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

Subm	ission Identification Number (SID)				-		
Taxpaye	er's name	Social security number					
AKA	SH NARAYANA	664-74-7254					
Spouse	's name		Spouse	's socia	al secur	ity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 202	3 (Enter	year y	ou are	e auth	norizing	.)
	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	96	5,576.
2	Total tax				2	13	3,507.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			-	3	16	6,617.
4	Amount you want refunded to you			.	4	3	3,110.
5	Amount you owe				5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you go	et and k	еер а	сору	of yo	our retu	urn)
to send for any Agent in payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasized delay in processing the return or refund, and (c) the date of any refund. If applicable, I author to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution actent of my federal taxes owed on this return and/or a payment of estimated tax, and the financialization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to entry. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellises days prior to the payment (settlement) date. I also authorize the financial institutions involve to receive confidential information necessary to answer inquiries and resolve issues related tall identification number (PIN) below is my signature for the income tax return (original or ame	on for reje rize the U. count indic al institutio terminate ation requ red in the pa	ction of S. Treas cated in n to deb the aut ests mu processi ayment.	the tra ury and the tax it the e horizat ast be ing of the	insmiss d its de x prepa entry to tion. To receive the elec- ier ack	sion, (b) the signated aration so this accorded no late tronic procession.	he reason I Financial Iftware for ount. This (cancel) a ter than 2 ayment of e that the
	onic Funds Withdrawal Consent.						ı
	ayer's PIN: check one box only		DIN	4	7 2	5 4	
×	I authorize GLOBAL TAXES LLC to enter or g	enerate r	ny PiiN			igits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			don	't enter	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner F below.						
Yours	signature	Date ► _					
Snous	se's PIN: check one box only						
Ороц	I authorize to enter or g	ionorato r	my DINI				ae my
	ERO firm name	enerate i	IIY I IIN	Ente	r five di	igits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.					all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner F below.						
Spous	se's signature ▶ □	Date ►					
	Practitioner PIN Method Returns Only—continue	e below					
Part	III Certification and Authentication — Practitioner PIN Method Only						
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2	2 4	9 6	o o		7 1
			ווטע	. conte	an Zef	o a	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Prov	am submi	tting this	s retur	n in ac	cordance	
ERO's	s signature ▶ □	Date ►					
	ERO Must Retain This Form — See Instruct						
	Don't Submit This Form to the IRS Unless Request		o So				

E1040-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	ı. 1–D	ec. 31, 2023, or other tax year beginn	ning, 2023, ending, 20 _							structions.	
Your first name	and r	niddle initial	Last na	ame	1	our identifying number see instructions)					
			'							3)	
AKASH			NARA					664-	-74-72		
	•	per and street). If you have a P.O. box	, see ins	tructions.						Apt. no.	
5285 NATO										112	
•	ost of	fice. If you have a foreign address, al	so comp	lete spaces belov	٧.		State		ZIP cod		
MASON			T				OH		45040)	
Foreign country	nam	9	Foreigr	n province/state/o	ounty		Foreign	postal co	de		
F :::											
Filing Status	X	Single	arately (N	ΛFS) □ C	Qualifyir	ng surviving spouse (QSS)	☐ Es	tate	☐ Trust	
	lf y	ou checked the QSS box, enter the	child's na	ame if the qualifyi	ng pers	son is a child but not	your dep	endent:			
Check only one box.											
Digital Assets	At a	ny time during 2023, did you: (a) rece	ive (as a	reward. award. o	r pavm	ent for property or se	rvices): o	r (b) sell.	exchanc	ie. or	
D 1911417100010		rwise dispose of a digital asset (or a								∕es ⊠ No	
Dependents							(4) Ch	eck the box	x if qualifie	es for (see inst.):	
(see instructions):	1	(1) First name Last name		(2) Dependentidentifying num		(3) Relationship to yo	Chi	d tax cred		edit for other	
		(I) HIST Harrie Last Harrie		identifying num	DCI	(3) Neiationship to yo			dependents		
If more than four											
dependents, see instructions and								\dashv		$\overline{}$	
check here										\dashv	
Income	1a	Total amount from Form(s) W-2, box	c 1 (see i	nstructions)				. la	1 1	110,372.	
Effectively											
Connected	С	Tip income not reported on line 1a (. 1b								
With U.S.	d	Medicaid waiver payments not repo	. 1d								
Trade or	е	Taxable dependent care benefits fro		. ,		•		. 1e			
Business	f	Employer-provided adoption benefit		•				. 1f			
240000	g	. ,	Vages from Form 8919, line 6								
Attach	h	Other earned income (see instructio	. <u>1g</u> . 1h								
Form(s) W-2, 1042-S,	i	Reserved for future use				1i					
SSA-1042-S,	j	Reserved for future use						. 1j			
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	n Sched	ule OI (Form 1040)-NR), i	tem L,					
here. Also		line 1(e)				1k					
attach	z	Add lines 1a through 1h						. 1z	1	L10,372.	
Form(s) 1099-R if	2a	Tax-exempt interest 2a	a		b Tax	able interest		. 2b			
tax was	3a	Qualified dividends 3a	3		b Ord	linary dividends .		. 3b			
withheld.	4a	IRA distributions 4a			b Tax	able amount		. 4b			
If you did not	5a	Pensions and annuities 5a				able amount					
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>-13,796.</u>	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and		-						96,576.	
,	10	Adjustments to income from Sched	`	,,		•					
		income								06 576	
	11 12	Subtract line 10 from line 9. This is y								96,576.	
	12	Itemized deductions (from Schedudeduction (see instructions)								13,850.	
	13a	Qualified business income deduction					u ITC	aty 12		<u> </u>	
	b	Exemptions for estates and trusts o									
	C	Add lines 13a and 13b	• '	•				. 130			
	14									13,850.	
	15	Subtract line 14 from line 11. If zero								82,726.	
	-									, = - •	

Form 1040-NR (2023)									Page 2
Tax and	16	Tax (see instructions). Check if ar	ny from For	rm(s): 1	814 2 🗌 4	1972	3 🗌		16	13,507.
Credits	17	Amount from Schedule 2 (Form	1040), line	3					17	0.
	18	Add lines 16 and 17							18	13,507.
	19	Child tax credit or credit for other		19						
	20	Amount from Schedule 3 (Form	20							
	21	Add lines 19 and 20	21							
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0					22	13,507.
	23a	Tax on income not effectively co								
		Schedule NEC (Form 1040-NR),	line 15 .			23a				
	b	Other taxes, including self-empl	oyment ta	x, from Schedu	le 2 (Form 1040)),				
		line 21				23b				
	С	Transportation tax (see instruction	ons)			23c				
	d	Add lines 23a through 23c							23d	
-	24	Add lines 22 and 23d. This is yo	ur total ta :	x					24	13,507.
Payments	25	Federal income tax withheld from	m:							
	а	Form(s) W-2				25a	1	6,617.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	16,617.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar	nd amount	applied from 20	022 return				26	
	27	Reserved for future use				27				
	28	Additional child tax credit from S	Schedule 8	812 (Form 1040))	28				
	29	Credit for amount paid with Form	n 1040-C			29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form								
	32	Add lines 28, 29, and 31. These		32						
	33	Add lines 25d, 25e, 25f, 25g, 26	, and 32. T	hese are your t	otal payments				33	16,617.
Refund	34	If line 33 is more than line 24, su				-	=		34	3,110.
	35a	Amount of line 34 you want refu						🗆	35a	3,110.
Direct deposit?	b	Routing number 1 2 2 1				🔀 Chec	king	Savings		
See instructions.	d	Account number 4 5 7 0								
	е	If you want your refund check n	page 1,							
		enter it here.								
	36	Amount of line 34 you want app				36				
Amount	37	Subtract line 33 from line 24. Th		-						
You Owe		For details on how to pay, go to	_	-		1	 I		37	
	38	Estimated tax penalty (see instru				38				[SZ]
Third	,	ou want to allow another person to	discuss t	his return with t	he IRS? See ins	tructions	. LY	es. Compl	ete be	low. 🗵 No
Party	Desig			Phone)			nal identifi	cation	
Designee	name				<u></u>			er (PIN)		
		penalties of perjury, I declare that I hat they are true, correct, and complete. I								
Sign		signature		Date	Your occupati					ent you an Identity
Here	Tour	signature		Date	Tour occupati	1011				PIN, enter it here
11010				SOFTWARE ENGINEER					inst.)	,
	Phone	e no.		Email address						
Paid	Prepa	rer's name	Preparer'	's signature		Date)	PTIN		Check if:
	SYAM	M PRIYA RAM SAGAR GUPTA	SYAM I	PRIYA RAM	SAGAR GUPI	A 04/	11/2024	P02082	2703	Self-employed
Preparer		s name GLOBAL TAXES						Phone n		78) 965-9522
Use Only		s address 245 ROONEY (RUNSWICK N	J 08816			Firm's El		4-3171965

BAA

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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. Attachment Sequence No. **01**

Your social security number

AKAS	ASH NARAYANA 664-74									
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									
4	Other gains or (losses). Attach Form 4797	4								
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	e E . 5	-13 , 796.							
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 ()							
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									
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and o	n Form							
	1040, 1040-SR, or 1040-NR, line 8		10	-13,796.						

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		-	
d	Reforestation amortization and expenses	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	041			
_	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA FINO	uu	

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 AKASH NARAYANA 664-74-7254 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) 10%	(b) 15%	(6) 30%	%	%	
1	Dividends and divide	nd eq	uivalents:								
а	Dividends paid by U.	S. cor	rporations		1a						
b	Dividends paid by fo	reign (corporations		1b						
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)) transactions	1c						
2	Interest:	•	,								
а	Mortgage				2a				!		
b			ns		2b						
С					2c						
3			s, trademarks, etc.)		3						
4			right royalties		4						
5	•		, recording, publishing, etc.)		5						
6			natural resources royalties		6						
7					7						
8											
9	Capital gain from line	e 18 b	elow		9						
10	Gambling-Resident	s of C	anada only. Enter net income in column	(c).							
	If zero or less, enter								!		
a	Winnings				40-				!		
b	Losses	o of o	· · · · · · · · · · · · · · · · ·		10c						
11	Note: Enter winnings	s only.	Losses aren't allowed		11				!		
12											
					12				!		
13			columns (a) through (d)		13						
14	Multiply line 13 by r	ate of	tax at top of each column		14						
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busine	ess. Add colum	nns (a)	through (d) of line 14	4. Enter the total here	and on Form 1040-	-NR, line 23a 15		
			Capital Gains a	nd Losses F	From	Sales or Excha	inges of Proper	ty			
losses f	nly the capital gains and from property sales or ges that are from sources he United States and not	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquemm/dd/yy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).	
	ely connected with a U.S. ss. Do not include a gain										
or loss	on disposing of a U.S. real										
gains a	nd losses on Schedule D										
(Form 1	•										
exchan	property sales or ges that are effectively										
	ted with a U.S. business edule D (Form 1040),								()		
	797, or both.	18	Capital gain. Combine columns (f) and	d (g) of line 17	7. Ente	er the net gain her	e and on line 9 ab	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. Internal Revenue Service Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. 7C

Department of the Treasury

Name shown on Form 1040-NR Your identifying number AKASH NARAYANA 664-74-7254 Of what country or countries were you a citizen or national during the tax year? INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: ⊠ No Yes 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change: List all dates you entered and left the United States during 2023. See instructions. G Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States **Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 ______, 2022 ______, and 2023 ______365 ____. Did you file a U.S. income tax return for any prior year? X Yes □ No ı If "Yes," give the latest year and form number you filed: 1040NR X No ☐ Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a No Yes Κ Yes ⊠ No If "Yes," did you use an alternative method to determine the source of this compensation? ☐ No Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . . 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? No Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

AKAS	SH NARAYANA									664	-74-7254	Į.
Par	Note: If you a	re in the	From Rental R e business of renting from Form 4835 or	g personal proper			c . See	instruct	ions. If you a	are an i	ndividual, rep	oort farm
	Did you make any p	aymer	nts in 2023 that wo	ould require you								
В	If "Yes," did you or will you file required Form(s) 1099?											
1a	Physical address	of ea	ch property (stree	t, city, state, ZII	P code	=)						
A	5/3 3RD STRE	EET,	GOPALAPURAM (CHENNAI TAN	MILNA	ADU IN	60008	36				
B												
C		1										T
1b	Type of Property (from list below)	2	For each rental reabove, report the	rental	and	Fair Rental Days				sonal Use Days	QJV	
A	3		personal use day if you meet the re				Α		365		0	
B			qualified joint ver	nture. See instru	uctions	a S.	В					
C			4 7				С					
1	of Property: Single Family Resid Multi-Family Resid		3 Vacation/S 4 Commerci	Short-Term Ren al	ital	5 Land 6 Roya						
									Propert	ies:		
Incor							Α		В			С
3	Rents received .				3		6.	50.				
4	Royalties received	a			4							
Expe					5							
5 6	•		tructions)		6							
7		Auto and travel (see instructions)						06.				
8	Commissions						1,3	00.				
9	Insurance				9							
10					10							
11		d other professional fees					2,2	1.8				
12	Mortgage interest				12		2,2	10.				
13	Other interest .			,	13							
14	Repairs				14		3,5	81.				
15	Supplies				15		3,4	_				
16	Taxes				16		- ,					
17	Utilities				17		3,8	46.				
18	Depreciation expe				18							
19	Other (list)				19							
20	Total expenses. A	Add line	es 5 through 19		20		14,4	46.				
21	Subtract line 20 fr result is a (loss), s file Form 6198 .	see ins	tructions to find o	out if you must	21		-13 , 7	96.				
22	Deductible rental on Form 8582 (se				22		13 , 79)()
23a	Total of all amoun							23a		650).	
b	Total of all amoun	-						23b				
С	Total of all amoun							23c				
d	Total of all amoun							23d				
е	Total of all amoun	-						23e	14	1,446	5.	
24	Income. Add pos	-								. 2	24	
25	Losses. Add royalt	ty losse	es from line 21 and	rental real estat	e losse	es from lin	e 22. Er	nter tota	ıl losses her	re 2	25 (13,796.
26	Total rental real											
	here. If Parts II, II Schedule 1 (Form										26	-13,796.

Department of the Treasury

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**

Internal Revenue Service Name(s) shown on return

Identifying number 664-74-7254

AKAS	SH NARAYANA				664	1-74	-7254			
Pa	t I 2023 Passive Activity Los	S			•					
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.							
	al Real Estate Activities With Active Prance 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									
С	Prior years' unallowed losses (enter the									
d										
All O	ther Passive Activities									
2a	Activities with net income (enter the a	mount from Part V	/. column (a)) .	2a						
b	Activities with net loss (enter the amo)					
C	Prior years' unallowed losses (enter the)					
d	Combine lines 2a, 2b, and 2c					2d				
3	Combine lines 1d and 2d and subtra									
3	zero or more, stop here and include									
	prior year unallowed losses entered									
	3	-13,796.								
	normally used									
		loss (and line 1d is	zero or more) sk	in Part II and go to	line 10					
Cauti	on: If your filing status is married filing	-	•	•		Vear	do not complete			
	I. Instead, go to line 10.	separately and yo	od lived with your	spouse at any tin	ie during the	year	, do not complete			
	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Particip	ation					
	Note: Enter all numbers in Par			•						
4	Enter the smaller of the loss on line 1					4	13,796.			
5	Enter \$150,000. If married filing separ			5 1	50,000.	-	137130.			
6	Enter modified adjusted gross income	-			10,372.					
	Note: If line 6 is greater than or equal				10/3/2.					
	on line 9. Otherwise, go to line 7.	i to iii o o, stip iii o	37 and 0 and cm							
7	Subtract line 6 from line 5			7	39,628.					
8	Multiply line 7 by 50% (0.50). Do not e	 ntar more than \$25				8	19,814.			
9	Enter the smaller of line 4 or line 8. If					9	13,796.			
Par		inie o moiddes an	y OND, see mstruc			9	13,790.			
10	Add the income, if any, on lines 1a an	nd 22 and enter the	total			10	0.			
	Total losses allowed from all passiv					10	0.			
11	out how to report the losses on your t					11	12 706			
Dar	t IV Complete This Part Befor				· · · ·	11	13,796.			
rai	Complete This Part Belor	Taiti, Lilles i	a, ib, allu ic. c							
		Curre	nt year	Prior years	Ove	rall ga	ain or loss			
	Name of activity	(=) N =+ i=======	(b) Net loss	(a) Linglianned						
		(a) Net income (line 1a)	(c) Unallowed loss (line 1c)	(d) Gair	ı	(e) Loss				
5/2	3DD CTDFFT CODATADIDAM	0.	(line 1b) 13,796.	1300 (1110-10)			13,796.			
<u> </u>	3RD STREET, GOPALAPURAM	0.	13,790.				13,790.			
		I .	I	I .	I		I .			

13,796.

0.

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

Form 8582 (2023) Page **2**

Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.				
	Name of activity		Currer	nt year	Prior yea		ears	Overa	ıll ga	ain or loss	
	Name of activity	(a	(a) Net income (line 2a)		(b) Net loss (line 2b)		llowed ne 2c)	(d) Gain		(e) Loss	
		-									
		+									
Total. Enter	on Part I, lines 2a, 2b, and 2c										
Part VI	Use This Part if an Amou	nt Is	s Shown on F	Part II,	Line 9. S	ee instru	ctions.				
	Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) Loss		atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
5/3 3RD STREET, GOPALAPURAM			E Ln 22		13,796.	1.00000000		13,796.		0.	
Total					13,796.	1.00		13,79	6.	0.	
Part VII	Allocation of Unallowed I	os	ses. See instr					•		1	
	Name of activity		Form or sche and line nur to be reporte (see instruct		mber ed on (a) L		((b) Ratio (d		(c) Unallowed loss	
Total								1.00			
Part VIII	Allowed Losses. See instr			-							
	Name of activity		Form or sche and line nun to be reporte (see instruct	mber ed on (a) Loss		_oss	(b) Ur	nallowed loss	((c) Allowed loss	
						·		<u> </u>			
Total											