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

OMB No. 1545-0074

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

For the year Jar	ı. 1–C	ec. 31, 2023, or other tax year beginning	)	, 2	023, e	ending	·	20	See separate instructions.
Your first name	and r	niddle initial L	ast na	ıme				Your ider	ntifying number
								(see instru	uctions)
ROMIL			OSH	I				886-3	6-6072
Home address	(numl	per and street). If you have a P.O. box, s	ee ins	tructions.					Apt. no.
51 SMITH	STR	EET							51C
City, town, or po	ost of	fice. If you have a foreign address, also	comp	lete spaces below.			State	Z	IP code
ROXBURY C							MA		2120
Foreign country	nam	e F	oreigr	n province/state/cou	unty		Foreign p	ostal code	)
	1								
Filing	×	Single	tely (N	∕IFS) ☐ Qua	alifying	g surviving spouse (	QSS)	☐ Esta	te 🗌 Trust
Status	lf :	you checked the QSS box, enter the chil			perso	on is a child but not	your depe	endent:	
Check only one box.									
-	Λ+ ο	ny time during 2023, did you: (a) receive	(00.0	roward award ar p		nt for proporty or oo	ruioco): o	(b) coll ov	rohango or
Digital Assets		rwise dispose of a digital asset (or a fina							Yes X No
Dependents	<del>                                     </del>	•			ĺ				qualifies for (see inst.):
(see instructions):				(2) Dependent's			Chil	d tax credit	Credit for other
,	-	(1) First name Last name		identifying numbe	er	(3) Relationship to yo	u		dependents
If more than four									
dependents, see									
instructions and check here								<u> </u>	
	4 -	Tatal array at from Farray(a) W. O. Is and	/:						F1 000
Income	1a	Total amount from Form(s) W-2, box 1	`	,					54,098.
Effectively	b	Household employee wages not report		` '					
Connected	c C	Tip income not reported on line 1a (see Medicaid waiver payments not reported						. 1c . 1d	
With U.S.	d	Taxable dependent care benefits from		( )		,		. 1u	
Trade or Business	e f	Employer-provided adoption benefits f		·				. 16 . 1f	
Dusiness	g	Wages from Form 8919, line 6		· ·				. 1g	
Attach	h	Other earned income (see instructions)						. 19	
Form(s) W-2, 1042-S,	i	Reserved for future use							
SSA-1042-S,	i	Reserved for future use						. 1j	
RRB-1042-S,	k	Total income exempt by a treaty from S				1 1			
and 8288-A here. Also		line 1(e)				. 1k			
attach	z	Add lines 1a through 1h						. 1z	54,098.
Form(s) 1099-R if	2a	Tax-exempt interest 2a		b	Taxa	able interest		. 2b	622.
tax was	3a	Qualified dividends 3a		b	Ordi	nary dividends		. 3b	
withheld.	4a	IRA distributions 4a		b	Taxa	able amount		. 4b	
If you did not	5a	Pensions and annuities 5a		b	Taxa	able amount		. 5b	
get a Form W-2, see	6	Reserved for future use							
instructions.	7	Capital gain or (loss). Attach Schedule	•	, .		•			
	8	Additional income from Schedule 1 (Fo							-9 <b>,</b> 772.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8.	This is	your total effective	ely co	nnected income .		. 9	44,948.
	10	Adjustments to income from Schedule income	•	•		•			
	11	Subtract line 10 from line 9. This is you	r <b>adj</b> u	ısted gross income	е.			. 11	44,948.
	12	Itemized deductions (from Schedule	•	,,					
		deduction (see instructions)				l l	ndia Tre	aty <b>12</b>	13,850.
	13a	Qualified business income deduction fr							
	b	Exemptions for estates and trusts only							
	C	Add lines 13a and 13b							40.5-7
	14								13,850.
	15	Subtract line 14 from line 11. If zero or	less,	enter -0 This is you	ur tax	able income		.   15	31,098.

Form 1040-NR (	2023)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if ar	y from For	rm(s): <b>1</b>	314 <b>2</b>	4972	3 🗌		16	3,509.
Credits	17	Amount from Schedule 2 (Form	1040), line	3					17	0.
	18	Add lines 16 and 17							18	3,509.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Forn	n 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	3,509.
	23a	Tax on income not effectively co	nnected w	vith a U.S. trade	or business fro	om				
		Schedule NEC (Form 1040-NR),	line 15 .			. 2	Ва			
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 104	10),				
		line 21				. 23	3b			
	С	Transportation tax (see instruction	,				Вс			
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is yo	ur <b>total ta</b>	x		<u></u>			24	3,509.
<b>Payments</b>	25	Federal income tax withheld from								
	а	Form(s) W-2				. 2	ā	5 <b>,</b> 657.		
	b	Form(s) 1099					5b			
	С	Other forms (see instructions) .					ōc			
	d	Add lines 25a through 25c							25d	5 <b>,</b> 657.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar				1			26	
	27	Reserved for future use					7		_	
	28	Additional child tax credit from S		,			8		_	
	29	Credit for amount paid with Forr					9			
	30	Reserved for future use					0		_	
	31	Amount from Schedule 3 (Form	,.				1			
	32	Add lines 28, 29, and 31. These							32	- 657
	33	Add lines 25d, 25e, 25f, 25g, 26		-					33	5,657.
Refund	34	If line 33 is more than line 24, su				•	=		34	2,148.
Discret descrit0	35a	Amount of line 34 you want <b>refu</b>							35a	2,148.
Direct deposit? See instructions.	b	Routing number 0 1 1 0 Account number 4 6 6 0			<b>c</b> Type:	<u> </u>	ecking	Savings		
	d					C+-+				
	е	If you want your refund check menter it here.								
	26	Amount of line 34 you want <b>app</b>		ur 2024 satimat			6		-	
Amount	36 37	Subtract line 33 from line 24. Th				.   3	0			
Amount You Owe	31	For details on how to pay, go to		_		ns			37	
rou Owe	38	Estimated tax penalty (see instru	_	-		1	8		0,	
Third		ou want to allow another person to						es. Compl	ete be	low. 🗵 No
Party	Desig	·	4.004001	Phone		.01.001.0		nal identifi		
Designee	name			no				er (PIN)	Cation	
	Under	penalties of perjury, I declare that I ha			ccompanying sc	chedules			e best o	of my knowledge and
	belief,	they are true, correct, and complete. I	Declaration of	of preparer (other t	han taxpayer) is	based c	n all information	on of which	prepare	r has any knowledge.
Sign	Your	signature		Date	Your occupa	ation				ent you an Identity
Here										PIN, enter it here
	D.			_ ,	STUDENT			(see	inst.)	
	Phone		Droporor	Email address			ate	PTIN		Oh a al. if.
Paid		rer's name		's signature					2700	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RIYA RAM SAGAI	K GUPTA TALI	LAM   U2	2/18/2024	P02082		Self-employed
Use Only		s name GLOBAL TAXES			<b>-</b> 00000			Phone n		78) 965-9522
	Firm's	s address 245 ROONEY (	T E BF	RUNSWICK N	J 08816			Firm's E	IIN 8	4-3171965

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## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

ROMIL DOSHI

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.

	Sequence No. <b>01</b>
Your soc	ial security number
886-36	-6072

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	78.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-9 <b>,</b> 850.
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		
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			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	r here and on Form		0 776
	1040, 1040-SR, or 1040-NR, line 8		10	-9,772.

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-basis government	nent		_
	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		9a	_
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	 _
21	Student loan interest deduction		21	_
22	Reserved for future use		22	
23	Archer MSA deduction	🛂	23	 _
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	1	26	_

#### **SCHEDULE NEC** (Form 1040-NR)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number ROMIL DOSHI 886-36-6072 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10%	(h) 150/	(=) 200/	(a) Other	iei (specify)			
			Nature of income			(a) 10%	<b>(b)</b> 15%	(c) 30%	%	%
1	Dividends and divide	end equ	uivalents:							
а	Dividends paid by U.	.S. corp	oorations		1a					
b	Dividends paid by fo	reign c	orporations		1b					
С	Dividend equivalent p	ayment	ts received with respect to section 871(m	n) transactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corpo	oration	s		2b					
С					2c					
3	Industrial royalties (p	atents,	trademarks, etc.)		3					
4	Motion picture or TV	copyri	ght royalties		4					
5	Other royalties (copy	rights,	recording, publishing, etc.)		5					
6	Real property income	e and r	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8	Social security benef	fits .			8					
9			low		9					
10	Gambling—Resident If zero or less, enter	ts of Ca r -0-	anada only. Enter net income in column	(c).						
а	Winnings									
b			<del>_</del>		10c					
11	Cambling Posidont	to of oo	untrice other than Canada							
			Losses aren't allowed		11					
12	Other (specify):									
					12					
13	•		columns (a) through (d)		13					
14			tax at top of each column		14					
15	Tax on income not e	ffective	ely connected with a U.S. trade or busin						NR, line 23a <b>15</b>	
		1	Capital Gains a	ina Losses F	-rom	Sales or Excha	nges of Proper	ty ⊤		<u> </u>
losses f	nly the capital gains and rom property sales or ges that are from sources he United States and not	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acqu mm/dd/yy		(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).
effective	ely connected with a U.S.									
or loss	s. Do not include a gain on disposing of a U.S. real									
	y interest; report these nd losses on Schedule D									
(Form 1	040).									
	property sales or ges that are effectively									
connec	ted with a U.S. business edule D (Form 1040),	17 <i>/</i>								
	797, or both.	18 (	Capital gain. Combine columns (f) an	d (g) of line 17	. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, enter	r -0 <b>18</b>	

## 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

Name s	nown on Form 1040-NR				Your identifying	number			
ROMI	L DOSHI				886-36-6	072			
Α	Of what country or countries w	vere you a citizen or nationa	al during the tax ye	ear? INDIA					
В	In what country did you claim	residence for tax purposes	s during the tax ye	ear? United States					
С	Have you ever applied to be a	green card holder (lawful p	ermanent resident	t) of the United States? .		☐ Yes	⊠ No		
D	Were you ever:								
	<b>1.</b> A U.S. citizen?								
2.	2. A green card holder (lawful permanent resident) of the United States?								
_	If you answer "Yes" to (1) or (2								
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 tax yearF1								
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?								
G	List all dates you entered and	left the United States durin	g 2023. See instru	ctions.					
	Note: If you're a resident of C				_				
	check the box for Canada or				☐ Mexico				
	Date entered United States	Date departed United State	es	Date entered United State		arted Unite	d States		
	mm/dd/yy	mm/dd/yy		mm/dd/yy	ı ı	mm/dd/yy			
			_						
			<u> </u>						
н	Give number of days (including	vacation nonworkdays and	 I nartial dave) vou v	were present in the United	States during:				
	2021	, 2022	, and	d <b>2023</b> 365			<b>\</b>		
ı	Did you file a U.S. income tax If "Yes," give the latest year ar					∐ Yes	⊠ No		
J	Are you filing a return for a trus	st?				☐ Yes	⊠ No		
	If "Yes," did the trust have a U								
	U.S. person, or receive a contr	•				☐ Yes	☐ No		
K	Did you receive total compens		-			☐ Yes	⊠ No		
	If "Yes," did you use an alterna			•		☐ Yes	□ No		
L	Income Exempt From Tax—If complete (1) through (3) below	. See Pub. 901 for more inf	formation on tax tr	reaties.			-		
1.	Enter the name of the country, amount of exempt income in the				claimed the tre	eaty benefi	t, and the		
	<b>(a)</b> Cou	ntry	(b) Tax treaty arti	cle (c) Number of montl claimed in prior tax ye		nount of exi	•		
	(e) Total. Enter this amount of	n Form 1040-NR, line 1k. D	o not enter it anyv	where else on line 1					
	Were you subject to tax in a fo					☐ Yes	☐ No		
3.	Are you claiming treaty benefit		-			☐ Yes	⊠ No		
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to ye	our return.					
М	Check the applicable box if:				101 :				
	This is the first year you are mwith a U.S. trade or business u	ınder section 871(d). See ir	structions				🗌		
2.	You have made an election in States as effectively connected								

## SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. **09** 

	of proprietor IL DOSHI						security number (SSN) -36-6072
A ROM.	Principal business or profession	n including prod	uct or service (see in	netrii	ctions)		er code from instructions
^	STUDENT	ni, including prod	act of service (see if	iioliü	Guori <i>aj</i>		9 9 0 0
С	Business name. If no separate	husiness name	leave blank				
C	business name. If no separate	business name,	leave Dialik.			D Emp	loyer ID number (EIN) (see instr.)
E	Business address (including si	uite or room no.)	51 SMITH	STR	EET, Apt. 51C		
	City, town or post office, state						
F	Accounting method: (1)	Cash (2)	Accrual (3)		Other (specify)		
G	Did you "materially participate	" in the operation	of this business du	ring 2	2023? If "No," see instructions for lir	nit on lo	osses . X Yes No
Н	If you started or acquired this	business during 2	2023, check here .				$\square$
I	Did you make any payments in	n 2023 that would	I require you to file F	orm	(s) 1099? See instructions		Yes X No
J	If "Yes," did you or will you file	e required Form(s)	1099?				🗌 Yes 🗌 No
Par							
1	Gross receipts or sales. See in	nstructions for line	e 1 and check the bo	ox if	this income was reported to you on		
						1	15,448.
2	Returns and allowances					2	
3	Subtract line 2 from line 1 .					3	15,448.
4	Cost of goods sold (from line	42)				4	
5	Gross profit. Subtract line 4 f	rom line 3				5	15,448.
6	Other income, including federa	al and state gasol	line or fuel tax credit	or re	efund (see instructions)	6	
7	Gross income. Add lines 5 ar	nd 6				7	15,448.
Part	<b>Expenses.</b> Enter ex	penses for bus	iness use of your	r hor	me <b>only</b> on line 30.		
8	Advertising	8	1	8	Office expense (see instructions) .	18	1,240.
9	Car and truck expenses		1	9	Pension and profit-sharing plans .	19	
	(see instructions)	9	2	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment	20a	4,000.
11	Contract labor (see instructions)	11		b	Other business property	20b	4,800.
12	Depletion	12	2	21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not		2	22	Supplies (not included in Part III) .	22	
	included in Part III) (see		2	23	Taxes and licenses	23	
	instructions)	13	2	24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	3,200.
	(other than on line 19) .	14		b	Deductible meals (see instructions)	24b	1,550.
15	Insurance (other than health)	15	2	25	Utilities	25	580.
16	Interest (see instructions):		1	26	Wages (less employment credits)	26	
а	Mortgage (paid to banks, etc.)	16a	2	27a	Other expenses (from line 48)	27a	
b	Other	16b		b	Energy efficient commercial bldgs		
	Legal and professional services	17			deduction (attach Form 7205)		15.050
28					through 27b	28	15,370.
29						29	78.
30	•	,	•	exper	nses elsewhere. Attach Form 8829		
	unless using the simplified me				homo		
	Simplified method filers only						
	and (b) the part of your home					00	
24	Net profit or (loss). Subtract	•		OH II	ne 30	30	
31							
	<ul> <li>If a profit, enter on both Sch checked the box on line 1, see</li> </ul>	e instructions.) Es	.,		, , ,	31	78.
	• If a loss, you must go to line				J		
32	If you have a loss, check the b	oox that describes	s your investment in	this	activity. See instructions.		
	• If you checked 32a, enter the		•	• •			□ <b>^</b> 11
	SE, line 2. (If you checked the	box on line 1, see	the line 31 instruction	ns.) E	Estates and trusts, enter on	32a	All investment is at risk.
	Form 1041, line 3.  • If you checked 32b, you mu	et attach Farms Co	100 Vour lana mari l	ha !:	nited J	32b	Some investment is not at risk.
	- II YOU CHECKEU 32D, YOU MU	or allaun Fuill 0	iou. Tour loss may l		III. <del>C</del> u.		

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta	ach ex	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	. Tes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?			☐ No
46	Do you (or your spouse) have another vehicle available for personal use?			☐ No
47a	Do you have evidence to support your deduction?			☐ No
b	If "Yes," is the evidence written?		Tes	☐ No
Part	If "Yes," is the evidence written?	27b,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

#### **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.

Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number

ROM	IL DOSHI						886-36	-6072	
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.	rty, use		<b>C</b> . See	instru	ctions. If you a	ıre an indiv	idual, repo	ort farm
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. Te	s 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
Α	1702, PRERANA CHS, LT ROAD BORIVALI WE	EST.	MIIMRAT	МДН	ARASI	HTRA IN 4	100092		
В	1702, INDIVINI CITO, ET NORD BORTVINET WI		1101111111	. 1121112	1110101	.111(1) 11(	100052		
C									
1b	Type of Property (from list below)  2 For each rental real estate properties above, report the number of fair	rental	and		Fa	ir Rental Days	Persona Day		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to find a qualified joint venture. See instru			В					
С	qualified joint venture. See instru	JCHORS	э.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land	l	7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desci	ribe)		
						Properti			
Incor	mer			Α		В	C3.		С
3	Rents received	3			90.				
4	Royalties received	4			-				
	nses:	<u> </u>							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	39.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	40.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,8	10.				
15	Supplies	15		2,4	41.				
16	Taxes	16							
17	Utilities	17		2,2	10.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,3	40.				
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		-9,8	50.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	-9 <b>,</b> 85		[	)(		)
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope	erties			23a		490.		
b					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	10	,340.		
24	Income. Add positive amounts shown on line 21. Do not	<b>t</b> inclu	de any los	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	es from lin	e 22. E	nter to	tal losses her	e <b>25</b> (		9,850.)
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resu	ılt		
	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	ot app	ly to you,	also e	nter th	nis amount c			-9,850.

ROMIL DOSHI 886-36-6072 1

### Additional Information From 2023 Federal Tax Return

#### Schedule C (STUDENT): Profit or Loss from Business

Line 18

Description	Amount
MISC EXPENSES	1,240.
Total	1,240.

**Itemization Statement** 

### Schedule C (STUDENT): Profit or Loss from Business

Line 20b Itemization Statement

Description	Amount
RENT PAID (1200PM*4M)	4,800.
Total	4,800.

### Schedule C (STUDENT): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
PHONE BILLS (85PM*4M)	340.
INTERNET BILLS (60PM*4M)	240.
Total	580.