## 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

The state of the s	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
SIDDHARTHA REDDY DAGGULA	821-07-5975
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Endi	ng December 31, 2020 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	ng December 31, 2020 (Efficility early out are authorizing.)
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3	and 5 blank.
<b>1</b> Adjusted gross income	
<b>2</b> Total tax	<del></del>
3 Federal income tax withheld from Form(s) W-2 and Fo	rm(s) 1099
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Aut	norization (Be sure you get and keep a copy of your return)
my knowledge and belief, it is true, correct, and complete. I further return (original or amended) I am now authorizing. I consent to allow to send my return to the IRS and to receive from the IRS (a) an ack for any delay in processing the return or refund, and (c) the date of Agent to initiate an ACH electronic funds withdrawal (direct debit) e payment of my federal taxes owed on this return and/or a payment authorization is to remain in full force and effect until I notify the I payment, I must contact the U.S. Treasury Financial Agent at 1-business days prior to the payment (settlement) date. I also authoritaxes to receive confidential information necessary to answer inquired.	the income tax return (original or amended) I am now authorizing, and to the best of declare that the amounts in Part I above are the amounts from the income tax of my intermediate service provider, transmitter, or electronic return originator (ERO) nowledgement of receipt or reason for rejection of the transmission, (b) the reason any refund. If applicable, I authorize the U.S. Treasury and its designated Financia ntry to the financial institution account indicated in the tax preparation software for of estimated tax, and the financial institution to debit the entry to this account. This U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a 888-353-4537. Payment cancellation requests must be received no later than 2 are the financial institutions involved in the processing of the electronic payment of uiries and resolve issues related to the payment. I further acknowledge that the accome tax return (original or amended) I am now authorizing and, if applicable, my
Taxpayer's PIN: check one box only	
I authorize   GLOBAL TAXES   LLC	to enter or generate my PIN 7 5 9 7 5 as my
ERO firm name signature on the income tax return (original or amer	Enter five digits, but don't enter all zeros
☐ I will enter my PIN as my signature on the income t	ax return (original or amended) I am now authorizing. Check this box <b>only</b> silled using the Practitioner PIN method. The ERO must complete Part II
Your signature ►	Date ▶
Spouse's PIN: check one box only	
I authorize	to enter or generate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amer	nded) I am now authorizing. don't enter all zeros
	ax return (original or amended) I am now authorizing. Check this box <b>only</b> filed using the Practitioner PIN method. The ERO must complete Part II
Spouse's signature ▶	Date <b>▶</b>
Practitioner PIN Meth	nod Returns Only—continue below
Part III Certification and Authentication — Pract	itioner PIN Method Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your	five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9  Don't enter all zeros
authorized to file for tax year indicated above for the taxpayer(s) i	ture for the electronic individual income tax return (original or amended) I am now ndicated above. I confirm that I am submitting this return in accordance with the ook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.
ERO's signature ▶	Date <b>▶</b>
ERO Must Retain	This Form — See Instructions
	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  uchecked the MFS box, enter the roon is a child but not your dependent	name of y										
Your first name	and mi	iddle initial	Last na	me					Your s	ocial sec	urity number		
SIDDHAR'	THA I	REDDY	DAGG	ULA					821-	821-07-5975			
If joint return, s	pouse's	first name and middle initial	Last na	me					Spous	Spouse's social security number			
	•	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.			ction Campaign		
		POINTE TERRACE						111	I	•	ou, or your		
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta			code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
LAKE MAI					F.		_	2746	_	box below will not change			
Foreign country	y name		Į F	Foreign province/stat	e/coun	ty	For	eign postal cod	de your tax or refund.  You Spous				
At any time du	ring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acqui	re any	financial int	erest in	n any virtual	currency	?	es 🔀 No		
Standard Deduction	_	eone can claim:		•			nt						
Age/Blindness	You:	Were born before January 2, 1	956	Are blind S	pouse	: Was	born b	efore Januar	, 2, 1956	☐ Is	s blind		
Dependents	s (see	instructions):		(2) Social secui	itv	(3) Relation	nship	(4) 🗸 if	gualifies f	or (see ins	structions):		
If more		irst name Last name		number to you				Child tax		1	r other dependents		
than four													
dependents,													
see instruction and check	s —												
here ►													
	1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	70,755.		
Attach	2a	Tax-exempt interest	2a		b T	axable inte	rest		. 2	b			
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary div	idends		. 3	b			
	4a	IRA distributions	4a		b T	axable amo	ount .		. 4	b			
	5a	Pensions and annuities	5a		b T	axable amo	ount .		. 5	b			
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amo	ount .		. 6	b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired	, check her	е.	•		7	-3,000.		
Married filing	8	Other income from Schedule 1, lir	, line 9						. 8	3	-5,438.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total in</b>	come				▶ _ 9	9	62,317.		
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	С	Add lines 10a and 10b. These are your total adjustments to income								Ос			
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross in	come				<b>▶</b> 1	1	62,317.		
If you checked	12	Standard deduction or itemized	deducti	ions (from Schedu	ıle A)				. 1	2	12,400.		
any box under Standard	13	Qualified business income deduct	tion. Atta	nch Form 8995 or I	Form 8	995-A .			. 1	3			
Deduction, see instructions.	14	Add lines 12 and 13							. 1	4	12,400.		
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or les	s, ente	er-0			. 1	5	49,917.		

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	6,774.
	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	6,774.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	6,774.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is							24	6,774.
	25	Federal income tax withheld	•							-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	а	Form(s) W-2				25a	8	,625.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	8,625.
	26	2020 estimated tax paymen							26	0,023.
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27			20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay,	30	Recovery rebate credit. See		•		30				
see instructions.	31	•				31			-	
		Amount from Schedule 3, lir	32							
	32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>								8,625.
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>							33	-
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>								1,851.
D: 1.1 :10	35a									1,851.
Direct deposit? See instructions.	►b									
	►d					1 1	_			
	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 <b>amo</b>	ount you owe	now			. ▶	37	
You Owe For details on		Note: Schedule H and Sch								
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	•				¬.,			<b>.</b>
Designee		structions					_ <b>Yes.</b> Co	•		X No
		signee's me ▶		Phone no. ▶				nal ideni er (PIN)	tification	
Cian		der penalties of perjury, I declare t	hat I have examine		d accompanying sch	nedules ar		,		st of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date Your occupation					ne IRS se	nt you an Identity
		Ü			Tour cocupation					IN, enter it here
Joint return?					SOFTWARE :		EER	(see	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.	,							nility Prot e inst.) ▶	ection Pilv, enter it here	
		one ne		Email address				(00)		
		one no. eparer's name	Preparer's signat	Email address		Date	I	PTIN		Check if:
Paid		•			רווחיית ייתוות מייתו		6/2021	P0208	27702	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		NAUN DAGAK	GUPIA TALLAM	03/2	0/2021			
Use Only		0500 = 1117 = 1 = 5 = 0.0044							(678)965-9522	
				ııı Cummın				Firn	n's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV (	03/13/21 PRO			Form <b>1040</b> (2020)

# SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020 Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

SIDDHARTHA REDDY DAGGULA

► 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

821-07-5975

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	-5,450.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ Other Income from box 3 of 1099-Misc 12.	8	12.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,438.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	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	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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

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

OMB No. 1545-0074

Attachment

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

▶ 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.

Sequence No. 12

Your social security number

821-07-5975 SIDDHARTHA REDDY DAGGULA 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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I 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 Box A checked . . . . . . . . . . . . . . . . . -13,690. 285,355. 322,352. 23,307. 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 -13,690. 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 15

BAA

Schedule D (Form 1040) 2020 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -13,690. • 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.) • (\$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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

## **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.

OMB No. 1545-0074 Attachment Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

821-07-5975

SIDDHARTHA REDDY DAGGULA

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

instructions). For long-term transactions, see page 2. 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. aut and an Faure (a) 1000 D als

<ul><li>(A) Short-term transactions</li><li>(B) Short-term transactions</li><li>(C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	<b>₹)</b>	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co	(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (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)	
APEX CLEARING	09/28/20	12/25/20	198,523.	222,542.	W	17,779.	-6,240.	
ROBINHOOD CRYPTO LLC	09/20/20	12/23/20	10.	9.			1.	
Robinhood Securities LLC	09/21/20	12/22/20	86,822.	99,801.	W	5,528.	-7,451.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be belief), or line 2 (if Box A).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	285 355	322 352		22 207	_13 690	

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.)

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

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.

Attachment Sequence No. 13

Your social security number

SIDD	HARTHA REDDY DAGGULA									7-597	-	
Part	Income or Loss From Re	ntal Real Estate and Roy	/altie	s Note	: If you a	re in th	e business of	f renti	ng per	sonal pr	operty,	use
	Schedule C. See instructions	. If you are an individual, repo	ort far	m rental iı	ncome o	r loss fi	rom Form 48	<b>35</b> on	page :	2, line 4	ე	
	d you make any payments in 2020	• •									′es 🗵	No
B If "	Yes," did you or will you file requ									. 🗌 Y	es 🗌	No
1a	Physical address of each property	erty (street, city, state, ZIP	code	e)								
Α	15-1-497 2ND LINE NEHRU NA MACHARLA GUNTUR ANDHRA PRADESH IN 522426											
В												
С	Type of Property 2 For each rental real estate property listed Fair Rental Personal Use											
1b	Type of Treporty = Tot each rental real estate property listed										Q	JV
	pers	onal use davs. Check the <b>C</b>	JV b	ox onlv⊦			Days		Days			
A	3 if yo	u meet the requirements to ified joint venture. See instr	file a	is a	A		365			0	<u>_</u>	<u> </u>
В		illed John Verhale. See illsh	uctio	113.	В						<u>_</u>	<u> </u>
С	f Duna santas				С							
	of Property:	ation (Chart Tarra Darata)	<i>-</i> 1 -	اء ما	-	, C-14	Dantal					
	-	ation/Short-Term Rental					Rental					
lncom		Properties:	o no	yalties	<u>Α</u>	Otne	r (describe) <b>B</b>				С	
3		·	3			500.	ь					
4	Rents received		4			500.						
Expen			7									
5	Advertising		5						ŀ			
6	Auto and travel (see instructions		6									
7	Cleaning and maintenance .	·	7		1.2	250.						
8	Commissions		8			30.						
9	Insurance		9									
10	Legal and other professional fee		10									
11	Management fees		11		1.0	000.						
12	Mortgage interest paid to banks		12			, , , ,						
13	Other interest		13									
14	Repairs		14		1,3	300.						
15	Supplies		15			200.						
16	Taxes		16									
17	Utilities		17		1,2	200.						
18	Depreciation expense or deplet		18									
19	Other (list) ►		19									
20	Total expenses. Add lines 5 thro		20		5,9	950.						
21	Subtract line 20 from line 3 (ren	ts) and/or 4 (royalties). If										
	result is a (loss), see instruction											
	file <b>Form 6198</b>		21		-5,4	150.						
22	Deductible rental real estate los											
	on Form 8582 (see instructions		22	(	-5,4		(		)(			)
23a	Total of all amounts reported or					23a		5	00.			
b	Total of all amounts reported or		erties			23b						
С	Total of all amounts reported or					23c						
d	Total of all amounts reported or					23d						
е	Total of all amounts reported or					23e		5,9				
24	<b>Income.</b> Add positive amounts			-				.	24			<b></b> `
25	Losses. Add royalty losses from I							t	25 (		5,4	50.)
26	Total rental real estate and re											
	here. If Parts II, III, IV, and lin							on	00		_	450
	Schedule 1 (Form 1040), line 5.	Outletwise, include this an	ioun'	r in the to	ומו on I	irie 4 l	on page 2	.	26		-s,	450.