(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

Subm	ission Identification Number (SID)				
Taxpaye	er's name	Social securit	y number		
HAR	I NARAYANA BHARGAV BUKKEY	001-29-	-2365		
Spouse	's name	Spouse's soc		y number	
Part	Tax Return Information — Tax Year Ending December 31, (Enter	year you a	re auth	orizing.)	1
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		,067.
2	Total tax		2		,619.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		694.
4	Amount you want refunded to you		4	2,	,075.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and ke penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
return to send for any Agent payme authori payme busine taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Industry of the payment (settlement) date. I also authorize the financial institutions involved in the correceive confidential information necessary to answer inquiries and resolve issues related to the push all identification number (PIN) below is my signature for the income tax return (original or amended) I amond Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizatests must be processing of ayment. I furt	enic returnansmission its design	n originate on, (b) the signated Fration soft this accourevoke (cd no later tronic paylowledge	or (ERO) e reason Financial ware for unt. This cancel) a r than 2 yment of that the
Taxna	yer's PIN: check one box only				
×		Ent	2 3 er five diç n't enter a		as my
Your s	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below. Signature ▶				
Spous	se's PIN: check one box only				
L	I authorize to enter or generate r 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 no	Ent dor	er five dig n't enter a	II zeros	as my
_	if you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	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. 5 8	7 2 7 Don't ente	8 6 1 er all zero		9
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submisments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this retu	rn in acc	cordance	
FRO's	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the son is a child but not your depender	name of y	ed filing separately your spouse. If you	•	_		•	. –	_				
Your first name	and m	iddle initial	Last na	me					Y	our so	cial securit	y number		
HARI NA	RAYA	NA BHARGAV	BUKK	ŒΥ	C	001-29-2365								
If joint return, spouse's first name and middle initial Last na				st name							Spouse's social security number			
Home address	•	er and street). If you have a P.O. box, se H DRIVE	e instruction	ons.				Apt. no.	C	heck h	nere if you,	•		
City, town, or p	ost offi	ce. If you have a foreign address, also c	complete s	paces below.	Sta			code		•	0,	itly, want \$3 Checking a		
LAS VEG					N	-		B9119 b		box below will not change				
Foreign country	y name		F	Foreign province/state	e/cour	nty	Foi	eign postal co	ode y	our tax	or refund.	Spouse		
At any time du	ıring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquir	e any	financial ir	nterest i	n any virtua	ıl curre	ency?	Yes	⊠ No		
Standard Deduction		eone can claim:	•				ent							
Age/Blindness	s You	Were born before January 2,	1956	Are blind S	oouse	e: Was	born b	efore Janua	ary 2, ⁻	1956	☐ Is bli	ind		
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relati	onship	(4) 🗸	if qual	ifies for	es for (see instructions):			
If more		irst name Last name		number to you			ou .	Child tax cred						
than four														
dependents, see instruction	. —							[[
and check											[
here ▶ □								[[
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	(62,000.		
Attach Sch. B if	2a	Tax-exempt interest	2a		b 7	Taxable into	erest			2b				
required.	3a	Qualified dividends	3a	5.	b	Ordinary di	vidends			3b		5.		
	4a	IRA distributions	4a		b 7	b Taxable amount			4b	1				
	5a	Pensions and annuities	5a		b 7	Γaxable am	ount .			5b				
Standard	6a	Social security benefits	6a		b 7	Taxable am	ount .			6b				
Deduction for— Single or	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here						7		312.					
Married filing	8	Other income from Schedule 1, li	ne 9	ne 9						8		-5 , 000.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	d 8. This is your total income					. ▶	9		57,317.		
Married filing	10	Adjustments to income:												
jointly or Qualifying	а	From Schedule 1, line 22	10a											
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b 250.												
Head of	С	Add lines 10a and 10b. These are your total adjustments to income								100	;	250.		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross ind	ome				. ▶	11		57,067.		
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedu	le A)					12		12,400.		
any box under Standard	13	Qualified business income deduc	tion. Atta	nch Form 8995 or F	orm 8	3995-A .				13				
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.		
occ monuclions.	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	s, ente	er -0				15		44,667.		

Form 1040 (2020	0)									Page 2		
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	5,619.		
	17	Amount from Schedule 2, lin	ne 3						. 17			
	18	Add lines 16 and 17							. 18	5,619.		
	19	Child tax credit or credit for	other dependent	ts					. 19			
	20	Amount from Schedule 3, lin	ne 7						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	5,619.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				. 23	0.		
	24	Add lines 22 and 23. This is	your total tax						▶ 24	5,619.		
	25	Federal income tax withheld					1					
	а	Form(s) W-2				25a	7	, 69	4.			
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	,									
	d	Add lines 25a through 25c							. 25d	7,694.		
If you have a	26	2020 estimated tax payment							. 26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			· · ' _N o ·	27						
If you have	28	Additional child tax credit. A	ttach Schedule 8	3812		28						
nontaxable combat pay,	29	American opportunity credit		•		29						
see instructions.	30	Recovery rebate credit. See				30						
	31	Amount from Schedule 3, lin				31						
	32	Add lines 27 through 31. The	▶ 32									
	33	Add lines 25d, 26, and 32. These are your total payments							▶ 33	7,694.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		. 34	2,075.		
	35a								35a	2,075.		
Direct deposit? See instructions.	►b	Routing number 3 2 2 2 7 1 6 2 7 Account number 3 5 8 2 0 6 0 1 6 • c Type: X Checking Savings							gs			
See instructions.	►d	· · · · · · · · · · · · · · · · · · ·					_					
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				▶ 37			
You Owe		Note: Schedule H and Sch	or									
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.										
instructions.	38	Estimated tax penalty (see in				38						
Third Party		you want to allow another					□ v 0.		to bottom	₩.		
Designee		structions					☐ Yes. Co	•	entification			
		signee's me ▶		Phone no. ▶			numb					
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sc	hedules	and statemer	its, an	d to the be	st of my knowledge and		
•	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of							n of w				
Here	Yo	ur signature		Date	Your occupation					nt you an Identity		
	N				G0===13.D=			- 1	Protection P see inst.) ▶	PIN, enter it here		
Joint return? See instructions.	- Cn	ouse's signature. If a joint return, I	hath must sign	Date	SOFTWARE Spouse's occupa		NEER	- '		nt your spouse an		
Keep a copy for	Sp	ouse's signature. If a joint return, i	Date	Spouse's occupa	lion				ection PIN, enter it here			
your records.					(:	(see inst.) ▶						
	Ph	one no.		Email address								
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN	1	Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/	26/2021	P02	082703	Self-employed		
Preparer	Fir								hone no.	e no. (678)965-9522		
Use Only	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			F	Firm's EIN	30-1017196		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.	<u> </u>	BAA	RE	/ 02/21/21 PRO			Form 1040 (2020)		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

HAR]	NARAYANA BHARGAV BUKKEY	001-29	-236	5
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	L	1	
2 a	Alimony received	2	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 Schedu	ıle E	5	-5,000.
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-line 8		9	-5,000.
Par	tili Adjustments to Income		<u> </u>	-3,000.
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government of the control of the con		-	
	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	1	8a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) ▶			
19	IRA deduction	[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 on Form 1040, 1040-SR, or 1040-NR, line 10a	I	22	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 001-29-2365 HARI NARAYANA BHARGAV BUKKEY

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with 506. 194. 312. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 312. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 312. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service

Department of the Treasury

Social security number or taxpayer identification number

001-29-2365

HARI NARAYANA BHARGAV BUKKEY

instructions). For long-term transactions, see page 2.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	d to you on F	orm 1099-B	·			
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	08/02/20	09/09/20	506.	194.			312.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	506.	194.			312.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

2020

Attachment

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

variets) shown on retain

Your social security number

HARI	NARAYANA BHARGAV BUKKEY						00	01-29-2	365	
Part		-		-				• .		y, use
	Schedule C. See instructions. If you are an individual, re	-								
	d you make any payments in 2020 that would require you t									
B If "	Yes," did you or will you file required Form(s) 1099? .							[Yes	☐ No
1a	Physical address of each property (street, city, state, Z									
<u>A</u>	KRISHNA NAGAR COLONY, H.B C HYDERABAD	TELA	NAGANA	IN!	50004	0				
В										
С	T (D 0 -				Fain	Domini	Dar	es a mal I la		
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of f	operty I	isted al and	Fair Rental Days			Per	rsonal Use Days	•	QJV
Λ.	personal use days. Check the	e QJV b	ox onlv⊦	Α.			-			
A B	3 If you meet the requirements qualified joint venture. See ins	to file a structio	ıs a ıns.	A B		365		0		\vdash
C				С						
	of Property:			0						
	gle Family Residence 3 Vacation/Short-Term Rental	5 la	nd	-	7 Self-	Rental				
	ti-Family Residence 4 Commercial		yalties			r (describe)	,			
Incom				A	7 0 1110	<u>r (ddddinbe)</u> E			С	
3	Rents received	3			350.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		(600.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11			300.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			200.					
15	Supplies	15		1,	400.					
16	Taxes	16		-	250					
17	Utilities	17		Ι,.	350.					
18 19	Depreciation expense or depletion	18								
20	Other (list) ► Total expenses. Add lines 5 through 19	20		5	350.					
		_		J,	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,	000.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(-5,0	00.)	()()
23a	Total of all amounts reported on line 3 for all rental prop				23a	·	3	50.		
b	Total of all amounts reported on line 4 for all royalty pro				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	3			23d					
е	Total of all amounts reported on line 20 for all properties	3			23e		5,3	50.		
24	Income. Add positive amounts shown on line 21. Do no		-					24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	s from lin	ie 22. Er	nter tota	al losses her	е.	25 (5 ,	,000.)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not						on	_	_	
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	amoun	t in the to	otal on	line 41	on page 2		26	-5	5,000.