### 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

IIILEIIIAI N	levellue Selvice						
Submis	ssion Identification Number (SID)						
Taxpayer	r's name	S	Social secur	ity numb	er		
VINE	ET DAHAD		898-51	-5427	7		
Spouse's		s	Spouse's so			ımber	
Part	<u> </u>	3 (Enter y	ear you a	are aut	horiz	ing.)	
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			1 4 1		0.0	C 2 F
	Adjusted gross income			1			635.
	Total tax			3			758.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			4			491.
	Amount you want refunded to you					2,	733.
5 Part I	Amount you owe	t and ka		5 S	OUR I	cotur	<u></u>
,	penalties of perjury, I declare that I have examined a copy of the income tax return (original or a						
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 reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I author is 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 ration is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to it, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellas days prior to 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	on for reject rize the U.S. count indica il institution terminate thation reques red in the pro-	ion of the factor of the facto	transmised and its of tax prepare entry to the received of the electrical and the received ther actions.	sion, lesign aratio o this o revo red no ectron knowl	(b) the ated F n softwaccoulong later ic payledge to the softwarp ic payledge to the s	e reason inancial ware for int. This ancel) a than 2 ment of that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only						
X	<del>-</del>	enerate my	, PIN 1	5 4	2	7	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	oriorato irij	Eı	nter five o on't ente		but	ao my
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner P below.						
Your si	ignature ▶ D	oate ►					
Snouse	e's PIN: check one box only						
Spouse	•	anarata mi	, DINI				00 1001
	I authorize to enter or g	enerate my		nter five o	dinite		as my
	signature on the income tax return (original or amended) I am now authorizing.			n't ente			
	I will enter my PIN as my signature on the income tax return (original or amended	d) I am nov	v authoriz	ing. Ch	eck t	his bo	x only
	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner P below.						
Spouse	e's signature ▶ □	oate ►					
	Practitioner PIN Method Returns Only—continue	e below					
Part II	Certification and Authentication — Practitioner PIN Method Only						
FRO'e	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2	2 4 9	6 0	8 2	2 7	1
LNO 3	LI IN/FIN. Litter your Six-digit Li IN Tollowed by your live-digit self-selected i IN.		$\perp$	ter all ze		-	
			2011 ( 011	an 20			
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual ited to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provi	am submitti	ng this ret	urn in a	ccord	anće v	
ERO's	signature ▶ □	oate ►					
	ERO Must Retain This Form — See Instruct						
	Don't Submit This Form to the IRS Unless Request		So				

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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See	e separa	ate instru	ctions.
Your first name	and mi	iddle initial	Last na	ame					You	ır social	security i	number
VINEET			DAHA	ΔD					80	98   5	1 542	2.7
	oouse's	s first name and middle initial	Last na						_			rity number
									'		1	•
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no	).	Pre	sidentia	 I Election	Campaign
		OSES PKWY					326		- 1		if you, or	
		ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code				ling jointly	
DALLAS			•	•	TX	.	75234		٠ ,	•	s fund. Ch will not ch	0
Foreign country	name			Foreign province/state/o			Foreign post	al coc		r tax or		larige
											You [	Spouse
Filing Status	X	Single	-			Head of ho	ousehold (F	HOH)				
-		Married filing jointly (even if only or	ne had	income)			`	,				
Check only one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)										
0.10 20/11	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che		-	•	•		name if	the
		alifying person is a child but not you		ndent:								
<u> </u>	Λ± αν		-i. /a /aa									
Digital Assets		ny time during 2023, did you: (a) rece lange, or otherwise dispose of a digi								_	Yes	⊠ No
Standard	_	eone can claim:  You as a dep		<del>_</del>			17. (000 1110		10110.)			
Deduction	_	Spouse itemizes on a separate return		•		а асрепасті						
Age/Blindness	You:	: Were born before January 2, 19	959 [	Are blind Spo	ouse:	: U Was bor	n before Ja				Is blind	
Dependents				(2) Social security	<i>'</i>	(3) Relationsh	יף ן יי			1		structions):
If more	(1) F	irst name Last name		number		to you	Ch	ild tax	credit	Cred	dit for other	r dependents
than four dependents,							_	<u> </u>	1			
see instructions	s —								]			
and check									]			
here L			4 /						]			072
Income	1a	Total amount from Form(s) W-2, bo	,	,						1a 1b		.,073.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2										
W-2 here. Also attach Forms	C											
W-2G and	d											
1099-R if tax	e											
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g		0.
W-2, see	h :	Other earned income (see instruction (se	,	· · · · · · · ·			· · ·			1h		
instructions.	i -	Nontaxable combat pay election (s		ructions)		<u>1i</u>				1-	101	.,073.
A#	z 2a	<u> </u>	 2a	<sub>i</sub> .	 . T	 axable interest				1z 2b		.,073.
Attach Sch. B if required.	2a 3a	· —	3a			rdinary divider			•	3b		31.
	<u> </u>		4a			axable amount			•	4b		
Standard	-та 5а		5a			axable amount			•	5b		
Deduction for— Single or	6a		6a			axable amount			•	6b		
Married filing	c	If you elect to use the lump-sum el							$\dot{\Box}$			
separately, \$13,850	7	Capital gain or (loss). Attach Sched		·	•	,			T I	7		
Married filing jointly or	8	Additional income from Schedule 1							_	8	-12	2,469.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,							9		3,635.
surviving spouse, \$27,700	10	Adjustments to income from Scheo		•						10		,
Head of household,	11	Subtract line 10 from line 9. This is								11	88	3,635.
\$20,800	12	Standard deduction or itemized	-							12		3,850.
If you checked any box under	13	Qualified business income deducti				5-A				13		0.
Standard Deduction,	14	Add lines 12 and 13							.	14	13	3,850.
see instructions.	15	Subtract line 14 from line 11. If zero			our <b>t</b>	axable incom	ie			15		1,785.

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	11,758.		
Credits	17	Amount from Schedule 2, lir	ne3					17			
	18	Add lines 16 and 17						18	11,758.		
	19	Child tax credit or credit for		19							
	20	Amount from Schedule 3, lir	ne 8					20			
	21	Add lines 19 and 20		21							
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	11,758.		
	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 <b>total tax</b>					24	11,758.		
<b>Payments</b>	25	Federal income tax withheld	I from:								
	а	Form(s) W-2				<b>25a</b> 14	1,491.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	14,491.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
allacii Scii. 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									
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	14,491.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	2,733.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	2,733.		
Direct deposit?	b	Routing number 1 1 1			<b>c</b> Type: 🛛	Checking	Savings				
See instructions.	d	Account number 8 5 5	2 3 3 7	1 5 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	_	-		38					
Third Party		you want to allow another									
Designee		,	•				omplete	below.	<b>X</b> No		
Ü		esignee's		Phone			onal ident	ification			
		me		no.			ber (PIN)				
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com							, ,		
Here			ipicic. Deciaration	· · · · ·	, <i>, ,</i>	sea on an imormati			, ,		
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here		
Joint return?					ASSISTANT PF	ROJECT MANAG		inst.)	,		
See instructions.		ouse's signature. If a joint return, l	both must sign.	Date	Spouse's occupati			e IRS se	nt your spouse an		
Keep a copy for your records.	, J , , , , ,						- 1	dentity Protection PIN, enter it here see inst.)			
	Ph	Phone no. (469)271-2404 Email address VINIT.DAHAD27@GMAIL.COM									
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/14/2024	P0208	2703	Self-employed		
Preparer	Fir	Firm's name GLOBAL TAXES LLC							(678)965-9522		
Use Only									84-3171965		
								n's EIN			

## SCHEDULE 1 (Form 1040)

#### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

VINEET DAHAD

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

898-51-5427

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. Att	ach Schedule E .	5	-12,469.
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		
I	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:			
•	Total discourse Addition Configuration			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente 1040, 1040-SR, or 1040-NR, line 8		40	-12,469.
	10+0, 10+0-011, 01 10+0-1111, 1111 <del>0</del> 0		10	-14, <del>1</del> 09.

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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
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				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	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				
	<del>-</del>	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			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		.   20	

## 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

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.

Sequence No. 13

Your social security number

VIN	EET DAHAD						8 <u>98</u> -5	1-5427	<u> </u>	
Par										
	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use	Schedule	<b>c</b> . See	instru	ctions. If you are	an indi	vidual, rep	oort farm	
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	1099? S	see ins	structions		. <b>Y</b>	es 🕅 No	)
	If "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZIF									
Α	OPP JDCC BANK, RING ROAD JALGAON MAHARA	SHTF	RA IN 4	125001	1					
В										
C										
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair real estate properabove.				Fa	ir Rental Days	Person Da	nal Use lys	(.).IV	
Α	personal use days. Check the Qu			Α		365		0		
В	if you meet the requirements to f			В						
С	qualified joint venture. See instru	CHOIS	·.	С						
Туре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Reni	tal	5 Land	l		Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	oe)			
						Properties				
Incor	ne:			Α		В			С	
3	Rents received	3			48.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,7	63.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,1	64.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,1						
15	Supplies	15		1,8	73.					
16	Taxes	16								
17	Utilities	17		2,3						
18	Depreciation expense or depletion	18		3,7	82.					
19	Other (list)	19		10.	1					
20	Total expenses. Add lines 5 through 19	20		13,0	т7.					
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	64		10 4	60					
00	file Form 6198	21		-12,4	υ9.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	12,46		(	)	(		)
23a	Total of all amounts reported on line 3 for all rental prope				23a		548.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			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		782.			
е	Total of all amounts reported on line 20 for all properties				23e	13,	017.			
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		-				24	,		•
25	Losses. Add royalty losses from line 21 and rental real estate						25	(	12,469	. )
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 ar								-12,469	9.

### Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

Name(s) shown on return	Your taxpayer identification number
VINEET DAHAD	898-51-5427

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	1	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3 4	Qualified business net (loss) carryforward from the prior year	3 (	-		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 2.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 2.			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0.	
10	Qualified business income deduction before the income limitation. Add lines 5 and	19	10	0.	
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 74,785.			
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	<b>12</b> 29.			
13	Subtract line 12 from line 11. If zero or less, enter -0	<b>13</b> 74,756.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	14,951.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also	enter this amount on			
	the applicable line of your return (see instructions)		15	0.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 al zero, enter -0		17	( 0.	

#### 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

VINE	ET DAHAD				898	8-51-	-5427
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 <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .		0.		
b	Activities with net loss (enter the amo	12,469.)					
C	Prior years' unallowed losses (enter the			· · · · · · · · · · · · · · · · · · ·	)		
d	Combine lines 1a, 1b, and 1c					1d	-12,469.
All Ot	her Passive Activities						
<b>2</b> a	Activities with net income (enter the a						
b	Activities with net loss (enter the amo				)		
C	Prior years' unallowed losses (enter the				)		
<u>d</u>	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 on normally used		report the losses	on the forms and	schedules	3	-12,469.
	If line 3 is a loss and: • Line 1d is a l						12,100.
		oss (and line 1d is	zero or more), ski	ip Part II and go to	line 10.		
Cautio	on: If your filing status is married filing	•	•			year,	do not complete
	. Instead, go to line 10.	, , ,	,	,	J	,	•
Par	Special Allowance for Rer	ntal Real Estate	<b>Activities With</b>	Active Participa	ation		
	Note: Enter all numbers in Par			tions for an examp	le.		
4	Enter the <b>smaller</b> of the loss on line 1					4	12,469.
5	Enter \$150,000. If married filing separ				50,000.		
6	Enter modified adjusted gross income				01,104.		
	<b>Note:</b> If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
_	on line 9. Otherwise, go to line 7.			-	40 006		
7	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). <b>Do not</b> el			<b>7</b>	48,896.		24 440
8 9	Enter the <b>smaller</b> of line 4 or line 8. If					8	24,448. 12,469.
Pari		ille 3 liiciudes ariy	ChD, see instruc			9	12,409.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv						
	out how to report the losses on your to					11	12,469.
Part	IV Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	in or loss
	mame or activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss
OPP	JDCC BANK, RING ROAD	0.	12,469.				12,469.

12,469.

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

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Part V	<b>Complete This Part Befor</b>	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.				
			Currer	nt year		Prior y	ears	Overa	ll ga	gain or loss	
	Name of activity	(a) Net income (line 2a)		<b>(b)</b> (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
	on Part I, lines 2a, 2b, and 2c				1: 0						
Part VI	Use This Part if an Amour			art II,	, <b>Line 9.</b> S	ee instrud	ctions.				
	Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a	) Loss	( <b>b)</b> Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
OPP JDCC	BANK, RING ROAD	RING ROAD E Ln 22 12,469. 1.00000000		12,46	9.	0.					
Total					12,469.	1.0	0	12,46	9.	0.	
Part VII	Allocation of Unallowed L	.oss	<b>ses.</b> See instr	uction	S.						
	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	<u> </u>							1.00			
Part VIII	Allowed Losses. See instr	ucti							1		
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	<b>(b)</b> Ur	allowed loss	(	c) Allowed loss	
							-				
							+				
							<u> </u>				
Total											