your first name	and m	niddle initial	Last na	me							Your so	cial sec	urity numb	er
VENKATA	РНА	NEENDRA	CHER	UKU							163	19	6324	
		s first name and middle initial	Last na										security nu	ımbeı
	•	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.	1			ction Camp	
325 S M						04-		ZIP c	<u> 232B</u>				ou, or your jointly, wan	
		ice. If you have a foreign address, also co	impiete s	paces bei	ow.	Sta					•	<b>.</b>	nd. Checkin	
ARLINGTO				Foroign pr	ovince/state/	TX		760	n postal c		box bel		not change	)
r oreigir counti	y Harrie	•	'	oreign pr	Ovirice/state/	Count	.y	1 Oreig	jii postai c	oue	your tax	Yo	_	ouse
Filing Status	s 🗵	Single					Head of h	useh	old (HOH	— ∃)				
Check only		Married filing jointly (even if only o	ne had i	ncome)					·					
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf <sup>1</sup>	you checked the MFS box, enter the	name o	of your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qι	ualifying person is a child but not you	ur depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services	); or (	b) sell,			
Assets		nange, or otherwise dispose of a dig											es 🗵 No	0
Standard	Son	neone can claim:   You as a de	pendent	t 🔲	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b> o	ouse	: Was bor	rn befo	ore Janua	ary 2,	, 1959		blind	
Dependent	s (see	instructions):		<b>(2)</b> S	Social security	,	(3) Relationsh	nip (4	) Check t	he bo	x if quali	fies for (	see instructi	ions):
If more		First name Last name		. ,	number		to you		Child t	ax cre	edit	Credit fo	r other depen	ndents
than four									[					
dependents, see instruction	s —													
and check	, —								[	<u>_</u> _				
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a	_	114,78	33.
Attach Form(s)	b	Household employee wages not re	•								1b	_		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a (see instructions)								1c	_			
W-2G and	d	Taxable dependent care benefits for		,	,	ristru	ictions)				1d 1e	_		
1099-R if tax was withheld.	e f	Employer-provided adoption bene									1f			
If you did not		Wages from Form 8919, line 6.	1115 11011	i i Oiiii O	003, 11116 23	•					1g			
get a Form	g h	Other earned income (see instruct	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,					i.						
instructions.	z	Add lines 1a through 1h					· · <u> </u>				1z		114,78	33.
Attach Sch. B		·	2a		j	<b>b</b> Ta	axable interes	t .			2b	_		
if required.	3a	· –	3a			<b>b</b> 0	rdinary divide	nds .			3b			
	4a	· –	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	election r	nethod,	check here	(see	instructions)			. 🗆				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if	required	d. If not requ	uired,	, check here			. $\square$	7			
jointly or	8	Additional income from Schedule	1, line 10	0							8		-11,42	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our <b>total inc</b>	come	e				9		103,35	٦.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, I	ine 26							10			
household,	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted	gross incor	ne					11		103,35	
\$20,800 If you checked	12	Standard deduction or itemized									12	_	13,85	<u>.0.</u>
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14										14		13,85	
occ manuchons.	15	Subtract line 1/1 from line 11 If zer	ra ar lace	ontor	() This is y	Our t	avabla incom	•			15	1	89 50	1./

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	15,003.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	15,003.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	15,003.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	15,003.
<b>Payments</b>	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 1'	7,559.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	17,559.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	., . ,		26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			· · No ·	27			
attacii Scii. Lio.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	17,559.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	2,556.
	35a	Amount of line 34 you want			is attached, che	ck here	🗌	35a	2,556.
Direct deposit?	b	Routing number 1 1 1			<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 4 8 8	0 7 5 0	1 8 5 (	0 0				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				LYes. C	Complete	below.	<b>⋉</b> No
		signee's me		Phone no.		sonal ident nber (PIN)	ification		
Cian		ider penalties of perjury, I declare t	hat I have examined		accompanying sch			the hest	of my knowledge and
Sign		lief, they are true, correct, and com							,
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Identity
		Ü			·				IN, enter it here
Joint return?				Date	HRIS SPEC			inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.			Spouse's occupa	Ider	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (682)330-558	8	Email address	PHANEENDRACH	ERUKU@GMAIL.C	COM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/23/2024	P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC			Pho	ne no. (	678)965-9522	
————	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							84-3171965

# 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

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

VENKATA PHANEENDRA CHERUKU

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

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

١.		Sequence No. <b>01</b>
	Your soc	ial security number
	163-19	-6324

Rable refunds, credits, or offsets of state and local income taxes nony received	  tach Sc	chedule E	. 2a . 3 . 4 . 5	-11,426
te of original divorce or separation agreement (see instructions):  Siness income or (loss). Attach Schedule C  Ser gains or (losses). Attach Form 4797  Set atal real estate, royalties, partnerships, S corporations, trusts, etc. Attach mincome or (loss). Attach Schedule F  Semployment compensation  Ser income:  Separating loss  Ser operating loss  Ser operating loss  Ser operation of debt  Ser eign earned income exclusion from Form 2555  Some from Form 8853  Some from Form 8889  Seka Permanent Fund dividends  Set of original dividends  Set of original dividends  Set of original dividends  Set origin	8a ( 8b 8c 8d ( 8e 8f 8g 8h 8i	chedule E	3 . 4 . 5 . 6	-11,426
siness income or (loss). Attach Schedule C	8a ( 8b 8c 8d ( 8e 8f 8g 8h	chedule E	. 3 4 . 5 . 6	-11,426
siness income or (loss). Attach Schedule C	8a ( 8b 8c 8d ( 8e 8f 8g 8h	chedule E	. 3 4 . 5 . 6	-11,426
Intal real estate, royalties, partnerships, S corporations, trusts, etc. Attention income or (loss). Attach Schedule F	8a ( 8b 8c 8d ( 8e 8f 8g 8h	hedule E	. <u>5</u>	-11,426
m income or (loss). Attach Schedule F	8a ( 8b 8c 8d ( 8e 8f 8g 8h 8i		. 6	-11,426
employment compensation	8a ( 8b 8c 8d ( 8e 8f 8g 8h			
ner income:  c operating loss	8a ( 8b 8c 8d ( 8e 8f 8g 8h 8i		. 7	
coperating loss	8b 8c 8d ( 8e 8f 8g 8h 8i		)	
mbling	8b 8c 8d ( 8e 8f 8g 8h 8i		)	
mbling	8c 8d ( 8e 8f 8g 8h 8i		)	
ncellation of debt	8d ( 8e 8f 8g 8h 8i		)	
eign earned income exclusion from Form 2555	8e 8f 8g 8h 8i		)	
ome from Form 8889	8f 8g 8h 8i			
ska Permanent Fund dividends	8g 8h 8i			
ska Permanent Fund dividends	8h 8i			
res and awards	8i			
res and awards				
	Qί			
	O]			
ck options	8k			
ome from the rental of personal property if you engaged in the rental				
profit but were not in the business of renting such property	81			
mpic and Paralympic medals and USOC prize money (see				
ructions)	8m			
ction 951(a) inclusion (see instructions)	8n			
ction 951A(a) inclusion (see instructions)	80			
ction 461(I) excess business loss adjustment	8p			
able distributions from an ABLE account (see instructions)	8q			
	8r			
	8s (		)	
	ì		,	
	8t			
	8u			
ges earned while incarcerated				
ges earned while incarcerated				
er income. List type and amount:	0-			
ו	ongovernmental section 457 plan	taxable amount of Medicaid waiver payments included on Form 0, line 1a or 1d	taxable amount of Medicaid waiver payments included on Form 0, line 1a or 1d	taxable amount of Medicaid waiver payments included on Form 0, line 1a or 1d

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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)	24a			
b	Deductible expenses related to income reported on line 8l 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			
е	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			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		_	
Z	Other adjustments. List type and amount:				
<b>0</b> -		24z		0-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/	12/24 PRO	Schedu	ile 1 (Form 1040) 2023

# 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.

2023
Attachment
Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

` '	j shown on retain							al Security		
	CATA PHANEENDRA CHERUKU						163-1	9-6324		
Part										
	Note: If you are in the business of renting personal properental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	<b>C</b> . See	instru	ctions. If you are	an indiv	/idual, rep	ort farm	
Α [	Did you make any payments in 2023 that would require you		Form(s) 1	0992.5	See ins	structions		□ Ve	s X No	_
	f "Yes," did you or will you file required Form(s) 1099?									
				• •	• •		• •		,	_
1a	Physical address of each property (street, city, state, ZI	P coa	e) 							
Α	18-13/3, FLAT NO:3 SEETHAMMADHARA VISA	KHAPA	ATNAM,A	NDHR.	A PR.	ADESH IN 5	30013	3		
В										
С										
1b	Type of Property 2 For each rental real estate property				Fa		Person		QJV	
	(from list below) above, report the number of fair					Days	Da	•		
Α	personal use days. Check the Q if you meet the requirements to			Α		365		0		
В	qualified joint venture. See instru			В						
С				С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Land		-	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (describ	oe)			
						Properties	s:			_
Incom	ne:			Α		. В			С	_
3	Rents received	3		6	50.					_
4	Royalties received	4								_
Exper										_
5	Advertising	5								
6	Auto and travel (see instructions)	6								_
7	Cleaning and maintenance	7		1,5	73.					_
8	Commissions	8								_
9	Insurance	9								_
10	Legal and other professional fees	10								_
11	Management fees	11		2,0	48.					_
12	Mortgage interest paid to banks, etc. (see instructions)	12								_
13	Other interest	13								_
14	Repairs	14		2,9	64.					
15	Supplies	15		3,2	57.					
16	Taxes	16								
17	Utilities	17		2,2	34.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		12,0	76.					
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 <b>Form 6198</b>	21	-	-11,4	26.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(	11,42	26.)	(	)	(		)
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope	erties			23a		650.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	12,	076.			
24	Income. Add positive amounts shown on line 21. Do no		-				24			
25	Losses. Add royalty losses from line 21 and rental real estate	te losse	es from lin	e 22. E	nter to	tal losses here	25	(	11,426.	)
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 a	mount	t in the tot	tal on li	ne 41	on page 2 .	26		-11,426.	

**Passive Activity Loss Limitations** 

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 Attachment Sequence No. **858** 

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

Identifying number

VENK	ATA PHANEENDRA CHERUKU				163	-19-	-6324
Par							
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	l Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee <b>Special</b>		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amor Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (	0. 11,426.) )	1d	-11,426.
All Ot	her Passive Activities						
	Activities with net income (enter the a Activities with net loss (enter the amor Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b ( 2c (	)	2d	
3	this line is sluding any schedules	3	-11,426.				
	If line 3 is a loss and: • Line 1d is a l	loss, go to Part II.					
Part II	on: If your filing status is married filing. Instead, go to line 10.  Special Allowance for Rer Note: Enter all numbers in Par	ntal Real Estate	Activities With	spouse at any tim	e during the	year,	do not complete
4	Enter the <b>smaller</b> of the loss on line 1	d or the loss on lir	ne 3			4	11,426.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5 1	50,000.		
6	Enter modified adjusted gross income	e, but not less thar	ı zero. See instruc	tions 6 1	14,783.		
7	35,217.						
8	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). <b>Do not</b> el	nter more than \$25		<b>7</b>		8	17,609.
9	Enter the <b>smaller</b> of line 4 or line 8. If					9	11,426.
Part	Total Losses Allowed						
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	ions to find	11	11,426.				
Part	IV Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.			
	Name of activity	Currer	•	Prior years	Ove	rall ga	ain or loss
	·	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	١	(e) Loss
18-1	13/3,FLAT NO:3	0.	11,426.				11,426.

11,426.

0.

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

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Part V Complete This Part Befor	e Part I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.			•	
Name of activity	Current year		Prior years		overall gain or		ain 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,	, <b>Line 9.</b> S	ee instruc	ctions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a	) Loss	(b) Ratio		o (c) Special allowance		(d) Subtract column (c) from column (a).	
18-13/3,FLAT NO:3	E Ln 22		11,426.	1.0000	0000	11,42	26.	0.	
Total			11,426.	1.0	n	11,42	96	0.	
Part VII Allocation of Unallowed L	osses. See instr			1.0	•	11,12		0.	
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	Loss	(b) Ratio		(c	(c) Unallowed loss	
Total						1.00			
Part VIII Allowed Losses. See instr									
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	er on (a) Loss		(b) Unallowed loss		(	c) Allowed loss	
Total									