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

	5.5.1.45 55.1.155				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social securi	ty numb	per	
SANT	HOSH POGAKU	535-93	-337	9	
Spouse's	name	Spouse's soo	ial secu	urity number	r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	∣ r year you a	re au	thorizina.)
	hole dollars only on lines 1 through 5.	. ,			/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	60	,605.
	Total tax		2	5	,680.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8	,445.
4	Amount you want refunded to you		4	2	,765.
5	Amount you owe		5		
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and	кеер а сор	y of y	our retu	rn)
return (control to send for any control to send for any control to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abourginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uninitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income for the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received advised to the payment (settlement) date. I also authorize the financial institutions involved in the payment cancellation received confidential information necessary to answer inquiries and resolve issues related to the light formation number (PIN) below is my signature for the income tax return (original or amended) I as a financial financial or amended) I as a financial financial or amended) I as a financial withdrawal Consent.	nitter, or electro ection of the tr J.S. Treasury a licated in the tr on to debit the e the authoriza juests must be be processing of payment. I furl	onic reformation of its can be	turn origina ssion, (b) the designated paration soft to this acco To revoke (ved no late ectronic par eknowledge	tor (ERO) ne reason Financial itware for bunt. This cancel) a er than 2 syment of that the
	ic Funds Withdrawal Consent. /er's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to enter or generate	my PIN 3	3 3	3 7 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En		digits, but r all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am rif you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your si	gnature ▶ Date ▶				
Spous	e's PIN: check one box only	_			
	I authorize to enter or generate	my PIN			as my
	ERO firm name		ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am rif you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	i			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0 er all ze	8 2 7	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submorts of the Practitioner PIN method and PIN 1345. Headbook for Authorized IPS a file Providers of	nitting this retu	ırn in a	accordance	
requiren	nents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	naiviauai iricor	петах	nelums.	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To	Do So			

Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

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

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning, 2023, ending, 20						20		eparate uctions.		
Your first name								our identifying number		
						(see inst	tructions)			
SANTHOSH			POGA				535-	93-337		
		er and street). If you have a P.O. box	, see ins	tructions.					ot. no.	
108 MILL									01	
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP code		
WOONSOCKE						RI		02895		
Foreign country name Foreign province/state/county Foreign postal							oostal cod	de		
Filin a										
Filing Status	X									
	lf y	ou checked the QSS box, enter the o	:hild's na	ame if the qualifying pers	on is a child but not	your depe	endent:			
Check only one box.										
Digital Assets	At a	ny time during 2023, did you: (a) recei	ve (as a	reward, award, or payme	ent for property or se	ervices): o	r (b) sell. e	exchange.	or	
Digital 7100010		rwise dispose of a digital asset (or a f								
Dependents						(4) Ch	eck the box	c if qualifies f	for (see inst.):	
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(2) Deletienship to ve	Child ta		IT I	t for other	
		(1) First name Last name		identifying number	(3) Relationship to yo	ou		аер	endents	
If more than four									旹	
dependents, see							-		 	
instructions and check here							\dashv		十一	
	1a	Total amount from Form(s) W-2, box	1 (coo i	netructions)			. 1a	1 6	8,431.	
Income Effectively	b	Household employee wages not rep	•	•				+	0,131.	
Connected	C	Tip income not reported on line 1a (s		• •						
With U.S.	d	Medicaid waiver payments not report		,						
Trade or	e	Taxable dependent care benefits fro		` '	•					
Business	f	Employer-provided adoption benefit		•						
Dusiness	g	Wages from Form 8919, line 6		•			. 1g			
Attach	h	Other earned income (see instruction					. 1h			
Form(s) W-2, 1042-S,	i	Reserved for future use								
SSA-1042-S,	j	Reserved for future use					. 1j			
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)								
attach	z	Add lines 1a through 1h					. 1z	6	8,431.	
Form(s) 1099-R if	2a	Tax-exempt interest 2a	<u> </u>	b Tax	able interest		. 2b			
tax was	3a	Qualified dividends 3a	ı	b Ord	linary dividends .		. 3b			
withheld.	4a	IRA distributions 4a	1	b Tax	able amount		. 4b			
lf you did not	5a	Pensions and annuities 5a	1	b Tax	able amount		. 5b		821.	
get a Form W-2, see	6	Reserved for future use					. 6			
instructions.	7	Capital gain or (loss). Attach Schedu	le D (Fo	rm 1040) if required. If no	ot required, check he	ere [7			
	8	Additional income from Schedule 1 (•					8,647.	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your total effectively c	onnected income		. 9	6	0,605.	
	10	Adjustments to income from Schedincome	•	,·	,					
	11	Subtract line 10 from line 9. This is y	our adju	sted gross income			. 11	6	0,605.	
	12	Itemized deductions (from Schedudeduction (see instructions)						1	3,850.	
	13a	Qualified business income deduction								
	b	Exemptions for estates and trusts or								
	С	Add lines 13a and 13b					. 13c	:		
	14	Add lines 12 and 13c					. 14	1	3,850.	
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta x	kable income .		. 15		6,755.	

Form 1040-NR (2023)									Page 2
Tax and	16	Tax (see instructions). Check if an	y from Foi	rm(s): 1	314 2 🗌 4	1972	3 🗌		16	5,598.
Credits	17	Amount from Schedule 2 (Form	1040), line	3					17	0.
	18	Add lines 16 and 17							18	5,598.
	19	Child tax credit or credit for other	r depende	ents from Sched	ule 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 z	ero or less	s, enter -0		-, -			22	5,598.
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),				1	1			
	b	Other taxes, including self-emploine 21	-		,), 23 b)	82.		
	С	Transportation tax (see instruction	ns)			230	;			
	d	Add lines 23a through 23c							23d	82.
-	24	Add lines 22 and 23d. This is you	ır total ta	x					24	5,680.
Payments	25	Federal income tax withheld from	n:							
	а	Form(s) W-2				25a	1	8,281.		
	b	Form(s) 1099				25b)	164.		
	С	Other forms (see instructions) .				250	;			
	d	Add lines 25a through 25c							25d	8,445.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar	d amount	applied from 20	22 return				26	
	27	Reserved for future use				27				
	28	Additional child tax credit from S	chedule 8	8812 (Form 1040)	28				
	29	Credit for amount paid with Forn	n 1040-C			29				
	30	Reserved for future use				30			_	
	31	Amount from Schedule 3 (Form	,.				_			
	32	Add lines 28, 29, and 31. These							32	
	33	Add lines 25d, 25e, 25f, 25g, 26,							33	8,445.
Refund	34	If line 33 is more than line 24, su				-	=		34	2,765.
	35a								35a	2,765.
Direct deposit? See instructions.	b	Routing number 0 4 4 0 0 0 0 3 7 c Type: S Checking Savings								
See instructions.	d	Account number 8 9 8 6								
	е	If you want your refund check menter it here.							_	
	36	Amount of line 34 you want app				36				
Amount	37	Subtract line 33 from line 24. Thi		-						
You Owe		For details on how to pay, go to	www.irs.g	ov/Payments or	see instruction	1			37	
	38	Estimated tax penalty (see instru				38				
Third	Do yo	u want to allow another person to	discuss t	his return with th	ne IRS? See ins	truction	s. L Y	es. Comp	ete bel	ow. 🗵 No
Party	Desig			Phone				nal identif	cation	
Designee	name				<u> </u>			er (PIN)		
		penalties of perjury, I declare that I have they are true, correct, and complete. D								
Sign	·			Date	. , ,		an informatio			ent you an Identity
Here	Tour	signature		Date	Your occupati	1011		I		PIN, enter it here
11616					SOFTWARE	ENGI	NEER		inst.)	,
	Phone	e no.		Email address				'		
Paid	Prepa	rer's name	Preparer	's signature		Dat	е	PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	RIYA RAM SAGAI	R GUPTA TALLA	AM 02/	11/2024	P02082	2703	Self-employed
Preparer Use Only							Phone n	0. (6'	78)965-9522	
Use Only	Firm's	address 245 ROONEY C		RUNSWICK N	J 08816			Firm's E		4-3171965
0-1	//C-									1040 ND (0000)

BAA

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

SANTHOSH POGAKU

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

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

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

Your social security number 535-93-3379

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. Att	ach Schedule E .	5	-8,647.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
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		
ı	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			
	1040, line 1a or 1d	8s (<u>)</u>	
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 . Ente	r here and on Form		0 545
	1040, 1040-SR, or 1040-NR, line 8		10	-8,647.

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

Par	t II 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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, IIIIC 10	• •		. 20	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

2023

Attachment
Sequence No. 02

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

Your social security number 535-93-3379

			-
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	82.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

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

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
ı	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		. 18	
19	Reserved for future use		. 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . $$		I	82.

SCHEDULE NEC (Form 1040-NR)

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

Your identifying number

535-93-3379

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

SANTHOSH POGAKU

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

OMB No. 1545-0074

Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a

Capital Gains and Lossos From Salas or Evolundes of Property

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. rea property interest; report these gains and losses on Schedule D (Form 1040).

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). Form 4797, or both.

	Capital Gallis and Losses From Sales of Exchanges of Property											
d es ot	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy	(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).				
.S.												
eal												
D												
s	17	Add columns (f) and (g) of line 16 .				17	()					
	18	Capital gain. Combine columns (f) and	(g) of line 17. Ente	er the net gain here	and on line 9 abo	ove. If a loss, enter	r-0 18					

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

vame	snown on Form 1040-NR			Your identifying						
SAN	THOSH POGAKU			535-93-33	379					
Α	Of what country or countries were you a citizen or nation									
В	In what country did you claim residence for tax purpose	es during the tax year?	United States							
С	Have you ever applied to be a green card holder (lawful	permanent resident) of	the United States? .		☐ Yes	⊠ No				
D	Were you ever:									
1	A U.S. citizen?				Yes	⊠ No				
	A green card holder (lawful permanent resident) of the U		Yes	⊠ No						
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.									
Е	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S.									
_	immigration status on the last day of the tay year 51									
F										
•	If you answered "Yes," indicate the date and nature of the	-			∐ Yes	⊠ No				
G	List all dates you entered and left the United States duri									
_	Note: If you're a resident of Canada or Mexico AND co	-		ent intervals						
	check the box for Canada or Mexico and skip to item			☐ Mexico						
	Date entered United States Date departed United Sta		ate entered United States		rtad I Inita	d States				
	mm/dd/yy mm/dd/yy		mm/dd/yy		nm/dd/yy	Joiaics				
Н	Give number of days (including vacation, nonworkdays, an	d partial davs) vou were	present in the United S	 States durina:						
	2021, 2022			_						
ı	Did you file a U.S. income tax return for any prior year?				X Yes	□No				
	If "Yes," give the latest year and form number you filed:									
J	Are you filing a return for a trust?				Yes	⊠ No				
		If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a								
	U.S. person, or receive a contribution from a U.S. person				Yes	☐ No				
K	Did you receive total compensation of \$250,000 or more	during the tax year? .			Yes	⊠ No				
	If "Yes," did you use an alternative method to determine				Yes	□ No				
L	Income Exempt From Tax-If you are claiming exemp					_				
	complete (1) through (3) below. See Pub. 901 for more in			, ,		,				
1	Enter the name of the country, the applicable tax treaty a	ticle, the number of mo	onths in prior years you	claimed the tre	aty benefi	t, and the				
	amount of exempt income in the columns below. Attach F				•					
	(a) Country	(b) Tax treaty article	(c) Number of month	s (d) Amo	ount of exe	empt				
	, ,		claimed in prior tax yea	ars income ir	current ta	x year				
					_					
						_				
	(e) Total. Enter this amount on Form 1040-NR, line 1k.	Do not enter it anywher	re else on line 1							
2	Were you subject to tax in a foreign country on any of the	e income shown in 1(d)) above?		☐ Yes	☐ No				
3	Are you claiming treaty benefits pursuant to a Competer	nt Authority determinati	on?		☐ Yes	⊠ No				
	If "Yes," attach a copy of the Competent Authority deter	mination letter to your i	return.							
М	Check the applicable box if:									
1	This is the first year you are making an election to treat i		rty located in the Unite	d States as eff	ectively c	onnected				
	with a U.S. trade or business under section 871(d). See	nstructions				. 🗌				
2	You have made an election in a previous year that has									
	States as effectively connected with a U.S. trade or busing	ness under section 871	1(d). See instructions .			. 🗆				

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.

Your social security number

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

SANT	HOSH POGAKU						535-9	3-3379	
Part	Note: If you are in the business of renting personal proper			C . See	instru	ctions. If you a	ıre an indi	vidual, rep	ort farm
A 1	rental income or loss from Form 4835 on page 2, line 40.	1 - CI -		10000	\ !				- 5 7 N -
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?								
				• •	• •				:5 NU
1a	Physical address of each property (street, city, state, ZIF	code)						
Α	LALITHA NAGAR, NAGOLE HYDERABAD TELANG	SANA	IN 50	0068					
В									
С					ı				Т
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair rental real estate property.	rental	and		Fa	nir Rental Days		nal Use ays	QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quainled joint venture. See instru	ICLIONS).	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	I	-	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ribe)		
						Properti			
Incon	ne:			Α		В			С
3	Rents received	3		4	00.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	80.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		8	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,2					
15	Supplies	15		1,8	96.				
16	Taxes	16			<i>-</i> 1				
17	Utilities	17		2,7	64.				
18	Depreciation expense or depletion	18							
19 20	Other (list) Total expenses. Add lines 5 through 19	19		9,0	17				
		20		9,0	4/.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-8,6	47.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-8,64	7.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		400.		
b	Total of all amounts reported on line 4 for all royalty proper				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	9	,047.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate							(8,647.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						n 26		-8.647
		111111111111111111111111111111111111111			+	VIII NUME (. I 70	1	- () - () + /