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

| Submis | sion Identification Number (SID) | | | |
|--|--|---|---|--|
| Taxpayer' | s name | Social securit | y number | |
| RAHU] | L R JAKA | 347-77- | -1904 | |
| Spouse's | name | Spouse's soc | ial security numbe | er |
| Part I | Tax Return Information — Tax Year Ending December 31, 2023 (I | Enter year you a | re authorizing | j.) |
| Enter w | hole dollars only on lines 1 through 5. | | | |
| Note: F | orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | |
| 1 / | Adjusted gross income | | | 1,626. |
| | Fotal tax | | 2 13 | 3,078. |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 7 , 055. |
| | Amount you want refunded to you | | | 3 , 977. |
| | Amount you owe | | 5 | |
| Part II | Taxpayer Declaration and Signature Authorization (Be sure you get a enalties of perjury, I declare that I have examined a copy of the income tax return (original or ame | | - | |
| to send it for any d Agent to payment authoriza payment business taxes to personal | riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trender return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason fellay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accound from federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terr, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation days prior to the payment (settlement) date. I also authorize the financial institutions involved is receive confidential information necessary to answer inquiries and resolve issues related to identification number (PIN) below is my signature for the income tax return (original or amended Funds Withdrawal Consent. | or rejection of the treath of the U.S. Treasury and indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furt | ansmission, (b) to dits designated as preparation so entry to this accution. To revoke a received no late the electronic pher acknowledge | the reason of Financial of Fina |
| | er's PIN: check one box only | | | |
| × | l authorize GLOBAL TAXES LLC to enter or gene | erate my PIN $\frac{7}{2}$ | 1 9 0 4 | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Ent | er five digits, but n't enter all zeros | , |
| | I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below. | method. The ERC | must complet | te Part III |
| Your sig | below. gnature ► | · 02/2 | .8/202 | -4 |
| Spouse | s's PIN: check one box only | | | |
| | I authorize to enter or gene | erate my PIN | | as my |
| | ERO firm name | _ | er five digits, but | asiny |
| | signature on the income tax return (original or amended) I am now authorizing. | doı | n't enter all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | | |
| Spouse | 's signature ► Date | > | | |
| | Practitioner PIN Method Returns Only—continue be | elow | | |
| Part II | Certification and Authentication — Practitioner PIN Method Only | | | |
| ERO's I | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | 6 6 1 9 8 er all zeros | 8 9 |
| authorize | that the above numeric entry is my PIN, which is my signature for the electronic individual income to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provider | submitting this retu | rn in accordance | |
| FRO's s | signature ▶ Date | . | | |
| LI 10 3 8 | ERO Must Retain This Form — See Instruction | | | |
| | | | | |

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

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



| For the year Jan | . 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ling | | , 20 | | See se | parate ins | tructions. |
|---|--------------|--|---------------|----------------------------|--------------|-----------------------|----------------|-------------------|--------------|---------------|-------------------------------------|
| Your first name | and mi | iddle initial | Last na | ame | | | | | Your so | cial securi | ity number |
| RAHUL R | | | JAKA | A | | | | | 347 | 77 1 | 904 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | | | | curity number |
| | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ions. | | | Apt. no. | | Preside | ntial Electi | ion Campaign |
| 19100 63 | BRD A | AVE N | | | | | | | | here if you | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | spaces below. | Sta | te | ZIP code | | | ٠, | ntly, want \$3 . Checking a |
| CORCORAN | J | | | | MN | 1 | 55340 | | | low will not | |
| Foreign country | / name | | | Foreign province/state/o | count | ty | Foreign postal | code | your ta | x or refund | l |
| | | | | | | | | | | You | Spouse |
| Filing Status | \mathbf{x} | Single | | | | ☐ Head of he | ousehold (HC |)H) | | | |
| Check only | | Married filing jointly (even if only or | ne had | income) | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | ☐ Qualifying | surviving sp | ouse | (QSS) | | |
| | If y | ou checked the MFS box, enter the | name (| of your spouse. If you | ı che | ecked the HOH | or QSS box | , ente | r the ch | ild's name | e if the |
| | qu | alifying person is a child but not you | ır depei | ndent: | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rece | eive (as | a reward, award, or | navn | ment for prope | rty or service | s): or | (b) sell. | | |
| Assets | | ange, or otherwise dispose of a digi | | | | | - | | | ☐ Yes | ⊠ No |
| Standard | Som | eone can claim: You as a de | penden | nt | e as | a dependent | | | - | | |
| Deduction | | Spouse itemizes on a separate return | | | | • | | | | | |
| A /DI' l | | <u> </u> | | | | | | | 1050 | | P - d |
| | _ | Were born before January 2, 19 | 959 [| T . | ouse | | n before Jan | | | ∐ Is b | |
| Dependents | | | | (2) Social security number | ' | (3) Relationsh to you | יין קי | tne b I tax ci | | 1 | e instructions): ther dependents |
| If more | (1) [| irst name Last name | | Humber | | to you | Office | | iedit . | Orealt for or | |
| than four dependents, | - | | | | | | | | | | |
| see instructions | s — | | | | | | | | | | |
| and check here | . — | | | | | | | | | | |
| - | 10 | Total amount from Form(s) W 2 ha | ov 1 (oc | o instructions) | | | | | 10 | 1 | 12 , 226. |
| Income | 1a b | Total amount from Form(s) W-2, but Household employee wages not re | ` | , | | | | • | . 1a . 1b | | 12,220. |
| Attach Form(s) | | Tip income not reported on line 1a | | ` ' | | | | • | . 10 | | |
| W-2 here. Also attach Forms | c d | Medicaid waiver payments not rep | • | , | | | | • | . 10 | | |
| W-2G and | e | Taxable dependent care benefits for | | | ıısııu | ictions) | | • | . 16 | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | * | | | | • | . 16 | | |
| If you did not | g | Wages from Form 8919, line 6. | | | | | | • | . 1g | | |
| get a Form | 9 h | Other earned income (see instructi | | | | | | • | . 1h | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | | | 1i | | • | | | |
| instructions. | z | Add lines to through th | | | | | | | . 1z | , 1 | 12,226. |
| Attach Sch. B | 2a | | 2a | | b Ta | axable interest | | | . 2b | | |
| if required. | 3a | · — | 3a | | | ordinary divider | | | . 3b | | |
| | 4a | | 4a | | | axable amount | | | . 4b | , | |
| Standard Deduction for— | 5a | | 5a | | b Ta | axable amount | t | | . 5b | , | |
| Single or | 6a | Social security benefits | 6a | | | axable amount | | | . 6b | , | |
| Married filing separately, | С | If you elect to use the lump-sum el | lection | method, check here | (see | instructions) | | . [| | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Scheo | dule D i | if required. If not requ | ıired, | , check here | | . [| _ 7 | | |
| Married filing jointly or | 8 | Additional income from Schedule 1 | | | | | | | . 8 | _ | 17,600. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is your total inc | come | e | | | . 9 | | 94,626. |
| \$27,700 | 10 | Adjustments to income from Scheo | dule 1, | line 26 | | | | | . 10 |) | <u> </u> |
| Head of household, | 11 | Subtract line 10 from line 9. This is | your a | djusted gross incon | ne | | | | . 11 | | 94,626. |
| \$20,800 If you checked | 12 | Standard deduction or itemized | deduct | tions (from Schedule | A) | | | | . 12 | | 13,850. |
| any box under | 13 | Qualified business income deducti | on fron | n Form 8995 or Form | 899 | 5-A | | | . 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | . 14 | ı | 13,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zero | o or les | ss, enter -0 This is y | our t | taxable incom | e | | . 15 | <u>—</u> | 80,776. |

| 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 | 13,078. |
| Credits | 17 | Amount from Schedule 2, lin | ie 3 | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 13,078. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ie 8 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 13,078. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | 2, line 21 | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | 24 | 13,078. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | 17 | ,055. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 17 , 055. |
| If you have a | 26 | 2023 estimated tax payment | ts and amount a | pplied from 20 | 22 return | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | n Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, 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 refu | undable | credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | 33 | 17,055. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amou | nt you o v | erpaid/ | | 34 | 3,977. |
| | 35a | Amount of line 34 you want | | | is attached, che | ck here | | | 35a | 3,977. |
| Direct deposit? | b | Routing number 2 1 1 | | | c Type: | Checkir | ng 🗌 S | avings | | |
| See instructions. | d | Account number 4 5 9 | 2 4 5 0 | 3 | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2024 estimate | ed tax | 36 | _ | | | |
| 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.irs.go</i> u | //Payments or | see instructions . | | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retur | n with the IRS? | See | | | | _ |
| Designee | ins | structions | | | | L | Yes. Co | mplete l | oelow. | ⋉ No |
| | | signee's me | | Phone | | | | nal identi er (PIN) | fication | |
| 0: | | der penalties of perjury, I declare the | aat I hayo oyamino | no. | accompanying scho | dulos and | | - (, | ho host | of my knowledge and |
| Sign | | lief, they are true, correct, and com | | | | | | | | |
| Here | Υo | ur signature | | Date | Your occupation | | | lf the | IRS se | nt you an Identity |
| | 10 | ar signature | | Date | Tour occupation | | | | | IN, enter it here |
| Joint return? | | | | | DESIGN QUA | LITY E | NGINEE | R (see | inst.) | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's occupat | ion | | | | nt your spouse an |
| your records. | | | | | | | | | tity Proti inst.) | ection PIN, enter it here |
| • | | | ^ | Consil address | T D 3 11111 D 7 | | | | | |
| | | one no. (346) 319-994 eparer's name | Preparer's signat | Email address | J.RAHUL.RA | AO@GMA Date | 1 . COI | <u>√I</u> PTIN | | Check if: |
| Paid | | • | | | דייגמימות מג | Date | | | 0022 | Self-employed |
| Preparer | | KATA SAI PAVAN KUMAR DUDIPALLI | | PAVAN KUM | AR DUDIPALLI | | | P0247 | | |
| Use Only | | m's name GLOBAL TAX | | Pho RUNSWICK NJ 08816 Firm | | | | | | (678) 965-9522 |
| | Fin | m's address 245 ROONE | I CT E BRU | NSWICK No | η ηαατρ | | | Firm | 's EIN | 88-2145487 |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

RAHUL R JAKA

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

347-77-1904

| 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 | -17,600. |
| 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 (| $\overline{)}$ | |
| 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 | | |
| - 1 | 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 | -17 , 600. |

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- | | | | |
| | 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 | Nontaxable amount of the value of Olympic and Paralympic medals | 04 | | | |
| _1 | · | 24c | | _ | |
| d | | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 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 | | | | |
| | - | 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 | | | |
| 0 - | | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | E | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . ∟nter | nere and on | | |
| | 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.

Attachment Sequence No. 13

OMB No. 1545-0074

| RAH | UL R JAKA | | | | | 347-77- | 1904 | |
|--------|--|------------|------------------|-------------|---------------|------------------|-----------|----------|
| Par | 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. | | | e instructi | ons. If you | are an individu | ıal, repo | ort farm |
| | Did you make any payments in 2023 that would require you | | | | | | | |
| | If "Yes," did you or will you file required Form(s) 1099? . | | | | | | ☐ Ye | s U No |
| 1a | Physical address of each property (street, city, state, ZIF | P code) | | | | | | |
| A | BESIDE BHASKAR RAO NAGAR P SECUNDERABA | AD TELAN | GANA I | N 5000 | 94 | | | |
| В | | | | | | | | |
| C | | | | T | | | | |
| 1b | (from list below) above, report the number of fair | rental and | | | Rental ays | Personal Days | | QJV |
| A | personal use days. Check the Quif you meet the requirements to f | | | | 365 | | 0 | |
| В | qualified joint venture. See instru | | В | | | | | |
| C | | | С | | | | | |
| 1 | of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial | | and Royalties | | | cribe) | | |
| | | | | | Proper | | | |
| Inco | | | Α | 70. | В | | | С |
| 3 4 | Rents received | 3 4 | | 070. | | | | |
| | Royalties received | 4 | | | | + | | |
| 5 | Advertising | 5 | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | |
| 7 | Cleaning and maintenance | 7 | 1 . 5 | 40. | | | | |
| 8 | Commissions | 8 | | ,,,,, | | | | |
| 9 | Insurance | 9 | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | |
| 11 | Management fees | 11 | 1.2 | 200. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | |
| 13 | Other interest | 13 | | | | | | |
| 14 | Repairs | 14 | 4,9 | 80. | | | | |
| 15 | Supplies | 15 | | 50. | | | | |
| 16 | Taxes | 16 | | | | | | |
| 17 | Utilities | 17 | 5,7 | 00. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | |
| 19 | Other (list) | 19 | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 18,1 | 70. | | | | |
| 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 | -17,6 | 00. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (| 17,60 | — <u> </u> | |)(| | |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | 23a | | 570. | | |
| b | 1 , , , , , , | | | 23b | | | | |
| С | 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 | | 0.176 | | |
| е | Total of all amounts reported on line 20 for all properties | | | 23e | 1 | 8,170. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | . 24 | | 1.0.00 |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | | 17,600. |
| 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 Schedule 1 (Form 1040), line 5. Otherwise, include this at | | | | | 26 | _ | -17.600 |

Form **8582**

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008

2023

Attachment Sequence No. 858

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

Identifying number 347-77-1904

| RAHU | JL R JAKA | | | | 347 | -77- | 1904 |
|-----------------|---|--|------------------------|--|-------------------|----------------------|---|
| Pai | 2023 Passive Activity Lose Caution: Complete Parts IV ar | | eting Part I. | | - | | |
| | al Real Estate Activities With Active Prance for Rental Real Estate Activities | | | ive participation, s | ee Special | | |
| 1a | Activities with net income (enter the a | mount from Part IV | , column (a)) . | 1a | 0. | | |
| b | Activities with net loss (enter the amo | | | | 17,600.) | | |
| С | Prior years' unallowed losses (enter the | | | |) | | |
| d | Combine lines 1a, 1b, and 1c | <u> </u> | | <u> </u> | | 1d | -17,600. |
| All Ot | ther Passive Activities | | | | | | |
| 2a | Activities with net income (enter the a | mount from Part V | , column (a)) . | 2a | | | |
| b | Activities with net loss (enter the amo | unt from Part V, co | olumn (b)) | 2b (|) | | |
| С | Prior years' unallowed losses (enter the | | | |) | | |
| d | Combine lines 2a, 2b, and 2c | | | | | 2d | |
| 3 | Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered | this form with you | ır return; all losse | s are allowed, inc | luding any | | |
| | normally used | | | | | 3 | -17,600. |
| | If line 3 is a loss and: • Line 1d is a | - | | | | | |
| | | loss (and line 1d is | • | • | | | |
| | on: If your filing status is married filing | separately and yo | u lived with your | spouse at any tim | e during the | year, | do not complete |
| | I. Instead, go to line 10. The special Allowance for Rei | stal Bool Estata | Activition With | Active Porticin | otion | | |
| Fall | Note: Enter all numbers in Par | | | • | | | |
| 4 | Enter the smaller of the loss on line 1 | | | nons for all examp | ,io. | 4 | 17,600. |
| 5 | Enter \$150,000. If married filing separ | | | | 50,000. | T | 17,000. |
| 6 | Enter modified adjusted gross income | • | | | 12,226. | | |
| J | Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. | | | | 12/220. | | |
| 7 | Subtract line 6 from line 5 | | | 7 | 37,774. | | |
| 8 | Multiply line 7 by 50% (0.50). Do not e | nter more than \$25, | ,000. If married filir | ng separately, see i | nstructions | 8 | 18,887. |
| 9 | Enter the smaller of line 4 or line 8. If | line 3 includes any | CRD, see instruc | rtions | | 9 | 17,600. |
| Par | Total Losses Allowed | | o, oooo | | | • | 1/ , 600. |
| Fair | Total Losses Allowed | | | | | <u> </u> | 17,000. |
| 10 | Add the income, if any, on lines 1a an | d 2a and enter the | | | | 10 | 0. |
| | Add the income, if any, on lines 1a an Total losses allowed from all passiv | e activities for 20 | total | | | | , |
| 10 11 | Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your t | ve activities for 20 ax return | total | d 10. See instructi | ons to find | | , |
| 10 11 | Add the income, if any, on lines 1a an Total losses allowed from all passiv | ve activities for 20 ax return | total | d 10. See instructi | ons to find | 10 | 0. |
| 10 11 | Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your t Total losses allowed from all passiv out how to report the losses on your t Total losses allowed from all passiv out how to report the losses on your t | e activities for 20 ax return e Part I, Lines 1a Currer | total | d 10. See instructi ee instructions. Prior years | ons to find | 10 | 0. |
| 10 11 | Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your t | e activities for 20 ax return | total | d 10. See instructi | ons to find | 10 11 rall gai | 0. 17,600. in or loss (e) Loss |
| 10 11 Par | Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your t Total losses allowed from all passiv out how to report the losses on your t Total losses allowed from all passiv out how to report the losses on your t | e activities for 20 ax return e Part I, Lines 1a Currer | total | d 10. See instructi | ons to find | 10 11 rall gai | 0. 17,600. |
| 10 11 Par | Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your t V Complete This Part Before Name of activity | e activities for 20 ax return | total | d 10. See instructi | ons to find | 10 11 rall gai | 0. 17,600. in or loss (e) Loss |
| 10 11 Par | Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your t V Complete This Part Before Name of activity | e activities for 20 ax return | total | d 10. See instructi | ons to find | 10 11 rall gai | 0. 17,600. in or loss (e) Loss |

17,600.

0.

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

Form 8582 (2023) Page **2**

| | | | | | | | | | . 490 🗕 |
|--|----------|--|-------------------|--------------------|-----------------------|---------------|-----------------------|-------|--|
| Part V Complete This Part Before | e P | art I, Lines 2 | a, 2b, | and 2c. S | ee instru | ctions. | | | • |
| | | Currer | nt 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) Unal loss (lin | | (d) Gain | | (e) Loss |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | Chausa an F |) II | Lina O. C | | 4: | | | |
| Part VI Use This Part if an Amou | T | | art II, | , Line 9. S | ee instrud | ctions. | | | |
| Name of activity | an to | rm or schedule d line number be reported on e instructions) | (a |) Loss | (b) Ra | atio | (c) Special allowance | | (d) Subtract column (c) from column (a). |
| BESIDE BHASKAR RAO NAGAR P | | E Ln 22 | | 17,600. | 1.0000 | 0000 | 17,60 | 0. | 0. |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | 17,600. | 1.0 | 0 | 17,60 | 0. | 0. |
| Part VII Allocation of Unallowed L | _oss | ses. See instr | | | | ' | , | 1 | |
| Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) l | _OSS | (1 | b) Ratio | (с |) Unallowed loss |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | 1.00 | | |
| Part VIII Allowed Losses. See instr | ucti | | | | | | | | |
| Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) l | _OSS | (b) Un | allowed loss | (| c) Allowed loss |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |





2023 Form M1, Individual Income Tax Do not use staples on anything you submit.

| RAHU Your Firs | JLR st Name and Initial | JAKA Last Name | • | 34777190 Your Social Securit | | $\frac{11161}{\text{Your Date of}}$ | 992 Birth (MM/DD/YYYY) |
|-------------------|--|---------------------------------------|-----------------------------|----------------------------------|-------------------|-------------------------------------|---------------------------|
| If a Joint | Return, Spouse's First Name and | d Initial Spouse's L | ast Name | Spouse's Social Sec | urity Number | Spouse's Dat | e of Birth |
| | 00 63RD AVE N Home Address | | | Check if Address is | s: | New | Foreign |
| | 20D 7 NI | | | MN State | | 55340 ZIP Code | |
| - | | tatus (place an X | in one box): | | | | |
| X (1) |) Single (2) Married Filin | Spouse Name | ng Separately | | sehold | (5) Qualifying | Surviving Spouse |
| | e Elections Camp \$5 to this fund, enter the code | | l help candidates for state | e offices pay campaign expenses. | This will not inc | rease your tax | or reduce your refund. |
| Your Cod | | Political Party Code Numbers: | - | Grassroots/Legalize | | | a Now 17 ign Fund 99 |
| Fron | | eturn (see instruct | ions) | | | | _ |
| A. Wage | 112226 es, salaries, tips, etc. | B. IRA, pensions, and annuiti | es C. Ur | nemployment | D. Fede | 80776 ral taxable inc | |
| 1 | Federal adjusted gross in | ncome (from line 11 of feder | ral Form 1040 and 10 | 40-SR) | : | 1 ■ | 94626 |
| 2 | Additions to income from | n line 10 of Schedule M1M a | nd line 9 of Schedule | M1MB (see instructions) | : | 2 ■ | |
| 3 | Add lines 1 and 2 | | | | | 3 | 94626 |
| 4 | Itemized deductions (fro | om Schedule M1SA) or your s | standard deduction (| see instructions) | | 4 🔳 | 13825 |
| 5 | Exemptions (from Schedu | ule M1DQC) | | | ! | 5 🔳 | |
| 6 | State income tax refund j | from line 1 of federal Schedo | ıle 1 | | (| 6 ■ | |
| 7 | Subtractions from line 35 | of Schedule M1M and line | 21 of Schedule M1MI | B (see instructions) | | 7 ■ | |
| 8 | Total subtractions. Add li | ines 4 through 7 | | | | 8 | 13825 |
| 9 | Minnesota taxable incon | ne . Subtract line 8 from line | 3. If zero or less, leav | ve blank | | 9 | 80801 |
| 1 | Tax from the table or sch | edules in the Form M1 instr | uctions | | 10 | 0 | 5062 |
| 1 | Alternative minimum tax | (enclose Schedule M1MT) | | | 1 | 1 🔳 | |
| 12 | Add lines 10 and 11 | | | | 1 | 2 | <u>5062</u> |
| 13 | Part-year residents and n | | M1NR, enter the am | | 1 | 3 | 5062 |

2023 M1, page 2



| 14 | Other taxes, such as recapture amounts and the tax on lump- | -sum distributions (check appropriate boxes) | . 2 3 1 1 2 1 . |
|----------|---|---|-------------------------------|
| | | (c) Schedule M1LS | 14 🔳 |
| 15 | Tax before credits. Add lines 13 and 14 | | 15 5062 |
| | | | |
| 16 | Amount from line 21 of Schedule M1C, Nonrefundable Credit | ts (enclose Schedule M1C) | 16 🔳 |
| 17 18 | Subtract line 16 from line 15 (if result is zero or less, leave bla Nongame Wildlife Fund contribution (see instructions) | | |
| | This will reduce your refund or increase the amount you owe | · · · · · · · · · · · · · · · · · · · | 18 🔳 |
| 19 | Add lines 17 and 18 | | 195062 |
| 20 | Minnesota income tax withheld. Complete and enclose Sched | | 5045 |
| | Minnesota withholding from Forms W-2, 1099, and W-2G and S | Schedules KPI, KS, and KF | 20 ■ |
| 21 | Minnesota estimated tax and extension payments made for 2 | 2023 | 21 🖩 |
| 22 | Amount from line 11 of Schedule M1REF, Refundable Credits | (see instructions; enclose Schedule M1REF) | 22 🔳 |
| | | | 7015 |
| 23 24 | Total payments. Add lines 20 through 22 | | 23 |
| | For direct deposit, complete line 25 | | 24 ■1953 |
| 25 | | 5 45924503 | |
| | Routing Number | Account Number | |
| 26 27 | AMOUNT YOU OWE . If line 19 is more than line 23, subtract Penalty amount from Schedule M15 (see instructions). Also s | ubtract | |
| | this amount from line 24 or add it to line 26 (enclose Schedul | le M15) | 27 🔳 |
| 28 | Penalty and interest (see instructions) | | 28 🔳 |
| | OU PAY ESTIMATED TAX and want part of your refund credited | | |
| 29 | Amount from line 24 you want sent to you | | 29 🔳 |
| 30 | Amount from line 24 you want applied to your 2024 estimate | ed tax | 30 🔳 |
| Tayını | avarie). I declare that this return is correct and complete to the | a hast of my knowledge and heliof | |
| тахро | ayer(s): I declare that this return is correct and complete to the | e best of my knowledge and belief. | |
| | | | |
| | Signature | Spouse's Signature If Filing Jointly) | Date (MM/DD/YYYY) |
| | 63199940 ime Phone | J.RAHUL.RAO@GMAIL.COM Email Address | |
| - | NKATA SAI PAVAN KUMAR DUDIPALLI | Littali Address | P02470833 |
| | Preparer's Signature | Dat MM/DD/YYYY) | PTIN or VITA/TCE # (required) |
| | 89659522 | syam@gtaxfile.com | |
| | arer's Daytime Phone | Preparer's Email Address | |
| | I do not want my paid preparer to file my return electronically. | I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indic | |

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

REV 02/08/24 PRO 1031





2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

| | AHUL R ur First Name and Initia | I | JAKA Last Name | | | 71904 al Security Number | | |
|----------|--|--|---|---|--|---|------------------------------|---|
| f a | Joint Return, Spouse's Fi | irst Name and Initial | Spouse's La | st Name | | | Spouse's | Social Security Number |
| co an | mplete this schedule nounts to the neares -2G; keep them with | e to determine line st whole dollar. You n your tax records. nd Minnesota tax w | e 20 of Form M I must include All instruction | 11. List only the for this schedule whe s are included on the | ms that rep n you file y nis schedul | | ne tax withh send in youi | eld. Round dollar r Forms W-2, 1099, or |
| | Α | B—Box 13 | C—Box 15 | | D—Box | 16 | E—Box | 17 |
| | If the Form W-2 is for: | If Retirement Plan | Employer's s | even-digit Minnesota | State w | ages, tips, etc. | Minneso | ota tax withheld |
| | • you, enter 1 | box is checked, | Tax ID Numb | er | (round | to nearest whole dollar) | (round t | to nearest whole dollar) |
| | spouse, enter 21 | mark an X below. | | 5997845 | | 112226 | | 7015 |
| | a1 <u>1</u> | b1 | c1 MN | 3997043 | d1 | 112220 | e1 | |
| | a2 | b2 | c2 MN | | d2 | | e2 | |
| | a3 | b3 | c3 MN | | d3 | | e3 | |
| | a4 | b4 | c4 MN | | d4 | | e4 | |
| | a5 | b5 | c5 MN | | d5 | | e5 | |
| | Subtotal for addition | nal Forms W-2 <i>(fron</i> | n line 5 on page | 2) | | | | |
| | Total Minnesota tax | withheld on all Fo | rms W-2 (add a | amounts in line 1, co | lumn E) | | 1 🔳 | 7015 |
| 2 | Minnesota tax within A If the Form 1099, W-2G you, enter 1 spouse, enter 2 | | B Payer's seve | 142-S. If you have monday. n-digit Minnesota Tax ID unknown, contact the pa | C Income | or forms, complete line e amount (see the table on tack for amounts to include) | D Minne | ck. esota tax withheld d to nearest whole dollar) |
| | a1 | | b1 MN | | c1 | | d1 | |
| | a2 | | b2 MN | | c2 | | d2 | |
| | a3 | | p3 MN | | c3 | | d3 | |
| | a4 | | b4 MN | | c4 | | d4 | |
| | Subtotal for addition | nal 1099, W-2G, and | d 1042-S (from | line 6 on page 2) | | | | |
| | Total Minnesota tax | withheld on all 10 | 99, W-2G, and | 1042-S (add amoun | ts in line 2, | column D) | 2■ | |
| 3 | Total Minnesota tax | withheld by partn | erships, S corp | orations, and fiduci | aries | | | |
| | (from line 7 on page | 2) | | | | | 3 ■ | |
| 4 | Total. Add the Minn | esota tax withheld | on lines 1, 2, a | nd 3. | | | | |
| | Enter the total here | and on line 20 of Fo | orm M1 | | | | 4 | 7015 |

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.

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



| For the year Jan | . 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ling | | , 20 | | See se | parate ins | tructions. |
|---|--------------|--|---------------|----------------------------|--------------|-----------------------|----------------|-------------------|--------------|---------------|-------------------------------------|
| Your first name | and mi | iddle initial | Last na | ame | | | | | Your so | cial securi | ity number |
| RAHUL R | | | JAKA | A | | | | | 347 | 77 1 | 904 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | | | | curity number |
| | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ions. | | | Apt. no. | | Preside | ntial Electi | ion Campaign |
| 19100 63 | BRD A | AVE N | | | | | | | | here if you | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | spaces below. | Sta | te | ZIP code | | | ٠, | ntly, want \$3 . Checking a |
| CORCORAN | J | | | | MN | 1 | 55340 | | | low will not | |
| Foreign country | / name | | | Foreign province/state/o | count | ty | Foreign postal | code | your ta | x or refund | l |
| | | | | | | | | | | You | Spouse |
| Filing Status | \mathbf{x} | Single | | | | ☐ Head of he | ousehold (HC |)H) | | | |
| Check only | | Married filing jointly (even if only or | ne had | income) | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | ☐ Qualifying | surviving sp | ouse | (QSS) | | |
| | If y | ou checked the MFS box, enter the | name (| of your spouse. If you | ı che | ecked the HOH | or QSS box | , ente | r the ch | ild's name | e if the |
| | qu | alifying person is a child but not you | ır depei | ndent: | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rece | eive (as | a reward, award, or | navn | ment for prope | rty or service | s): or | (b) sell. | | |
| Assets | | ange, or otherwise dispose of a digi | | | | | - | | | ☐ Yes | ⊠ No |
| Standard | Som | eone can claim: You as a de | penden | nt | e as | a dependent | | | - | | |
| Deduction | | Spouse itemizes on a separate return | | | | • | | | | | |
| A /DI' l | | <u> </u> | | | | | | | 1050 | | P - d |
| | _ | Were born before January 2, 19 | 959 [| T . | ouse | | n before Jan | | | ∐ Is b | |
| Dependents | | | | (2) Social security number | ' | (3) Relationsh to you | יין קי | tne b I tax ci | | 1 | e instructions): ther dependents |
| If more | (1) [| irst name Last name | | Humber | | to you | Office | | iedit . | Orealt for or | |
| than four dependents, | - | | | | | | | | | | |
| see instructions | s — | | | | | | | | | | |
| and check here | . — | | | | | | | | | | |
| - | 10 | Total amount from Form(s) W 2 ha | ov 1 (oc | o instructions) | | | | | 10 | 1 | 12 , 226. |
| Income | 1a b | Total amount from Form(s) W-2, but Household employee wages not re | ` | , | | | | • | . 1a . 1b | | 12,220. |
| Attach Form(s) | | Tip income not reported on line 1a | | ` ' | | | | • | . 10 | | |
| W-2 here. Also attach Forms | c d | Medicaid waiver payments not rep | • | , | | | | • | . 10 | | |
| W-2G and | e | Taxable dependent care benefits for | | | ıısııu | ictions) | | • | . 16 | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | * | | | | • | . 16 | | |
| If you did not | g | Wages from Form 8919, line 6. | | | | | | • | . 1g | | |
| get a Form | 9 h | Other earned income (see instructi | | | | | | • | . 1h | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | | | 1i | | • | | | |
| instructions. | z | Add lines to through th | | | | | | | . 1z | , 1 | 12,226. |
| Attach Sch. B | 2a | | 2a | | b Ta | axable interest | | | . 2b | | |
| if required. | 3a | · — | 3a | | | ordinary divider | | | . 3b | | |
| | 4a | | 4a | | | axable amount | | | . 4b | , | |
| Standard Deduction for— | 5a | | 5a | | b Ta | axable amount | t | | . 5b | , | |
| Single or | 6a | Social security benefits | 6a | | | axable amount | | | . 6b | , | |
| Married filing separately, | С | If you elect to use the lump-sum el | lection | method, check here | (see | instructions) | | . [| | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Scheo | dule D i | if required. If not requ | ıired, | , check here | | . [| _ 7 | | |
| Married filing jointly or | 8 | Additional income from Schedule 1 | | | | | | | . 8 | _ | 17,600. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is your total inc | come | e | | | . 9 | | 94,626. |
| \$27,700 | 10 | Adjustments to income from Scheo | dule 1, | line 26 | | | | | . 10 |) | <u> </u> |
| Head of household, | 11 | Subtract line 10 from line 9. This is | your a | djusted gross incon | ne | | | | . 11 | | 94,626. |
| \$20,800 If you checked | 12 | Standard deduction or itemized | deduct | tions (from Schedule | A) | | | | . 12 | | 13,850. |
| any box under | 13 | Qualified business income deducti | on fron | n Form 8995 or Form | 899 | 5-A | | | . 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | . 14 | ı | 13,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zero | o or les | ss, enter -0 This is y | our t | taxable incom | e | | . 15 | <u>—</u> | 80,776. |

| 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 | 13,078. | |
| Credits | 17 | Amount from Schedule 2, lin | ie 3 | | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 13,078. | |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | ie 8 | | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 13,078. | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | 2, line 21 | | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | 24 | 13,078. | |
| Payments | 25 | Federal income tax withheld | | | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | 17, | 055. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 17 , 055. | |
| If you have a | 26 | 2023 estimated tax payment | ts and amount a | pplied from 20 | 22 return | | | | 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | n Schedule 8812 | | | 28 | | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, 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 refu | undable | credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | 33 | 17,055. | |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amou | nt you o v | erpaid | | 34 | 3,977. | |
| | 35a | Amount of line 34 you want | | | is attached, che | ck here | | | 35a | 3,977. | |
| Direct deposit? | b | | | | | | | | | | |
| See instructions. | d | Account number 4 5 9 2 4 5 0 3 | | | | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2024 estimate | ed tax | 36 | - | | | | |
| 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.irs.go</i> u | //Payments or | see instructions . | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retur | n with the IRS? | See | | | | _ | |
| Designee | ins | instructions | | | | | | | | ⋉ No | |
| | | Designee's Phone Personal ident name no. number (PIN) | | | | | | | ication | | |
| 0: | | der penalties of perjury, I declare the | aat I hayo oyamino | | accompanying scho | dulos and | | , , | no hoet | of my knowledge and | |
| Sign | | lief, they are true, correct, and com | | | | | | | | | |
| Here | Vο | ur signature | | Date | Your occupation | | | If the | IRS se | nt you an Identity | |
| | 10 | rour signature | | Tour occupation | | | | | IN, enter it here | | |
| Joint return? | | | | | DESIGN QUA | LITY E | NGINEEF | (see | nst.) | | |
| See instructions. Keep a copy for | Sp | Spouse's signature. If a joint return, both must sign. | | Date | Date Spouse's occupation | | | | f the IRS sent your spouse an | | |
| your records. | | | | | | | | | | ection PIN, enter it here | |
| | | | | | | | | nst.) | | | |
| | | one no. (346) 319-994 eparer's name | Email address | | | | <u>I</u> PTIN | | Check if: | | |
| Paid | | • | Preparer's signat | | דיוגמיחוות מג | Date | | 20247(| 1022 | Self-employed | |
| Preparer | | KATA SAI PAVAN KUMAR DUDIPALLI | | ravan KUM | AR DUDIPALLI | | | | | | |
| Use Only | | m's name GLOBAL TAX | | יי עיר דות אי | T 00016 | | | | | (678) 965-9522 | |
| | Fir | m's address 245 ROONE | Y CT E BRU | MOMICK NO | η Παατρ | | | Firm' | s EIN | 88-2145487 | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

RAHUL R JAKA

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

347-77-1904

| 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 | -17,600. |
| 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 (| $\overline{)}$ | |
| 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 | | |
| - 1 | 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 | -17 , 600. |

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- | | | | |
| | 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 | Nontaxable amount of the value of Olympic and Paralympic medals | 04 | | | |
| _1 | • | 24c | | _ | |
| d | | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 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 | | | | |
| | - | 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 | | | |
| 0 - | | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | E | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . ∟nter | nere and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 26 | |

SCHEDULE E (Form 1040)

Department of the Treasury

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

Your social security number

Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service Name(s) shown on return

Sequence No. 13

OMB No. 1545-0074

347-77-1904 RAHUL R JAKA Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) BESIDE BHASKAR RAO NAGAR P SECUNDERABAD TELANGANA TN 500094 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 570. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,540. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 4,980. 14 Repairs 4,750. 15 Supplies 15 16 16 Taxes 17 Utilities 17 5,700. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 18,170. 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 -17,600.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 17,600.) 570. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 18,170. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 17,600. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-17**,**600.

26

Passive Activity Loss Limitations

See separate instructions.

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

OMB No. 1545-1008

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

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

| | 20 23 Attachment | | | | | | |
|--------------------|-------------------------|--|--|--|--|--|--|
| | Sequence No. 858 | | | | | | |
| Identifying number | | | | | | | |

| RAHU | JL R JAKA | | | | 347- | -77- | -1904 | |
|--|---|----------------------|---------------------------------------|----------------------|-------------------|-------------------|-----------------|--|
| Par | | | | | · | | | |
| | Caution: Complete Parts IV ar | nd V before comple | eting Part I. | | | | | |
| | I Real Estate Activities With Active Pa ance for Rental Real Estate Activities | | | ive participation, s | ee Special | | | |
| 1a b c | b Activities with net loss (enter the amount from Part IV, column (b)) | | | | | | | |
| d | Combine lines 1a, 1b, and 1c | | | | | 1d | -17,600. | |
| All Ot | her Passive Activities | | | | | | | |
| 2a | Activities with net income (enter the a | mount from Part V | '. column (a)) | 2a | | | | |
| b | Activities with net loss (enter the amount | | | |) | | | |
| C | Prior years' unallowed losses (enter the | | | |) | | | |
| d | Combine lines 2a, 2b, and 2c | | | | | 2d | | |
| 3 | Combine lines 1d and 2d and subtra | | | | this line is | | | |
| | zero or more, stop here and include | | | | | | | |
| | prior year unallowed losses entered of | on line 1c or 2c. F | Report the losses | on the forms and | schedules | | | |
| | normally used | | | | L | 3 | -17,600. | |
| | If line 3 is a loss and: • Line 1d is a l | - | X 1 | | l' 40 | | | |
| O1: | | loss (and line 1d is | · · · · · · · · · · · · · · · · · · · | • | | | | |
| | on: If your filing status is married filing. Instead, go to line 10. | separately and yo | bu lived with your | spouse at any tim | e during the y | year, | do not complete | |
| Par | | ntal Real Estate | Activities With | Active Particin | ation | | | |
| | Note: Enter all numbers in Par | | | • | | | | |
| 4 | Enter the smaller of the loss on line 1 | | 4 | 17,600. | | | | |
| 5 | Enter \$150,000. If married filing separ | | | 5 1 | 50,000. | | , | |
| 6 | Enter modified adjusted gross income | 12,226. | | | | | | |
| | Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. | to line 5, skip line | s 7 and 8 and ent | er -0- | | | | |
| 7 | Subtract line 6 from line 5 | | | 7 | 37,774. | | | |
| 8 | Multiply line 7 by 50% (0.50). Do not en | - | 8 | 18,887. | | | | |
| 9 | Enter the smaller of line 4 or line 8. If | line 3 includes any | / CRD, see instruc | ctions | | 9 | 17,600. | |
| Part | | | | | | | | |
| 10 | Add the income, if any, on lines 1a an | | | | | 10 | 0. | |
| 11 | Total losses allowed from all passiv | | 23. Add lines 9 an | nd 10. See instruct | | 44 | 17 (00 | |
| Par | out how to report the losses on your to Complete This Part Before | | | See instructions | | 11 | 17,600. | |
| ı aı c | Complete This Fait Below | | | | | | | |
| | | Currer | nt year | Prior years | Overa | rall gain or loss | | |
| Name of activity (a) Net income (b) Net loss (c) Unallowed (line 1a) (line 1b) loss (line 1c) | | | | | (d) Gain | | (e) Loss | |
| BES | IDE BHASKAR RAO NAGAR P | 0. | 17,600. | | | | 17,600. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | | I | | | | |

17,600.

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

Form 8582 (2023) Page **2**

| , | | | | | | | | | | |
|--|--------------|--|---------------|---------------------------|----------------|--------------------|-----------------------|--------------|--|--|
| Part V Complete This Part Befor | ΈР | art I, Lines 2 | a, 2b, | and 2c. S | ee instrud | ctions. | | | | |
| Name of a skirth | Current year | | | Prior years | | Overall ga | | gain or loss | | |
| Name of activity | | (a) Net income (line 2a) | | (b) Net loss (line 2b) | | owed e 2c) | (d) Gain | | (e) Loss | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | | | | | | | | | |
| Part VI Use This Part if an Amoun | nt Is | Shown on F | Part II, | , Line 9. S | ee instruc | tions. | | | | |
| Name of activity | an to I | rm or schedule ad line number be reported on se instructions) | (a |) Loss | (b) Ra | atio | (c) Special allowance | | (d) Subtract column (c) from column (a). | |
| BESIDE BHASKAR RAO NAGAR P | | E Ln 22 | 17,600. | | 1.00000000 | | 17,600. | | 0. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | 17,600. | 1.0 | n | 17,60 | Λ | 0. | |
| Part VII Allocation of Unallowed L | oss | ses. See instr | | | 1.0 | <u> </u> | 17,00 | 0. | 0. | |
| Name of activity | | Form or sche and line nun to be reporte (see instruct | nber ed on | (a) l | _oss | (| b) Ratio | (с |) Unallowed loss | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | 1.00 | | | |
| Part VIII Allowed Losses. See instr | ucti | | | | | | | | | |
| Name of activity | | Form or schedule and line number to be reported on (see instructions) | | (a) l | _OSS | (b) Unallowed loss | | (| (c) Allowed loss | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | |