

**Schedule K-1  
(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2024**

Final K-1

Amended K-1

651123  
OMB No. 1545-0123

For calendar year 2024, or tax year

beginning 2024 ending \_\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**  
See separate instructions.

**Part I Information About the Partnership**

A Partnership's employer identification number

**81-5107223**

B Partnership's name, address, city, state, and ZIP code

**KSV COMPANY LLC**

**5252 SO 162 ST**

**OMAHA, NE 68135**

C IRS center where partnership filed return: **OGDEN**

D  Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

**493-13-8487**

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

**VENUGOPAL RAO BOINPALLY**

**804 SO 198 ST**

**ELKHORN, NE 68022**

G  General partner or LLC member-manager  Limited partner or other LLC member

H1  Domestic partner  Foreign partner

H2  If the partner is a disregarded entity (DE), enter the partner's:

TIN \_\_\_\_\_ Name \_\_\_\_\_

I1 What type of entity is this partner? **INDIVIDUAL**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	<b>Beginning</b>	<b>Ending</b>
Profit	<b>34.0000000</b>	%
Loss	<b>34.0000000</b>	%
Capital	<b>34.0000000</b>	%

Check if decrease is due to:

Sale or  Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	<b>Beginning</b>	<b>Ending</b>
Nonrecourse . . . . \$		\$
Qualified nonrecourse financing . . . . \$		\$
Recourse . . . . \$	<b>142,146</b>	\$ <b>136,165</b>

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions . . . . .

**L Partner's Capital Account Analysis**

Beginning capital account . . . . .	\$ <b>53,380</b>
Capital contributed during the year . . . . .	\$
Current year net income (loss) . . . . .	\$ <b>(217)</b>
Other increase (decrease) (attach explanation) \$	(67)
Withdrawals and distributions . . . . . \$ ( )	
<b>Ending capital account . . . . .</b>	<b>\$ 53,096</b>

M Did the partner contribute property with a built-in gain (loss)?

Yes  No If "Yes," attach statement. See instructions.

**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning . . . . .	\$
Ending . . . . .	\$

<b>Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>	
1 Ordinary business income (loss)	14 Self-employment earnings (loss)
2 Net rental real estate income (loss) <b>(217)</b>	
3 Other net rental income (loss)	15 Credits
4a Guaranteed payments for services	
4b Guaranteed payments for capital	16 Schedule K-3 is attached if checked . . . . . <input type="checkbox"/>
4c Total guaranteed payments	17 Alternative minimum tax (AMT) items
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	18 Tax-exempt income and nondeductible expenses
6c Dividend equivalents	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	19 Distributions
13 Other deductions	20 Other information
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	
*See attached statement for additional information.	
For IRS Use Only	

**Schedule K-1 Supplemental Information****2024 PG01**

Partner's name <u>VENUGOPAL RAO BOINPALLY</u>	Partner's ID Number <u>493-13-8487</u>
Name of Partnership <u>KSV COMPANY LLC</u>	Partnership EIN <u>81-5107223</u>

**SECTION L: CURRENT YEAR NET INCOME (LOSS) Statement #99**

<b><u>DESCRIPTION</u></b>	<b><u>AMOUNT</u></b>
NET RENTAL REAL ESTATE INCOME (LOSS)	<u>(217)</u>
<b>TOTAL</b>	<u>(217)</u>

<b>Schedule K-1 Supplemental Information</b>		<b>2024</b>
Partner's name <b>VENUGOPAL RAO BOINPALLY</b>		Partner's ID Number <b>493-13-8487</b>
Name of Partnership <b>KSV COMPANY LLC</b>		Partnership EIN <b>81-5107223</b>

### **Schedule K-3 Notification**

The partnership has met the following criteria for tax year 2024, presently exempting it from filing Schedule K-3 (Form 1065), Partner's Share of Income, Deductions, Credits, etc. - International:

- Criteria 1 - Partnership had no or limited foreign activity
- Criteria 2 - Each of the partners was a U.S. citizen, resident alien, or certain domestic trust

With respect to the partnership meeting criteria 1 and 2, partners are hereby notified they will not be receiving a Schedule K-3 from the partnership unless the partner specifically requests the schedule.

A request for a Schedule K-3 is time sensitive and should be made as soon as possible.

**TAXPAYER COPY ONLY - DO NOT MAIL THIS FORM**
**NEBRASKA**

 Good Life. Great Service.  
 DEPARTMENT OF REVENUE

**FORM 1065N**
**Schedule K-1N**
**2024**
**Nebraska Schedule K-1N -**
**Partner's Share of Income, Deductions, Modifications, and Credits**

<b>Partnership's Name and Mailing Address</b>		<b>Partner's Name and Mailing Address</b> (If partner is a disregarded entity (DE), use beneficial owner information not DE's).			
Name Doing Business As (dba)		Name VENUGOPAL RAO BOINPALLY			
Legal Name <b>KSV COMPANY LLC</b>					
Street or Other Mailing Address <b>5252 SO 162 ST</b>		Street or Other Mailing Address <b>804 SO 198 ST</b>			
City <b>OMAHA</b>	State <b>NE</b>	ZIP Code <b>68135</b>	City <b>ELKHORN</b>	State <b>NE</b>	ZIP Code <b>68022</b>
Check One: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC		Nebraska ID Number <b>14143909</b> Federal ID Number			
Nebraska ID Number <b>14143909</b>	Federal ID Number <b>81-5107223</b>	Social Security Number <b>493-13-8487</b>		Spouse's Social Security Number	
Taxable Year of Organization Beginning <u>01-01-2024</u> and Ending <u>12-31-2024</u>					
Check One: <input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Nonresident Individual <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other					
Partnership's Nebraska Apportionment Factor <b>100</b> %	Nebraska Receipts <b>0</b>	Total Receipts <b>0</b>	Partner's Share of Income Percentage <b>34</b> %	If applicable, check the appropriate box: <input type="checkbox"/> Final <input type="checkbox"/> Amended	

**Part A - Partner's Share of Income and Deductions**

1 Ordinary business income (loss) . . . . .	1
2 Net rental real estate income (loss) . . . . .	2      (217)
3 Other net rental income (loss) . . . . .	3
4 Guaranteed payments . . . . .	4
5 Interest income . . . . .	5
6 Ordinary dividends . . . . .	6
7 Royalties . . . . .	7
8 Net short-term capital gain (loss) . . . . .	8
9 Net long-term capital gain (loss) . . . . .	9
10 Net Section 1231 gain (loss) . . . . .	10
11 Other income (loss) (list below or attach schedule) a List type: _____ Total other income (loss). Enter total of lines 11b . . . . .	11
12 Contributions . . . . .	12
13 Section 179 deduction . . . . .	13
14 Other deductions (list below or attach schedule) a List type: _____ Total other deductions. Enter total of lines 14b . . . . .	14
15 Nebraska and local income, sales, and use taxes deducted on Federal Form 1065 under section 164 of the IRC . . . . .	15

**Part B - Partner's Share of Modifications**

16 Qualified U.S. government interest deduction . . . . .	16
17 State and local bond interest and dividend income . . . . .	17
18 Income (loss) from non-Nebraska sources (use only if you checked the LLC box above) . . . . .	18

**Part C - Partner's Share of Credits**

19 Community Development Assistance Act credit . . . . .	19
20 Creating High Impact Economic Futures (CHIEF) credit . . . . .	20
21 Form 3800N credits (see Form 1065N Schedule K-1N instructions)	

Enter Code to identify the 3800N credit	Amount of 3800N credit	
	\$	
	\$	
	\$	
	\$	
Total of 3800N credits (Enter here and on line 21)	\$	

22 Contractor income tax withholding (see instructions) . . . . .	22
23 Nebraska income tax withheld (see instructions) . . . . .	23
24 Total PTET credit (see instructions) . . . . .	
a 2018 \$ _____ b 2019 \$ _____ c 2020 \$ _____	
d 2021 \$ _____ e 2022 \$ _____ f 2024 \$ _____	
25 Opportunity Scholarships Act credit for contributors . . . . .	25
26 School Readiness Tax Credit for Providers . . . . .	26

