

Your signature

Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Spouse's signature

Date

Please print or type. Privacy Act Notice available upon	request. For	the year January	/ 1-December 31, 2023.	
Your first name and initial	Last	t name	Your Social Security numbe	r
SONALI SANDEEP PARAB			279311478	
If a joint return, spouse's first name and initial	urn, spouse's first name and initial Last na		Spouse's Social Security no	umber
Present street address (and apartment number)				
680 EXECUTIVE DRIVE APT NO 1124				
City/Town/Post Office	State	Zip	Filing status: Single	Married filing jointly
PLANO	TX	75074	 Married filing separately 	 Head of household
 Income tax after credits (from Form 1, line 32, or Form Massachusetts use tax (from Form 1, line 34, or Form Massachusetts income tax withheld (from Form 1, line Refund amount (from Form 1, line 53, or Form 1-NR/F 	n 1-NR/PY, line e 38, or Form	e 38)	3	859 1407 548
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line	58)		6 L	
Part 2. Declaration and Signature of T Under pains and penalties of perjury, I declare that I have reflection Originator and that the amounts above agree with this information is true, correct and complete. I consent that sent to the Massachusetts Department of Revenue by my the transmitter when my electronic return has been accept the return can be corrected and re-transmitted. If I have file	reviewed the in he amounts s t my return, in Electronic Ref ed. In the ever	shown on my 2023 ncluding this decla turn Originator. I a nt that it is rejected	Massachusetts return. To the best of my karation and accompanying schedules, form uthorize DOR to inform my Electronic Retud, I authorize DOR to identify the reasons	knowledge and belief is and statements be urn Originator and/or for rejection so that

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

Date

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if	
			882145	5487	self-employed	
Firm name (or yours, if self-employe	d) and address	City/Town	State	Zip	O Fill in if also	
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer	

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	EIN	
P02470833		882145	5487	self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
VENKATA SAI PAVAN KUMAR DUDIPALLI 245 ROONEY CT	E BRUNSWICK	NJ	08816	





2023 Form 1-NR/PY

MA23006011555

Your signature

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2023 or other taxable Year beginning Ending

SONALI SANDEEP E

PARAB

Date

279311478

680 EXECUTIVE DRIVE TX 75074 PLANO 1124 Fill in if: Amended return Other jurisdiction change

Enter date of change Federal amendment Amended return due to IRS BBA Partnership Audit State Election Campaign Fund: \$1 You \$1 Spouse TOTAL Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse You Spouse Taxpayer deceased You Spouse Fill in if under age 18 You Fill in if name change Spouse Check one: X Nonresident Filing as both nonresident and part-year resident Part-year resident Nonresident composite Fill in if noncustodial parent a. Total federal income Fill in if filing Schedule TDS 69472 b. Federal adjusted gross income 69472 Fill in if filing Schedule FCI 1. Filing status (select one only): X Single Fill in if reporting crypto currency Married filing jointly Married filing separate return Head of household You are a custodial parent who has released claim to exemption for child(ren) 2. Part-year residents. Enter dates as Massachusetts resident: From 3. Total days as Massachusetts resident $\div 365 = .$

313-652-6798

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Spouse's signature





MA23006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
279311478

Exemptions:						
a. Personal exemptions	4a	4400				
o. Number of dependents. (Do not i	include yours	self or your spouse.)	Enter numbe	r	\times \$1,000 = 4b	
c. Age 65 or over before 2024	You +	Spouse =			\times \$700 = 4c	XXXXX
d. Blindness	You +	Spouse =			\times \$2,200 = 4d	XXXXX
e. Medical/dental					4e	
. Adoption					4f	
g. Total exemptions. Add items 4a tl	hrough 4f. Er	nter here and on line	22a		4g	4400
Wages, salaries, tips					5	30135
Taxable pensions and annuities					6	
Mass. bank interest: a.		b. exemp	tion		= 7	
Business/profession income/loss a.			+ b. Farmir	ng income/loss		
					= 8	
Rental, royalty and REMIC, partners	ship, S corp.,	trust income/loss			9	-9640
Jnemployment					10a	XXXXXXXX
Mass. lottery winnings					10b	
Other income					11	
TOTAL 5.0% INCOME					12	20495
NONRESIDENT APPORTIONMEN	T WORKSH	EET. You cannot app	ortion Mass.	wages as show	wn on Form W-2. Do not use this	s worksheet if you know the
exact amount of your Mass. source	income. Only	y use when income f	rom employm	nent/business is	s earned both inside and outside	e Mass. and the exact
Mass. amount is not known. Basis:		working days	miles	sales	other:	
Working days (or other basis) outsic	de Massachu	ısetts			13a	
Working days (or other basis) inside	Massachus	etts			13b	
Total working days			13c			
Nonworking days (holidays, weeken	ids, etc.)				13d	
Massachusetts ratio					13e	
Total income being apportioned. You	u cannot app	ortion Massachuset	ts wages as s	hown on Form	W-2 13f	
Massachusetts income					13g	
	a. Personal exemptions b. Number of dependents. (Do not in the content of the con	a. Personal exemptions b. Number of dependents. (Do not include yours c. Age 65 or over before 2024 You + d. Blindness You + e. Medical/dental doption g. Total exemptions. Add items 4a through 4f. En Nages, salaries, tips Taxable pensions and annuities Mass. bank interest: a. Business/profession income/loss a. Rental, royalty and REMIC, partnership, S corp., Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSH exact amount of your Mass. source income. Only Mass. amount is not known. Basis: Working days (or other basis) outside Massachus Total working days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot app	a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) c. Age 65 or over before 2024 You + Spouse = d. Blindness You + Spouse = e. Medical/dental d. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line Mages, salaries, tips axable pensions and annuities d. Ass. bank interest: a b. exemp d. Business/profession income/loss a. Rental, royalty and REMIC, partnership, S corp., trust income/loss Unemployment d. Ass. lottery winnings Other income d. COTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot appearact amount of your Mass. source income. Only use when income f. Ass. amount is not known. Basis: working days Working days (or other basis) outside Massachusetts Vorking days (or other basis) inside Massachusetts Total working days (holidays, weekends, etc.) d. Assachusetts ratio Total income being apportioned. You cannot apportion Massachusetts	a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) Enter number c. Age 65 or over before 2024 You + Spouse = d. Blindness You + Spouse = d. Blindness You + Spouse = d. Medical/dental d. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a Wages, salaries, tips faxable pensions and annuities Mass. bank interest: a b. exemption Business/profession income/loss a. + b. Farmin Bental, royalty and REMIC, partnership, S corp., trust income/loss Unemployment Mass. lottery winnings Other income FOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. exact amount of your Mass. source income. Only use when income from employm Mass. amount is not known. Basis: working days miles Norking days (or other basis) outside Massachusetts Norking days (or other basis) inside Massachusetts Total working days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot apportion Massachusetts wages as second or the second of the second	a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) Enter number c. Age 65 or over before 2024 You + Spouse = d. Blindness You + Spouse = d. Blindness You + Spouse = d. Medical/dental dependents. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: ab. exemption Business/profession income/loss a. + b. Farming income/loss Rental, royalty and REMIC, partnership, S corp., trust income/loss Dhemployment Mass. lottery winnings Dither income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as show exact amount of your Mass. source income. Only use when income from employment/business is Mass. amount is not known. Basis: working days miles sales Working days (or other basis) outside Massachusetts Working days (or other basis) inside Massachusetts Total working days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form	As Personal exemptions As Personal exemptions Number of dependents. (Do not include yourself or your spouse.) Enter number Number of dependents. (Do not include yourself or your spouse.) Enter number Number of dependents. (Do not include yourself or your spouse.) Enter number Number of dependents. (Do not include yourself or your spouse.) Enter number Number of dependents. (Number of dependents.) Enter here and on line 200

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





MA23006031555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return

SC	ONALI	SANDEEP	PARAB	2793114	78	
14.	NONRES	IDENT DEDUCTION	AND EXEMPTION RATIO			
	a. Total 5	.0% income			14a	20495
	b. Interes	t income			14b	XXXX
	c. Total c	apital gain income			14c	
		ncome this return			14d	20495
	e. Non-M	assachusetts source	income. Not less than "0"		14e	48977
	f. Total in	ncome			14f	69472
	g. Deduc	tion and exemption ra	tio		14g	0.2950
15a.	Amount p	aid to Soc. Sec. Medi	care, R.R., U.S. or Mass. Retirer	nent	15a	2000
15b.	Amount y	our spouse paid to So	oc. Sec., Medicare, R.R., U.S. or	Mass. Retirement	15b	XXXXX
16.	Reserved	for future use			16	XXXXX
17.	Reserved	for future use			17	XXXXX
18.			XXXXXX 23 you did not have a family hom	ne or any dwelling outside Massachu	÷ 2 =18 usetts to which you generally or co	XXXXX ustomarily returned or
19.	Other dec	ductions from Schedul	le Y, line 19		19	
20.	Total ded	luctions. Add lines 15	5 through 19		20	2000
21.	5.0% INC	OME AFTER DEDUC	CTIONS. Subtract line 20 from lin	e 12. Not less than "0"	21	18495
22.		n amount. a.	4400		22	1298
23.	5.0% INC	OME AFTER EXEMP	PTIONS. Subtract line 22 from lin	e 21. Not less than "0"	23	17197
24.	INTERES	T AND DIVIDEND IN	COME		24	
25.	TOTAL TA	AXABLE 5.0% INCOM	ME. Add lines 23 and 24		25	17197
26.				ax rate, fill in and multiply line 25 and		
		Schedule D, line 21 I	•		26	859
27.	INCOME	FROM SCHEDULE E				
	a.		$\times .085 = 27a$			
	b.		× .12 = 27b			
	TOTAL TA	AX ON INCOME FRO	M SCHEDULE B. Add lines 27a	and 27b	27	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





MA23006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
279311478

28.	8. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS			28
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 2	8		
29.	Credit recapture amount (from Credit Recapture Schedule)		2	29
30.	Additional tax on installment sale		3	30
31. 32.	If you qualify for No Tax Status, fill in and enter "0" on line 32 TOTAL INCOME TAX.			
	a. Income tax. Add lines 26 through 30	32a	859	
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32b		
	c. If line 32b is greater than 0, enter the amount of Massachusetts			
	income tax paid on your behalf on a Form MA NRCR, Nonresident			
	Composite Return. Otherwise, enter 0	32c		
	Total tax. Subtract line 32c from the total of lines 32a and 32b		3	859
33.	Limited Income Credit		3	33
34.	Income tax due to another state or jurisdiction		3	34
35.	Other credits (from Credit Manager Schedule)		3	35
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 3	5 from line 32. Not le	ess than "0"	859
37.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		37	7a
	b. Organ Transplant Fund		37	7b
	c. Massachusetts Public Health HIV and Hepatitis Fund		37	7c
	d. Massachusetts U.S. Olympic Fund		37	7d
	e. Massachusetts Military Family Relief Fund		37	7e
	f. Homeless Animal Prevention and Care		3	7f
	Total. Add lines 37a through 37f		3	37
38.	Use tax due on Internet, mail order and other out-of-state purchases		3	38
39.	Health care penalty a. You XXXXX + b. Spouse XXXXX		3	39 XXXXXXX
40.	Amended return only. Overpayment from original return		4	10
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TA	XX. Add lines 36 thro		11 859
42.	a. Massachusetts income tax withheld from Form(s) W-2	42a	1407	
	b. Massachusetts income tax withheld from Form(s) 1099	42b		
	c. Massachusetts income tax withheld from other forms	42c		
	Total. Add lines 42a through 42c	42C		1407

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

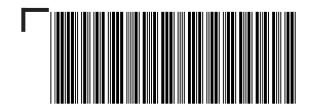




MA23006051555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
279311478

43. 44. 45. 46. 47.	2022 overpayment applied to your 2023 estimated tax 2023 Massachusetts estimated tax payments Payments made with extension Amended return only. Payments made with original return. No Earned Income Credit. a. Number of qualifying children Part-year residents, multiply line 47c by line 3 Note: You cannot claim the Earned Income Credit if your filing so for an exception (see instructions). Fill in if you qualify for this experience.	b. Amount from U.S. status is married filing		47	XXXXX
48.	Senior Circuit Breaker Credit			48	XXXXX
49. 50.	Reserved for future use Child and Family Tax Credit			49	XXXX
	a. \times \$310 = b. XXXXX	Part-year reside	nts multiply line 50b	by line 3 = 50	XXXXX
51.	Other Refundable Credits			51	
52. 53.	Total Refundable Credits. Add lines 47 through 51 Excess Paid Family Leave Withholding			52 53	
53. 54.	TOTAL. Add lines 42 through 46 and lines 52 and 53			54	1407
55.	Overpayment. Subtract line 41 from line 54			55	548
56.	Amount of overpayment you want applied to your 2024 estimates	ated tax		56	
57.	Refund. Subtract line 56 from line 55. Mail to: Massachusetts D	OOR, PO Box 7000, B	oston, MA 02204	57	548
F	Direct deposit of refund. Type of account X checking savings				
58.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to Interest Penalty	o: Mass. DOR, PO Boo M-2210 amt.	(7003, Boston, MA	02204 58	EX enclose Form M-2210
May t	ne Department of Revenue discuss this return with the preparer	shown here?	Yes		
Print VEN	ot want preparer to file my return electronically paid preparer's name KATA SAI PAVAN KUMAR DUDIPALL preparer's signature	ī	(this may delay you Date Paid preparer's pho	Check if self-employed	Paid preparer's SSN/PTIN P02470833 Paid preparer's EIN
			678-965-9	522	88-2145487

VENKATA SAI PAVAN KU BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





2023 Schedule INC MA23INC011555

SONALI SANDEEP PARAB 279311478

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
262188108	1407	30135	2305		W2

TOTALS 1407 30135 2305





2023 Schedule NTS-L-NRPY

MA23021011555 No Tax Status and Limited Income Credit 279311478

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1.	Total 5.0% income	1	20495
2.	Adjustments to income	2	
3.	Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	20495
4.	Interest exemption used	4	XXXX
5.	Adjusted gross interest, dividends and certain capital gains	5	
6.	Long-term capital gain	6	
7.	Additional income/loss while a nonresident/part-year resident	7	48977
8.	Total income. Combine lines 3 through 7	8	69472
9.	Additional adjustments to income while a nonresident/part-year resident	9	
10.	Massachusetts Adjusted Gross Income (AGI)	10	69472
	If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11.	If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and		
	add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b)	
	by \$1,000 and add \$14,400 to that amount	11	
12.	If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of depende	nts (from Form 1-	NR/PY, line 4b)
	by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1	-NR/PY, line 4b) b	y \$1,750
	and add \$25,200 to that amount	12	
13.	No Tax Status threshold	13	
14.	Income for Limited Income Credit	14	
15.	Tax before adjustments	15	
16.	Tax for Limited Income Credit	16	
17.	Limited Income Credit	17	





2023 Schedule E MA23013041555

SONALI SANDEEP PARAB 279311478

Income or Loss from Real Estate and Royalties

Income 1. Rents received

1.	Rents received	1	500
_ 2.	• • • • • • • • • • • • • • • • • • • •	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1250
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	980
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	2500
13.	Supplies	13	2450
14.	Taxes	14	
15.	Utilities	15	2960
16.	Other expenses	16	
17.	Add lines 3 through 16	17	10140
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	10140
20.	Income or loss from rental real estate or royalty properties	20	-9640
21.	Deductible rental real estate loss	21	-9640
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-9640
24.	Rental real estate and royalty income or loss	24	-9640





2023 Schedule E, pg. 2

MA23013051555

279311478

Inco	ome or Loss from Partnerships and S Corporations	
25.	·	25
26.	Passive income	26
27.	Non-passive loss	27
28.	·	28
29.	·	29
30.	•	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
49.		49
	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53	Combine lines 51 and 52	53





2023 Schedule E, pg. 3

MA23013061555

279311478

Farm Income

54. Net farm rental income or loss	54	
Summary		
55. Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-9640
56. Massachusetts differences Enclose statements	56	
57. Abandoned building renovation deduction	57	
58. Total income or loss. Combine lines 55 through 57	58	-9640





10140

10140

-9640

-9640

-9640

-9640

17

18

19

20

21 22

23

24

2023 Schedule E-1 MA23013011555

SONALI SANDEEP PARAB

279311478

4A 402 JAI TRIMURTI

Income

16. Other expenses

17. Add lines 3 through 16

18. Depreciation expense or depletion

19. Total expenses. Add lines 17 and 18

20. Income or loss from rental real estate or royalty properties

CHSL KALWA MAHARASHTRA

Check one: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

11100	31110		
1.	Rents received	1	500
2.	Royalties received	2	
Ехр	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1250
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	980
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	2500
13.	Supplies	13	2450
14.	Taxes	14	
15.	Utilities	15	2960

Deductible rental real estate loss
 Income. Enter positive amounts shown on line 20
 Losses. Enter royalty losses from line 20 or rental real estate loss from line 21
 Rental real estate and royalty income or loss
 Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value

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.

2023
Attachment
Sequence No. 13

Your social security number

OMB No. 1545-0074

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

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

SONA	LI SANDEEP PARAB							279-3	1-1478	
Part	Income or Loss From	m Rental Real Estate an	d Roy	yalties						
	Note: If you are in the busi	iness of renting personal proper Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instruc	ctions. If you a	re an indi	vidual, rep	ort farm
A [Did you make any payments in									
	f "Yes," did you or will you file									
						· ·			16	5 <u> NU</u>
1a		operty (street, city, state, ZIF	code)						
Α	CHSL KALWA MAHARA	SHTRA IN 400605								
В										
С										
1b						Fair Rental		Personal Use		QJV
	, ,	e, report the number of fair on all use days. Check the Qu		x only A			Days	Days		
<u>A</u>		u meet the requirements to f				365		0		⊢
B C		qualified joint venture. See instruction			B					
	of Property:				C					
		3 Vacation/Short-Term Ren	tal	5 Land	1	7	Self-Rental			
	-	4 Commercial	lai	6 Roya	-		Other (descr	ihe)		
	Trial Farmy Residence	4 Commercial		O HOYE	11100					
							Propertie	es:		
ncom					Α		В			С
3	Rents received		3		5	00.				
4	Royalties received		4							
Exper			_							
5	Advertising		5 6			-				
6 7	Auto and travel (see instruction Cleaning and maintenance.	-	7		1 2	50				
8	Commissions		8	1,250.						
9	Insurance		9							
10	Legal and other professional		10							
11	Management fees		11		9	80.				
12	Mortgage interest paid to bar		12							
13	Other interest		13							
14	Repairs		14		2,5	00.				
15	Supplies		15		2,4					
16	Taxes		16							
17	Utilities		17		2,9	60.				
18	Depreciation expense or dep	letion	18							
19	Other (list)		19							
20	Total expenses. Add lines 5 t	through 19	20		10,1	40.				
21	Subtract line 20 from line 3 (r									
	result is a (loss), see instructi	,			0 6					
	file Form 6198		21		-9,6	40.				
22	Deductible rental real estate			,	0 64		•	,	,	,
00-	on Form 8582 (see instructio	-	22	(0.)(500	(,
23a	Total of all amounts reported					23a		500.		
b	Total of all amounts reported Total of all amounts reported					23b 23c				
c d	Total of all amounts reported					23d				
e	Total of all amounts reported					23e	1 ∩	,140.		
24	Income. Add positive amoun					200	10	. 24		
25	Losses. Add royalty losses from			-		· · · nter tot	al losses here		(9,640.
26	Total rental real estate and									-,
	here. If Parts II, III, and IV, a									
	Schedule 1 (Form 1040), line							. 26		-9,640.