E 1040-NR 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-Dec. 31, 2023, or other tax year beginning | | | ing, 2023, ending, 20 | | | | | See separate instructions. | | |
|--|---|--|-----------------------|------------------------------------|------------------------|-------------|--------------|------------------------------|--|--|
| Your first name | and r | niddle initial | Last na | ame | | | Your ide | ntifying number | | |
| | | | | | | | (see instr | ee instructions) | | |
| JEEVESH | | | JAIN | | | | | 99-5067 | | |
| Home address | (numl | per and street). If you have a P.O. box, | see ins | tructions. | | | | Apt. no. | | |
| 1900 CALI | FOR | NIA STREET | | | | | | | | |
| City, town, or p | ost of | fice. If you have a foreign address, also | comp | lete spaces below. | | State | Z | IP code | | |
| MOUNTAIN | VIE | | | | | CA | | 94040 | | |
| Foreign country | nam nam | e | Foreigr | n province/state/county | | Foreign p | ostal code | Э | | |
| - | | | | | | | | | | |
| Filing Status | X | Single | ately (N | MFS) Qualifyir | ng surviving spouse (| QSS) | ☐ Esta | te 🗌 Trust | | |
| Check only | lf y | ou checked the QSS box, enter the ch | ild's na | ame if the qualifying pers | son is a child but not | your depe | ndent: | | | |
| one box. | | | | | | | | | | |
| Digital Assets | At a | ny time during 2023, did you: (a) receive | e (as a | reward, award, or payme | ent for property or se | rvices); or | (b) sell, ex | xchange, or | | |
| | | rwise dispose of a digital asset (or a fir | | | | | | | | |
| Dependents | ; | | | | | (4) Che | ck the box i | f qualifies for (see inst.): | | |
| (see instructions): | : | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to yo | Child | d tax credit | Credit for other dependents | | |
| | | (I) I I St Hame | | identifying nameer | (b) Helationship to ye | ,,, | | dependents | | |
| If more than four | | | | | | | \Box | | | |
| dependents, see instructions and | | | | | | | | | | |
| check here | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see i | nstructions) | | | 1a | 52,894. | | |
| Effectively | b | () , | ` | , | | | | | | |
| Connected | | | | | | | | | | |
| With U.S. | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | |
| Trade or | е | Taxable dependent care benefits from | | ` ' | , | | . 1e | | | |
| Business | f | Employer-provided adoption benefits | from F | orm 8839, line 29 . | | | . 1f | | | |
| | g | Wages from Form 8919, line 6 | | | | | . 1g | | | |
| Attach Form(s) W-2, | h | Other earned income (see instructions | s) . | | | | . 1h | | | |
| 1042-S, | i | Reserved for future use | | | 1i | | | | | |
| SSA-1042-S, | j | Reserved for future use | | | | | . <u>1j</u> | | | |
| RRB-1042-S, and 8288-A | k | Total income exempt by a treaty from | Sched | ule OI (Form 1040-NR), i | tem L, | | | | | |
| here. Also | | line 1(e) | | | 1k | | | | | |
| attach | Z | Add lines 1a through 1h | | | | | . 1z | 52,894. | | |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | | b Tax | able interest | | . 2b | 21. | | |
| tax was | 3a | Qualified dividends 3a | 1 | | linary dividends . | | . 3b | | | |
| withheld. | 4a | IRA distributions 4a | | | able amount | | | | | |
| If you did not get a Form | 5a | Pensions and annuities <u>5a</u> | | | able amount | | | | | |
| W-2, see | 6 | Reserved for future use | | | | _ | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedule | , | | • | | | | | |
| | 8 | Additional income from Schedule 1 (F | | | | | | <u>-6,420.</u> | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. | | - | | | | 46,495. | | |
| | 10 | Adjustments to income from Schedul income | | | | | | | | |
| | 11 | Subtract line 10 from line 9. This is yo | ur adju | ısted gross income | | | . 11 | 46,495. | | |
| | 12 | Itemized deductions (from Schedule | A (Fo | rm 1040-NR)) or, for cer | tain residents of Ind | ia, standaı | rd | | | |
| | | deduction (see instructions) | | | Std Dedn US/I | ndia Trea | ty 12 | 13,850. | | |
| | 13a | Qualified business income deduction | from F | orm 8995 or Form 8995- | A . 13a | | | | | |
| | b | Exemptions for estates and trusts onl | y (see i | nstructions) | 13b | | | | | |
| | С | Add lines 13a and 13b | | | | | 13c | | | |
| | 14 | | | | | | | 13,850. | | |
| | 15 | Subtract line 14 from line 11. If zero o | r less, | enter -0 This is your ta | xable income . | <u> </u> | . 15 | 32 , 645. | | |

| Form 1040-NR (| 2023) | | | | | | | | | | Page 2 |
|-------------------|-----------|---|---------------|---------------------|----------------|---------------------------------------|--------------|------------|-------------------------|---------|--|
| Tax and | 16 | Tax (see instructions). Check if any | y from For | m(s): 1 8 | 814 2 [| 4972 | 3 | | | 16 | 3,695. |
| Credits | 17 | Amount from Schedule 2 (Form 1 | 040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 3,695. |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | ule 8812 (Fo | orm 104 | 0) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1 | 040), line | 8 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If ze | ero or less | s, enter -0 | | | | | | 22 | 3 , 695. |
| | 23a | Tax on income not effectively cor | nected w | rith a U.S. trade | or business | from | | | | | |
| | | Schedule NEC (Form 1040-NR), li | ine 15 . | | | . | 23a | | | | |
| | b | Other taxes, including self-emplo | - | | • | , , , , , , , , , , , , , , , , , , , | | | | | |
| | | line 21 | | | | H | 23b | | | | |
| | C | Transportation tax (see instructio | , | | | L_ | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | | x | | | • • | | | 24 | 3,695. |
| Payments | 25 | Federal income tax withheld from | | | | | | | 6 505 | | |
| | a | Form(s) W-2 | | | | - | 25a | | 6 , 595. | | |
| | b | Form(s) 1099 | | | | | 25b | | | - | |
| | c d | Other forms (see instructions) . Add lines 25a through 25c | | | | _ | 25c | | | 25d | 6 , 595. |
| | u e | Form(s) 8805 | | | | | | | | 25e | 0,393. |
| | f | Form(s) 8288-A | | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments and | | | | | | | | 26 | |
| | 27 | Reserved for future use | | | | 1 | 27 | | | 20 | |
| | 28 | Additional child tax credit from S | | | | | 28 | | | | |
| | 29 | Credit for amount paid with Form | | • | , | | 29 | | | | |
| | 30 | Reserved for future use | | | | - | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form 1 | | | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These a | | | | _ | le cre | edits . | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | | | | | | | 33 | 6,595. |
| Refund | 34 | If line 33 is more than line 24, sub | otract line | 24 from line 33 | . This is the | amount | you o | verpaid | | 34 | 2,900. |
| | 35a | Amount of line 34 you want refur | | | 3 is attached | d, check | here | | 🗆 | 35a | 2,900. |
| Direct deposit? | b | Routing number 1 1 1 0 | | | c Type: | : 🗵 0 | Check | ing \Box | Savings | | |
| See instructions. | d | Account number 8 9 0 6 | | | | | | | | | |
| | е | If you want your refund check ma | | | | | | | | | |
| | | enter it here. | | | | | | | | | |
| | 36 | Amount of line 34 you want appl | ed to you | ur 2024 estimat | ed tax . | | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. This | | • | | tiono | | | | | |
| You Owe | 20 | For details on how to pay, go to | | • | | 110115 . | | | | 37 | |
| Thind | 38 | Estimated tax penalty (see instru- u want to allow another person to | | | | · | 38 | | on Comp | loto bo | low. 🛛 No |
| Third Party | • | · | นเรียนธร เเ | | | HISTIUC | 110115. | | es. Comp | | .ow. 🔼 No |
| Designee | Designame | nee s | | Phone no. | ; | | | | nal identif er (PIN) | ication | |
| 200.900 | Under | penalties of perjury, I declare that I have | | d this return and a | | | | statement | s, and to th | | |
| Sign | | they are true, correct, and complete. De | ooiatati011 (| | | • | ı on all | mnomnatic | | | er nas any knowledge. ent you an Identity |
| Here | Yours | signature | | Date | Your occu | ipation | | | I | | PIN, enter it here |
| ilere | | | | | TECHNIC | AL PRO | GRAN | MANAG | | inst.) | , |
| | Phone | e no. | | Email address | | | | | 1, | | |
| Paid | Prepa | rer's name | Preparer' | 's signature | | | Date | | PTIN | | Check if: |
| Preparer | SYAM | I PRIYA RAM SAGAR GUPTA | SYAM I | PRIYA RAM | SAGAR GU | UPTA | 04/0 | 5/2024 | P0208 | 2703 | Self-employed |
| • | Firm's | name GLOBAL TAXES I | LC | | | | | | Phone r | io. (6 | 78)965-9522 |
| Use Only | Firm's | address 245 ROONEY C | T E BR | RUNSWICK N | J 08816 | | | | Firm's E | IN 8 | 4-3171965 |

BAA

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

JEEVESH JAIN

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
342-99-5067

| 1 | Additional Income Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
|---------|---|------|------------|---------|
| _ | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | 2 a | |
| 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 | -6,420. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | -, |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | - | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| C | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | _ | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| I | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | , | |
| _ | 1040, line 1a or 1d | 8s (| <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: | 0_ | | |
| 0 | Total other income. Add lines to through the | | | |
| 9 10 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | 1040. 1040-SR, or 1040-NR, line 8 | | 10 | -6,420. |

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

| Par | t II Adjustments to Income | | |
|-----|---|------|---|
| 11 | Educator expenses | . 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government | nent | |
| | officials. Attach Form 2106 | . 12 | ! |
| 13 | Health savings account deduction. Attach Form 8889 | . 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | |
| 17 | Self-employed health insurance deduction | . 17 | |
| 18 | Penalty on early withdrawal of savings | | |
| 19a | Alimony paid | | a |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions): | | |
| 20 | IRA deduction | | |
| 21 | Student loan interest deduction | | |
| 22 | Reserved for future use | | |
| 23 | Archer MSA deduction | . 23 | |
| 24 | Other adjustments: | | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8l from the | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | | |
| d | Reforestation amortization and expenses | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | |
| _ | Attorney fees and court costs for actions involving certain unlawful | | |
| | discrimination claims (see instructions) | | |
| i | Attorney fees and court costs you paid in connection with an award | | |
| | from the IRS for information you provided that helped the IRS detect | | |
| | tax law violations | | |
| j | Housing deduction from Form 2555 | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | |
| | 1041) | | |
| Z | Other adjustments. List type and amount: | | |
| | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | . 26 | |

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 JEEVESH JAIN 342-99-5067 Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income | | (-) 100/ | /l-) 450/ | (a) 200/ | (d) Other (specify) | | |
|------------------|---|----------|-----------------------------|---------------------|-------------------------|--|---|
| | Nature of income | | (a) 10% | (b) 15% | (c) 30% | % | % |
| 1 | Dividends and dividend equivalents: | | | | | | |
| а | Dividends paid by U.S. corporations | 1a | | | | | |
| b | Dividends paid by foreign corporations | 1b | | | | | |
| С | Dividend equivalent payments received with respect to section 871(m) transactions | 1c | | | | | |
| 2 | Interest: | | | | | | |
| а | Mortgage | 2a | | | | | |
| b | Paid by foreign corporations | 2b | | | | | |
| С | Other | 2c | | | | | |
| 3 | Industrial royalties (patents, trademarks, etc.) | 3 | | | | | |
| 4 | Motion picture or TV copyright royalties | 4 | | | | | |
| 5 | Other royalties (copyrights, recording, publishing, etc.) | 5 | | | | | |
| 6 | Real property income and natural resources royalties | 6 | | | | | |
| 7 | Pensions and annuities | 7 | | | | | |
| 8 | Social security benefits | 8 | | | | | |
| 9 | Capital gain from line 18 below | 9 | | | | | |
| 10 | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 | | | | | | |
| а | · · · · · | | | | | | |
| b | Winnings Losses | 10c | | | | | |
| 11 | Gambling - Residents of countries other than Canada. | | | | | | |
| | Note: Enter winnings only. Losses aren't allowed | 11 | | | | | |
| 12 | Other (specify): | | | | | | |
| | | 12 | | | | | |
| 13 | Add lines 1a through 12 in columns (a) through (d) | 13 | | | | | |
| 14 | Multiply line 13 by rate of tax at top of each column | 14 | | | | | |
| <u>15</u> | Tax on income not effectively connected with a U.S. trade or business. Add column | | | | | NR, line 23a 15 | |
| | Capital Gains and Losses F | -rom | Sales or Excha | nges of Proper | ty | 1 | |
| losses f | hely the capital gains and rom property sales or ges that are from sources the United States and not the capital gains and comproperty sales or gift in the capital gains and good in the | | (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). |
| | ely connected with a U.S. s. Do not include a gain | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | |
| gains a | y interest; report these and losses on Schedule D | | | | | | |
| (Form 1 | , | | | | | | |
| exchan | property sales or ges that are effectively | | | | | | |
| | | | | | | () | |
| | 18 Capital gain. Combine columns (f) and (g) of line 17 | '. Ente | er 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.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

| | snown on Form 1040-NR | Your identifying | | | | | | | |
|---|--|-------------------------|-------------------|---------------------|-----------------|--------------|---------------------------------------|--|--|
| | VESH JAIN | | | | 342-99-50 | | | | |
| Α | Of what country or countries were you a citizen or na | ational during the tax | year? INDI | .A | | | | | |
| В | In what country did you claim residence for tax purp | poses during the tax | year? <u>Unit</u> | ed States | | | | | |
| С | Have you ever applied to be a green card holder (lav | vful permanent reside | ent) of the Un | ited States? . | | ☐ Yes | ⊠ No | | |
| D | Were you ever: | | | | | | | | |
| _ | A U.S. citizen? | | | | | ☐ Yes | ⊠ No | | |
| 2 | A green card holder (lawful permanent resident) of the | ne United States? . | | | | ☐ Yes | ⊠ No | | |
| | If you answer "Yes" to (1) or (2), see Pub. 519, chapt | ter 4, for expatriation | rules that app | oly to you. | | | | | |
| E | If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax yearF1 | | | | | | | | |
| F | | | | | | | | | |
| G | List all dates you entered and left the United States | · | | | | | | | |
| | Note: If you're a resident of Canada or Mexico ANI | • | | States at freque | ent intervals, | | | | |
| | check the box for Canada or Mexico and skip to it | | | | ☐ Mexico | | | | |
| | Date entered United States Date departed United | d States | Date enter | ed United States | Date depa | rted United | d States | | |
| | mm/dd/yy mm/dd/yy | | I | m/dd/yy | | nm/dd/yy | . 014100 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| н | Give number of days (including vacation, nonworkdays | s. and partial davs) vo | were preser | t in the United S | tates during: | | | | |
| | 2021, 2022 | | | | | | | | |
| ı | Did you file a U.S. income tax return for any prior year | ar? | | | | ⊠ Yes | ☐ No | | |
| - | If "Yes," give the latest year and form number you fil | | | | | | | | |
| J | Are you filing a return for a trust? | | | | | ☐ Yes | ⊠ No | | |
| • | If "Yes," did the trust have a U.S. or foreign owner | | | | | | | | |
| | U.S. person, or receive a contribution from a U.S. pe | | | | | ☐ Yes | ☐ No | | |
| K | Did you receive total compensation of \$250,000 or n | | | | | ☐ Yes | ⊠ No | | |
| | If "Yes," did you use an alternative method to detern | | | | | Yes | □ No | | |
| L | Income Exempt From Tax—If you are claiming exe | | | | | | | | |
| | complete (1) through (3) below. See Pub. 901 for mo | | | | | | , , , , , , , , , , , , , , , , , , , | | |
| 1 | Enter the name of the country, the applicable tax trea | ty article, the number | of months in | prior years you | claimed the tre | aty benefi | t, and the | | |
| | amount of exempt income in the columns below. Atta | | | | | , | • | | |
| | (a) Country | (b) Tax treaty a | rticle (c) N | umber of months | (d) Am | ount of exe | empt | | |
| | , | , , | | ed in prior tax yea | | n current ta | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line | 1k. Do not enter it an | ywhere else | on line 1 | | | | | |
| 2 | Were you subject to tax in a foreign country on any | of the income shown | in 1(d) above | ? | | ☐ Yes | □ No | | |
| 3 | Are you claiming treaty benefits pursuant to a Comp | | | | | ☐ Yes | ⊠ No | | |
| | If "Yes," attach a copy of the Competent Authority d | • | | | | | | | |
| М | Check the applicable box if: | | • | | | | | | |
| | This is the first year you are making an election to tro | eat income from real | property loca | ted in the United | d States as ef | fectively c | onnected | | |
| | with a U.S. trade or business under section 871(d). S | | | | | | 🖂 | | |
| 2 | You have made an election in a previous year that | | | | | | ne United | | |
| | States as effectively connected with a U.S. trade or | | | | | | | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number

| JEE | VESH JAIN | | | | | | 342-99 | 9-5067 | |
|------|--|----------|---|----------------|---------|-------------------|----------------|-------------|----------|
| Par | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | rtv. use | | c . See | instru | ctions. If you a | ıre an indiv | idual, repo | ort farm |
| Α | Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . | | | | | | | . 🗌 Ye | s 🛛 No |
| В | If "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . 🗌 Ye | s 🗌 No |
| 1a | Physical address of each property (street, city, state, ZII | | | | | | | | |
| Α | 35, SARDAR PATEL MARG MANDLESHWAR, TEHS | TT. MA | HESHWA | AR. D | TSTR | TCT KHARO | ONE . M | P TN 4 | 151221 |
| В | | | 111111111111111111111111111111111111111 | 11(, 5) | 10110 | | 30112/11• | | |
| c | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate properts above, report the number of fair | rental | and | | Fa | ir Rental Days | Persona Day | | QJV |
| Α | personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to qualified joint venture. See instru | | | В | | | | | |
| С | qualified joint venture. See institu | JOHOHS | • | С | | | | | |
| Type | of Property: | | | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren | ntal | 5 Lanc | I | | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | alties | 8 | Other (desci | ribe) | | |
| | | | | | | Properti | | | |
| Inco | me: | - | | Α | | В | | | С |
| 3 | Rents received | 3 | | | 12. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | nses: | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,6 | 45. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,0 | 23. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | | 96. | | | | |
| 15 | Supplies | 15 | | 1,2 | 51. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 1,3 | 17. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | 2.0 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 7,0 | 32. | | | | |
| 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 | | -6,4 | 20. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -6, 42 | 20.) | (|)(| |) |
| 23a | Total of all amounts reported on line 3 for all rental prope | erties | | | 23a | | 612. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | perties | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 7 | ,032. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | • | | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | te losse | s from lin | e 22. E | nter to | tal losses her | e 25 (| | 6,420.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a | | | | | | on 26 | | -6,420. |