Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

2018

are

are

Return completed Form 8879 to your ERO. (Don't send to the IRS.)
Go to www.irs.gov/Form8879 for the latest information.

| | · · · | |
|-----------------|-----------|---------------------------------|
| Taxpayer's name | | Social security number |
| MAHESHBABU | DHANEKULA | 865-46-7882 |
| Spouse's name | | Spouse's social security number |
| | | |

| Part | Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only) | | |
|------|--|------|-------------|
| 1 | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) | 1 | 76,074. |
| 2 | Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 10,036. |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a). | 3 | 10,106. |
| 4 | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 70. |
| 5 | Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | 5 | |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy | of y | our return) |

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this aucton. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

| Taxpayer's | PIN: | check | one | box | only |
|------------|------|-------|-----|-----|------|
|------------|------|-------|-----|-----|------|

| X | I authorize | GLOBAL TAXES LLC | to enter or generate my PIN | 6 7 8 8 2 |
|----------|--------------------------------------|--|------------------------------|------------------------|
| | | ERO firm name | | Enter five digits, but |
| | as my signat | ture on my tax year 2018 electronically filed income tax | return. | don't enter all zeros |
| | | ny PIN as my signature on my tax year 2018 electronic r own PIN and your return is filed using the Practitione | | |
| Your sig | inature 🕨 | | Date 🕨 | |
| Spouse | ' s PIN: check I authorize | c one box only | to enter or generate my PIN | |
| | radinonze | ERO firm name | to enter of generate my ring | Enter five digits, but |
| | as my signat | ture on my tax year 2018 electronically filed income tax | return. | don't enter all zeros |
| | | ny PIN as my signature on my tax year 2018 electronic r own PIN and your return is filed using the Practitione | | |

| Date |
|------|
|------|

| Practitioner PIN Method Returns Only—continue | e bel | ow | | | | | | | | | |
|---|-------|----|---|-----|--------|------|--------|------|---|---|---|
| Part III Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
| , , , , , | | | | Dor | n't er | nter | all ze | eros | | | |

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature

Date 🕨

ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

| Form 1040 | NR | | U.S. No ► Go to www.irs.g | | ent Alien I | ncom | e Tax | Retur | n formatic | 'n | L | OMB No | o. 1545-i | 0074 |
|------------------------------|----------|-------|---|---------------|---------------------|-------------|-----------|---------------|------------------|----------|-------------|-----------------|------------|-----------------|
| Department of the | | | For th | e year Janu | ary 1-December | | | | | | | 20 |)18 | 3 |
| Internal Revenue S | | | beginning name and initial | , 2 | 018, and ending | | | | , 20 | Idont | ifving pr | Imber (see | instruc | tions) |
| | | | | | | 7 | | | | | | | ; 11511 UC | 10115) |
| | | | HBABU ome address (number and street | or rural rout | DHANEKUI | | oo instru | ctions | Apt. no. | 80: | 5-46- | | ndividu | |
| Please print | | | 166TH PL NE | | ej. Il you have a F | .0. 00, 5 | | | А рι. πο. | | Check | _ | Estate o | |
| or type | | | or post office, state, and ZIP cod | le lf vou ha | ve a foreign addre | | omplete | spaces be | low See in | etruct | one | | Estate 0 | |
| or type | | | VUE WA 98008 | ie. Il you na | ve a loreign addre | 555, also c | ompiete | spaces be | 1010. 000 11 | 1311 401 | 0115. | | | |
| | | | ountry name | | | Foreign | nrovince | /state/cour | ntv | | | Foreic | in posta | |
| | 1010 | giroo | and y hame | | | roroigir | province | / 31010/ 0001 | ity | | | 1 Orcię | in posta | 1 0000 |
| | 1 | | Reserved | | | | 4 | Reserv | od | | | | | |
| Filing | 2 | | Single nonresident alien | | | | 5 | - | d nonres | idont | alion | | | |
| Status | 2 | | Reserved | | | | 6 | | | | | struction | c) | |
| Check only | 3 | | | | | | 0 | | name ► | È | | struction | 3) | |
| one box. | | | | | | | | Criliu S | | | | | | |
| Dependents | 7 | Dep | pendents: (see instructions) | | (2) Depende | | | pendent's | | (4) 🖌 | if qualifie | es for (see | instr.): | |
| If more | | (1) | First name Last nan | ie | identifying nu | mber | relations | ship to you | Chil | d tax c | redit | Credit for | other dep | pendents |
| than four dependents, | | | | | | | | | | | | | | |
| see instructions | | | | | | | | | | | | | | |
| and check | | | | | | | | | | | | | | |
| here. | | | | | | | | | | | | | | |
| Income | | | ges, salaries, tips, etc. Attac | • • • | · | | | | | | 8 | | 80, | 574. |
| Effectively | | | able interest | | | | 1 | | | | 9a | | | |
| Connected | | | -exempt interest. Do not in | | | | | | | | | | | |
| With U.S. | 10a | Ord | inary dividends | | | | | | | | 10a | | | |
| Trade/ | | | lified dividends (see instruc | , | | | | | | | | | | |
| Business | 11 | | able refunds, credits, or off | | | | `` | | , | | 11 | | | |
| | 12 | | olarship and fellowship grants | | () | • | | | | , | 12 | | | |
| | 13 | | iness income or (loss). Atta | | | • | , | | | _ | 13 | | | |
| | 14 | | ital gain or (loss). Attach Sch | • | , | • | | | | | 14 | | | |
| Attach Form(s) | 15 | | er gains or (losses). Attach | Form 479 | 7 | | • • | | | • | 15 | | | |
| W-2, 1042-S, | | | erved | · · · · | | 1 | | | | · | 16 | | | |
| SSA-1042S, RRB-1042S, | 17a | | s, pensions, and annuities | · | | | | able amou | ` | , | 17b | | | |
| and 8288-A | 18 | | tal real estate, royalties, pa | | | | | • | , | | 18 | | -4, | 500. |
| here. Also attach Form(s) | | | m income or (loss). Attach S | | , | | | | | | 19 | | | |
| 1099-R if tax | | | employment compensation | | | | | | | • | 20 | | | |
| was withheld. | | | er income. List type and an | | | | | T | | | 21 | | | |
| | | | l income exempt by a treaty fro | | | | 22 | | | | | | | |
| | 23 | | nbine the amounts in the | | | | | | | | | | 76 | 074 |
| | 04 | | ctively connected income | | | | | | | | 23 | | 70, | 074. |
| Adjusted | 24 25 | | cator expenses (see instruc Ith savings account deduct | | | | 24 | | | | | | | |
| Gross | 25 26 | | ing expenses for member | | | | 25 | | | | | | | |
| Income | 20 | | m 3903 | | | | 26 | | | | | | | |
| | 27 | | luctible part of self-employ | | | | | | | | | | | |
| | | | m 1040) | | | | 27 | | | | | | | |
| | 28 | | -employed SEP, SIMPLE, a | | | | 28 | | | | | | | |
| | 29 | | -employed health insurance | | | | 29 | | | | | | | |
| | 30 | | alty on early withdrawal of | | | | 30 | | | | | | | |
| | 31 | | olarship and fellowship gra | - | | | 31 | | | | | | | |
| | 32 | | deduction (see instructions | | | | 32 | | | | | | | |
| | 33 | | dent loan interest deduction | | | | | | | | | | | |
| | 34 | | | | | | - | | | | 34 | | | |
| | | | usted Gross Income. Subi | | | | | | | | 35 | | 76, | 074. |
| T | | | ount from line 35 (adjusted | | | | | | | | 36 | | | 074. |
| Tax and | 37 | | nized deductions from pag | - | | | | US/Ind | | | 37 | | | 000. |
| Credits | 38 | | lified business income ded | | | | | | | | 38 | | ., | |
| | 39 | | mptions for estates and tru | • | | | | | | | 39 | | | |
| For Disclosure, P | rivacy | | and Paperwork Reduction Act | | | BAA | | | / 05/02/19 P | | I | Form 1 (|)40NF | R (2018) |

| Form 1040NR (201 | 8) | | | | | | | Page 2 |
|--------------------------------------|--------|--|---|------------|----------|-------------------------|-----------|---|
| | 40 | Add lines 37 through 39 | | | | | 40 | 12,000. |
| Tax and | 41 | Taxable income. Subtract line 40 fr | rom line 36. If zero or less, en | ter -0- | · . | | 41 | 64,074. |
| Credits | 42 | Tax (see instr.). Check if any is from | i Form(s): a 🗌 8814 b 🗌 4 | 972 | c |] | 42 | 10,036. |
| (continued) | 43 | Alternative minimum tax (see instru | uctions). Attach Form 6251 | | | | 43 | |
| | 44 | Excess advance premium tax credit | repayment. Attach Form 896 | 62. | | | 44 | |
| | 45 | Add lines 42, 43, and 44 | | | | 🕨 | 45 | 10,036. |
| | 46 | Foreign tax credit. Attach Form 1116 | 6 if required | 46 | | | | |
| | 47 | Credit for child and dependent care ex | xpenses. Attach Form 2441 | 47 | | | | |
| | 48 | Retirement savings contributions cre | edit. Attach Form 8880 . | 48 | | | | |
| | 49 | Child tax credit and credit for | | | | | | |
| | | instructions) | | 49 | | | _ | |
| | 50 | Residential energy credit. Attach For | | 50 | | | _ | |
| | 51 | Other credits from Form: a 3800 | | 51 | | | | |
| | 52 | Add lines 46 through 51. These are y | - | | | | 52 | |
| | 53 | Subtract line 52 from line 45. If zero | | | | | 53 | 10,036. |
| Other | 54 | Tax on income not effectively con | | | | | | |
| | | Schedule NEC, line 15 | | | • • | | 54 | |
| Taxes | | Self-employment tax. Attach Schedu | | | | | 55 | |
| | | Unreported social security and Medi | | | | o ∐8919 | 56 | |
| | | Additional tax on IRAs, other qualifie | | | | | 57 | |
| | | Transportation tax (see instructions) | | | | | 58 | |
| | | Household employment taxes from | , | | | | 59a | |
| | | Repayment of first-time homebuyer | | | | | 59b 60 | |
| | | Taxes from: a Form 8959 b II | | | | | 61 | 10.026 |
| | | Total tax. Add lines 53 through 60 | | | | | 01 | 10,036. |
| Payments | | Federal income tax withheld from: | | 600 | | 10,106. | | |
| · · · , · · · · · · · · · · · | | Form(s) W-2 and 1099 | | 62a 62b | | 10,100. | - | |
| | | Form(s) 8288-A | | 62c | | | - | |
| | | I Form(s) 1042-S | | 62d | | | - | |
| | | 2018 estimated tax payments and amo | | 63 | | | - | |
| | 64 | Additional child tax credit. Attach Sc | | 64 | | | - | |
| | 65 | Net premium tax credit. Attach Form | | 65 | | | - | |
| | 66 | Amount paid with request for extens | | 66 | | | - | |
| | 67 | Excess social security and tier 1 RRTA ta | | 67 | | | | |
| | | Credit for federal tax on fuels. Attack | | 68 | | | | |
| | | Credits from Form: a 2439 b Reser | | 69 | | | | |
| | | Credit for amount paid with Form 10 | | 70 | | | | |
| | | Add lines 62a through 70. These are | | | | | 71 | 10,106. |
| | | If line 71 is more than line 61, subtra | | the a | mount | you overpaid | 72 | 70. |
| Refund | | Amount of line 72 you want refunde | | | | | 73a | 70. |
| Direct deposit? See | b | Routing number 0 3 1 2 0 2 | 2 0 8 4 🕨 c Type: | X Ch | neckin | g 🗌 Savings | | |
| instructions. | с | Account number 3 8 3 0 1 2 | 2 4 1 3 6 4 5 | | | | | |
| | e | If you want your refund check mailed to an ac | ddress outside the United States not | t shown | on pag | ge 1, enter it here. | | |
| | | | | | | | | |
| | 74 | Amount of line 72 you want applied to | your 2019 estimated tax 🕨 | 74 | | | | |
| Amount | 75 | Amount you owe. Subtract line 71 from | om line 61. For details on how | to pay | , see ir | nstructions 🕨 | 75 | |
| You Owe | 76 | Estimated tax penalty (see instruction | ons) | 76 | | | | |
| Third Party | Do y | ou want to allow another person to d | | S? Se | e insti | | | mplete below. 🛛 No |
| Designee | Desid | nee's name ► | Phone no. ► | | | Personal i number (P | | tion |
| Sign Here | Unde | r penalties of perjury, I declare that I have ex | amined this return and accompany | | | and statements, a | nd to the | |
| Signifiere | beliet | , they are true, correct, and complete. Declar | | | | 1 | | |
| Keep a copy of | Your | signature | Date Your occu | pation i | n the U | nited States | | S sent you an Identity on PIN, enter it here |
| this return for your records. | | | | | | | (see inst | |
| ,, | / | · · · · · · · · · · · · · · · · · · · | SOFTWA | ARE | DEVE | | | |
| Paid | | | eparer's signature | | | Date | Check | |
| Preparer | | | YAM PRIYA RAM SAGAR GUPT | A TAL | LAM | | self-emp | |
| Use Only | | 's name ► GLOBAL TAXES LLC | | | | | -101 | |
| | Firm | 'saddress► 2530 Pebble Cree | ek Ln Cumming GA 30 | 041 | | Phone no. (2 | 12)9 | 20-4151 |

| Schedule A- | -Iten | nized Deductions (see instructions) | | 07 |
|---|-------|--|----|----|
| Taxes You Paid | 1 | State and local income taxes | | |
| | а | State and local income taxes | | |
| | b | Enter the smaller of line 1a and \$10,000 (\$5,000 if married) | 1b | |
| Gifts to U.S. | 2 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions 2 | | |
| Charities If you made a gift and | 3 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if the amount of your deduction is over \$500 3 | - | |
| received a penefit in return, see nstructions. | 4 | Carryover from prior year | | |
| | 5 | Add lines 2 through 4 | 5 | |
| Casualty and Theft Losses | 6 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | |
| Other Itemized Deductions | 7 | Other—from list in instructions. List type and amount | 6 | |

Total
Itemized
Deductions8Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on
Form 1040NR, line 37

REV 05/02/19 PRO

8

Form **1040NR** (2018)

| Form | 1040NR | (2018) |
|------|--------|--------|
|------|--------|--------|

| Page | 4 |
|------|---|
|------|---|

| | | Schedule NEC-Tax on Income Not Ef | ffectively | Con | nected With | a U.S. Trade or | Business (see ir | structions) | |
|--|--|---|-----------------|---------|--------------------------|----------------------|----------------------------|--|--|
| | | | | E | Enter amount of i | ncome under the app | propriate rate of tax | (see instructions) | |
| Nature of income | | | (a) 10% (b) 15% | (c) 30% | (d) Other | (specify) | | | |
| | | | | | (a) 10% | (b) 1376 | (C) 50 % | % | % |
| | | | | | | | | | |
| 1 | Dividends and divide | end equivalents: | | | | | | | |
| а | Dividends paid by U | .S. corporations | 1 | 1a | | | | | |
| b | Dividends paid by fo | preign corporations | 1 | 1b | | | | | |
| С | | payments received with respect to section | | | | | | | |
| | transactions | | · · · 1 | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | | | | 2a | | | | | |
| b | Paid by foreign corp | orations | | 2b | | | | | |
| С | | | | 2c | | | | | |
| 3 | | patents, trademarks, etc.) | | 3 | | | | | |
| 4 | | V. copyright royalties | | 4 | | | | | |
| 5 | • • • • | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | | e and natural resources royalties | | 6 | | | | | |
| 7 | | ies | | 7 | | | | | |
| 8 | • | fits | - | 8 | | | | | |
| 9 | | e 18 below | | 9 | , | | | | |
| 10 | If zero or less, ente | ts of Canada only. Enter net income in column (c) |). | | | | | | |
| | Winnings | er -0 | | | | | | | |
| a h | | | 1 | 0c | | | | | |
| 11 | | | · · · [" | | | | | | |
| | | | 1 | 11 | | | | | |
| 12 | | | | | | | | | |
| | | | - 1 | 12 | | | | | |
| 13 | | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | - | rate of tax at top of each column | - | 14 | · · · · | | | | |
| 15 | | t effectively connected with a U.S. trade or | | | d columns (a) t | hrough (d) of line 1 | 4. Enter the total | here and on | |
| | | 54 | | | | | | | |
| | | Capital Gains and | | | | | | I | |
| | nly the capital gains and from property sales or | 16 (a) Kind of property and description | (b) Date | | (c) Date | | | (f) LOSS | (g) GAIN |
| exchan | ges that are from | (if necessary, attach statement of | acquired | | sold | (d) Sales price | (e) Cost or other basis | If (e) is more than (d), subtract (d) | If (d) is more than (e), subtract (e) |
| States | s within the United and not effectively | descriptive details not shown below) (i | (mo., day, yr.) | | (mo., day, yr.) | | | from (e) | from (d) |
| 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 a | nd losses on Schedule D | | | | | | | | |
| (Form 1 Benort | property sales or | | | | | | | | |
| exchan | ges that are effectively | | | | | | | | |
| on Scl | ted with a U.S. business hedule D (Form 1040), | 17 Add columns (f) and (g) of line 16 | | | | | 17 | | |
| Form 4 | 797, or both. | 18 Capital gain. Combine columns (f) and (| (g) of line 1 | 7. En | ter the net gain | here and on line 9 | above (if a loss, e | nter -0-) 🕨 18 | |

Μ

Schedule OI-Other Information (see instructions) Answer all questions

- 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 D Were you ever: 1. A U.S. citizen?
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- Е If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1 _____
- F If you answered "Yes," indicate the date and nature of the change.
- G List all dates you entered and left the United States during 2018. See instructions. Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals,

| Date entered United State mm/dd/yy | s Date departed United States mm/dd/yy | Date entered United States mm/dd/yy | Date departed United States mm/dd/yy |
|---------------------------------------|---|--|---|
| | | | |
| | | | |

н Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2016 , 2017 , and 2018 <u>365</u>. X Yes 🗌 No Did vou file a U.S. income tax return for any prior year? L

| | | <u> </u> | 100 | | |
|---|--|----------|-----|---|----|
| | If "Yes," give the latest year and form number you filed 1040NR | | | | |
| J | Are you filing a return for a trust? | | Yes | X | No |
| | If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a | | | | |
| | U.S. person, or receive a contribution from a U.S. person? | | Yes | | No |
| κ | Did you receive total compensation of \$250,000 or more during the tax year? | | Yes | X | No |
| | If "Yes," did you use an alternative method to determine the source of this compensation? | | | | |

- L Income Exempt from Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
 - 1. 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 claimed in prior tax years | (d) Amount of exempt income in current tax year | |
|----|---|---------------------------|---|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | (e) Total. Enter this amount on Form 1040NR, line 22. | Do not enter it on line 8 | 3 or line 12 🕨 | | |
| 2. | Were you subject to tax in a foreign country on any of the | e income shown in 1(d) | above? | 🗌 Yes 🗌 No | |
| 3. | Are you claiming treaty benefits pursuant to a Competent Authority determination? | | | | |
| 1. | Check the applicable box if: This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See in | | 5 | | |

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 States as effectively connected with a U.S. trade or business under section 871(d). See instructions

> Form **1040NR** (2018) REV 05/02/19 PRO

| SCHE | DULE | Ε |
|-------|-------|---|
| (Form | 1040) | |

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

| Ital real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | 2018 |
|---|-------------------------------|
| Attach to Form 1040, 1040NR, or Form 1041. | |
| ► Go to www.irs.gov/ScheduleE for instructions and the latest information. | Attachment Sequence No. 13 |

Name(s) shown on return Your social security number MAHESHBABU 865-46-7882 DHANEKULA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes X No **B** If "Yes," did you or will you file required Forms 1099? Yes No 1a Physical address of each property (street, city, state, ZIP code) Α HYDERABAD HYDERABAD TELANGANA IN 500072 В С 1b Fair Rental Personal Use Type of Property 2 For each rental real estate property listed QJV above, report the number of fair rental and Days Days (from list below) personal use days. Check the QJV box only if you meet the requirements to file as Α 3 Α 365 0 a qualified joint venture. See instructions. В В С С Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α B С 3 Rents received . 500. 3 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . 6 Cleaning and maintenance . . . 7 7 8 Commissions. 8 9 9 Insurance 10 Legal and other professional fees . . . 10 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 5,000. Other interest. 14 Repairs. . . . 14 . . 15 15 Supplies . . Taxes 16 16 Utilities. 17 17 18 Depreciation expense or depletion . . 18 Other (list) ► 19 19 Total expenses. Add lines 5 through 19 20 20 5,000. 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 -4,500. Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) 22 -4,500.)500 **23a** Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b **c** 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 23e Total of all amounts reported on line 20 for all properties 5,000. е Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 4,500. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. 26 -4,500.