# 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

	370.100						
Submis	ssion Identification Number	(SID)					
Taxpayer	's name			Social securi	ty numb	per	
	ARZOO UZMA ASIF			851-69	-		
Spouse's				Spouse's so			r
				<del></del>			
Part		ation — Tax Year Ending Dec	cember 31, 2023	(Enter year you a	are aut	thorizing	.)
	hole dollars only on lines 1	•					
		e 4 only. Leave lines 1, 2, 3, and 5			ایرا	101	
					1		L,527.
	Total tax				3		1,596.
	Amount you want refunded				4		7,333.
	•				5		2,737.
Part		ion and Signature Authorizat				our retu	ırn)
my know return (control to send for any of Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, original or amended) I am now my return to the IRS and to redelay in processing the return initiate an ACH electronic fur to fmy federal taxes owed on ation is to remain in full force t, I must contact the U.S. Tres days prior to the payment (so receive confidential informat I identification number (PIN) being Funds Withdrawal Consent.  yer's PIN: check one box of I authorize GLOBAL Tresignature on the income of I will enter my PIN as my if you are entering your of	only	that the amounts in Parermediate service provider, ement of receipt or reason and. If applicable, I authorize the financial institution accounted tax, and the financial asury Financial Agent to te-4537. Payment cancellate and and institutions involved resolve issues related that are turn (original or amendation and authorizing.  To enter or gearm now authorizing.	t I above are the am transmitter, or electron for rejection of the tree the U.S. Treasury a count indicated in the transmitter to debit the erminate the authorization requests must be to the payment. I fur ded) I am now authorizate my PIN    Proceedings	ounts for onic retransmission in the case per entry the ation. The receiving arrange and the electron arrange and the electron arrange	rom the inturn original sision, (b) the designated designated designated to this acctor or evoke wed no lattectronic packnowledgend, if appliance and design to the design	acome tax ator (ERO) he reason in Financial offtware for ount. This (cancel) a ter than 2 ayment of e that the cable, my as my
Your si	below. gnature ►	NATO?	Da	ate ▶			
Spaus	e's PIN: check one box or	slv					
Spous	I authorize	ny	to optor or go	nerate my PIN			as my
		ERO firm name	to enter or ge	,	ter five	digits, but	as IIIy
	signature on the income	tax return (original or amended) I a	m now authorizing.			r all zeros	
		signature on the income tax retur own PIN <b>and</b> your return is filed u					
Spouse	e's signature ►		Da	ate ▶			
		Practitioner PIN Method Ret	turns Only—continue	below			
Part I	Certification and A	Authentication — Practitioner	PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-d	igit EFIN followed by your five-dig	it self-selected PIN.	2 2 2 4 9	6 0	8 2 7	7   1
	, , , , , , ,	3		Don't en	ter all ze	eros	
authoriz	ed to file for tax year indicate	is my PIN, which is my signature for ad above for the taxpayer(s) indicated ethod and <b>Pub. 1345,</b> Handbook for A	above. I confirm that I a	m submitting this ret	urn in a	accordance	
ERO's	signature ►		Da	ate ▶			
		ERO Must Retain This Fo					
	Doi	n't Submit This Form to the IF	RS Unless Requeste	d 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–C	ec. 31, 2023, or other tax year begin	, 2023, ending, 20					0	See separat			
Your first name	and r	middle initial						Your identifying number				
				(s						(see instructions)		
FNU			ARZO	O UZMA ASIF					851-6	59-3718		
Home address (	numl	oer and street). If you have a P.O. bo	x, see ins	structions.						Apt. no.		
3521 WILS	HIR	E WAY								5121		
City, town, or po	ost of	fice. If you have a foreign address, a	lso comp	olete spaces below.			Sta	ate	Z	IP code		
RICHARDSO							T			75082		
Foreign country	nam	e	Foreig	n province/state/county			Fo	reign po	stal code	Э		
	1											
Filing	X	Single Married filing sep	arately (N	MFS) Qualifyi	ng survi	ving spous	e (QS	S)	☐ Esta	ite 🗌 Tru	ıst	
Status	lf :	you checked the QSS box, enter the	child's n	ame if the qualifying pers	son is a	child but n	ot you	ır deper	ndent:			
Check only one box.	′											
	Δta	ny time during 2023, did you: (a) reco	eive (as a	reward award or navm	ent for r	ronerty or	servio	res). or	(h) sell ex	xchange or		
Digital Assets		erwise dispose of a digital asset (or a									No	
Dependents								(4) Chec	k the box i	f qualifies for (see	inst.):	
(see instructions):		(1) First name Last name		(2) Dependent's identifying number (3) Rela		Relationship to you Child t		tax credit	Credit for ot	her		
				identifying number	(3) Re	iationship to	you			dependent	is	
If more than four										+		
dependents, see instructions and												
check here									$\overline{\Box}$	+ +		
Income	1a	Total amount from Form(s) W-2, bo	x 1 (see i	instructions)					1a	112,55	50.	
Effectively	b	Household employee wages not re	`	,					1b	•		
Connected	c Tip income not reported on line 1a (see instructions)								1c			
With U.S.	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
Trade or	е	e Taxable dependent care benefits from Form 2441, line 26										
Business	f Employer-provided adoption benefits from Form 8839, line 29								1f			
Attach	g	h Other earned income (see instructions)										
Form(s) W-2,	h											
1042-S,	i											
SSA-1042-S, RRB-1042-S,	J	j Reserved for future use							1j			
and 8288-A	k	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)										
here. Also attach	z	line 1(e)				1k			1z	112,55	50	
Form(s)	2a		 2a		 kable int	erest			2b	112,33		
1099-R if tax was	3a	·	Ba			vidends .			3b			
withheld.	4a		la		-	nount			4b			
If you did not	5a	Pensions and annuities 5	ia	<b>b</b> Tax	kable an	nount			5b			
get a Form W-2, see	6	Reserved for future use							6			
instructions.	7	Capital gain or (loss). Attach Scheo							7			
	8	Additional income from Schedule 1							8	-11,02		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	s your <b>total effectively o</b>	onnect	ed income	•		9	101,52	27.	
,	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>							10				
,	11	Subtract line 10 from line 9. This is	your <b>adj</b> ı	usted gross income					11	101,52	27.	
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)								13,85	50.		
	13a	Qualified business income deduction	on from F	orm 8995 or Form 8995	-A .	13a						
	b	Exemptions for estates and trusts of	only (see	instructions)		13b						
	С	Add lines 13a and 13b							13c			
	14								14	13,85		
	15	Subtract line 1/1 from line 11 If zero	or loce	antar -0- This is your ta	vahla in	come			15	87 67	11	

Form 1040-NR (2	2023)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1  88	1/ 2 1/07	2 3			16	14,596.
Credits	17	Amount from Schedule 2 (Form 1040), line	, ,					17	0.
Jieuila	18	Add lines 16 and 17	18	14,596.					
	19	Child tax credit or credit for other depende					- +	19	11/3301
	20	Amount from Schedule 3 (Form 1040), line		,	,		·	20	
	21	Add lines 19 and 20					·	21	
	22	Subtract line 21 from line 18. If zero or less					·	22	14,596.
	23a	Tax on income not effectively connected w	•	I	j		·		11/330.
	<b>2</b> 5a	Schedule NEC (Form 1040-NR), line 15			23a				
	b	Other taxes, including self-employment tax							
		line 21			23b				
	С	Transportation tax (see instructions)			23c				
	d	Add lines 23a through 23c					.	23d	
	24	Add lines 22 and 23d. This is your total tax					-	24	14,596.
Payments	25	Federal income tax withheld from:							,
u,	а	Form(s) W-2			25a	17,3	33.		
	b	Form(s) 1099			25b	•			
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					.	25d	17,333.
	е	Form(s) 8805					<del> </del>	25e	•
	f	Form(s) 8288-A					. [	25f	
	g	Form(s) 1042-S					. [	25g	
	26	2023 estimated tax payments and amount					-	26	
	27	Reserved for future use			27				
	28	Additional child tax credit from Schedule 8			28				
	29	Credit for amount paid with Form 1040-C	,		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3 (Form 1040), line			31				
	32	Add lines 28, 29, and 31. These are your to			ble cre	edits	. [	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. T						33	17,333.
Refund	34	If line 33 is more than line 24, subtract line						34	2,737.
10.0	35a	Amount of line 34 you want refunded to yo			•	-		35a	2,737.
Direct deposit?	b	Routing number   1   1   1   0   0   0			Checki		E		, , , , ,
See instructions.	d	Account number 7 9 6 6 8 0		- 1 1 T					
	e	If you want your refund check mailed to ar		e the United State	s not s	: shown on pag	e 1.		
		enter it here.				13	,		
	36	Amount of line 34 you want applied to you			36				
Amount	37	Subtract line 33 from line 24. This is the an							
You Owe		For details on how to pay, go to www.irs.go	ov/Payments or	see instructions .				37	
	38								
Γhird	Do yo	u want to allow another person to discuss the			ctions.	Yes. C	omple	te bel	ow. 🗵 No
Party	Designee's Phone Personal identific						lentific	ation	
Designee	name					_ number (PI			
		penalties of perjury, I declare that I have examined							
Sian	belief,	they are true, correct, and complete. Declaration o	of preparer (other the	nan taxpayer) is base	d on all	information of v		•	, ,
Sign	Your	signature	Date	Your occupation					ent you an Identity
Here				SENIOR SOFT	JARE	ENGINEED	Prote		PIN, enter it here
		I		PHILLOW DOLLI	******		100011		

Email address

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Preparer's signature

245 ROONEY CT E BRUNSWICK NJ 08816

GLOBAL TAXES LLC

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Phone no.

Firm's name

Firm's address

Paid

**Preparer** 

**Use Only** 

Preparer's name

03/04/2024

Date

PTIN

P02082703

Firm's EIN

84-3171965

Self-employed

Check if:

Phone no. (678)965-9522

# 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

FNU ARZOO UZMA ASIF

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. 01

Your social security number
851-69-3718

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	-11,023.
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	0.		
	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	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente		9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-11,023.
			10	,

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-bas	is 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)			
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			
h	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:			
0E	Total other adjustments. Add lines 24s through 24z		05	
25 26	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> . Enter Form 1040, 1040-SR, or 1040-NR, line 10	ter nere and on	26	
	1 01111 1040, 1040-311, 01 1040-1411, 1111 <del>6</del> 10		20	

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name shown on Form 1040-NR Your identifying number FNU ARZOO UZMA ASIF 851-69-3718 Enter **amount of income** under the appropriate rate of tax. See instructions.

			National of the case						(d) Other (specify)			
			Nature of Income			(a) 10%	<b>(b)</b> 15%	(c) 30%	%	%		
1	Dividends and divide	end eq	uivalents:									
а	Dividends paid by U.	.S. cor	porations		1a							
b	Dividends paid by fo	reign o	corporations		1b							
С	Dividend equivalent p	oaymer	nts received with respect to section 871(m)	transactions	1c							
2	Interest:											
а	Mortgage				2a							
b	Paid by foreign corpo	oration	ns		2b							
С	Other				2c							
3	Industrial royalties (p	oatents	s, trademarks, etc.)		3							
4	Motion picture or TV	copyr copyr	ight royalties		4							
5	Other royalties (copy	yrights	, recording, publishing, etc.)		5							
6	Real property income	e and	natural resources royalties		6							
7	Pensions and annuiti	ties .			7							
8	Social security benef	fits .			8							
9			elow		9							
10	Gambling-Resident	ts of C	anada only. Enter net income in column (	(c).								
_	If zero or less, enter											
a b	Winnings				10c							
11			· · · · · · · · · · · · · · · · · ·		100			_				
••	Note: Enter winnings	s only.	Losses aren't allowed		11							
12	Other (specify):											
					12							
13	Add lines 1a through	ո 12 in	columns (a) through (d)		13							
14			tax at top of each column		14							
15	Tax on income not et	ffectiv	ely connected with a U.S. trade or busine						NR, line 23a <b>15</b>			
			Capital Gains ar	nd Losses F	rom	Sales or Excha	inges of Proper	ty				
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		16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquemm/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).		
	on disposing of a U.S. real vinterest; report these											
	nd losses on Schedule D											
•	บ4บ). property sales or											
exchan	ges that are effectively											
on Sche	ted with a U.S. business edule D (Form 1040),											
Form 4	797, or both.	18	Capital gain. Combine columns (f) and	a (g) of line 1/	. Ente	er the net gain her	e and on line 9 ab	ove. If a loss, ente	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 shown on Form 1040-NR Your identifying number FNU ARZOO UZMA ASIF 851-69-3718 Α Of what country or countries were you a citizen or national during the tax year? INDIA In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . . . X No Were you ever: ☐ Yes X No 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε 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 year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . . . . . . . . . Yes If you answered "Yes," indicate the date and nature of the change: G List all dates you entered and left the United States during 2023. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date departed United States Date entered United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 \_\_\_\_\_\_, 2022 \_\_\_\_\_\_, and 2023 \_\_\_\_\_\_365 \_\_\_. ⊠ No ☐ Yes ı If "Yes," give the latest year and form number you filed: X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a □ No Yes ⊠ No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? . . . . . . . . . . . . Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United 

### **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

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

Attachment Sequence No. 13

OMB No. 1545-0074

. ,	snown on return								ai security	
	ARZOO UZMA ASI							851-6	9-3718	
Part	Note: If you are	.oss From Rental Real Estate and in the business of renting personal propert r loss from Form 4835 on page 2, line 40.			<b>C</b> . See	instruc	ctions. If you	are an indi	vidual, rep	ort farm
A D		yments in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	tructions .		. \( \tag{Y}\)	es X No
		rill you file required Form(s) 1099? .								
1a		of each property (street, city, state, ZIF			-					
Α	101, MEENA CHA	AMBERS NAVSARI GUJARAT IN	3964	145						
В	,									
С										
1b	Type of Property (from list below)	2 For each rental real estate proper above, report the number of fair r			Fa	ir Rental Days	Persor Da	nal Use nys	QJV	
Α	3	personal use days. Check the QJ	JV box	x only	Α	365			0	
В		if you meet the requirements to fi			В				-	
С		qualified joint venture. See instru	ctions	S. :	С					
Type	of Property:									
1 :	Single Family Reside Multi-Family Resider		tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
							Propert	ies:		
Incom	ne:				Α		В			С
3	Rents received .		3		5	84.				
4	Royalties received		4							
Expen										
5	Advertising		5							
6	Auto and travel (see	e instructions)	6							
7	Cleaning and maint	enance	7		1,3	84.				
8			8							
9			9							
10		ofessional fees	10							
11			11		8	69.				
12		paid to banks, etc. (see instructions)	12							
13			13							
14			14		1.5	84.				
15			15		1,8					
16			16		•					
17			17		2,3	54.				
18		se or depletion	18		3,5					
19	<b>6</b> (11)		19		- ,					
20	Total expenses. Ad	d lines 5 through 19	20		11,6	07.				
21	Subtract line 20 from result is a (loss), see	m line 3 (rents) and/or 4 (royalties). If e instructions to find out if you must								
			21	-	-11,0	23.				
22	on <b>Form 8582</b> (see	eal estate loss after limitation, if any, instructions)	22	( -	11,02	3.)		)	(	
23a		s reported on line 3 for all rental proper				23a		584.		
b		s reported on line 4 for all royalty prope	erties			23b				
С		reported on line 12 for all properties				23c				
d		reported on line 18 for all properties				23d		3,580.		
е						23e	11	,607.		
24	·	ve amounts shown on line 21. Do not		-				. 24		
25	Losses. Add royalty	losses from line 21 and rental real estate	e losse	es from lin	e 22. Eı	nter to	tal losses her	re <b>25</b>	(	11,023.
26		state and royalty income or (loss). (								

-11,023.

26

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

**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

FNU ARZOO UZMA ASIF

Identifying number 851-69-3718

Par	2023 Passive Activity Los Caution: Complete Parts IV a		eting Part I.				
	Il Real Estate Activities With Active Pance 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 amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c he amount from Pa	olumn (b)) art IV, column (c))	1b ( 1c (	0. 11,023.) )	1d	-11,023.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	ount from Part V, co he amount from Pa	olumn (b)) art V, column (c))	2b ( 2c (	) )	2d	
3	Combine lines 1d and 2d and subtrazero or more, stop here and include prior year unallowed losses entered normally used	this form with you on line 1c or 2c. F	ur return; all losse Report the losses	es are allowed, inc	luding any	3	-11,023.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.			•		
	• Line 2d is a	loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
	<ul><li>on: If your filing status is married filing</li><li>Instead, go to line 10.</li></ul>	separately and yo	ou lived with your	spouse at any tim	ne during the	year,	do not complete
Par	t II Special Allowance for Re	ntal Real Estate	<b>Activities With</b>	Active Participa	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	ole.		
4	Enter the <b>smaller</b> of the loss on line 1	d or the loss on lir	ne 3			4	11,023.
5	Enter \$150,000. If married filing separ	-			50,000.		
6	Enter modified adjusted gross income				12,550.		
	<b>Note:</b> If line 6 is greater than or equa on line 9. Otherwise, go to line 7.	l to line 5, skip line	es 7 and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	37,450.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> e					8	18,725.
9	Enter the <b>smaller</b> of line 4 or line 8. If	line 3 includes any	y CRD, see instruc	ctions		9	11,023.
Pari							
10	Add the income, if any, on lines 1a ar				t t	10	0.
11	Total losses allowed from all passiv out how to report the losses on your t	ax return			ions to find	11	11,023.
Part	Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Over	all ga	ain or loss
	realite of dotivity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
101	MEENA CHAMBERS	0.	11,023.				11,023.
		1	i e	i .			

11,023.

0.

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

Form 8582 (2023) Page **2** 

Part V Complete This Part Befor	e Part I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.			•
Name of activity	Currer	nt year		Prior y	ears	Overa	ıll ga	ain or loss
Name of activity	(a) Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unal loss (lin		(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 I	Part II,	, <b>Line 9.</b> S	ee instrud	ctions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(а			(b) Ratio (c) Special allowance			(d) Subtract column (c) from column (a).
101, MEENA CHAMBERS	E Ln 22		11,023.	1.0000	0000 11,023		3.	0.
Total			11,023.	1.0	0	11,02	:3.	0.
Part VII Allocation of Unallowed L	osses. See instr				-			
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	(	(b) Ratio		) Unallowed loss
Total						1.00		
Part VIII Allowed Losses. See instr								
Name of activity	Form or sch and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss
							-	
	I							
Total								