Form **8879**

(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) | | | | |
|--|--|---|---|--|--|
| Taxpay | er's name | Social securit | y numb | er | |
| RAG | HUNANDHAN KOTAKONDA | 193-77- | -2765 | 5 | |
| Spouse | 's name | Spouse's soc | ial secu | rity number | |
| Par | Tax Return Information — Tax Year Ending December 31, 2020 (Enter | year you a | re aut | 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 | | ,674. |
| 2 | Total tax | | 2 | 2 | ,716. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 3 | <u>,771.</u> |
| 4 | Amount you want refunded to you | | 4 | 1 | <u>,055.</u> |
| 5 | Amount you owe | | 5 | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and k | eep a cop | y of y | our retu | rn) |
| return to send for any Agent payme author payme busine taxes persor | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of violation of the return or refund, and (c) the date of any refund. If applicable, I authorize the Uto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indient of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I authorize Funds Withdrawal Consent. | tter, or electro- action of the tr S. Treasury as cated in the tr in to debit the the authoriza- lests must be processing of ayment. I furt | onic return ansmission of its discount of its | urn origina sion, (b) the lesignated aration sofo this according to revoke (continued no late ectronic paknowledge | tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 yment of that the |
| | ayer's PIN: check one box only | | | | |
| > \(\) | | my PIN 7 | 2 7 | 6 5 | as my |
| _ | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ent | | digits, but r all zeros | ao my |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | |
| Your | signature ▶ Date ▶ | | | | |
| Spour | se's PIN: check one box only | | | | |
| ороц. | I authorize to enter or generate | my DINI | | | ac my |
| L | ERO firm name | - | er five o | digits, but | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | | r all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | |
| Spous | se's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | |
| 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. 5 8 | 7 2 7 Don't ente | 8 6 er all zei | 1 9 8 | 9 |
| author | y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir | itting this retu | ırn in a | ccordance | |
| EBO' | s signature ▶ Date ▶ | | | | |
| LNU | ERO Must Retain This Form — See Instructions | | | | |
| | LIO IVIUSI NEIGIII IIIIS FUITI — SEE IIISI(UCIIOIIS | | | | |

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

E 1 1 1 Department of the Treasury—Internal Revenue Service (99) | 90 | 20 |

| 2 I U4U | \ | U.S. Nonresident | Alie | n In | come Tax | Return | n <u> </u> | 7 2 1 | OMB | No. 154 | 15-0074 | or staple in t | his space. |
|----------------------------------|-------|---|---------|--------------------------------|-------------------------|---------------------------|------------|---------------|------------------|----------|------------------------|--|----------------------|
| Filing Status | | Single Married filing sepa | | | | ried) | Qualif | ying wid | dow(er) (| QW) | ' | | |
| Check only one box. | | rou checked the QW box, enter the alifying person is a child but not you | | | | | | | | | | | |
| Your first name | and r | middle initial | I | Last na | ame | | | | | | Your ide (see instr | ntifying n | umber |
| | | ř | | r O m a | IZONID A | | | | | | ` | , | _ |
| RAGHUNAND | | per and street or rural route). If you | | | KONDA | ructions | | | Apt. no | , | | 77-2765 X Indivi | |
| 504 PEARS | | | inave | <i>.</i> | 7. DOX, 300 III31 | ractions. | | | 7,00.110 | , | OHOOK II. | | idual te or Trust |
| | | ce. If you have a foreign address, als | SO COI | mplete | spaces below. | State | | ZIP co | de | | | | |
| TUSKEGEE | | | | | | AL | | 3608 | 3 | | | | |
| Foreign country | nam | е | Fore | ign pro | ovince/state/co | ounty | | Foreig | n postal | code | | | |
| | | | | | | | | | | | | | |
| At any time duri | ng 20 | 020, did you receive, sell, send, ex | chan | ge, or | otherwise acqu | iire any fin | nancial in | nterest i | n any vir | tual cui | rrency? | Yes | ⊠ No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Dependents | | | | | (0) 5 | | (0) | | | (4) | if qualif | ies for (see | instr.): |
| (see instructions): | | (1) First name Last na | | (2) Depend me identifying r | | '' | | | Dependent's Chil | | I tax credit | Credit for other dependents | |
| | | (4, 1 | | , , , | | | | | | | П | Соро | |
| If more than four | | | | | | | | | | | Ħ | 1 | |
| dependents, see instructions and | | | | | | | | | | | | | |
| check here ► | | | | | | | | | | | | | |
| Income | 1a | Wages, salaries, tips, etc. Attach | Forn | n(s) W- | -2 | | | | | | 1a | 41 | L,274. |
| Effectively | b | Scholarship and fellowship grant | ts. Att | ach Fo | orm(s) 1042-S | or required | d statem | ent. Se | e instruc | tions . | 1b | | |
| Connected | С | Total income exempt by a treaty | y fron | n Sche | edule OI (Form | 1040-NR) |), Item | | | | | | |
| With U.S. | | L, line 1(e) | | | | | | 1c | | | | | |
| Trade or | 2a | Tax-exempt interest | 2a | | | b Tax | able int | erest . | | | 2b | | |
| Business | 3a | Qualified dividends | 3a | | b Ordinary | | | ary dividends | | | | | |
| | 4a | IRA distributions | 4a | | | b Taxable amount . | | | | 4b | | | |
| | 5a | Pensions and annuities | 5a | | b Taxab | | | able amount | | | 5b | | |
| | 6 | Reserved for future use | | | | | | | | | 6 | | |
| | 7 | Capital gain or (loss). Attach Sch | edule | D (Fo | rm 1040) if req | uired. If no | ot requir | ed, che | ck here . | . ▶ [| 7 | <u> </u> | |
| | 8 | Other income from Schedule 1 (I | orm | 1040), | line 9 | | | | | | 8 | | 1,600. |
| | 9 | Add lines 1a, 1b, 2b, 3b, 4b, 5b, | 7, an | d 8. Th | nis is your tota | effective | ly conn | ected i | ncome . | • | 9 | 36 | 5,674. |
| | 10 | Adjustments to income: | | | | | | | | | | | |
| | а | From Schedule 1 (Form 1040), lin | | | | | | 10a | | | | | |
| | b | Charitable contributions for certain residents of India. See instructions . 10b | | | | | | | | | | | |
| | С | Scholarship and fellowship grant | | | | | | 10c | | | | | |
| | d | Add lines 10a through 10c. Thes | | | | | | | | • | 10d | | |
| | 11 | Subtract line 10d from line 9. Thi | | | | | | | | • | 11 | 36 | 5,674. |
| | 12 | Itemized deductions (from Sch deduction. See instructions | | | | | | | | | | 1 | 100 |
| | 40- | | | | | | | 1 1 | иница . | ııgal | -Y 12 | 12 | 2,400. |
| | 13a | Qualified business income deduc | | | | | | 13a | | | | | |
| | b | Exemptions for estates and trust | s only | y. See | IIISTIUCTIONS | | | 13b | | | 130 | | |
| | | | | | | | | | | | | | |

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- .

BAA

14

15

12,400.

| Form 1040-NR (2 | 2020) | | | | | | | | | Page 2 | | |
|----------------------------|--|--|----------------------|----------------------|-----------------|---------------|--------------|--------------------------|-------------------------|---|--|--|
| | 16 | Tax (see instructions). Check if a | any from Form | (s): 1 8 | 314 2 🗌 | 4972 | 3 🗌 | | 16 | 2,716. | | |
| | 17 | Amount from Schedule 2 (Form | 1040), line 3 | | | | | | 17 | 0. | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 2,716. | | |
| | 19 | Child tax credit or credit for oth | | | | | | | 19 | | | |
| | 20 | Amount from Schedule 3 (Form | n 1040), line 7 | | | | | | 20 | | | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | | | |
| | 22 | Subtract line 21 from line 18. If | zero or less, | enter -0 | | | | | 22 | 2,716. | | |
| | 23a | Tax on income not effectively from Schedule NEC (Form 104 | | | | I | ı | | | | | |
| | b | Other taxes, including self-empline 10 | - | | • | · |) | | | | | |
| | С | Transportation tax (see instruct | | | | | ; | | | | | |
| | d | Add lines 23a through 23c . | | | | | | | 23d | | | |
| | 24 | Add lines 22 and 23d. This is y | our total tax | | | | | . ▶ | 24 | 2,716. | | |
| | 25 | Federal income tax withheld from | | | | | | | | | | |
| | а | Form(s) W-2 | | | | . 25a | . 3 | 3,771. | | | | |
| | b | Form(s) 1099 | | | | . 25b | | | | | | |
| | С | Other forms (see instructions) | | | | | ; | | | | | |
| | d | Add lines 25a through 25c . | | | | . | | | 25d | 3,771. | | |
| | е | Form(s) 8805 | | | | | | | 25e | | | |
| | f | Form(s) 8288-A | | | | | | | 25f | | | |
| | g | Form(s) 1042-S | | | | | | | 25g | | | |
| | 26 | 2020 estimated tax payments a | and amount a | pplied from 20 | 19 return | | | | 26 | | | |
| | 27 | Reserved for future use | | | | | | | | | | |
| | 28 | Additional child tax credit. Atta | | | | | | | | | | |
| | 29 | Credit for amount paid with Fo | | | | | | | | | | |
| | 30 | Reserved for future use | | | | | | | | | | |
| | 31 | Amount from Schedule 3 (Form | | | | | | | | | | |
| | 32 | Add lines 28 through 31. These | ,- | | | | redits | . ▶ | 32 | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 2 | | | | | | | 33 | 3,771. | | |
| Refund | 34 | If line 33 is more than line 24, s | | | | | | | 34 | 1,055. | | |
| | 35a | Amount of line 34 you want ref | | | | - | - | ightharpoons | 35a | 1,055. | | |
| Direct deposit? | ▶b | Routing number 0 1 1 | | | ▶ c Type: | | | Savings | | · | | |
| See instructions. | ▶ d | Account number 4 6 6 | | | | T | | J | | | | |
| | ►e | If you want your refund check | mailed to an a | address outsid | le the United | | | | | | | |
| | 36 | enter it hereAmount of line 34 you want ap | plied to your | 2021 estimat | ed tax . | ▶ 36 | | | | | | |
| Amount | 37 | Amount you owe. Subtract lin | | | | | structions . | . ▶ | 37 | | | |
| You Owe | 38 | Estimated tax penalty (see inst | ructions) . | | | ▶ 38 | | | | | | |
| Third Party Designee | | ou want to allow another person with the IRS? See instructions | n (other than | your paid pre | eparer) to disc | cuss this | Yes. (| Complete | below. | ⊠ No | | |
| (Other than paid preparer) | Desig name | nee's | | Phone no. ▶ | | | | nal identifi er (PIN) | cation | | | |
| Sign | | penalties of perjury, I declare that I they are true, correct, and complete. | | | | | | | | | | |
| Here | Your signature | | | Date Your occupation | | | | | ection P | nt you an Identity IN, enter it here | | |
| | 7 | | | | SOFTWARE | ± ENGI | NEEK | (see | inst.) ▶ | | | |
| | Phone | | Duamani da d | Email addres | S | 15. | | DTIN | | 01 1 1 | | |
| Paid | | rer's name | Preparer's sign | • | | Dat | | PTIN | | Check if: | | |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM | GUPTA TALI | LAM 04/ | 29/2021 | P02082 | | Self-employed | | | | |
| Use Only | | s name ► GLOBAL TAXES | | | | | | | | 78)965-9522 | | |
| - , | Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 | | | | | | | | Firm's EIN ► 30-1017196 | | | |

SCHEDULE NEC (Form 1040-NR)

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

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

| 2020 |
|--------------------------------------|
| Attachment Sequence No. 7B |

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number RAGHUNANDHAN KOTAKONDA 193-77-2765

| Enter a | amount of income und | er the appropriate rate of tax. See instructions. | | | | | | | |
|---|--|---|--------------------------|-----------|--------------------------|------------------------|-------------------------|--|--|
| | | Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (d) Othe | r (specify) |
| | | | | | | (1) | (1) | % | % |
| 1 | Dividends and divide | | | | | | | | |
| а | Dividends paid by U. | • | | 1a | | | | | |
| b | | reign corporations | | 1b | | | | | |
| С | Dividend equivalent p | ayments received with respect to section 871(m) | transactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | Paid by foreign corp | orations | | 2b | | | | | |
| С | Other | | | 2c | | | | | |
| 3 | Industrial royalties (p | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | copyright royalties | | 4 | | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property incom- | e and natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuit | ies | | 7 | | | | | |
| 8 | Pensions and annuities | | | | | | | | |
| 9 | Social security benefits | | | | | | | | |
| 10 | Gambling-Resident | s of Canada only. Enter net income in column (| | | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Gambling winnings – Note: Losses not allo | Residents of countries other than Canada. | | 11 | | | | | |
| 12 | | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | Multiply line 13 by r | ate of tax at top of each column | | 14 | | | | | |
| 15 | | fectively connected with a U.S. trade or busines | | ns (a) th | rough (d) of line 14. | Enter the total here a | nd on Form 1040-N | IR, line 23a ► 15 | |
| | | Capital Gains an | d Losses | From | Sales or Excha | anges of Proper | ty | | • |
| losses t | nly the capital gains and from property sales or ges that are from sources he United States and not | 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acq mm/dd/yy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
| effectiv | ely connected with a U.S. ss. Do not include a gain | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | |
| | y interest; report these nd losses on Schedule D | | | | | | | | |
| (Form 1 | 040). | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | |
| connec | ted with a U.S. business | 17 Add columns (f) and (g) of line 16 . | | | | | 17 | (|) |
| on Schedule D (Form 1040), Form 4797, or both. | | 18 Capital gain. Combine columns (f) and | | | | | | | |

SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Internal Revenue Service (99)

Other Information

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

► Attach to Form 1040-NR.

Attach to Form 1040-NF

Answer all questions.

OMB No. 1545-0074

2020
Attachment
Sequence No. 7C

Name shown on Form 1040-NR Your identifying number 193-77-2765 RAGHUNANDHAN KOTAKONDA Α Of what country or countries were you a citizen or national during the tax year? INDIA 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: X No Yes 1. A U.S. citizen? X No Yes If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. 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. Ε 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 2020. 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 States Date entered United States Date departed 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 2018 ______, 2019 ______, and 2020 ______365 ____. Did you file a U.S. income tax return for any prior year? X Yes No Т X No Ves 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 Yes No Κ Yes X No 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 (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b 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. M 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 States as effectively connected with a U.S. trade or business under section 871(d). See instructions

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

RAGHUNANDHAN

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

KOTAKONDA

► 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

193-77-2765

| Par | t I 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. Attach Schedule E | 5 | -4,600. |
| 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, | 9 | 4 600 |
| Par | line 8 | 9 | -4,600. |
| 10 | | 10 | |
| 11 | Educator expenses | 10 | |
| •• | 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 | 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 and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | |

SCHEDULE E

(Form 1040)

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.

2020
Attachment Sequence No. 13

OMB No. 1545-0074

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

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

Your social security number

| RAGH | UNANDHAN KOTAK | CONDA | | | | | 193-7 | 7-276 | 55 | |
|----------|----------------------|--|------------|---------------|-----------|-----------------------|----------------|---|---------|-------|
| Part | Income or Loss | s From Rental Real Estate and Ro | yalties | Note: If yo | u are in | the business o | of renting per | rsonal p | roperty | , use |
| | Schedule C. See | instructions. If you are an individual, rep | ort farm | rental incom | e or loss | from Form 48 | 335 on page | 2, line | 40. | |
| | | nts in 2020 that would require you to | | . , | | | | | | |
| B If " | | ou file required Form(s) 1099? | | | | | | <u>. </u> | Yes [| No |
| 1a | Physical address of | each property (street, city, state, ZIF | ode) | | | | | | | |
| A | SRI NAGAR COLO | NY HYDERABAD TELANGANA : | IN 500 | 0045 | | | | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 1b | Type of Property | 2 For each rental real estate pro | perty list | ed . | _ | | | Use | Q | JV |
| | (from list below) | above, report the number of fa personal use days. Check the | x onlv.—— | | Days | Days | <u> </u> | | | |
| A | 3 | if you meet the requirements to | a A | | 365 | | 0 | | | |
| B | | qualified joint venture. See inst | tructions | | | | | | L | |
| C | | | | С | | | | | | |
| | of Property: | | | | | | | | | |
| _ | le Family Residence | 3 Vacation/Short-Term Rental | | | | f-Rental | | | | |
| | ti-Family Residence | 4 Commercial | 6 Roya | alties | 8 Oth | <u>ner (describe)</u> |) | | | |
| Incom | | Properties: | 1 | A | | E | 3 | | С | |
| 3 | | | 3 | | 600. | | | | | |
| 4 | | | 4 | | | | | | | |
| Expen | | | | | | | | | | |
| 5 | | | 5 | | | | | | | |
| 6 | • | nstructions) | 6 | | | | | | | |
| 7 | | nance | 7 | | 500. | | | | | |
| 8 | | | 8 | | | | | | | |
| 9 | | | 9 | | | | | | | |
| 10 | _ | essional fees | 10 | | | | | | | |
| 11 | | | 11 | | 500. | | | | | |
| 12 | | id to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | | | 13 | | | | | | | |
| 14 | | | 14 | | ,200. | _ | | | | |
| 15 | | | 15 | 1 | ,000. | | | | | |
| 16 | | | 16 | | | | | | | |
| 17 | | | 17 | 2 | 2,000. | | | | | |
| 18 | | e or depletion | 18 | | | | | | | |
| 19 | Other (list) | | 19 | | | | | | | |
| 20 | • | lines 5 through 19 | 20 | 5 | ,200. | | | | | |
| 21 | | line 3 (rents) and/or 4 (royalties). If | | | | | | | | |
| | | instructions to find out if you must | | 4 | 600 | | | | | |
| | file Form 6198 | | 21 | -4 | ,600. | | | | | |
| 22 | | l estate loss after limitation, if any, | 00 / | 4 | 600 | | | , | | , |
| 00- | on Form 8582 (see in | | 22 (| -4, | ,600. | | (00 | (| |) |
| 23a | | eported on line 3 for all rental prope | | | 23 | _ | 600. | | | |
| b | | eported on line 4 for all royalty prop | | | 231 | | | | | |
| C C | | eported on line 12 for all properties | | | 23 | _ | | | | |
| d | | eported on line 18 for all properties | | | 230 | | E 200 | | | |
| e 24 | | eported on line 20 for all properties | | | 230 | = | 5,200. | | | |
| 24 25 | • | e amounts shown on line 21. Do no | | - | | | . 24 | | 1 1 | 500 |
| 25 | | esses from line 21 and rental real estate | | | | | | (| 4,6 | 500.) |
| 26 | | ate and royalty income or (loss). | | | | | | | | |
| | | V, and line 40 on page 2 do not | | • | | | 1 1 | | _4 | ,600. |
| | Schedule 1 (Form 104 | 40), line 5. Otherwise, include this a | mount ır | n the total c | on line 4 | 1 on page 2 | . 26 | | -4 | ,600. |