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.

Submission Identification Number (SID)

Taxpayer's name

Taxpay	ver's name	Social secu	rity numbe	er
SRI	SAI CHAITANYA THOTA	715-43	8-6611	
Spouse	e's name	Spouse's so	cial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	year you	are autl	horizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	74,332.
2	Total tax		2	9,414.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,920.
4	Amount you want refunded to you		4	4,121.
5	Amount you owe		5	·
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a co	oy of yo	our return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. 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 account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	l authorize	GLOBAL TAXES	5 LLC	to enter or generate my PIN
• •	1 dddffoffi20			to onto of generate my fint

3	6	6	1	1	
Ent don	er fiv i't er	/e di nter a	gits, all ze	but ros	as my

signature on the income tax return (original or amended) I am now authorizing.

Toschaitag=

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

Date

Enter five digits, but

don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date ►
Practitioner PIN Metho	d Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 🕨	
Don	30		
For Demonstral, Deduction Act Notice	a a a success these wettings in a transfer at it as a	DEV/ 04/05/04 DDO	Farm 8870 (Day, 01 0001)

E 1040		artment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		(99) t urn	20	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly uncharacter of the MFS box, enter the n on is a child but not your dependent	ame of	-			Head of ked the HOH c						
Your first name	and mi	ddle initial	Last n	ame							Your so	cial securi	ty number
SRI SAI	CHA	ITANYA	THO	TA							715-	43-661	1
lf joint return, s	pouse's	first name and middle initial	Last n	ame							Spouse	's social se	curity number
Home address 7075 W C		r and street). If you have a P.O. box, see N RD	instruct	tions.					Apt. no. 2061		Check	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	te	ZIP co	ode				ntly, want \$3
LAS VEGA	AS					N	J	891	.29			low will not	Checking a change
Foreign country	name			Foreign p	province/sta	te/coun	ty	Foreig	n postal	code		x or refund	0
												You	Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	nange,	or other	wise acqui	re any	financial intere	est in a	ıny virtu	ial cu	rrency?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or yo	u were a	dual-stati		_						
		Were born before January 2, 1	956	Are b	lind S	spouse	: 🗌 Was bo	rn befo	ore Jani	uary 2	2, 1956	ls b	lind
Dependents				(2)	Social secu	rity	(3) Relationsh	nip	• •			or (see instru	,
If more	(1) F	rst name Last name		_	number		to you		Child	tax ci	redit	Credit for ot	ther dependents
than four dependents,										<u> </u>			
see instructions	s ——									<u> </u>			
and check										<u> </u>			
here ►											- 1		
Attach	1	Wages, salaries, tips, etc. Attach F	```	W-2 .	· · ·				• •	•	. 1		79,952.
Sch. B if	2a	'	2a			bΤ	axable interes	t.			. 2 t		
required.	<u>3a</u>		3a				Ordinary divide				. 3t		
)	4a	-	4a			bΤ	axable amoun	t	• •	•	. 4t)	
	5a		5a			bΤ	axable amoun	t	• •	•	. 5t		
Standard Deduction for –	6a	,	6a				axable amoun	t		• _	. <u>6</u> k		
Single or	7	Capital gain or (loss). Attach Schee	dule D	if require	ed. If not re	equired	, check here				7		
Married filing	8	Other income from Schedule 1, lin								•	. 8		-5,330.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	our total i	ncome					▶ 9	-	74,622.
Married filing iointly or	10	Adjustments to income:					1						
Qualifying	а							a			_		
widow(er), \$24,800	b	Charitable contributions if you take						b		29	0.		
Head of	С	Add lines 10a and 10b. These are	,	•			me				► 10		290.
household, \$18,650	11	Subtract line 10c from line 9. This	,	•	•						► <u>11</u>		74,332.
 If you checked any box under [12	Standard deduction or itemized	deduc	tions (fro	om Schedi	ule A)					. 12	2	12,400.
Standard	13	Qualified business income deduction									. 13	•	
Deduction, see instructions.	14	Add lines 12 and 13									. 14		12,400.
	15	Taxable income. Subtract line 14	from li	ne 11. lf	zero or les	s, ente	er-0				. 15	;	61,932.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	9,414.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	9,414.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	9,414.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	9,414.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	12	,920	.	
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	12,920.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26	
qualifying child,	27	Earned income credit (EIC)			¹	٩ö	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30		615		
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refunda	ble cr	redits	. 🕨	32	615.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	13,535.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is t	he amoui	nt you	overpaid		34	4,121.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attacl	hed, cheo	ck here	ə		35a	4,121.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 6	1 4	► c Ty	vpe: 🗙	Chec	king	Savings		
See instructions.	►d	Account number 2 9 6	5 9 1 3	7 0							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36	\Box			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37	
You Owe				-							
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.									
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	the IRS?	See	•			
Designee	ins	structions	· · · · ·					Yes. C	omplete	below.	🗙 No
		signee's		Phone						tification	
		me 🕨		no. 🕨					ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occ	- /					nt you an Identity
	. 10	u signature		Date		Supation					IN, enter it here
Joint return?					SALES	SFORCE	E DE'	VELOPEF	e (se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse'	s occupati	ion				nt your spouse an
Keep a copy for your records.	,									ntity Prote e inst.) ►	ection PIN, enter it here
,									(30	e inist.) 🕨	
		one no. eparer's name	Proparat'a aignet	Email address			Data		PTIN		Chock if:
Paid			Preparer's signat		OLIDE A		Date			20702	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA	ТАГТАТ	UI/	28/2021	P0208		Self-employed
Use Only		m's name ► GLOBAL TA		'	~- ~	20041					678)965-9522
		m's address ► 2530 Pebb		n Cummin	-				Firi	n's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	AA	REV	/ 01/25/21 PRO)		Form 1040 (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

OMB No. 1545-0074 20 20

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

Department of the Treasury Internal Revenue Service	Attachment Sequence No. 01		
Name(s) shown on Fo	Your social security number		
SRI SAI CHAITA	NYA THOTA	715-43	-6611

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	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. Attach Schedule E	5	-5,330.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		F 220
Par	line 8	9	-5,330.
		10	
10 11	Educator expenses	10	
	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19		19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/25/21 PRO		e 1 (Form 1040) 2020

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

	(From rental real estate, royalties, partnerships, S corpo	prations, estates, trusts, REMICs, etc
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► Attach to Form 1040, 1040-SR, 1040-NR, or 1041. w.irs.gov/ScheduleE for instructions and the latest

Department of the Treasury Internal Revenue Service (99

Internal Revenue Service (99)	Go to www.irs.go
Name(s) shown on return	

• • •

trusts, REMICs, etc.) 2020

ctions and the latest information.		Attachment Sequence No. 13			
	Your soci	al security number			
	715 /	2 6611			

Part I Income or Loss From Rental Real Retait and Royalties Note: If you are in the business of eming personal property, use Scheduck C.Se instructions. // ear an individual, report fam metal income or loss from Personal Son page 2. In er 40. A Dd you make any payments in 2020 that would require you to file Form(s) 1099? See instructions	SRI	SAI CHAITANYA THOTA						715	5-43-661	1			
A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions	Part		-		-				• • •		use		
B H*Yes," did you or will you flie required Form(s) 1099? Yes Ves No 1a Physical address of each property (street, city, state, ZIP code) Fair Rental Personal Use QJV B Type of Property 2 For each rental real estate property listed draw, report the number of fair rental and personal use draw, Check the QJV box only of all ise below, qualified point venture. See instructions. Fair Rental Personal Use Days QJV C 3 5 0 1 6 0 <											_		
1a Physical address of each property (street, city, state, ZIP code) A KUKATPALLY HYDERABAD TELANGANA IN 500072 B C Days										∕es ⊠			
A KURATPALLY HYDERABAD TELANGANA IN 500072 B C Fair Rental Personal Use Out B C Fair Rental Personal Use Out A 3 Fair Rental Personal Use Out B C C C C C C C C C C C C C C Single Family Residence 3 Vacation/Short-Term Rental 5 C C C C C Single Family Residence 3 Vacation/Short-Term Rental 5 C B C C Commercial Properties: A B C C C C S Advertising . S 80 (fer and travel (see instructions) 6 250. C C S Advertising . S 80. C S 80. C Cleaning and maintenance . 9 . 10 C 200. 11 200. 12 12 <	B If "	Yes," did you or will you file required Form(s) 1099?							🗆	/es _	No		
B Fair Rental data property listed above, report the number of fair retulation of fair retulation and the requirements of fair retulation	-			e)									
C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of far rental and pays Fair Rental Personal Use Days QJV A 3 A 3.65 0 0 0 B		KUKATPALLY HYDERABAD TELANGANA IN 5000)72										
Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and above, report the number of fair rental and above, report the number of fair rental and qualified joint venture. See instructions. Fair Rental Days Personal Use Days QUV 8													
Item ist below above, report the number of fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and personal use days. Check the QV box only fair rightal and the result of the rightal and the relation use days. Check the QV box only fair rightal and the rightal and the rightal rightal rightal and the rightal rig	-						<u> </u>						
A 3 B 2 2 ryun erstonal ise days. Check the QJV box only ryun erstonal ise days. Check the QJV box only erstonal ise days. Check the QJV box only erstonal ise days. Check theresuit for all anounuts reported on line 3 for all ro	1b		ort the number of fair rental an se days. Check the QJV box or the requirements to file as a		Sity ilotou						QJV		
B qualified joint venture. See instructions. B □ Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royatties 8 Other (describe) income: Properties: A B C 3 Rents received . . 3 550. . 4 Royatties received . . 4 . . 5 Advertising . . 6 . . . 6 Auto and travel (see instructions) . 6 250. . . . 7 Cleaning and maintenance .	•	personal use days. Check the			•		-	-					
C C C C 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: A B C 3 Fents received . . 4 Solution 8 Other (describe) Family Residence 4 Commercial 6 Royalties 8 Other (describe) . 5 Advertising . . 4 . . 6 Auto and travel (see instructions) . 6 250. . . 7 Cleaning and maintenance 9 Insurance 10 Legal and other professional fees 11 Management fees . </th <th></th> <th>1 you meet the requirements to qualified joint venture. See inst</th> <th></th> <th></th> <th>365</th> <th colspan="2"></th>		1 you meet the requirements to qualified joint venture. See inst					365						
Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royatties 8 Other (describe) income: Properties: A B C 3 Rents received 3 550. B C 3 Rents received 3 550. B C 4 Royatites received 5 80. 5 6 5 Advertising 5 80. 6 250. 7 7 150. 7 150. 8 9 9 Insurance 9 10 11 200. 11 10 Legal and other professional fees 10 12 10 11 11 Management fees 11 200. 12 13 5,000. 14 13 Other interest 17 15 14 200. 15 19 10 10 10 10 10 11 10 11 10 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11										L	 7		
Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royatties 8 Other (describe) Income: Properties: A B C 3 Rents received . . 3 550. . 4 Royatties received . . 4 B C 5 Advertising . . 4 . . 5 Advertising and maintenance . . 6 250. . . 9 Insurance . <td< th=""><th>-</th><th>Af Bronorty</th><th></th><th></th><th>C</th><th></th><th></th><th></th><th></th><th>L</th><th></th></td<>	-	Af Bronorty			C					L			
2 Multi-Family Residence 4 Commercial Properties: A B C and the stree ceived . . 3 550. . <th></th> <th></th> <th>5 1 2</th> <th>nd</th> <th></th> <th>7 Solf-</th> <th>Rontal</th> <th></th> <th></th> <th></th> <th></th>			5 1 2	nd		7 Solf-	Rontal						
Income: Properties: A B C 3 Rents received		· · · · ·						\					
3 Rents received 3 550. 4 Royalties received 4 Expenses: 5 80. 5 Advertising 5 6 250. 7 7 150. 7 9 7 150. 9 7 150. 10 Legal and other professional fees 7 11 200. 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 11 200. 14 200. 15 15 16 11 16 17 16 17 18 19 20 5, 880. 20 21 -5, 330. 21 25, 880. 22 -5, 330. 21 -5, 330. 23 22 -5, 330. 23 23a 550. 23a 24 10 10 23a 550. 23a 24 -5, 330. <t< th=""><th>-</th><th></th><th></th><th></th><th>-</th><th></th><th>· · · · · · · · · · · · · · · · · · ·</th><th></th><th></th><th>С</th><th></th></t<>	-				-		· · · · · · · · · · · · · · · · · · ·			С			
4 Royalties received			3			550				•			
Expenses: 5 80. 5 Advertising 5 80. 6 Auto and travel (see instructions) 6 250. 7 Cleaning and maintenance 7 150. 8 7 150. 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 10 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 200. 14 15 14 200. 16 17 14 19 Other (list) ▶ 19 20 Total expenses. Add lines 5 through 19 19 20 Total of all amounts reported on line 3 (rents) and/or 4 (royatlies). If result is a (loss), see instructions to find out if you must file Form 6198 23a 21 -5, 330. 23a 22 -5, 330. 23a 23a 550. 23a 23a 550. 23a 23a 550. 23a 23a <td< th=""><th>-</th><th></th><th></th><th></th><th></th><th>550.</th><th></th><th></th><th></th><th></th><th></th></td<>	-					550.							
5 Advertising			<u> </u>										
6 Auto and travel (see instructions) 6 250. 7 Cleaning and maintenance 7 150. 8 9 150. 9 10 11 10 11 200. 11 200. 11 12 11 200. 13 5,000. 12 14 200. 13 15 16 11 16 17 14 17 13 5,000. 18 16 11 19 10 11 20 5,880. 10 21 76,330. 10 22 0 5,880. 23 Total of all amounts reported on line 4 for all royalty properties 23a 23 Total of all amounts reported on line 4 for all royalty properties 23a 24 23a 5,880. 23a 5,880. 23a 23a 510. 23a 23a 13b or all royalty properties 23a 23a 5,880. 23a			5			80.							
7 150. 8 9 9 9 11 200. 12 11 13 5,000. 14 200. 15 12 16 11 17 150. 18 11 200. 11 19 12 10 12 11 200. 12 13 13 5,000. 14 200. 15 15 16 17 18 19 20 5,880. 21 -5,330. 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 -5,330. 22 (-5,330)(())(())(()) 23a 550. 23b 23a 23c 23d 23d 550. 23d 13 23d 550. 23d 23d <	6		6			250.							
9 Insurance 9	7		7										
9 Insurance 9	8	Commissions.	8										
11 Maragement fees 11 200 12 Mortgage interest paid to banks, etc. (see instructions) 13 5,000 13 Other interest. 13 5,000 14 Repairs. 14 200 15 Supplies 14 200 16 13 5,000 14 17 Utilities 16 17 18 Depreciation expense or depletion 18 19 20 5,880 20 5,880 21 Subtract line 20 from line 3 (rents) and/or 4 (royatties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -5,330 21 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 -5,330. 10 22 (-5,330)()()()) 23a 550. 23a 550. 23a 550. 23b C 23a 550. 23a 550. 23a 550. 23a 580. 23a 550. 23b C 23a 5,880. <t< th=""><th>9</th><th></th><th>9</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	9		9										
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Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -5, 330.				-						_			
		Schedule 1 (Form 1040), line 5. Otherwise, include this ar	moun	t in the t	otal on	line 41	on page 2	. 1	26	-5,	330.		