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

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

| For the year Jan | ı. 1–De | c. 31, 2023, or other tax year beginning | | , 2023, end | ding | | , 20 | | See sep | oarate inst | ructions. | |
|--|---------|--|--|---|--------|------------------|-------------------|-------------|-----------------------------|---------------------------------|----------------------------------|--|
| Your first name | and m | niddle initial | Last name | | | | | | Your social security number | | | |
| SUDHAKAF | ? | | LINGALA | | | | | | 688 | 37 4 | - | |
| | | s first name and middle initial | Last name | | | | | | | Spouse's social security number | | |
| SUDHA RA | TMA | | I TIN | GALA | | | | | APPLIED FOR | | | |
| | | er and street). If you have a P.O. box, see | • | | | | Apt. no. | | | | on Campaigr | |
| 2459 REI | BLI | FF LN | | | | | G | - 1 | Check here if you, or your | | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. | | | | | | | ZIP code | | | | itly, want \$3 | |
| WEST CHE | STE | R | OH 45 | | | | 45069 | | | tnıs tuna. (ow will not | Checking a | |
| Foreign country | / name | | | Foreign province/state/ | coun | ty | Foreign postal of | | | or refund. | 0 | |
| | | | | | | | | | | You | Spouse | |
| Filing Status | ; [| Single | | | | Head of ho | ousehold (HOI | ⊣) | | | | |
| Check only | _ | Married filing jointly (even if only o | ne had | income) | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | ☐ Qualifying | surviving spo | use (C | QSS) | | | |
| | lf : | you checked the MFS box, enter the | name | of your spouse. If you | u che | ecked the HOH | l or QSS box, | enter | the chi | ld's name | if the | |
| | qι | ualifying person is a child but not you | ır depe | endent: | | | | | | | | |
| Digital | Δta | ny time during 2023, did you: (a) rec | aiva (as | a reward award or | navr | ment for proper | rty or services |): or (| h) sell | | | |
| Digital Assets | | nange, or otherwise dispose of a dig | • | | | | • | , | , | Yes | ⊠ No | |
| Standard | | neone can claim: You as a de | | <u>`</u> | | | , (| | | | | |
| Deduction | | Spouse itemizes on a separate retur | | • | | - | | | | | | |
| | | | | | | | | | 1050 | | . , | |
| | | : Were born before January 2, 1 | 959 | ☐ Are blind Spo | ouse | : U Was bor | n before Janu | | | ∐ Is bli | | |
| Dependents | • | • | | (2) Social security number | / | (3) Relationshi | ip (4) Check to | | | • | instructions): her dependents | |
| If more | (1) F | First name Last name | | number | | to you | Cilila | | uit | Credit for oth | | |
| than four dependents, | | | | | | | | | | | ┽── | |
| see instructions | s | | | | | | | | | | ┽── | |
| and check here | ı — | | | | | | | | | | ┽── | |
| - | 10 | Total amount from Form(a) W. 2 b | ov 1 (o | oo inatruationa) | | | | | 10 | <u>L</u> | <u> </u> | |
| Income | 1a b | Total amount from Form(s) W-2, b | • | • | | | | | 1a 1b | | 13,443. | |
| Attach Form(s) | C | | | | | | | | 1c | | | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not rep | | • | | | | | | | | |
| W-2G and | e | | | • | 113110 | ictions, | | | 1d 1e | | | |
| 1099-R if tax was withheld. | f | • | Faxable dependent care benefits from Form 2441, line 26 | | | | | | 1f | | | |
| If you did not | g | Wages from Form 8919, line 6. | | | • | | | | 1g | | | |
| get a Form | h | Other earned income (see instruct | | | • | | | | 1h | | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | tructions) | | 1 _{1i} | | | | _ | | |
| | Z | Add lines 1a through 1h | | | | | . | | 1z | 7 | 45,223. | |
| Attach Sch. B | 2a | | 2a | · · · · j | ь Т | axable interest | | | 2b | | | |
| if required. | 3a | | 3a | | | ordinary divider | | | 3b | | | |
| | 4a | · | 4a | | | axable amount | | | 4b | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | axable amount | | | 5b | | | |
| Single or | 6a | Social security benefits | 6a | | | axable amount | | | 6b | | | |
| Married filing separately, | С | If you elect to use the lump-sum e | lection | method, check here | | | | . \square | | | _ | |
| \$13,850 | 7 | Capital gain or (loss). Attach Sche | dule D | if required. If not requ | uired | , check here | | . \square | 7 | | | |
| Married filing jointly or | 8 | Additional income from Schedule | 1, line | 10 | | | | | 8 | | 0. | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | s 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | 4 | 45,223. | |
| \$27,700 | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | s your a | adjusted gross incor | me | | | | 11 | 4 | 45,223. | |
| \$20,800 If you checked | 12 | Standard deduction or itemized | deduc | tions (from Schedule | A) | | | | 12 | | 27,700. | |
| any box under | 13 | Qualified business income deduct | ion fror | m Form 8995 or Form | า 899 | 5-A | | | 13 | | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | 14 | | 27,700. | |
| see instructions. | 15 | Subtract line 1/1 from line 11 If zer | o or le | ee enter -0- This is y | our t | tavahla incom | • | | 15 | 1 1 | 17 523 | |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|--------------------------------------|-----------|---|-----------------------------------|-------------------|--------------------|------------------|-----------------------------|-------|---|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | 3 🗌 | [| 16 | 1,753. |
| Credits | 17 | Amount from Schedule 2, lin | | | | | [| 17 | |
| | 18 | Add lines 16 and 17 | | | | | [| 18 | 1,753. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | [| 19 | |
| | 20 | Amount from Schedule 3, lin | - | | | | [| 20 | |
| | 21 | Add lines 19 and 20 | | | | | [| 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | [| 22 | 1,753. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | [| 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | [| 24 | 1,753. |
| Payments | 25 | Federal income tax withheld | | | | | | | , |
| . ayınıcınıc | а | Form(s) W-2 | | | | 25a 4 | ,427. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | • | | | | | 25d | 4,427. |
| If you have a | 26 | 2023 estimated tax payment | | | | | [| 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | ie 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | indable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | | | | | [| 33 | 4,427. |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 2,674. |
| | 35a | Amount of line 34 you want | refunded to you | ı. If Form 8888 | is attached, chec | k here | . 🗆 [| 35a | 2,674. |
| Direct deposit? | b | Routing number 0 6 1 | Savings | | | | | | |
| See instructions. | d | Account number 3 3 4 | | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | - 1 | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe. | | | | | |
| You Owe | | For details on how to pay, g | o to <i>www.ir</i> s. <i>go</i> u | //Payments or | see instructions . | | [| 37 | |
| - | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | | you want to allow another | person to disc | cuss this retur | rn with the IRS? | | | | |
| Designee | | structions | | | | _ | mplete be | | ⊠ No |
| | De nai | signee's me | | Phone no. | | | onal identific per (PIN) | ation | |
| Sign | | der penalties of perjury, I declare the | nat I have examined | | accompanying sche | | - (/ | best | of mv knowledge and |
| _ | | ief, they are true, correct, and com | | | | | | | , , |
| Here | Yo | ur signature | | Date | Your occupation | | If the II | RS se | nt you an Identity |
| | | | | | | | | | PIN, enter it here |
| Joint return? | | | | | SOFTWARE E | | (see in: | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, t | ooth must sign. | Date | Spouse's occupati | on | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | HOME MAKER | (see in | | oonon ny onton minoro | | |
| | Ph | one no. (470)847-200 | 1 | Email address | SLINGALA@G | | | | |
| | | eparer's name | Preparer's signat | l . | | Date | PTIN | | Check if: |
| Paid | VENK | ATA SAI PAVAN KUMAR DUDIPALLI | VENKATA SAI | PAVAN KUM | AR DUDIPALLI | | P024708 | 333 | Self-employed |
| Preparer | | | | | | | | | (678)965-9522 |
| Use Only | | | Y CT E BRU | NSWICK N | J 08816 | | Firm's | | 88-2145487 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | | | BAA | REV 02/23/24 PRO | | | Form 1040 (2023) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2023
Attachment
Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SUDHAKAR & SUDHA RANI LINGALA

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 soc | ial security number |
| 688-37 | -4897 |

| 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. Att | ach Schedule E . | 5 | 0. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| _ | 1040, line 1a or 1d | 8s (| <u>)</u> | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| 0 | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8 | | 10 | _ |
| | 1040, 1040-30, 01 1040-110, 11116 0 | | 10 | 0. |

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-bas | is 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: | | | |
| a | 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 | | | |
| اہ | and USOC prize money reported on line 8m | | - | |
| d | | | - | |
| 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 | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Ent | | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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.

| 2023 |) |
|--------------------------------------|---|
| Attachment Sequence No. 13 | 3 |

OMB No. 1545-0074

| SUDI | HAKAR & SUDHA | RAN | I LINGA | LA | | | | | | 688-3 | 7-4897 | |
|----------|------------------------------------|----------|-------------|--|-----------|---------------------|----------|---------|-------------------|-------------|----------------|----------|
| Par | Note: If you a | re in th | e business | ental Real Estate a of renting personal prop 1 4835 on page 2, line 40 | erty, use | yalties Schedule | e C. See | instru | ctions. If you | are an indi | vidual, rep | ort farm |
| Α | | | | that would require yo | | Form(s) | 10002 5 | Saa ins | tructions | | □ Ve | s X No |
| | | | | ired Form(s) 1099? | | | | | | | | |
| | | | | y (street, city, state, Z | | | | • | | | | , |
| 1a | | o or ea | cii properi | y (Street, City, State, 2 | ZIF COU | =) | | | | | | |
| A_ | WE R IN | | | | | | | | | | | |
| В | | | | | | | | | | | | |
| С | | | | | | | | _ | | | | |
| 1b | Type of Property (from list below) | 2 | | rental real estate prop port the number of fai | | | | Fa | ir Rental Days | 1 | nal Use Ivs | QJV |
| Α | 3 | 1 | | use days. Check the (| | | Α | | 365 | | 0 | |
| В | | 1 | if you me | et the requirements to | o file as | a | В | | 303 | | 0 | |
| C | | 1 | qualified j | oint venture. See inst | ructions | 3. | C | | | | | |
| | of Property: | | | | | | | | | 1 | | |
| | Single Family Resid | dence | 3 Va | cation/Short-Term Re | ental | 5 Lanc | t | 7 | Self-Rental | | | |
| | Multi-Family Resid | | | mmercial | | 6 Roya | alties | | Other (desc | ribe) | | |
| | | | | | | 1 | | | | | | |
| Incor | 20. | | | | | | Α | | Propert B | ies. | | С |
| 3 | | | | | 3 | | | 00. | | | | |
| 4 | | | | | 4 | | | | | | | |
| | nses: | | | | | | | | | | | |
| 5 | | | | | 5 | | | | | | | |
| 6 | | | | | 6 | | | | | | | |
| 7 | Cleaning and mai | ntenar | nce | | 7 | | 7 | 50. | | | | |
| 8 | Commissions . | | | | 8 | | | | | | | |
| 9 | Insurance | | | | 9 | | | | | | | |
| 10 | | | | | 10 | | | | | | | |
| 11 | | | | | 11 | | 6 | 00. | | | | |
| 12 | | | | etc. (see instructions) | 12 | | | | | | | |
| 13 | | | | | 13 | | | | | | | |
| 14 | | | | | 14 | | 1,6 | | | | | |
| 15 | | | | | 15 16 | | 1,3 | 20. | | | | |
| 16 17 | | | | | 17 | | 1,1 | 20 | | | | |
| 18 | | | | · · · · · · · · · · · · · · · · · · · | 18 | | | 20. | | | | |
| 19 | | | | | _ | | | | | | | |
| 20 | Total expenses. A | dd lin | es 5 throu | gh 19 | 20 | | 5,4 | 40. | | | | |
| 21 | • | | • | and/or 4 (royalties). I | - | | | | | | | |
| | | | , , | to find out if you must | | | | | | | | |
| | , , , | | | | 21 | | -4,8 | 40. | | | | |
| 22 | | | | after limitation, if any | , | | | | | | | |
| | on Form 8582 (se | e insti | ructions) . | | 22 | (| | 0.) | (|) | (| |
| 23a | | - | | ne 3 for all rental prop | | | | 23a | | 600. | | |
| b | | - | | ne 4 for all royalty pro | - | | | 23b | | | | |
| С | | | | ne 12 for all propertie | | | | 23c | | | | |
| d | | | | ne 18 for all propertie | | | | 23d | | - 440 | | |
| e | | - | | ne 20 for all propertie | | | | 23e | | 5,440. | | |
| 24 | • | | | own on line 21. Do n | | - | | | | . 24 | / | |
| 25 | • | • | | e 21 and rental real esta | | | | | | | (| 0. |
| 26 | | | | alty income or (loss) ne 40 on page 2 do r | | | | | | | | |
| | | | | therwise, include this | | | | | | . 26 | | 0. |

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.

Department of the Treasury Internal Revenue Service

| 2023 |
|---------------------------------------|
| Attachment Sequence No. 858 |

OMB No. 1545-1008

| Name(s | shown on return | | | | Iden | tifying ı | number |
|--------|--|----------------------|---------------------------|----------------------|-------------------|-----------|----------------|
| | HAKAR & SUDHA RANI LINGALA | | | | 688 | 3-37 | -4897 |
| Pai | t I 2023 Passive Activity Los | | | | | | |
| | Caution: Complete Parts IV ar | nd V before compl | eting Part I. | | | | r |
| | al Real Estate Activities With Active P | • • | | ive participation, s | ee Special | | |
| Allow | ance for Rental Real Estate Activities | in the instructions | s.) | | | | |
| 1a | Activities with net income (enter the a | mount from Part I | V, column (a)) . | 1a | | | |
| b | Activities with net loss (enter the amo | | | |) | | |
| С | Prior years' unallowed losses (enter the | ne amount from Pa | art IV, column (c)) | 1c (|) |) | |
| d | Combine lines 1a, 1b, and 1c | | | | | 1d | |
| All Ot | her Passive Activities | | | | | | |
| 2a | Activities with net income (enter the a | mount from Part V | /. column (a)) . | 2a | 0. | | |
| b | Activities with net loss (enter the amo | | | | -4,840. | 7 | |
| С | Prior years' unallowed losses (enter the | | | |) | 5 | |
| d | | | | | | 2d | -4,840. |
| 3 | Combine lines 1d and 2d and subtra | | | | | | |
| _ | zero or more, stop here and include | • • • | | | | | |
| | prior year unallowed losses entered | | | | | | |
| | normally used | | | | | 3 | -4,840. |
| | If line 3 is a loss and: • Line 1d is a | | | | | | |
| | | | zero or more), ski | | | | |
| | on: If your filing status is married filing | separately and yo | ou lived with your | spouse at any tim | ne during the | year, | do not complet |
| | . Instead, go to line 10. | | A . I | A.C. B. C. | | | |
| Par | t II Special Allowance for Rei Note: Enter all numbers in Par | | | - | | | |
| 4 | Enter the smaller of the loss on line 1 | <u> </u> | | uons for an examp | ne. | 4 | |
| 5 | Enter \$150,000. If married filing separ | | | 5 | | 4 | |
| 6 | Enter modified adjusted gross income | - | | | | - | |
| · | Note: If line 6 is greater than or equal | | | | | - | |
| | on line 9. Otherwise, go to line 7. | to into o, orap into | o r and o and one | | | | |
| 7 | Subtract line 6 from line 5 | | | 7 | | | |
| 8 | Multiply line 7 by 50% (0.50). Do not e | nter more than \$25 | ,000. If married filir | ng separately, see i | instructions | 8 | |
| 9 | Enter the smaller of line 4 or line 8. If | | | | | 9 | 0. |
| Par | t III Total Losses Allowed | | | | | | |
| 10 | Add the income, if any, on lines 1a an | d 2a and enter the | e total | | | 10 | 0. |
| 11 | Total losses allowed from all passiv | e activities for 20 | 23. Add lines 9 an | d 10. See instruct | ions to find | | |
| | out how to report the losses on your t | | | | | 11 | 0. |
| Par | t IV Complete This Part Before | e Part I, Lines 1 | a, 1b, and 1c. S | ee instructions. | | | |
| | | Curre | nt year | Prior years | Ove | erall da | ain or loss |
| | Name of activity | | | - | | | |
| | | (a) Net income | (b) Net loss | (c) Unallowed | (d) Gai | n | (e) Loss |
| | | (line 1a) | (line 1b) | loss (line 1c) | (1,7 1, 1,1) | | ,, |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Form 8582 (2023) Page **2**

| Part V | Complete This Part Befor | e P | art I, Lines 2 | a, 2b, | and 2c. S | See instruc | tions. | | | . ugo _ | |
|--------------|---------------------------------|--------------------------|--|---------------------------|-----------|------------------------------|---------------|-----------------------|--------|--|--|
| _ | | | Currer | nt year | | Prior ye | ears | Overall g | | ain or loss | |
| | Name of activity | (a) Net income (line 2a) | | (b) Net loss (line 2b) | | (c) Unallowed loss (line 2c) | | | | (e) Loss | |
| WE | | | 0. | | 4,840. | · | | | | 4,840. | |
| | | | | | · | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total. Enter | on Part I, lines 2a, 2b, and 2c | | 0. | | 4,840. | | | | | | |
| Part VI | Use This Part if an Amour | nt Is | | Part II, | | ee instruc | tions. | | | | |
| | Name of activity | an to | rm or schedule ad line number be reported on se instructions) | (a |) Loss | (b) Ra | tio | (c) Special allowance | | (d) Subtract column (c) from column (a). | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | 1.00 |) | | | | |
| Part VII | Allocation of Unallowed L | oss | ses. See instr | uction | S. | • | | | | | |
| | Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) l | Loss | (| b) Ratio | (c | e) Unallowed loss | |
| WE | | | E Ln 2 | 2 | | 4,840. | 1.00000000 | | 4,840. | | |
| | | | | | | · | | | | • | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | 4,840. | | 1.00 | | 4,840. | |
| Part VIII | Allowed Losses. See instr | ucti | ons. | | | 1,0101 | | 1100 | | 1,010. | |
| | Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) l | Loss | (b) Ur | allowed loss | (| (c) Allowed loss | |
| WE | | | E Ln 2: | 2 | | 4,840. | | 4,840. | | 0. | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | 4,840. | | 4,840. | | 0. | |



Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

| Before you begin • Don't submit th | | orm if you have, or are eligit | ble to get, a | a U.S. s | social sec | urity nu | ımber (SS | SN). | | | a new ITIN n existing ITIN | |
|---|---|--|---|------------|---|-------------------|-------------------------------|------------------|----------------|---|-------------------------------|--|
| | | itting Form W-7. Read the ral tax return with Form V | | | | | | | | | e, d, e, f, or g, you | |
| a Nonresident | alie | n required to get an ITIN to cla | aim tax treaty | y benefi | it | | | | | | | |
| b Nonresident | t alie | n filing a U.S. federal tax retur | n | | | | | | | | | |
| | | en (based on days present in | | | - | | | | | | | |
| d Dependent | of U. | S. citizen/resident alien If | d, enter relat | tionship | to U.S. cit | izen/res | ident alien | (see inst | tructions) 🕨 | | | |
| _ | | J <u>s</u> | d or e, enter SUDHAKAR | LING | GALA | | | | | | ns) ► 8-37-4897 | |
| f Nonresident | t alie | n student, professor, or resear | rcher filing a | U.S. fee | deral tax re | turn or o | claiming ar | n excepti | on | | | |
| | | se of a nonresident alien hold | ing a U.S. vis | sa | | | | | | | | |
| h U Other (see in | | | | | | | | | | | | |
| Additional information | | r a and f: Enter treaty country | > | | | and | d treaty art | | | | | |
| Name | 1a | First name | | Middle | e name | | | Last r | | | | |
| (see instructions) | 41. | SUDHA RANI | | NAC -L-II | | | | | IGALA | | | |
| Name at birth if different • | | First name | | | e name | | | Last r | | | | |
| Applicant's Mailing | | 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2459 REDBLUFF LN APT G | | | | | | | | | | |
| Address | | City or town, state or province WEST CHESTER | | | | | ОН | USA | 7 | 45 | 069 | |
| Foreign (non- U.S.) Address | 3 | Street address, apartment nu | | | | | | | er. | | | |
| (see instructions) | | City or town, state or province | e, and count | try. Inclu | ude postal | code wh | nere appro | priate. | | | | |
| Birth Information | 4 | Date of birth (month / day / year) $08/25/1981$ | Country of INDIA | birth | | City ar | nd state or | province | (optional) | | Male Female | |
| Other Information | 6a | Country(ies) of citizenship INDIA | 6b Foreign | tax I.D. | ax I.D. number (if any) 6c Type of U.S. vis | | | | | isa (if any), number, and expiration date | | |
| mormaton | 6d | 6d Identification document(s) submitted (see instructions) ☐ USCIS documentation ☐ Other ☐ Date of entry into the United States | | | | | | | | | | |
| | | Issued by: INDIA | No.: P3777 | 7372 | Ex | p. date: | 10/07/ | 2026 | (MM/DD/Y | | | |
| | 6e | Have you previously received No/Don't know. Skip lir | ne 6f. | | | | | | | | | |
| | | Yes. Complete line 6f. If | f more than o | one, list | on a sheet | and att | ach to this | form (se | e instruction | าร). | | |
| | 6f | Enter ITIN and/or IRSN ► I | TIN | | | | IF | RSN | | | and | |
| | | name under which it was iss | ued ▶ | First r | | | Middle r | | | Lou | -t name | |
| | C == | Name of callege (originality and | | | | | ivildale i | lame | | Las | st name | |
| | 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ | | | | | | | | | | | |
| Sign Here | doc | der penalties of perjury, I (appli- umentation and statements, and rmation with my acceptance agen | I to the best | of my k | knowledge a | nd belief | that I have f, it is true, | examine correct, | and complete | e. I auth | orize the IRS to share | |
| Keep a copy for | • | Signature of applicant (if del | · | | | | onth / day | | Phone num | | | |
| your records. | Name of delegate, if applicable (type or print) | | | | | Delegate to appli | te's relation | nship | Parent Power o | Parent Court-appointed guardian | | |
| Acceptance | | Signature | | | | | onth / day | / year) | Phone | i allUIII6 | - y | |
| Agent's | <u> </u> | Name and title /t | Λ | | Name - : f | | | | Fax | 1 | | |
| Agent's Use ONLY Name and title (type or print) Name of company EIN Office code | | | | | | | | | IN | | | |