(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

Submi	ission Identification Number (SID)		-		
Taxpaye	er's name	Social securi	ty numl	per	
DEV	A GOPIKRISHNA PRASAD SIRIGIRI	018-53	-660	5	
Spouse'	's name	Spouse's soo	ial sec	urity numb	er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	 er year you a	re au	thorizin	g.)
	whole dollars only on lines 1 through 5.				<u> </u>
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	6	4,688.
2	Total tax		2		6,489.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		6,816.
4	Amount you want refunded to you		4		327.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)
to send for any Agent t payment authoric payment business taxes t persona	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in to f my 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 terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the transcription of the transcription to debit the authorizate the authorizate from the processing of payment. I fur	ransmis nd its of ax prepared entry ation. The ereceif the el	ssion, (b) designate paration s to this acronic periodic periodi periodic periodic periodic periodic periodic periodic periodic p	the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the
	anic Funds Withdrawal Consent. Bayer's PIN: check one box only				7
Х		3 my DIN	6 (5 0 5	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but	
Your s	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below. signature ►				
Spous	se's PIN: check one box only				
Spous	I authorize to enter or generat	o my DINI			00 mv
	ERO firm name		ter five	digits, but	」 as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 6	1 9	8 9
		Don't ent	er all ze	eros	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	urn in a	accordanc	
ERO's	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–D	ec. 31, 2023, or other tax year beginn	ning	, 2023,	ending	, 2	0	See separate instructions.
Your first name	and r	niddle initial	Last na	ame			Your iden	tifying number
							(see instru	ctions)
DEVA GOP	CKRI	SHNA PRASAD	SIRI	GIRI			018-5	3-6605
Home address (number and street). If you have a P.O. box, see instructions.						Apt. no.		
1255 N AF	RIZO	NA AVE UNIT 1158						
City, town, or p	ost of	fice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code
CHANDLER						AZ	8	5225
Foreign country	nam nam	e	Foreigr	n province/state/county		Foreign po	ostal code	
Filing		Single Married filing sep	arately (N	∕IES) □ Qualifvii	ng surviving spouse (C	088)	☐ Estate	e 🔲 Trust
Status		you checked the QSS box, enter the				,		
Check only	"	you oncolled the QOO BOX, enter the	orma o m	arrie ir trie qualifying perc	on io a orma bat not y	our deper	ident.	
one box.								
Digital Assets		ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a					(b) sell, exc	
Dependents						(4) Chec	k the box if	qualifies for (see inst.):
(see instructions)		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to you	Child	tax credit	Credit for other dependents
		(I) HIST HATTE LAST HATTE		identifying number	(3) Neiationship to you	1	\Box	dependents
If more than four								
dependents, see							\vdash	
instructions and check here							\vdash	
Income	1a	Total amount from Form(s) W-2, box	x 1 (see i	nstructions)			1a	73,348.
Effectively	b	Household employee wages not rep	•	•			1b	,
Connected	c	Tip income not reported on line 1a (• ,			1c	
With U.S.	d	Medicaid waiver payments not repo		•			1d	
Trade or	e	Taxable dependent care benefits fro		` '	,		1e	
Business	f	Employer-provided adoption benefi		·			1f	
	g	Wages from Form 8919, line 6					1g	
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .				1h	
1042-S,	i	Reserved for future use						
SSA-1042-S,	j	Reserved for future use					1j	
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		, ,	tem L, 1k			
attach	z	Add lines 1a through 1h					1z	73,348.
Form(s) 1099-R if	2a	Tax-exempt interest 2	a	b Tax	cable interest		2b	
tax was	За	Qualified dividends 3	а	b Ord	dinary dividends		3b	
withheld.	4a	IRA distributions 4	a	b Tax	able amount		4b	
If you did not	5a	Pensions and annuities 5	a	b Tax	cable amount		5b	
get a Form W-2, see	6	Reserved for future use					6	
instructions.	7	Capital gain or (loss). Attach Schedu	•		•			
	8	Additional income from Schedule 1						-8,660.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your total effectively c	onnected income .		9	64,688.
	10	Adjustments to income from Schedincome		•	•		10	
	11	Subtract line 10 from line 9. This is y	your adju	ısted gross income			11	64,688.
	12	Itemized deductions (from Schedudeduction (see instructions)		13,850.				
	13a	Qualified business income deductio				0		
	b	Exemptions for estates and trusts o						
	С	Add lines 13a and 13b	• .	,	· · · · · · · · · · · · · · · · · · ·		13c	0.
	14	Add lines 12 and 13c					14	13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta	xable income		15	50,838.

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if ar	y from For	rm(s): 1	314 2	4972	3			16	6,489.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	6,489.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (For	rm 104	0) .			19	
	20	Amount from Schedule 3 (Form	1040), line	8						20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0						22	6,489.
	23a	Tax on income not effectively co	nnected w	rith a U.S. trade	or business fi	rom					
		Schedule NEC (Form 1040-NR),	line 15 .			.	23a				
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 10)40),					
		line 21				.	23b				
	С	Transportation tax (see instruction	ons)				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is yo	ur total ta	x						24	6,489.
Payments	25	Federal income tax withheld from									
	а	Form(s) W-2				.	25a		6,816.		
	b	Form(s) 1099				-	25b				
	С	Other forms (see instructions) .				L	25c				
	d	Add lines 25a through 25c								25d	6,816.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments ar				- 1	- 1			26	
	27	Reserved for future use					27				
	28	Additional child tax credit from S		•	•	-	28				
	29	Credit for amount paid with Forr					29				
	30	Reserved for future use					30				
	31	Amount from Schedule 3 (Form	,.				31				
	32	Add lines 28, 29, and 31. These								32	
	33	Add lines 25d, 25e, 25f, 25g, 26								33	6,816.
Refund	34	If line 33 is more than line 24, su					-	-		34	327.
D: 1.1 :10	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								35a	327.
Direct deposit? See instructions.	b	Routing number 0 7 4 0 0 0 0 1 0 c Type: Suchecking Savings									
	d	Account number 5 6 6 8 6 9 6 2 7									
	е	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.									
	26			0004 aatimat		1	36				
Amount	36 37	Amount of line 34 you want app Subtract line 33 from line 24. Th					30				
Amount You Owe	31	For details on how to pay, go to		-		ions				37	
rou Owe	38	Estimated tax penalty (see instru	_	-			38			01	
Third		ou want to allow another person to				instruc			es. Comp	lete he	low. 🗵 No
Party	•	•	alocaco t								
Designee	name	gnee's Phone Personal identii e no. number (PIN)							lication		
		Jnder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of								of my knowledge and	
_	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which										
Sign	Your	signature		Date Your occupation			If th	e IRS s	ent you an Identity		
Here	3									PIN, enter it here	
					SOFTWAR	RE EN	IGIN	EER	(see	e inst.)	
	Phone		Duc	Email address		1	D - 1		DT'A'		
Paid		rer's name		's signature			Date		PTIN		Check if:
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI	l .	SAI PAVAN KU	JMAR DUDIPA	ALLI			P0247		Self-employed
Use Only	Firm's name GLOBAL TAXES LLC Phone r								78)965-9522		
	Firm's	s address 245 ROONEY (T E BR	RUNSWICK N	J 08816				Firm's E	IN 8	88-2145487

BAA

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DEVA GOPIKRISHNA PRASAD SIRIGIRI

Your social security number
018-53-6605

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		5	-8,660.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u> </u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
•	Table the decree Addition On the decree	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	r here and on Form		0.000
	1040, 1040-SR, or 1040-NR, line 8	<u> </u>	10	-8,660.

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	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		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				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

DEVA GOPIKRISHNA PRASAD SIRIGIRI 018-53-6605 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources subtract (d) from (e). descriptive details not shown below) subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service Answer all questions. Sequence No. 7C Name shown on Form 1040-NR Your identifying number 018-53-6605 DEVA GOPIKRISHNA PRASAD SIRIGIRI Of what country or countries were you a citizen or national during the tax year? _INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: ☐ Yes X No 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change: G List all dates you entered and left the United States during 2023. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date departed United States **Date entered United States** Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 ______, 2022 ______, and 2023 ______365 ___. Did you file a U.S. income tax return for any prior year? X Yes ☐ No ı If "Yes," give the latest year and form number you filed: 1040NR X No ☐ Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a □ No Yes ⊠ No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United

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

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

Sequence No. 13

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return Your social security number DEVA GOPIKRISHNA PRASAD SIRIGIRI 018-53-6605 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) PARCHUR BAPATLA ANDHRA PRADESH IN 523169 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 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 550. Rents received . 4 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,020. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 720. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,130. 14 Repairs . . . 15 Supplies 15 3,420. 16 16 Taxes 17 Utilities 17 1,920. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 9,210. 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 -8,660. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -8,660.) 550. 23a 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

24

25

26

Total of all amounts reported on line 20 for all properties

Income. Add positive amounts shown on line 21. Do not include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

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

8,660.

-8,660.

9,210.

24

25

26

23e

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. <u>1545-2294</u>

2023

Attachment Sequence No. **55**

Name(s) shown on return
DEVA GOPIKRISHNA PRASAD SIRIGIRI

Your taxpayer identification number 018-53-6605

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	. , ,	(c) Qualified business income or (loss)		
i_	DEVA GOPIKRISHNA PRASAD SIRIGIRI	018-53-6605		-8,660.	
ii					
iii					
iv					
v					
3 4	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 -8,660. 3 ()			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	0.	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
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			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0	
10 11	Taxable income before qualified business income deduction (see instructions)	11 50,838.	10	0.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0.			
13	Subtract line 12 from line 11. If zero or less, enter -0-		-		
14	Income limitation. Multiply line 13 by 20% (0.20)	· · · · · · · · · · · · · · · · · · ·	14	10,168.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)	enter this amount on	15	0.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		16	(8,660.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0-		17	(0.)	