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

Internal Revenue Service	GO to www.irs	s.gov/Formoo79 for the latest i	mormation.		
Submission Identification N	Number (SID)				
Taxpayer's name			Socia	al security numl	ber
LAVANYA NALLURI			64	13-81-641	4
Spouse's name			Spot	ise's social sec	urity number
Part I Tax Return I	Information – Tax Year	Ending December 31.	2023 (Enter year	vou are au	thorizing)
Enter whole dollars only on		Enamy December 61,	2025 (Litter your	you are au	triorizing.)
•	use line 4 only. Leave lines 1	. 2. 3. and 5 blank.			
	ome			1	65,771.
					6,731.
3 Federal income tax	withheld from Form(s) W-2 ar	nd Form(s) 1099		3	7,790.
4 Amount you want re	efunded to you			4	1,059.
5 Amount you owe				5	
Part II Taxpayer De	eclaration and Signature	Authorization (Be sure y	ou get and keep	a copy of y	our return)
to send my return to the IRS a for any delay in processing the Agent to initiate an ACH electr payment of my federal taxes of authorization is to remain in f payment, I must contact the business days prior to the pay taxes to receive confidential personal identification number Electronic Funds Withdrawal C Taxpayer's PIN: check on X I authorize GLO signature on the in I will enter my PIN if you are entering		an acknowledgement of receipt ate of any refund. If applicable, lebit) entry to the financial institutement of estimated tax, and the or the U.S. Treasury Financial Agat 1-888-353-4537. Payment authorize the financial institutions or inquiries and resolve issues the income tax return (original to entermediate) I am now authorizeme tax return (original or an extraction of the control of the con	or reason for rejection I authorize the U.S. Treation account indicated financial institution to open to terminate the acancellation requests involved in the procerelated to the paymen or amended) I am now the process of the process of the payment or amended of the payment or amended of the payment or generate my Plaing.	of the transmiseasury and its of in the tax preplebit the entry authorization. In must be received in the element of authorizing a support of the element of	ssion, (b) the reason designated Financial paration software for to this account. This To revoke (cancel) a wed no later than 2 lectronic payment of cknowledge that the nd, if applicable, my 4 1 4 a as my digits, but er all zeros
below. Your signature ▶			Date ▶		
U					
Spouse's PIN: check one	box only				
l authorize	ERO firm name		er or generate my Pl	Enter five	digits, but er all zeros
☐ I will enter my PIN	I as my signature on the inco	ome tax return (original or an	nended) I am now au	•	-
Spouse's signature ▶			Date ►		
·	Practitioner PIN	Method Returns Only—co	ntinue below		
Part III Certification	and Authentication - F	Practitioner PIN Method	Only		
ERO's EFIN/PIN. Enter you	ur six-digit EFIN followed by	your five-digit self-selected		4 9 6 0 Don't enter all ze	8 2 7 1 eros
authorized to file for tax year	ric entry is my PIN, which is my indicated above for the taxpay er PIN method and Pub. 1345, F	er(s) indicated above. I confirm	that I am submitting	this return in a	accordance with the
ERO's signature ▶			Date ▶		
	ERO Must Re	tain This Form - See In			

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

20**23** OMB No. 1545-0074

						01112 1101 10 10	007 1 1110 00		0 1101 111	no or otapio in tino opacor		
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	s	ee sep	parate instructions.		
Your first name	and m	iddle initial	Last na	ame				Y	Your social security number			
LAVANYA			NALI	LURI					643	81 6414		
If joint return, s	pouse's	s first name and middle initial	Last name							s social security number		
					(627	25 5015					
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	P	resider	ntial Election Campaign		
6210 NOI	LENS	VILLE PIKE					323		ere if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Stat	te	ZIP code			if filing jointly, want \$3 this fund. Checking a		
_NASHVILI	LΕ			TN 37211						ow will not change		
Foreign country	/ name			Foreign province/state/o	count	у	Foreign postal	code	your tax or refund.			
										You Spouse		
Filing Status	; <u> </u>	Single					ousehold (HO	H)				
Check only		Married filing jointly (even if only or										
one box.		Married filing separately (MFS)	SS)									
		you checked the MFS box, enter the	he chil	d's name if the								
	qu	alifying person is a child but not you	ır aepe	ndent: RAJAGOPA		ARNA'I'I						
Digital		ny time during 2023, did you: (a) rece					-					
Assets	exch	nange, or otherwise dispose of a digi	ital ass	et (or a financial intere	est in	a digital asse	t)? (See instru	ictions.)	☐ Yes ☒ No		
Standard	Som	neone can claim:	pender	nt	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien							
Age/Blindness	S You:	: Were born before January 2, 19	959	Are blind Spo	ouse:	: Was bor	n before Janu	ary 2, 1	959	☐ Is blind		
Dependents				(2) Social security	,	(3) Relationsh	(4) Chook			fies for (see instructions):		
If more		irst name Last name		number		to you		tax cred	it	Credit for other dependents		
than four												
dependents,												
see instructions and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions)					1a	77,653.		
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2					1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms W-2G and	d		ments not reported on Form(s) W-2 (see instructions)									
1099-R if tax	е	Taxable dependent care benefits f		•					1e			
was withheld.	f	Employer-provided adoption bene	fits fror	m Form 8839, line 29					1f			
If you did not get a Form	g								1g			
W-2, see	h	Other earned income (see instructi	,						1h	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>				77.650		
	<u>z</u>	Add lines 1a through 1h							1z	77,653.		
Attach Sch. B if required.	2a	'	2a			axable interest			2b	43.		
	3a		3a			rdinary divide			3b	_		
Standard	4a	-	4a			axable amoun axable amoun			4b	+		
Deduction for -	5a		5a 6a			axable amoun axable amoun			5b 6b	+		
Single or Married filing	6a c	Social security benefits (mothed check here					OD			
separately, \$13,850	7	Capital gain or (loss). Attach Sched			•	,			7	-1,500.		
Married filing	8	Additional income from Schedule						. ⊔	8	-10,425.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	65,771.		
surviving spouse, \$27,700	10			=					10	+ 55,771.		
Head of household,	11		Adjustments to income from Schedule 1, line 26									
\$20,800	12	Standard deduction or itemized	-	-					11	65,771. 13,850.		
If you checked any box under	13	Qualified business income deducti				5-A .			13	13,000.		
Standard Deduction,	14	Add lines 12 and 13							14	13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t	axable incom	ie		15			

Form 1040 (2023)						Page
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 \square 881	4 2 🗌 4972 3 🗌		. 16	6 , 731.
Credits	17	Amount from Schedule 2, line 3				. 17	
	18	Add lines 16 and 17				. 18	6 , 731.
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812		. 19	
	20	Amount from Schedule 3, line 8				. 20	
	21	Add lines 19 and 20				. 21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0			. 22	6 , 731.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21		. 23	0.
	24	Add lines 22 and 23. This is your total tax				. 24	6 , 731.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2		25 a	7,79	90.	
	b	Form(s) 1099		25b			
	С	Other forms (see instructions)		25 c			
	d	Add lines 25a through 25c				. 25d	7,790.
you have a	26	2023 estimated tax payments and amount a	pplied from 20	22 return		. 26	
alifying child,	27	Earned income credit (EIC)		27			
ach Sch. EIC.	28	Additional child tax credit from Schedule 8812					
	29	American opportunity credit from Form 8863	8, line 8	29			
	30	Reserved for future use		30			
	31	Amount from Schedule 3, line 15					
	32	Add lines 27, 28, 29, and 31. These are your			credits .	. 32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments			. 33	7,790.
Refund	34	If line 33 is more than line 24, subtract line 24	4 from line 33.			. 34	1,059
	35a	Amount of line 34 you want refunded to you	ı. If Form 8888	is attached, check here		35a	1,059
irect deposit?	b	Routing number 0 3 1 1 7 6 1		c Type: X Checki		ngs	
ee instructions.	d	Account number 3 6 0 5 7 3 4		3 1" 1 1	Ĭ		
	36	Amount of line 34 you want applied to your		ed tax 36	_		
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to www.irs.gov	ount you owe.			. 37	
	38	Estimated tax penalty (see instructions) .		1 1			
hird Party	Do	you want to allow another person to disc	cuss this retu	n with the IRS? See	Yes. Comp	lete helow	× No
Designee		signee's	Phone	_	- '	dentification	ITO
	nar		no.		number (F		
Sign		der penalties of perjury, I declare that I have examined ief, they are true, correct, and complete. Declaration of					
lere	You	ur signature	Date	Your occupation		If the IRS ser Protection PI	nt you an Identity

	Phone no. (615)418-834	0	Email ad	Email address NALAVANYA21@GMAIL.COM								
D-1-1	Preparer's name	Preparer's signa	ture			Date	PTIN	Check if:					
Paid	SYAM PRIYA RA	M SAGAR GUPTA	SYAM PRIY	A RAM	SAGAR	GUPTA	04/11/2024	P02082703	Self-employed				
Preparer Use Only	Firm's name GLOBAL TAXES LLC								Phone no. (678) 965-9522				
Use Offing	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firm's EIN	84-3171965				

Date

Spouse's signature. If a joint return, \boldsymbol{both} must sign.

Joint return?

See instructions.

Keep a copy for your records.

Spouse's occupation

BUSINESS ANALYST

(see inst.)

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

LAVANYA NALLURI

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 643-81-6414

Par	t I 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	-10,425.
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		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-10,425.

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

Par	Adjustments to Income			
11	Educator expenses		11	_
12	Certain business expenses of reservists, performing artists, and fee-l	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	, , , , , , , , , , , , , , , , , , ,	24a	_	
b	Deductible expenses related to income reported on line 8l from the			
		24b	-	
С				
		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		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		26	

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 12

Interna	Revenue Service Go to www.iis.gov/scheduleD to	or monucuons and	the latest illioillat	ion.		ocquenoe ivo. I=
	s) shown on return VANYA NALLURI					curity number
•	rou dispose of any investment(s) in a qualified opportunity tes," attach Form 8949 and see its instructions for additiona	•	•			
	Short-Term Capital Gains and Losses—Ger	•	. 0,		e ins	tructions)
lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	B24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss 	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	leld More Than	One Year	(see i	nstructions)
lines	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmer to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
whol	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum		combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	5 , 337.	8,324.			-2 , 987.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporati				12	
					13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III		

-2,987.

15

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

Part III Summary

 Combine lines 7 and 15 and enter the result	16	-2,987	7.
 Then, go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 			
 line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 			
1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the			
 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 			
•	18		
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 			
No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	1,500	.)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
■ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

Form 8949 (2023) Attachment Sequence No. 12A Pa

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

LAVANYA NALLURI

643-81-6414

Social security number or taxpayer identification number 643-81-6414

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

	(D) L	ong-term	ı transactio	ons reported	on Fo	rm(s)	1099-B	showing	basis	was ı	reported	to the	IRS	(see l	Note :	above)
$\overline{\mathbf{v}}$	(F) (ona-term	transaction	ne renorted	on Fo	rm(e)	1000_R	showing	hacie	waer	't renor	tad ta	tha IF	25		

(F) Long-term transactions not reported to you on Form 1099-B

(F) Long-term transactions	not reported	to you on Fo	rm 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	Proceeds	(e) Cost or other basis See the Note below	Adjustment, in If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	5,337.	8,324.			-2,987.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and ince is checked), lir	lude on your ne 9 (if Box E	5,337.	8,324.			-2,987.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

BAA REV 03/07/24 PRO Form **8949** (2023)

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 Sequence No. 13 Go to www.irs.gov/ScheduleE for instructions and the latest information.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0074

Name(s)	snown on return							social secur	-	
LAVA	NYA NALLURI						643	3-81-643	14	
Part	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.			C . See	instruc	tions. If you a	are an	individual, ı	report farm	
Α [Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	See inst	ructions .		🗆	Yes 🛛 No	0
B I	"Yes," did you or will you file required Form(s) 1099? .							\square	Yes 🗌 No	0
1a	Physical address of each property (street, city, state, ZIF									
Α	6-1002/3, SHANTHINAGAR JAGGAIAHPET KRI		<u> </u>	тст	יוכוזע ע	וח גמת גמו	7011	TM 5011	75	
	0-1002/3, SHANIHINAGAR JAGGATAHPET KRI	LOUNA	DISIR	101,	ANDE	IKA PKADI	rou	IN JZII	. 73	
B C										
	T (D) A E						_			
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair				1	r Rental	Per	rsonal Use Days	QJV	
	<u> </u>					Days				
A B	personal use days. Check the Quiff you meet the requirements to f			A B		365		0		
С	qualified joint venture. See instru	ıctions	s.	С						
	of Duran author			C						
	of Property:	1-1	5 L		7	0 - 16 D t - 1				
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tai	5 Land 6 Roya			Self-Rental Other (desc	ribe) ₋			
						Propert	ies:			
Incom	ie:			Α		В			С	
3	Rents received	3		6	34.					
4	Royalties received	4								
Expen										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,2	03.					
8	Commissions	8		•						
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1.5	24.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,5	13.					
15	Supplies	15		2,9						
16	Taxes	16								
17	Utilities	17		1,8	54.					
18	Depreciation expense or depletion	18								
19		19								
20	Total expenses. Add lines 5 through 19	20		11,0	59					
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	_	-10,4	25.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(10,42	25.)()()
23a	Total of all amounts reported on line 3 for all rental prope	$\overline{}$			23a		63	4.		
b	Total of all amounts reported on line 4 for all royalty prop				23b					
C	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					
e	Total of all amounts reported on line 20 for all properties				23e	11	,05	9.		
24	Income. Add positive amounts shown on line 21. Do not							24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter tot	al losses her	-	25 (10,425	.)
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									

-10,425.

26

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