## 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	Soc	cial security	/ numbei	r	
RAVI TEJA GUTTA	2	99-33-	1677		
Spouse's name	Spc	ouse's soci	al securi	ty number	
David Toy Date we before action Toy Veer Co	adina Dagarahar 21		مالجار ما	- wi-i \	
Part I Tax Return Information — Tax Year Er	nding December 31, 2023 (Enter year	ır you ar	e autn	orizing.)	
Enter whole dollars only on lines 1 through 5. <b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2	2. 2. and 5 blank				
1 Adjusted gross income		1	1	71	,731.
2 Total tax		+	2		,999.
3 Federal income tax withheld from Form(s) W-2 and			3		,000.
		- +	4		1.
5 Amount you owe		+	5		
Part II Taxpayer Declaration and Signature A	authorization (Be sure you get and keep	a copy	of yo	ur retur	n)
Under penalties of perjury, I declare that I have examined a copy my knowledge and belief, it is true, correct, and complete. I for return (original or amended) I am now authorizing. I consent to a to send my return to the IRS and to receive from the IRS (a) an for any delay in processing the return or refund, and (c) the date Agent to initiate an ACH electronic funds withdrawal (direct deb payment of my federal taxes owed on this return and/or a paymauthorization is to remain in full force and effect until I notify the payment, I must contact the U.S. Treasury Financial Agent at business days prior to the payment (settlement) date. I also aut taxes to receive confidential information necessary to answer personal identification number (PIN) below is my signature for the Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only	arther declare that the amounts in Part I above are allow my intermediate service provider, transmitter, acknowledgement of receipt or reason for rejection of any refund. If applicable, I authorize the U.S. Trit) entry to the financial institution account indicated ent of estimated tax, and the financial institution to the U.S. Treasury Financial Agent to terminate the talease-353-4537. Payment cancellation requests horize the financial institutions involved in the procinquiries and resolve issues related to the payment.	e the amo or electron of the tra reasury and in the ta debit the authorization in the tangent of tangent of the tangent of tangen	unts fron nic return ansmissind its de x preparentry to tion. To receive the election and receive the ackreting and	om the inc rn originat ion, <b>(b)</b> the signated f ration soft this accon revoke (c ed no late ctronic pay nowledge I, if applica	ome tax or (ERO) e reason Financial ware for unt. This cancel) a r than 2 yment of that the
	to autor an account may f	3	1 6	7 7 7	
X I authorize GLOBAL TAXES LLC  ERO firm name	to enter or generate my F	Ente		gits, but	as my
signature on the income tax return (original or ar	nended) I am now authorizing.	don	't enter a	all zeros	
I will enter my PIN as my signature on the incomif you are entering your own PIN and your returbelow.					
Your signature ►	Date ►				
Spouse's PIN: check one box only					
I authorize	to enter or generate my F	ы			as my
ERO firm name	to drive or generate my r		er five di	gits, but	ao my
signature on the income tax return (original or ar	nended) I am now authorizing.	don	't enter a	all zeros	
I will enter my PIN as my signature on the incomif you are entering your own PIN <b>and</b> your returbelow.					
Spouse's signature ▶	Date ►				
Practitioner PIN M	ethod Returns Only—continue below				
Part III Certification and Authentication — Practical Certification and Authentication — Practical Certification — Practic	actitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	our five-digit self-selected PIN. 2 2 2	4 9 6		8 2 7 os	1
I certify that the above numeric entry is my PIN, which is my si authorized to file for tax year indicated above for the taxpayer requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Har	(s) indicated above. I confirm that I am submitting	this retur	n in ac	cordance	
ERO's signature ▶	Date <b>▶</b>				
ERO Must Reta	in This Form — See Instructions				
Don't Submit This Forn	n to the IRS Unless Requested To Do S	io			

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



<b>1040</b>		artment of the Treasury-Internal Revenue Serv  S. Individual Income Tax		202	3	OMB No. 1545-	0074	IRS Use Onl	ly—Do not v	write or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding			, 20	See se	parate	instructions.	
Your first name	and m	iddle initial	Last name	ast name							curity number	
RAVI TE	JA		GUTTA						299	33	1677	
If joint return, s	pouse's	s first name and middle initial	Last name						Spouse's social security nun			
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				Α	pt. no.	Preside	ential Ele	ection Campaign	
_2307 LA					_						you, or your	
City, town, or p	ost offi	ice. If you have a foreign address, also co	omplete space	es below.	Sta	ite	ZIP co				jointly, want \$3 and. Checking a	
_ CHARLOT'					NC		282	16	box be	low will	not change	
Foreign countr	y name		Forei	gn province/state/	count	ty	Foreig	n postal code	your ta	x or refu		
Filing Status	s 🗵	Single	<u>'</u>			☐ Head of ho	useh	old (HOH)				
Check only		Married filing jointly (even if only o	ne had inco	me)								
one box.		Married filing separately (MFS)				Qualifying:	surviv	ing spouse	(QSS)			
	lf y	you checked the MFS box, enter the	name of yo	our spouse. If you	u che	ecked the HOH	or QS	SS box, ent	er the ch	ild's na	ame if the	
	qu	ıalifying person is a child but not yo	ur dependen	nt:								
Digital		ny time during 2023, did you: (a) rec	•				-	-				
Assets		nange, or otherwise dispose of a dig				<u>~</u>	:)? (Se	e instruction	ons.)	Y	es 🗵 No	
Standard Deduction	_	neone can claim:	•			•						
Age/Blindnes	s You	: Were born before January 2, 1	959 🗌 A	re blind <b>Sp</b> o	ouse	: Was born	n befo	re January	2, 1959		ls blind	
Dependent	s (see	instructions):		(2) Social security	/	(3) Relationshi	p (4	) Check the I	oox if qua	lifies for	(see instructions):	
If more	(1) F	(1) First name Last name		number to you				Child tax	credit	Credit fo	or other dependents	
than four												
dependents, see instruction	. —											
and check												
here L												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see ins	structions) .					. 18	а	93,045.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								<b>)</b>		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms W-2G and	d											
1099-R if tax	е	Taxable dependent care benefits		-					. 10	Э		
was withheld.	f	Employer-provided adoption bene	efits from Fo	rm 8839, line 29					. 1	_		
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 19	9		
W-2, see	h	Other earned income (see instruct	•				· ·		. 11	1	0.	
instructions.	i	Nontaxable combat pay election (	see instructi	ons)		<u>li</u>					02 045	
	z	Add lines 1a through 1h		· · · ;					. 12		93,045.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a	1		axable interest			. 21		1.0	
required.	3a	Qualified dividends	3a	1.		ordinary dividen			. 31	_	10.	
Standard	4a	_	4a			axable amount			. 41			
Deduction for—	5a	<del>_</del>	5a			axable amount			. 51			
Single or Married filing	6a	Social security benefits 6a b Taxable amount							.   6l	)		
separately, \$13,850	C -	If you elect to use the lump-sum e		-	•	,			H F		F 3 F	
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									535.	
jointly or Qualifying	8	Additional income from Schedule	•						. 8	_	-21,859. 71,721	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-					. 9		71,731.	
Head of	10	Adjustments to income from Sche							. 10		71 721	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-					. 1		71,731.	
If you checked	12	Standard deduction or itemized		•	,				. 12		13,850.	
any box under Standard	13	Qualified business income deduct			1 099	ю-А			. 13		12 050	
Deduction, see instructions.	14 15									13,850. 57,881.		
				1101 U . IIIIO 10 )	oui l				.   15	<i>•</i>	J , , O O I .	

Form 1040 (2023	3)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌		16	7,999.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	7,999.
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	7,999.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	7,999.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	3,000.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	8,000.
If you have a	26	2023 estimated tax payments and amount a	pplied from 20	)22 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15						
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments				33	8,000.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	1.
	35a	Amount of line 34 you want refunded to you	35a	1.				
Direct deposit?	b	Routing number 0 4 4 0 0 0 0		<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 7 5 7 1 2 9 6						
	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. This is the <b>amo</b> For details on how to pay, go to <i>www.irs.go</i>	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc structions			_	omplete b	elow.	<b>⊠</b> No
J		Designee's Phone Personal iden					ication	
		me	no.			ber (PIN)		
Sign		der penalties of perjury, I declare that I have examined lief, they are true, correct, and complete. Declaration of		, , ,		,		, ,
Here		ur signature	Date	Your occupation				nt vou an Identity
	10	ui signature	Date	Tour occupation				IN, enter it here
Joint return?				SOFTWARE E	NGINEER	(see	inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati	Ident	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (330)676-3629	Email address	RAVITEJA.G	00@GMAIL.C	MC		
Paid	Pre	eparer's name Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY	A RAM SAG	GAR GUPTA	03/28/2024	P02082	2703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC				Phor	none no. (678)965-9522	
————	Fir	m's address 245 ROONEY CT E BRU	NSWICK N	J 08816		Firm <sup>3</sup>	s EIN	
o	-	40406 1 1 11 11 11 11 6 11						- 1040

# 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

RAVI TEJA GUTTA

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 299-33-1677

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-21,859.
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 (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u		
Z				
•	Total ather income Add lines On through On	8z	-	
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente			21 050
	1040, 1040-SR, or 1040-NR, line 8		10	-21,859.

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			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	,	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		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				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

#### SCHEDULE D (Form 1040)

Department of the Treasury

#### **Capital Gains and Losses**

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Internal Revenue Service Name(s) shown on return Your social security number 299-33-1677 RAVI TEJA GUTTA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 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 . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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).

11

12

13

14

15

535.

535.

281.

816.

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 535. • 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 • 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? X 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 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? X 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form 8949 (2023) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RAVI TEJA GUTTA

Social security number or taxpayer identification number 299-33-1677

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.

<ul><li><b>∑</b> (<b>D</b>) Long-term transactions</li><li><b>☐</b> (<b>E</b>) Long-term transactions</li><li><b>☐</b> (<b>F</b>) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas	•	,	•	7)
1  (a)  Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a co	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)				and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) an combine the resul- with column (g).
Robinhood Securities LLC	05/28/22	12/31/23	816.	281.			535.
Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D. line 8b (if Box D above	I here and inc	lude on your					

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.

above is checked), or line 10 (if Box F above is checked) .

816.

281.

#### **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.

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

Your social security number

OMB No. 1545-0074

RAV:	I TEJA GUTTA						299-31	3-1677	/	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>c</b> . See	e instru	ctions. If you	are an indiv	vidual, rep	oort farm	
Α	Did you make any payments in 2023 that would require you	to file	Form(s)	10992 9	See ins	structions			es X No	
	If "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZII							<u> </u>		
			<u> </u>	NE CII	TNT F	22616				
A	MYTHRI HOMES, PLOT. 507 CHILAKALURIPET A	ANDHE	KA PRAL	)ESH	TM 2	22010				
B										
C 1b	Type of Property 2 For each rental real estate prope						Person		QJV	
	(from list below) above, report the number of fair personal use days. Check the Q			_		Days	Da			
_ <u>A</u>	ja personal use days. Check the Q			A		365		0		
В	qualified joint venture. See instru			В						
<u> </u>				С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert	ies:			
Incor	ne:			Α		В			С	
3	Rents received	3		6	85.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6		7	70.					
7	Cleaning and maintenance	7		2,190.						
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11	1,520.							
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		5,2	45.					
15	Supplies	15	5,028.							
16	Taxes	16								
17	Utilities	17		4,7	00.					
18	Depreciation expense or depletion	18		3,0	91.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		22,5	44.					
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		-21,8	59.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	21,85	59.)	(	)	(		
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		685.			
b	Total of all amounts reported on line 4 for all royalty prop				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	3	3,091.			
е	Total of all amounts reported on line 20 for all properties				23e		2,544.			
24	Income. Add positive amounts shown on line 21. Do not						. 24			
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses he	-	(	21,859.	
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 at	t appl	y to you,	also e	nter tl	nis amount o			-21,859.	