Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
VENKAT S PONNALURI	872-31-0228
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending Do	ecember 31, 2023 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	2025 (Enter your you are dutinonizing.)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and	5 blank.
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s)	1099
4 Amount you want refunded to you	
5 Amount you owe	
	ation (Be sure you get and keep a copy of your return)
return (original or amended) I am now authorizing. I consent to allow my into send my return to the IRS and to receive from the IRS (a) an acknowled for any delay in processing the return or refund, and (c) the date of any re Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to payment of my federal taxes owed on this return and/or a payment of estin authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-38 business days prior to the payment (settlement) date. I also authorize the taxes to receive confidential information necessary to answer inquiries personal identification number (PIN) below is my signature for the income	are that the amounts in Part I above are the amounts from the income tax itermediate service provider, transmitter, or electronic return originator (ERO) degement of receipt or reason for rejection of the transmission, (b) the reason fund. If applicable, I authorize the U.S. Treasury and its designated Financial the financial institution account indicated in the tax preparation software for mated tax, and the financial institution to debit the entry to this account. This reasury Financial Agent to terminate the authorization. To revoke (cancel) as 63-4537. Payment cancellation requests must be received no later than 2 financial institutions involved in the processing of the electronic payment of and resolve issues related to the payment. I further acknowledge that the tax return (original or amended) I am now authorizing and, if applicable, my
Electronic Funds Withdrawal Consent.	
Taxpayer's PIN: check one box only	1 0 2 2 8
X I authorize GLOBAL TAXES LLC ERO firm name	to enter or generate my PIN Enter five digits, but
signature on the income tax return (original or amended)	am now authorizing.
	urn (original or amended) I am now authorizing. Check this box only using the Practitioner PIN method. The ERO must complete Part III
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
I authorize	to enter or generate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended)	
I will enter my PIN as my signature on the income tax ret	urn (original or amended) I am now authorizing. Check this box only using the Practitioner PIN method. The ERO must complete Part III
Spouse's signature ▶	Date ►
<u> </u>	eturns Only—continue below
Part III Certification and Authentication — Practition	er PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-d	igit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
	or the electronic individual income tax return (original or amended) I am now ed above. I confirm that I am submitting this return in accordance with the Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶	Date ▶
	Form - See Instructions
	IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



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, end	ding		, 20		See se	parate ins	tructions.	
Your first name	and mi	iddle initial	Last na	ame					Your so	ocial securi	ity number	
VENKAT S	3		PONN	NALURI					872	31 0	1228	
		first name and middle initial	Last na								curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.		Preside	ntial Electi	ion Campaign	
1009 RIV	/IERA	A DR							Check I	here if you,	, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code			spouse if filing jointly, want \$3 o go to this fund. Checking a		
VIRGINIA	A BE	ACH			VA	_	23464	- 1	-	low will not	0	
Foreign country	name			Foreign province/state/o	county	y	Foreign postal	code	your tax	x o <u>r r</u> efund	. <u> </u>	
										You	Spouse	
Filing Status	\mathbf{x}	Single				Head of he	ousehold (HO	H)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)					surviving spo	•	,			
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOF	l or QSS box,	enter	the ch	ild's name	if the	
	qu	alifying person is a child but not you	ır depei	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for prope	rtv or services	s): or ((b) sell.			
Assets		ange, or otherwise dispose of a digi								☐ Yes	⊠ No	
Standard	Som	eone can claim:	penden	t Your spouse	e as a	a dependent						
Deduction		Spouse itemizes on a separate return	n or you	u were a dual-status	alien							
Age/Blindness	· Vou	Were born before January 2, 1	050 [Are blind Spo	ouse:	□ Was bor	n before Janu	iany 2	1050	☐ Is b	lind	
	-		000 [-			(4) Ob l		•	_	e instructions):	
Dependents		irst name Last name		(2) Social security number	′	(3) Relationsh to you	ip ·	tax cre		1	ther dependents	
If more than four	(-,-							П			$\overline{}$	
dependents,								П			Ħ	
see instructions	s —							П			Ä	
and check here \square								$\overline{\Box}$				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					1a	1	09,122.	
	b	Household employee wages not re	ported	on Form(s) W-2					1b	,		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see in	structions)					10	;		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26 .					1e	,		
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29					1f	i L		
If you did not	g	Wages from Form 8919, line 6 .							1 g	,		
get a Form W-2, see	h	Other earned income (see instructi	ions)						1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>						
	z	Add lines 1a through 1h	. ;						1z	<u>: 1</u>	09,122.	
Attach Sch. B	2 a	' <u>-</u>	2a			axable interest			2b			
if required.	3a	· ·	3a			rdinary divider			3b			
Standard	4a		4a			axable amoun			4b			
Deduction for—	5a	-	5a			axable amoun			5b			
Single or Married filing	6a	,	6a			axable amoun	t	٠ -	6b	,		
separately,	_C	If you elect to use the lump-sum el		•	•	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched						. L	J 7		12 724	
jointly or Qualifying	8	Additional income from Schedule	-						8		13,734.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9		95,388.	
Head of	10	Adjustments to income from Scher Subtract line 10 from line 9. This is							10		05 200	
household, [\$20,800	11 12	Standard deduction or itemized	-	-					12		<u>95,388.</u> 13,850.	
If you checked any box under	13	Qualified business income deducti				 5-Δ			13		<u> </u>	
Standard	14	Add lines 12 and 13			. 000	<i>.</i>			14		13,850.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			 our t	axable incom	 ie		15		81,538.	
	-			,					, . •	1	,	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	13,243.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	13,243.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	13,243.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0
	24	Add lines 22 and 23. This is	your total tax					24	13,243.
Payments	25	Federal income tax withheld	I from:						
_	а	Form(s) W-2							
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	16,561.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	16,561.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	3,318.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	. 🗆	35a	3,318.
Direct deposit?	b	Routing number 2 5 4							
See instructions.	d	Account number 6 7 8	8 0 2 7	0 9 9					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38		0.	
Third Party		you want to allow another							
Designee		,	•				omplete	below.	X No
_ co.gcc	De	esignee's		Phone			onal iden		_
	na	me		no.		num	ber (PIN)		
Sign		ider penalties of perjury, I declare t							,
Here		lief, they are true, correct, and com	ipiete. Declaration (sed on all informati			, ,
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					 SOFTWARE E	NGINEER		e inst.)	iiv, enter it nere
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation		If th	ne IRS se	nt your spouse an
Keep a copy for your records.						ntity Prote inst.)	ection PIN, enter it here		
	Ph	one no. (240)521-548	0	Email address	GAYATHRIPONNAI	JURI87@GMAIL.C	OM		
Doid	Pr	eparer's name	Preparer's signat	ure		PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	P0208	32703	Self-employed	
Preparer		m's name GLOBAL TA	1			<u>' </u>		(678)965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

VENKAT S PONNALURI

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 872-31-0228

Taxable refunds, credits, or offsets of state and local income taxes		1	0.
Alimony received			
Date of original divorce or separation agreement (see instructions):			
			-13,734.
·		7	
	_		
	,)	
· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·)	
	8e		
	8f		
Alaska Permanent Fund dividends	8g		
Jury duty pay	8h		
Prizes and awards	8i		
Activity not engaged in for profit income	8j		
Stock options	8k		
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		
Olympic and Paralympic medals and USOC prize money (see			
instructions)	8m		
Section 951(a) inclusion (see instructions)	8n		
Section 951A(a) inclusion (see instructions)	80		
Section 461(I) excess business loss adjustment	8p		
Taxable distributions from an ABLE account (see instructions)	8q		
Scholarship and fellowship grants not reported on Form W-2	8r		
Nontaxable amount of Medicaid waiver payments included on Form			
1040, line 1a or 1d	8s ()	
Pension or annuity from a nonqualifed deferred compensation plan or			
	8t		
	8u		
Other income. List type and amount:			
	8z		
Total other income. Add lines 8a through 8z		9	
	Alimony received Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C Other gains or (losses). Attach Form 4797 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta Farm income or (loss). Attach Schedule F Unemployment compensation Other income: Net operating loss Gambling Cancellation of debt Foreign earned income exclusion from Form 2555 Income from Form 8853 Income from Form 8889 Alaska Permanent Fund dividends Jury duty pay Prizes and awards Activity not engaged in for profit income Stock options 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 Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951A(a) inclusion (see instructions) Section 461(l) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan Wages earned while incarcerated Other income. List type and amount:	Alimony received Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C Other gains or (losses). Attach Form 4797 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F Unemployment compensation Other income: Net operating loss Gambling Cancellation of debt Foreign earned income exclusion from Form 2555 Bd (Income from Form 8853 Income from Form 8889 Alaska Permanent Fund dividends Jury duty pay Prizes and awards Activity not engaged in for profit income Stock options 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 Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instruc	Alimony received Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C Other gains or (lossese). Attach Form 4797 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F Corporating loss Cambling Cancellation of debt Foreign earned income exclusion from Form 2555 Bad () Income from Form 8853 Income from Form 8889 Alaska Permanent Fund dividends Jury duty pay Prizes and awards Activity not engaged in for profit income Stock options 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 Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 461(i) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 Ser Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Vages earned while incarcerated Other income. List type and amount: 2 a 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4

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		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
		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 Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

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,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number VENKAT S PONNALURI 872-31-0228 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) UPPAL HYDERABAD TELANGANA IN 500039 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 620. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,854. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,058. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,698. 14 Repairs 15 Supplies 15 3,845. 16 16 Taxes 17 Utilities 17 2,899. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 14,354. 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 -13,734. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 13,734. 620. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 14,354. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,734. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

-13,734.

26

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Department of the Treasury

Internal Revenue Service

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

Name(s) shown on return Identifying number VENKAT S PONNALURI 872-31-0228 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 13,734. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -13,734. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -13,734. 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), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 13,734. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 109,122. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 20,439. 13,734. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 13,734. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (c) Unallowed (a) Net income (b) Net loss (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 13,734. 13,734. UPPAL

13,734.

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

Form 8582 (2023) Page **2**

	-,									
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			
			Currer	nt year		Prior y	ears	Overa	ıll ga	ain or loss
	Name of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall		(d) Gain		(e) Loss
	on Part I, lines 2a, 2b, and 2c				1: 0					
Part VI	Use This Part if an Amour			art II,	Line 9. S	ee instrud T	ctions.			
	Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
UPPAL			E Ln 22		13,734.	1.0000	0000	13,73	4.	0.
Total					13,734.	1.0	0	13,73	4.	0.
Part VII	Allocation of Unallowed L	oss	1		S.					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio	(c) Unallowed loss
Total	<u> </u>							1.00		
Part VIII	Allowed Losses. See instr	ucti			I					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	((c) Allowed loss
Total										

2023 VA760CG Page 1





Page 1 of 2

VENKAT S PONNALURI

1009 RIVIERA DR

VIRGINIA	BEACH	VA	23464
----------	-------	----	-------

SSN - You POI	NN	872310228	Vendor ID 1555		ххххх ¬
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	95388.	Withholding (VA) - You	19A.	5502.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	95388.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	5502.
Total VA Adj Gross Income (VAC	GI) 9.	95388.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	788.
Standard Deduction	11.	8000.	Overpayment Credited to Next Ye	ear 29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exempti	ons) 14.	8930.	Addition to Tax, Penalty & Interes	st 32.	
VA Taxable Income	15.	86458.	Sales and Use Tax	33.	
Amount of Tax	16.	4714.	Amount You Owe	_	
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card Your Refund	1	788.
VAGI - Spouse	17A.		D 1 D 11 11		054050116
Net Amount of Tax	18.	4714.	Bank Routing #	C	254070116
L			Bank Account #	67880	27099





Filing Status, Age & License Information Additional Filing Information 1 153 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 05181987 DOB - You Name or Filing Status Change VA Driver's License ID - You T75400755 Address Change 08102021 VA Driver's License - Iss. Date - You VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return Farmer / Fisherman / Merchant Seaman DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (B) Exemptions (A)

65 & Over - You Federal EIC & Amount You Spouse **Deceased Indicator** 65 & Over - Spouse Form 760C or 760F Dependents Blind - You 1 Total (A) Blind - Spouse No Sales & Use Tax Due Indicator Χ Total (B) Obtain Electronic 1099G ID Theft PIN

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You	Date		Phone - You		2405215480
Signature - Spouse	Date		Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date	021224	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pr	eparer.		Preparer Information	7	P02082703

__ File by May 1, 2024

Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT E BRUNSWICK

GLOBAL TAXES LLC

2023 Schedule INC/CG

872310228

Report all W-2s, 1099s & VK-1s with VA Withholding

VENKAT S

PONNALURI



Your/ Spouse SSN			Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					⊣
872310228	W	5502.	351835818	30351835818F001	109122.

Total VA Withholding

You

872310228

Spouse

VA Withholding

5502.

Total # of W-2s,1099s & VK-1s

01

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

You	r Na	ame															B Your Social Se	curity Number
VEN	KA	TS	PON	NALUR:	Ι												872-31-02	228
Spo	use	's Nai	me														A Spouse's Socia	al Security Number
																		_
Par	t I	Ta	x Ret	urn Info	rmat	ion											A Spouse	B Yourself
1.	F	ederal	l Adjust	ed Gross	Incom	ne (Fo	rm 7600	CG, Li	ne 1; 76	0PY,	Line 1,	column	s A & B;	Fo	orm 763, Line 1))		95388.
2.	\	/irginia	Adjust	ed Gross	Incom	e (Fo	rm 7600	CG, Lii	ne 9; 760	PY, L	ine 10,	columr	ns A & B;	Fo	orm 763, Line 9	9)		95388.
3.	T	axable	Incom	ne (Form	760CG	i, Line	e 15; 760)PY, L	ine 16, c	olumi	ns A & E	3; Form	763, Lir	ne 1	17)			86458.
4.	\	/irginia	Incom	e Tax (Fo	rm 76	OCG,	Line 18;	760P	Y, Line 1	7, co	lumns A	& B; F	orm 763	Lir	ne 18)			4714.
5.	٧	Vithhol	ding (F	orm 7600	CG, Lir	ne 19a	a & 19b;	760P	Y, Lines	19a 8	x 19b; F	orm 76	3, Lines	19a	a & 19b)			5502.
6.	P	Amount	t you O	we (Form	760C	G, Lir	ne 35; Fo	orm 76	60PY, Lir	ne 35;	Form 7	63, Lin	e 35)					
7.	F	Refund	(Form	760CG, L	ine 36	3; 760	PY, Line	36; F	orm 763	, Line	: 36)							788.
Par	-			tion of														nts for the year ending
Retunum filing liable Virgi refund of the sign	irn (ber) y a b e for inia nd o e te atur pay	Origina origin	tor (ER ne amo e due re ex liabili have s t debit I jurisdi or com File PII	RO), Transumt show eturn, I un ity and all selected a of my tax iction of the puter sof N: check	smitter n in Pa dersta applic perso due. I ne Unit tware one b	, or Ir art I a and the able in anal id an cho and cho are and or Ir and	ntermedia bove ago at if the interest a lentificat osing eit tates at a am.	ate Seree wi Virgin and perion number di ther di any po	ervice Pro th the inf ia Depar enalties. Imber (Pl rect depo oint in the	ovider format tment I auth N) as osit or proc	r (includ tion and t of Taxa horize m s my sign r direct o ess. Tax	ing my amour ation (V ny ERO nature debit, I xpayers	name, and the standard standar	ddr n o ax) nitte ect at t gn t	ress and social on the correspondoes not receiver or Intermedia tronic income tathe transaction the form using a	security r nding line ive full and ate Servic ax return a does not a rubber s	I timely payment of my e Provider to transmit and, if applicable, the	ax identification ome tax return. If I am y tax liability, I remain my complete return to direct deposit of my notial institution outside vice, such as a
	_	GLO	BAL	TAXES	LLC	7					D	o not e	enter all	zer	ros			
_													m Name					
															k return. Check Part III below.	this box	only if you are entering	g your own e-File
You	r Sig	gnature	e												Date _			
Spo	use	's e-Fi	le PIN:	check o	ne bo	x onl	y		_				_					
	I	author	ize the	ERO nar	ned be	elow t	o enter r	ny e-F	File PIN		Do r	not ent	as my er all zei	-	•	2023 e-file	d Virginia individual in	come tax return.
	_										El	RO Firr	n Name					
															k return. Check Part III below.	this box	only if you are entering	g your own e-File
Spo	use'	s Sign	ature												Date			
Par	t III	Ce	rtifica	ation an	d Au	ther	nticatio	n –	Practiti	ione	r PIN I	Vietho	d Only	/				
ERC	's E	EFIN/P	IN: En	ter your s	ix-digi	t EFIN	N followe	d by y	our five	digit s	self-sele	cted PI	N. 2		2 2 4 9	6 0	8 2 7 1	
indic Han a sig	ate dbo jnat	d abov	e. I co Electro n, or co	nfirm that	I am s of Indi	submi vidua e prog	tting this I Income gram.	returi Tax f	n in acco Returns (rdanc Tax Y	e with the	ne requ 23). ER	irements Os may	of sigr	rginia individual f the Practitione n the form using	r PIN met	ax return for the taxpa hod and Virginia's pub r stamp, mechanical d	blication
	, , ,	-igi iatu													Date _			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



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, end	ding		, 20		See se	parate ins	tructions.	
Your first name	and mi	iddle initial	Last na	ame					Your so	ocial securi	ity number	
VENKAT S	3		PONN	NALURI					872	31 0	1228	
		first name and middle initial	Last na								curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.		Preside	ntial Electi	ion Campaign	
1009 RIV	/IERA	A DR							Check I	here if you,	, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code			spouse if filing jointly, want \$3 o go to this fund. Checking a		
VIRGINIA	A BE	ACH			VA	_	23464	- 1	-	low will not	0	
Foreign country	name			Foreign province/state/o	county	y	Foreign postal	code	your tax	x o <u>r r</u> efund	. <u> </u>	
										You	Spouse	
Filing Status	\mathbf{x}	Single				Head of he	ousehold (HO	H)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)					surviving spo	•	,			
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOF	l or QSS box,	enter	the ch	ild's name	if the	
	qu	alifying person is a child but not you	ır depei	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for prope	rtv or services	s): or ((b) sell.			
Assets		ange, or otherwise dispose of a digi								☐ Yes	⊠ No	
Standard	Som	eone can claim:	penden	t Your spouse	e as a	a dependent						
Deduction		Spouse itemizes on a separate return	n or you	u were a dual-status	alien							
Age/Blindness	· Vou	Were born before January 2, 1	050 [Are blind Spo	ouse:	□ Was bor	n before Janu	iany 2	1050	☐ Is b	lind	
	-		000 [-			(4) Ob l		•	_	e instructions):	
Dependents		irst name Last name		(2) Social security number	′	(3) Relationsh to you	ip ·	tax cre		1	ther dependents	
If more than four	(-,-							П			$\overline{}$	
dependents,								П			Ħ	
see instructions	s —							П			Ä	
and check here \square								$\overline{\Box}$				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					1a	1	09,122.	
	b	Household employee wages not re	ported	on Form(s) W-2					1b	,		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see in	structions)					10	;		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26 .					1e	,		
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29					1f	i L		
If you did not	g	Wages from Form 8919, line 6 .							1 g	,		
get a Form W-2, see	h	Other earned income (see instructi	ions)						1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>						
	z	Add lines 1a through 1h	. ;						1z	<u>: 1</u>	09,122.	
Attach Sch. B	2 a	' <u>-</u>	2a			axable interest			2b			
if required.	3a	· ·	3a			rdinary divider			3b			
Standard	4a		4a			axable amoun			4b			
Deduction for—	5a	-	5a			axable amoun			5b			
Single or Married filing	6a	,	6a			axable amoun	t	٠ -	6b	,		
separately,	_C	If you elect to use the lump-sum el		•	•	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched						. L	J 7		12 724	
jointly or Qualifying	8	Additional income from Schedule	-						8		13,734.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9		95,388.	
Head of	10	Adjustments to income from Scher Subtract line 10 from line 9. This is							10		05 200	
household, [\$20,800	11 12	Standard deduction or itemized	-	-					12		<u>95,388.</u> 13,850.	
If you checked any box under	13	Qualified business income deducti				 5-Δ			13		<u> </u>	
Standard	14	Add lines 12 and 13			. 000	<i>.</i>			14		13,850.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			 our t	axable incom	 ie		15		81,538.	
	-			,					, . •	1	,	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	13,243.	
Credits	17	Amount from Schedule 2, lir		17						
	18	Add lines 16 and 17						18	13,243.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,243.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0	
	24	Add lines 22 and 23. This is	your total tax					24	13,243.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2								
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	16,561.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit								
	30	Reserved for future use .		30						
	31	Amount from Schedule 3, lir								
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	33	16,561.						
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	3,318.	
	35a	•							3,318.	
Direct deposit?	b	Routing number 2 5 4								
See instructions.	d	Account number 6 7 8								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	_	-		38		0.		
Third Party		you want to allow another								
Designee		,	•				omplete	below.	X No	
200.900	De	esignee's	Phone			•	identification			
	na	mē	no. number (. ,			
Sign		nder penalties of perjury, I declare t lief, they are true, correct, and com							,	
Here			ipiete. Declaration (sed on an imormati			, ,	
	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?			SOFTWARE ENGINEER				(see inst.)			
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				f the IRS sent your spouse an		
Keep a copy for your records.							dentity Protection PIN, enter it here see inst.)			
	Ph	none no. (240)521-548	GAYATHRIPONNAI	JURI87@GMAIL.C	OM					
Doid	Pr	eparer's name	Preparer's signat	ture		PTIN		Check if:		
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR GUPTA TALLAM 02/12/2024 PC				32703	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (678)965-9522	
Use Only	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							84-3171965	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN										

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.					
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security number			
VENKAT S PONNA	LURI	872-31	-0228			

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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		5	-13,734.
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	_	10 70 6
	1040, 1040-SR, or 1040-NR, line 8		10	-13,734.

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 adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

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,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number VENKAT S PONNALURI 872-31-0228 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) UPPAL HYDERABAD TELANGANA IN 500039 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 620. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,854. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,058. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,698. 14 Repairs 15 Supplies 15 3,845. 16 16 Taxes 17 Utilities 17 2,899. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 14,354. 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 -13,734. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 13,734. 620. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 14,354. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,734. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

-13,734.

26

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Department of the Treasury

Internal Revenue Service

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

Name(s) shown on return Identifying number VENKAT S PONNALURI 872-31-0228 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 13,734. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -13,734. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -13,734. 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), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 13,734. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 109,122. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 20,439. 13,734. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 13,734. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (c) Unallowed (a) Net income (b) Net loss (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 13,734. 13,734. UPPAL

13,734.

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

Form 8582 (2023) Page **2**

	-,										
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.				
			Currer	nt year		Prior years		Overall g		ain or loss	
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
	on Part I, lines 2a, 2b, and 2c		Oh	\t II	Lina O O		4:				
Part VI	Use This Part if an Amour			art II,	, Line 9. S	ee instruc	ctions.				
	Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
UPPAL			E Ln 22		13,734.	1.0000	0000	13,734.		0.	
Total					13,734.	1.0	0	13,73	4.	0.	
Part VII	Allocation of Unallowed L	oss	1		S.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio		(c) Unallowed loss		
Total	<u> </u>							1.00			
Part VIII	Allowed Losses. See instr	ucti									
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	(a) Loss ((b) Unallowed loss		(c) Allowed loss	
Total											