Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social coourity number

ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taypayar'a nama

талраз		Social Securit	y numbe	
RAV	ALI CHERUKURI	815-14-	-7448	}
Spouse	s's name	Spouse's soc	ial secu	rity number
Dor	Tou Detum Information Tou Very Ending December 24 0000 (Enter			
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you a	re aut	norizing.)
Enter	whole dollars only on lines 1 through 5.			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	95,278.
2	Total tax		2	13,221.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	16,587.
4	Amount you want refunded to you		4	3,366.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				EBO firm name	0 ,	Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	1
						1 4

Ent	er fiv	e di	gits,	but	as my
4	7	4	4	8	
	4 Ent	4 7 Enter fiv	4 7 4 Enter five di	4 7 4 4 Enter five digits,	4 7 4 4 8 Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's sig	nature Da	ate 🕨				 			
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III (Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 0 all zer	 2	7 1	L

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
Don't	ERO Must Retain This Form to the I		
For Denerwork Deduction Act Nation	aa waxwa tay yatuwa inatruatiana		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 02/16/24 PRO

1040	-	IR Department of the Treasury-Intern U.S. Nonresident Ali	nal Reven en Inc	ue Service Come Tax R	eturn	2023	OMB No. 1	545-0074		Dnly—Do not write le in this space.
For the year Jan	. 1–C	Dec. 31, 2023, or other tax year beginn	ing	3	2023, er	nding		, 20		e separate structions.
Your first name			Last na					Your i		ng number
RAVALI			CHER	UKURI				815	-14-7	448
Home address (numl	per and street). If you have a P.O. box	, see ins [.]	tructions.				-		Apt. no.
6746 HURO										
City, town, or po	ost of	ffice. If you have a foreign address, als	so comp	lete spaces below			State		ZIP co	de
HAMMOND							IN		4632	3
Foreign country	nam	e	Foreigr	n province/state/co	ounty		Foreign	postal co	ode	
Filing Status Check only one box.		Single Married filing sepa you checked the QSS box, enter the c				surviving spouse		Espendent:	state	Trust
Digital Assets		ny time during 2023, did you: (a) receiverwise dispose of a digital asset (or a fi								
Dependents							(4) Cł	neck the bo		ies for (see inst.):
(see instructions):		(1) First name Last name		(2) Dependent identifying num		(3) Relationship to	you Ch	ild tax cre		redit for other dependents
If more than four dependents, see										
instructions and										
check here										
Income	1a	Total amount from Form(s) W-2, box	•	,						110,181.
Effectively	b c	Household employee wages not rep Tip income not reported on line 1a (s								
Connected With U.S.	d	Medicaid waiver payments not report								
Trade or	e	Taxable dependent care benefits fro						. 16		
Business	f	Employer-provided adoption benefit						. 11	F	
	g	Wages from Form 8919, line 6						. 10	3	
Attach Form(s) W-2,	h	Other earned income (see instruction	ıs) .		• •			. 1ŀ	<u>ו</u>	
1042-S,	i	Reserved for future use								
SSA-1042-S, RRB-1042-S,	j	Reserved for future use				1 1		. 1 j	i	
and 8288-A	k	Total income exempt by a treaty from								
here. Also attach	z	line 1(e) .						. 12		110,181.
Form(s)	2 2a	Tax-exempt interest 2a	1			ble interest				110,101.
1099-R if tax was	3a	Qualified dividends 3a				ary dividends .				
withheld.	4a	IRA distributions 4a				ble amount				
If you did not	5a	Pensions and annuities 5a			b Taxal	ble amount		. 5k)	
get a Form W-2, see	6	Reserved for future use								
instructions.	7	Capital gain or (loss). Attach Schedu	•	, ,		•				
	8	Additional income from Schedule 1 (-	<u>-14,903.</u>
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		-						95,278.
	10	Adjustments to income from Schedu	•••		• •			. 10		
	11	Subtract line 10 from line 9. This is y							I	95,278.
	12	Itemized deductions (from Schedu deduction (see instructions)							2	13,850.
	13a	Qualified business income deduction				1 1	-			
	b	Exemptions for estates and trusts or								
	с	Add lines 13a and 13b						. 13	с	
	14								1	13,850.
	15	Subtract line 14 from line 11. If zero						. 15		81,428.
For Disclosure,	Priva	cy Act, and Paperwork Reduction Act	Notice,	see separate instr	uctions.				Form 1 (040-NR (2023)

Form 1040-NR (2023)							Page 2
Fax and	16	Tax (see instructions). Check if any from Fo	rm(s): 1 🗌 88	814 2 497	72 3		16	13,221.
Credits	17	Amount from Schedule 2 (Form 1040), line	3				17	0.
	18	Add lines 16 and 17					18	13,221.
	19	Child tax credit or credit for other depend	ents from Sched	ule 8812 (Form 10			19	<u>.</u>
	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 les					22	13,221.
	23a	Tax on income not effectively connected v			1 1			
		Schedule NEC (Form 1040-NR), line 15			23a			
	b	Other taxes, including self-employment ta					1	
	-	line 21			23b			
	с	Transportation tax (see instructions)			23c		1	
	d	Add lines 23a through 23c					23d	
	24	Add lines 22 and 23d. This is your total ta					24	13,221.
ayments	25	Federal income tax withheld from:	<u> </u>	<u>· · · · · ·</u>		. · ·		
aymento	20 a	Form(s) W-2			25a 16	6,587.		
	b	Form(s) 1099			25b	<i>.</i> ,	-	
	c	Other forms (see instructions)			250 25c		-	
	d	Add lines 25a through 25c					25d	16,587.
		Ũ					25u	10,007.
	e	Form(s) 8805						
	f	Form(s) 8288-A					25f	
	g	Form(s) 1042-S					25g	
	26	2023 estimated tax payments and amoun					26	
	27	Reserved for future use			27		4	
	28	Additional child tax credit from Schedule	•		28		-	
	29	Credit for amount paid with Form 1040-C			29		-	
	30	Reserved for future use			30		4	
	31	Amount from Schedule 3 (Form 1040), line			31			
	32	Add lines 28, 29, and 31. These are your t					32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32.					33	16,587.
efund	34	If line 33 is more than line 24, subtract line			-		34	3,366.
	35a	Amount of line 34 you want refunded to y					35a	3,366.
ect deposit? e instructions.	b	Routing number 0 7 1 9 2 1			Checking	Savings		
	d	Account number 4 7 1 0 4 1						
	е	If you want your refund check mailed to a	n address outsic	the United State	es not shown on	page 1,		
		enter it here.			·		- I	
	36	Amount of line 34 you want applied to yo	ur 2024 estimat	ed tax	36			
mount	37	Subtract line 33 from line 24. This is the a						
ou Owe		For details on how to pay, go to www.irs.g	-		1 1	• •	37	
	38	Estimated tax penalty (see instructions)			38			(<u> </u>
hird	Do yo	u want to allow another person to discuss t	his return with th	ne IRS? See instru	ctions. 🗌 Ye	es. Comp	lete bel	ow. 🛛 No
arty	Desig	nee's	Phone	ŧ		nal identif	ication	
esignee	name					er (PIN)		
		penalties of perjury, I declare that I have examine hey are true, correct, and complete. Declaration						
ign							• •	, ,
-	Your	ignature	Date	Your occupation				ent you an Identity PIN, enter it here
ere				SOFTWARE D			inst.)	Pin, enter it here
	Dhon	20	Email address	LOOLIWAKE L	<u></u>	(386		
	Phone		's signature		Date	PTIN	<u> </u>	Check if:
aid	•		0	ייידיה החתוים ס			2702	
	SYAM		IIA KAM SAGAH	R GUPTA TALLAM	02/27/2024	P02082		Self-employed
reparer	F :					- Phone n	n (65	101065-0522
reparer se Only	Firm's	name GLOBAL TAXES LLC address 245 ROONEY CT E BI				Phone n Firm's E		<u>78)965-9522</u> 4-3171965

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
RAVALI CHERUKU	RI	815-14	-7448

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. Atta	ach Schedule E .	5	-14,903.
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	0		
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80 9p		
p	Taxable distributions from an ABLE account (see instructions)	8p 8q	-	
q r	Scholarship and fellowship grants not reported on Form W-2	8r		
ı S	Nontaxable amount of Medicaid waiver payments included on Form		-	
3	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or		4	
•	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. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-14,903.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s yu	venni	ient	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•••	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
о 9а	Alimony paid					19a	
b						194	
	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					20	
20 21	IRA deduction					20	
22	Reserved for future use					22	
23	Archer MSA deduction	· i	• •	•	• •	23	
24	Other adjustments:	~ ~					
a		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						
		24e					
f		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						
		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				d on		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

SCHEDULE NEC
(Form 1040-NR)

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

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

Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR

Attachment Sequence No. 7B

2

Your identifying number

815-14-7448

RAVALI CHERUKURI

Enter amount of income under the appropriate rate of tax.	See instructions.

Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)			
		Nature of Income			(a) 1078	(b) 1378	(c) 50 %	%	%
1	Dividends and divide	nd equivalents:							
а	Dividends paid by U.	S. corporations		1a					
b	Dividends paid by for	reign corporations		1b					
с	Dividend equivalent p	ayments received with respect to section 871(m) tra	Insactions	1c					
2	Interest:								
а	Mortgage			2a					
b	Paid by foreign corpo	prations	[2b					
с	Other		[2c					
3	Industrial royalties (pa	atents, trademarks, etc.)	[3					
4	Motion picture or TV	copyright royalties	[4					
5	Other royalties (copy	rights, recording, publishing, etc.)	[5					
6	Real property income	e and natural resources royalties	[6					
7	Pensions and annuiti	es	[7					
8	Social security benef	ïts	[8					
9		e 18 below		9					
10	Gambling-Resident	s of Canada only. Enter net income in column (c). r -0							
а	Winnings								
b			· · · [10c					
11	Note: Enter winnings	s of countries other than Canada.		11					
12	Other (specify):								
				12					
13	0	12 in columns (a) through (d)		13					
14		ate of tax at top of each column		14					
15	Tax on income not ef	ffectively connected with a U.S. trade or business.						-NR, line 23a 15	
		Capital Gains and	Losses Fr	om	Sales or Excha	nges of Proper	ty	1	
losses f exchan within t	nly the capital gains and from property sales or ges that are from sources the United States and not	16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquir mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	vely connected with a U.S. ss. Do not include a gain								
or loss on disposing of a U.S. real property interest; report these									
gains a	nd losses on Schedule D								
(Form 1 Demost									
exchan	property sales or ges that are effectively								
	eted with a U.S. business edule D (Form 1040),	17 Add columns (f) and (g) of line 16					17	()	
	1797, or both.	18 Capital gain. Combine columns (f) and (g) of line 17.	Ente	r the net gain here	e and on line 9 abo	ove. If a loss, ente	r-0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

OMB No. 1545-0074
2023
Attachment

	ent of the Treasury Revenue Service	Go to w	•	R for instructions an wer all questions.	d the latest information		Attachment Sequence No. 7C			
Name sł	hown on Form 1040-NR					Your identify				
RAVA	ALI CHERUKURI					815-14-	-7448			
Α	Of what country or cou	ntries were	you a citizen or nationa	al during the tax yea	r? <u>INDIA</u>					
В	In what country did yo	u claim res	idence for tax purposes	s during the tax yea	? United States					
С	• • • • •	to be a gre	en card holder (lawful p	ermanent resident)	of the United States? .		. 🗌 Yes	🗙 No		
D	Were you ever:						_			
	A U.S. citizen?							🔀 No		
2.	A green card holder (la						. 🗌 Yes	🔀 No		
Е	If you answer "Yes" to				u didn't have a visa, en	tor your 119	2			
-	immigration status on th					-				
F	Have you ever changed If you answered "Yes,"		. 🗌 Yes	🗙 No						
G	List all dates you entere	ed and left	the United States during	g 2023. See instruct	ions.					
					e United States at frequ	_				
	check the box for Car	nada or Me	exico and skip to item H	<u> </u>	🗌 Canada	Mexic	0			
	Date entered United S mm/dd/yy	States Da	ate departed United State mm/dd/yy	es [Date entered United State mm/dd/yy	es Date d	eparted Unite mm/dd/yy	d States		
н	Cive number of days (in		ation nonworkdave and		re present in the United	Statoo durin	a:			
п	2021		, 2022	, and 2		· · ·	-	_		
I								🗌 No		
J	Are you filing a return for	or a trust?					. 🗌 Yes	🗙 No		
					ules, make a distribution			🗌 No		
κ	Did you receive total co	ompensatic	on of \$250,000 or more	during the tax year?			. 🗌 Yes	🛛 No		
					mpensation?			🗌 No		
L	Income Exempt From complete (1) through (3				under a U.S. income aties.	tax treaty v	vith a foreigr	i country,		
1.	Enter the name of the c amount of exempt income		applicable tax treaty art olumns below. Attach Fo			claimed the	e treaty benefi	it, and the		
		(a) Country		(b) Tax treaty article	e (c) Number of month claimed in prior tax ye		Amount of ex ne in current t	•		
	(e) Total. Enter this an	nount on Fo	orm 1040-NR, line 1k. D	o not enter it anvwh	ere else on line 1					
2.	Were you subject to tax						. 🗌 Yes	No		
	Are you claiming treaty	-					. 🗌 Yes	🗙 No		
	If "Yes," attach a copy	of the Corr	petent Authority detern	nination letter to you	r return.					
Μ	Check the applicable b									
1.	This is the first year you with a U.S. trade or bus				perty located in the Unit					

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 States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/16/24 PRO Schedule OI (Form 1040-NR) 2023

SCHEDULE	Е
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR. or 1041 Go to www.irs.gov/Sch

-0111 1040, 1040-Sh, 1040-Nh, 01 1041.	
neduleE for instructions and the latest information.	

2023
Attachment Sequence No. 13

. ,) shown on return						our social sec	-	ber
	LI CHERUKURI					8	15-14-7	448	
Part	Note: If you are in the business of renting personal proprental income or loss from Form 4835 on page 2, line 4	perty, use 0.	Schedule						
	Did you make any payments in 2023 that would require yo								
B li	f "Yes," did you or will you file required Form(s) 1099?						[] Yes	🗌 No
1a	Physical address of each property (street, city, state, 2	ZIP code	e)						
Α	201, SREE SRNINIVASA SADAN MADEENAGU	DA. MI	TYAPIIR	HYDEI	RABAD. TEI	ANAG	ANA TN ⁶	500049	
 B		<i>D</i> 11 / 111			10101107 111	11111101	111/1 110 0		
C									
1b	Type of Property 2 For each rental real estate pro	nerty list	ted		Fair Renta	al P	Personal U	60	
	(from list below) above, report the number of fa				Days		Days	50	QJV
Α	personal use days. Check the	QJV box	x only	Α	310))	
В	if you meet the requirements t			В					$\overline{\Box}$
С	qualified joint venture. See ins	tructions	5.	С					
vpe o	of Property:			I					
	Single Family Residence 3 Vacation/Short-Term Re	ental	5 Lanc	ł	7 Self-Re	ntal			
	Multi-Family Residence 4 Commercial		6 Roya	alties	8 Other (o	describe	e)		
			,						
				•	Pro	perties:	: 		
ncom				A	1.0	В		С	
3 4		3		8	10.				
	Royalties received	4							
Expen 5		5							
5 6	Advertising	6							
0 7		7		0	90.				
8	Cleaning and maintenance	8		0	90.				
o 9		<u> </u>							
9 10	Insurance	10							
11	Management fees	11		1 0	15				
12	Mortgage interest paid to banks, etc. (see instructions)			1,8	43.				
12	Other interest	13							
14	Repairs	13		3,8	15				
15		14		4,1					
16		16		-, _	57.				
17		17		1,8	45				
18	Depreciation expense or depletion	18		3,1					
19	Othor (list)	10		571	511				
20	Total expenses. Add lines 5 through 19	20		15,7	13.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).								
	result is a (loss), see instructions to find out if you mus								
	file Form 6198	21	.	-14,9	03.				
22	Deductible rental real estate loss after limitation, if any								
	on Form 8582 (see instructions)	22	(–	14,90	3.)()(
23a	Total of all amounts reported on line 3 for all rental pro	perties			23a	8	310.		
b	Total of all amounts reported on line 4 for all royalty pro				23b				
с	Total of all amounts reported on line 12 for all propertie	•			23c				
d	Total of all amounts reported on line 18 for all propertie	es			23d	3,1	.31.		
е	Total of all amounts reported on line 20 for all propertie				23e	15 , 7	13.		
24	Income. Add positive amounts shown on line 21. Do n	not inclu	de any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real est	tate losse	es from lin	e 22. Ei	nter total losse	s here	25 (14,	,903.
26	Total rental real estate and royalty income or (loss). Comb	ine lines	24 and	25. Enter the	result			
	here. If Parts II, III, and IV, and line 40 on page 2 do	not appl	ly to you,	also e	nter this amo	unt on			
	Schedule 1 (Form 1040), line 5. Otherwise, include this	amount	in the to	tal on li	ne 41 on page	e2.	26	-14	4,903

Form 8582
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

Name(s) shown on return				Ident	tifying nu	umber	
RAVALI CHERUKURI				815	5-14-	7448	
Part I 2023 Passive Activity Los							
Caution: Complete Parts IV a	nd V before comple	eting Part I.					
Rental Real Estate Activities With Active P Allowance for Rental Real Estate Activities			ive participation, s	ee Special			
 1a Activities with net income (enter the a b Activities with net loss (enter the amo c Prior years' unallowed losses (enter the d Combine lines 1a, 1b, and 1c 	unt from Part IV, cone amount from Pa	olumn (b)) art IV, column (c))	1b (1c (0. 14,903.))	1d	-14,903.	
All Other Passive Activities							
 2a Activities with net income (enter the a b Activities with net loss (enter the amo c Prior years' unallowed losses (enter the d Combine lines 2a, 2b, and 2c 	unt from Part V, co	olumn (b)) art V, column (c))	2b (2c ()	2d		
3 Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered normally used	tot any prior year u this form with you on line 1c or 2c. F	unallowed CRD. S ur return; all losse	See instructions. If es are allowed, inc	this line is cluding any	3	-14,903.	
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.			
Caution: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete	
Part II. Instead, go to line 10.							
Part II Special Allowance for Rei			-				
Note: Enter all numbers in Par			tions for an examp	ole.			
4 Enter the smaller of the loss on line 1			· · · · · · ·		4	14,903.	
5 Enter \$150,000. If married filing separ				50,000.			
6 Enter modified adjusted gross income				10,181.	-		
Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s / and 8 and ent		20.010			
7 Subtract line 6 from line 5				39,819.	0	10 010	
 8 Multiply line 7 by 50% (0.50). Do not e 9 Enter the smaller of line 4 or line 8. If 					8 9	19,910.	
Part III Total Losses Allowed	line 3 includes any	CD, See Instruc			9	14,903.	
10 Add the income, if any, on lines 1a an	d 22 and enter the	total			10	0.	
11 Total losses allowed from all passiv						0.	
out how to report the losses on your t					11	14,903.	
Part IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	See instructions.			1,000,	
	Currer	nt year	Prior years	Ove	rall gai	n or loss	
Name of activity	Name of activity(a) Net income(b) Net loss(c) Unallowed(line 1a)(line 1b)loss (line 1c)(d) Gain						
201, SREE SRNINIVASA SADAN	0.	14,903.				14,903.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	14,903.					

For Paperwork Reduction Act Notice, see instructions.

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Form **8582** (2023)

Form 8582 (202	(3)									Page 2
Part V	Complete This Part Befo	re P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ictions.			
			Currer	nt year		Prior	years	Overa	ain or loss	
	Name of activity		(a) Net income (b) N		Net loss (c) Unallo ne 2b) loss (line			wed (d) Gain		(e) Loss
	on Part I, lines 2a, 2b, and 2c				1					
Part VI	Use This Part if an Amou			art II	, Line 9. S	ee instru	ctions.			
	Name of activity	ar to	rm or schedule nd line number be reported on ee instructions)	(a) Loss	(b) R	latio	(c) Special allowance		(d) Subtract column (c) from column (a).
201, SRI	EE SRNINIVASA SADAN	-	E Ln 22		14,903.	1.000	00000	14,90)3.	0.
		-								
Total .					14,903.	1.0	00	14,90)3.	0.
Part VII	Allocation of Unallowed	Los	ses. See instr	uction	S.	•		·		
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a)	Loss	(1	o) Ratio	(c) Unallowed loss
Total Part VIII	Allowed Losses. See inst			• •				1.00		
	Allowed Losses. See mat	luct		adula						
	Name of activity		Form or schedule and line number to be reported on (see instructions)		(a)	LOSS	(b) Unallowed loss		(c) Allowed loss	
									-	
							+			
							+			
							1			
_										
Total .									1	

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