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

IIIICIIIAI N	levellue Selvice								
Submis	ssion Identification Number (SID)								
Taxpayer	r's name	Social se	ecurity num	ber					
SHEK	CAR REDDY GATTU	859-	-20-815	5					
Spouse's	s name	Spouse's	Spouse's social security number						
Part l	Tax Return Information — Tax Year Ending December 31, 2023	 	ni are ai	thori	zina)				
	whole dollars only on lines 1 through 5.	chiter year yo	ou are au	LITOTI	zirig.)				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
	Adjusted gross income		. 1		89,	191.			
	Total tax				10,	009.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3		18,	351.			
4	Amount you want refunded to you		. 4		8,	342.			
5	Amount you owe		. 5						
Part I	Taxpayer Declaration and Signature Authorization (Be sure you ge	et and keep a	copy of	your	retur	n)			
to send for any of Agent to payment authoriza payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provide my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast delay in processing the return or refund, and (c) the date of any refund. If applicable, I author in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the treatment of the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or ame not income tax return (original or ame not income tax return).	on for rejection of to ize the U.S. Treasus count indicated in to I institution to debito terminate the auth ation requests mused in the processing to the payment.	he transmi ury and its the tax pre t the entry porization. st be rece ng of the e	ssion, desigr paratic to this To revived n lectror cknow	(b) the nated Fon software (can be continued to be continued t	reason inancial vare for int. This ancel) a than 2 ment of that the			
	yer's PIN: check one box only			. _					
X	-	enerate my PIN	0 8	1 5	5	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	,	Enter five don't ente		, but	,			
	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 P below.								
Your si	ignature ▶ D	ate ►							
Snouse	e's PIN: check one box only								
	_	enerate my PIN				as my			
	ERO firm name	onorate my r m	Enter five	digits,		ao my			
	signature on the income tax return (original or amended) I am now authorizing.		don't ent	er all ze	eros				
	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 P below.								
Spouse	e's signature ▶ □	ate ▶							
	Practitioner PIN Method Returns Only—continue	e below							
Part II	Certification and Authentication — Practitioner PIN Method Only								
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4	9 6 6	1	9 8	9			
	= 11.71 III Elitor your olik digit El iII tollowod by your live digit oon oclooted t iiii		t enter all z		- -				
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual is that the above numeric entry is my PIN, which is my signature for the electronic individual is that the text that I is that I is the practition of the Practical Operation of the Practition of the Practical Operation of the	ncome tax return (am submitting this	original or return in	amen accord	danće v				
ERO's	signature ▶ D	ate ►							
	ERO Must Retain This Form — See Instruct	ions							
	Don't Submit This Form to the IRS Unless Request								

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



1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20		See se	oarate i	nstructio	ons.
Your first name	and m	niddle initial	Last na	me							Your so	cial sec	urity num	nber
SHEKAR I	REDD	Y	GATT	ָנזי							859	20	8155	
		s first name and middle initial	Last na										security r	numbei
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	nne					Apt. no.		Drooido	ntial Ela	ection Car	mnoian
		US BEAMON DR	, ii iSti dotic	J113.				'	tpt. no.	- 1			ou, or you	
		ice. If you have a foreign address, also co	mplete si	paces bel	low.	Sta	te	ZIP c	ode		spouse	if filing	jointly, wa	ant \$3
INDIAN '						NC		280			•		nd. Check	•
Foreign countr			F	oreign pr	rovince/state/				n postal c		your tax		not chang nd.	је
· ·	•						•		,		•	Yo		Spouse
Filing Status	s 🗵	Single	<u>'</u>				Head of h	ouseh	old (HOF	H)				
Check only		Married filing jointly (even if only or	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	pouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	;
	qu	ualifying person is a child but not you	ur depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for prope	rty or	services)); or (l	b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ctions	s.)		es 🔀 N	No
Standard	Som	neone can claim: 🗌 You as a de	pendent	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp o	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	iip (4) Check tl	he box	x if quali	fies for (see instru	ctions):
If more		First name Last name			number		to you		Child to	ax cre	dit	Credit fo	r other dep	endents
than four									[
dependents,									[
see instruction and check	s								[
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		109,1	30.
Attach Form(s)	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c				
attach Forms W-2G and	d	Medicaid waiver payments not rep		,	,	nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	,					, .			1h	_		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>li</u>							
	z	Add lines 1a through 1h			· · ;						1z		109,1	.30.
Attach Sch. B	2a		2a				axable interes				2b			
if required.	3a_	· ·	3a				ordinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	C	If you elect to use the lump-sum e				•	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•					. L	7			
jointly or Qualifying	8	Additional income from Schedule	-								8		-19,9	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		89,1	.9I.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		89,1	
If you checked	12	Standard deduction or itemized				-					12		22,3	348.
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14	Add lines 12 and 13									14		22,3	
COO II IOU UUUI IOI IO.	15	Suptract line 1/1 from line 11 If zon	ro or less	e anter	II I bic ic v	nour t	avabla incom	•			1 45	1	66 Q	1/12

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	10,009.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	10,009.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,009.
	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	10,009.
Payments	25	Federal income tax withheld							
_	а	Form(s) W-2				25a 1	8,351		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	18,351.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	122 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	18,351.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	8,342.
	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	8,342.
Direct deposit?	b	Routing number 0 8 1							
See instructions.	d	Account number 2 9 1	0 2 0 6	7 1 1 8	3 9				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See		_	
Designee	ins	structions	<i>.</i>			🗌 Yes. (Complete	below.	⋈ No
		signee's me		Phone no.			sonal iden nber (PIN)	tification	
Sign		der penalties of perjury, I declare t							, ,
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informa	ion of which	ch prepar	er has any knowledge.
11010	Yo	ur signature		Date	Your occupation			nt you an Identity	
l-i-t0					 SOFTWARE	ספטר זפנזפר		itection P e inst.)	PIN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return.	hoth must sign	Date	Spouse's occupat				nt your spouse an
Keep a copy for your records.	Op	Spouse's signature. If a joint return, both must sign.			Оройос о оссири	1011	Ide		ection PIN, enter it here
	Ph	one no. (708)374-158	om.						
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P0247	70833	Self-employed
Preparer		m's name GLOBAL TA							(678)965-9522
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	88-2145487

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

SHEKAR REDDY GATTU

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 859-20-8155

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	-19,939.
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 (4	
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_		
_	Total ather income. Add lines On the	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		40	10 020
	1040, 1040-SR, or 1040-NR, line 8		10	-19,939.

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

Par	II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee				
	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				
	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	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:	04-			
0E		24z		OF	
25 26	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	e. ⊑nter	nere and on	26	
					le 4 (Ferme 4040) 0000
	BAA	REV 02/	16/24 PRO	ocnedu	le 1 (Form 1040) 2023

SCHEDULE A (Form 1040)

Medical

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Caution: Do not include expenses reimbursed or paid by others.

Go to www.irs.gov/ScheduleA for instructions and the latest informati

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR SHEKAR REDDY GATTU

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instruct

			OMB No. 1545-0074						
ion.			2023						
ions for line	16.	4	Attachment Sequence No. 07						
			ocial security number						
	85	9 –	20-8155						
		4							
5,64 2,18									
2,18	4.								
7,82	7.								
7,82	7.								
.,,,=									
		7	7,827.						
14,52	1.								

and	4	Medical and dental expenses (see instructions)	1			
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2	•			
Expenses		Multiply line 2 by 7.5% (0.075)	3			
Experience		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	
		·	Ė		7	
Taxes You Paid	i (State and local taxes. a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a 5b 5c	5,643. 2,184. 7,827.		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	Ou	7,027.		
		separately)	5е	7,827.		
			6			
		Add lines 5e and 6			7	7,827.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.		Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a	14,521.		
instructions.	ı	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	(c Points not reported to you on Form 1098. See instructions for special rules	8c 8d 8e	14,521.		
		Investment interest. Attach Form 4952 if required. See instructions	9	11,521.		
		Add lines 8e and 9	_		10	14,521.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11			
Caution: If you made a gift and got a benefit for it, see instructions.	12 13	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 Carryover from prior year	12 13			
	14	Add lines 11 through 13	-		14	
Casualty and Theft Losses	15	15				
Other	16	instructions				
Itemized						
Deductions					16	
Total Itemized		Add the amounts in the far right column for lines 4 through 16. Also, 6 Form 1040 or 1040-SR, line 12			17	22,348.
Deductions	18	If you elect to itemize deductions even though they are less than your check this box				

BAA REV 02/16/24 PRO

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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SHEKAR REDDY GATTU 859-20-8155 Income or Loss From Rental Real Estate and Royalties

Par	Note: If you a	re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you	are an indivi	idual, rep	ort farn	n
Α		payments in 2023 that would require you	to file	Form(s) 1	0992.5	ee ins	structions		Y _₽	s X	No
	, , , , , , , , , , , , , , , , , , , ,	will you file required Form(s) 1099?		` '							No
1a		s of each property (street, city, state, ZII								<u> </u>	
<u>A</u>	JULURU NALGO	ONDA NALGONDA TELANGANA IN	508.	284							
B C											
1b	Type of Droporty	O Fay and wanted was lookets when a	مال باست	4 a al		Fa	in Donatal	Davasa	-111		
ID	Type of Property (from list below)	2 For each rental real estate proper above, report the number of fair				Fa	ir Rental Days	Persona Day		Q.	JV
Α	3	personal use days. Check the Q			Α		365		0	Г	\neg
В		if you meet the requirements to			В		303			Ī	亍
С		qualified joint venture. See instru	uctions	S	C					Ī	╤
vpe	of Property:								ı		
	Single Family Resid	dence 3 Vacation/Short-Term Ren	ıtal	5 Land		7	Self-Rental				
	Multi-Family Resid			6 Royal	ties	8	Other (desc	ribe)			
				-							
2001	•••				A		Propert B	ies:		С	
ncon 3			3			50.					
4		d	4			50.					
	nses:		+ •								
5			5								
6		ee instructions)	6								
7		ntenance	7		1,3	59.					
8			8								
9			9								
10		rofessional fees	10								
11	Management fees	3	11		1,0	50.					
12	Mortgage interest	paid to banks, etc. (see instructions)	12								
13	Other interest .		13								
14			14		6,5						
15			15		6,1	24.					
16			16								
17			17		5,4	21.					
18		ense or depletion	18								
19	Other (list)	add lines 5 through 19	19 20		20 4	00					
20			20		20,4	89.					
21		rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must									
	file Form 6198 .	see instructions to find out if you must	21	_	19,9	39.					
22		real estate loss after limitation, if any,			1 7						
		ee instructions)	22	(1	19,93	9.1	()(
23a	•	nts reported on line 3 for all rental prope				23a	\	550.			
b		nts reported on line 4 for all royalty prop				23b		$\neg \neg$			
С		nts reported on line 12 for all properties				23c					
d		nts reported on line 18 for all properties				23d					
е	Total of all amour	nts reported on line 20 for all properties				23e	20	,489.			
24	•	itive amounts shown on line 21. Do no t		-				. 24			
25	Losses. Add royal	ty losses from line 21 and rental real estat	e loss	es from line	22. Er	nter to	tal losses he	re 25 (L9,9	39.
26		estate and royalty income or (loss).									
		II, and IV, and line 40 on page 2 do no								10	0.2.2
	ochequie i (Form	1040), line 5. Otherwise, include this a	moun	ı ın the tota	ai on III	ne 41	on page 2	. 26	-	-19,9	939

Passive Activity Loss Limitations

See separate instructions.

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

Identifying number

859-20-8155

Department of the Treasury Internal Revenue Service

SHEKAR REDDY GATTU

Go to www.irs.gov/Form8582 for instructions and the latest information.

Attachment Sequence No. **858**

OMB No. 1545-1008

Par	t I 2023 Passive Activity Loss Caution: Complete Parts IV an		eting Part I.					
	I Real Estate Activities With Active Pa ance for Rental Real Estate Activities	articipation (For th	ne definition of act	ive participation, s	ee Special			
1a b c d	Activities with net income (enter the an Activities with net loss (enter the amount Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c	olumn (b)) art IV, column (c))	1b (1c (0. 19,939.))	1d	-19,939.	
All Ot	her Passive Activities							
2a b c d	b Activities with net loss (enter the amount from Part V, column (b))							
3	Combine lines 1d and 2d and subtraction or more, stop here and include prior year unallowed losses entered of	this form with you on line 1c or 2c. F	ur return; all losse	s are allowed, inc	luding any		10.000	
	normally used					3	-19,939.	
Part II	Line 2d is a lon: If your filing status is married filing. Instead, go to line 10. Special Allowance for Rer Note: Enter all numbers in Par	ntal Real Estate	ou lived with your Activities With	spouse at any tim	e during the	year,	do not complete	
4	Enter the smaller of the loss on line 1			lions for an examp		4	19,939.	
5 6	Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	ately, see instructi e, but not less than	ons n zero. See instruc	tions 6 1 er -0-	50,000. 09,130.	_	19,939.	
7	Subtract line 6 from line 5			7	40,870.			
8 9	Multiply line 7 by 50% (0.50). Do not en					8 9	20,435.	
Pari	Enter the smaller of line 4 or line 8. If Total Losses Allowed	ille 3 iliciudes ariy	ChD, see instruc			9	19,939.	
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 out how to report the losses on your to	re activities for 20 ax return	23. Add lines 9 an	d 10. See instruct	ions to find	11	19,939.	
Part	IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.				
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	ain or loss	
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	1	(e) Loss	
JULU	JRU NALGONDA	0.	19,939.				19,939.	
Total.	Enter on Part I, lines 1a, 1b, and 1c	0.	19,939.					

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Part V Complete This Part Befor	е Ра	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.				
Name of a district		Curren	t year		Prior y	ears	Overa	ll ga	ain or loss	
Name of activity	(a)	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss	
								_		
Total. Enter on Part I, lines 2a, 2b, and 2c		Chaves as F)t	Lima O. C		4:				
Part VI Use This Part if an Amour			art II,	Line 9. S	ee instrud	ctions.				
Name of activity	and to b	m or schedule d line number be reported on e instructions)	(a) Loss	(b) Ra	(b) Ratio (c) Special allowance			(d) Subtract column (c) from column (a).	
JULURU NALGONDA	1	E Ln 22		19,939.	1.0000	0000	19,93	9.	0.	
Total				19,939.	1.0	0	19,93	9.	0.	
Part VII Allocation of Unallowed L	.oss			S.		1				
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	((b) Ratio (c		c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr	uctio									
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	allowed loss	(c) Allowed loss	
Total										