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

Cubmission Identification Number (CID)		-		
Submission Identification Number (SID)				
Taxpayer's name	Social securit			
HARI SANTHOSH MANIKA MUKKA	698-57-			
Spouse's name	Spouse's soci	al security	number	
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter	vear vou ai	e autho	rizina.)	
Enter whole dollars only on lines 1 through 5.	your you u	0 444.10		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1	119,2	208.
2 Total tax		2		545.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,8	399.
4 Amount you want refunded to you		4		354.
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy	of you	ır return	<u>n)</u>
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipationess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I ar	tter, or electro ction of the tra S. Treasury ar cated in the ta n to debit the the authoriza ests must be processing of ayment. I furti	nic return ansmission and its desing and its desing and preparate entry to the tion. To received the electioner acknown	originator n, (b) the gnated Final tion softwhis accour evoke (canolater conic paynowledge the	r (ERO) reason nancial vare for nt. This ncel) a than 2 ment of
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or generate r	mv PIN $\frac{1}{2}$	7 9	4 4 ,	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digi 't enter all	ts, but	y
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Your signature ▶ Date ▶				
Spouse's PIN: check one box only				
	my DINI			00 mv
to enter or generate r		er five digi		as my
signature on the income tax return (original or amended) I am now authorizing.		't enter all		
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 8 Don't ente	8 6 1		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in acco	ordance w	m now vith the
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To D				

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the non is a child but not your dependen	ame of	ed filing separately your spouse. If you								
Your first name	and mi	ddle initial	Last na	me					Your social security number			
HARI SAN	OHTI	SH MANIKA	MUKF	KΑ					698-	698-57-7944		
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse	Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Pres							Preside	Presidential Election Campaign				
8638 HUEBNER ROAD 5322 Che								here if you,				
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP	code			ntly, want \$3 Checking a	
SAN ANTO	ONIO				T	Κ.	78	240		low will not		
Foreign country	/ name			Foreign province/state	e/count	ty	Fore	eign postal code	your ta	x or refund.		
										You	Spouse	
At any time du	rina 20	021, did you receive, sell, exchange	or othe	erwise dispose of ar	nv fina	ancial interest	t in an	v virtual curre	ncv?	Yes	X No	
								,	,			
Standard Deduction	_			•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a qual-status	s allen	<u> </u>						
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind Sp	oouse	: Was b	orn be	fore January 2	2, 1957	☐ Is bl	lind	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relations	ship	(4) ✓ if q	ualifies fo	r (see instru	ictions):	
If more	(1) Fi	rst name Last name	Last name number to you C				Child tax c	redit	Credit for ot	ther dependents		
than four												
dependents, see instructions	s ——											
and check												
here ▶												
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2					. 1	1.	32,068.	
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2b	,		
Sch. B if required.	3a	Qualified dividends	3a	15.	b 0	ordinary divid	ends		. 3b	,	27.	
	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4b	,		
	5a	Pensions and annuities	5a		b T	axable amou	ınt .		. 5b	,		
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .		. 6b	,		
• Single or	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not red	quired	, check here		▶[□		-2,434.	
Married filing	8	Other income from Schedule 1, lin	e 10						. 8		10,453.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								1.	19,208.	
Married filing	10	Adjustments to income from Sche	dule 1,	line 26					. 10	,		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	your a	djusted gross inco	ome				▶ 11	1.	19,208.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedul	e A)	1	2a	12,55	0.			
Head of	b	Charitable contributions if you take	the star	ndard deduction (se	e instr	ructions) 1	2b	30	0.			
household, \$18,800	С	Add lines 12a and 12b							. 12	c	12,850.	
If you checked	13	Qualified business income deduct	ion from	n Form 8995 or Form	m 899	5-A			. 13	;		
any box under Standard	14								. 14		12,850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	s, ente	r-0			. 15	1(06,358.	
-)												

Form 1040 (2021	1)									Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	19,545.	
	17	Amount from Schedule 2, lir	ne 3						. 17		
	18	Add lines 16 and 17							. 18	19,545.	
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812			. 19		
	20	Amount from Schedule 3, lir	ne 8						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	19,545.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21				. 23	0.	
	24	Add lines 22 and 23. This is	your total tax						▶ 24	19,545.	
	25	Federal income tax withheld	l from:								
	а	Form(s) W-2				25a	22	,89	9.		
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							. 25d	22,899.	
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20	20 return				. 26		
qualifying child,	27a	Earned income credit (EIC)			NO	27a					
attach Sch. EIC.		Check here if you were I									
		January 2, 2004, and you taxpayers who are at least a									
	b	Nontaxable combat pay elec		1 1	Structions -						
	C	Prior year (2019) earned inco				-					
	28	Refundable child tax credit of			Schedule 8812	28					
	29	American opportunity credit				29					
	30	Recovery rebate credit. See				30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27a and 28 through					dable cred	dits	▶ 32		
	33	Add lines 25d, 26, and 32. T		-						22,899.	
Defined	34	If line 33 is more than line 24							. 34	3,354.	
Refund	35a					•	-	▶ [35a	 	
Direct deposit?	▶b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ ☐ Routing number 1 1 1 1 0 0 0 0 2 5 ▶ c Type: ★ Checking ☐ Savings									
See instructions.	▶d	•	Account number 4 8 8 0 6 2 5 6 9 2 5 3								
	36	Amount of line 34 you want	Amount of line 34 you want applied to your 2022 estimated tax ► 36								
Amount	37	Amount you owe. Subtract				see ins	tructions		37		
You Owe	38	Estimated tax penalty (see in				38					
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See	•				
Designee [*]	ins	structions					Yes. C	omple	te below.	X No	
		signee's		Phone					entification		
		me ▶		no. ▶				ber (PII	,		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com									
Here		ur signature	,	Date	Your occupation					ent you an Identity	
	100	ar signature		Date	Tour occupation					PIN, enter it here	
Joint return?					SOFTWARE E	EMPLO	YEE	(:	see inst.) 🕨	•	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion				ent your spouse an	
your records.	•								see inst.) >	tection PIN, enter it here	
		one no. (703) 508-322	7	Email address	MIIWW אווא DT 1	1 a C 1 M 7	TT COM				
		one no. (703) 508-322 eparer's name	Preparer's signat		MUKKAHARI1	Date	ALL, CON	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווף א מדוד. אוי		17/2022		082703	Self-employed	
Preparer		m's name ► GLOBAL TA		IVIN DUQUI	OOLIN INDUM	104/-	. 1 / 2 0 2 2			(678) 965-9522	
Use Only				n Cummin	T GA 30041			_	Firm's EIN		
Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's						IIII S EIIV	- 00 TOT/130				

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

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

HARI SANTHOSH MANIKA MUKKA

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number

698-57-7944

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	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, tr Schedule E		5	-10,453.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
K	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040-NR, line 8		10	-10,453.

Schedule 1 (Form 1040) 2021 Page **2**

	Educator expenses	11
	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
}	Health savings account deduction. Attach Form 8889	13
	Moving expenses for members of the Armed Forces. Attach Form 3903	14
,	Deductible part of self-employment tax. Attach Schedule SE	15
i	Self-employed SEP, SIMPLE, and qualified plans	16
	Self-employed health insurance deduction	17
}	Penalty on early withdrawal of savings	18
a	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
)	IRA deduction	20
	Student loan interest deduction	21
	Reserved for future use	22
}	Archer MSA deduction	23
1	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
f	Contributions to section 501(c)(18)(D) pension plans 24f	
g	Contributions by certain chaplains to section 403(b) plans 24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
İ	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	
i	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1	
	(Form 1041)	
Z	Other adjustments. List type and amount ▶24z	
	Total other adjustments. Add lines 24a through 24z	25

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

▶ 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.

OMB No. 1545-0074

Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return Your social security number 698-57-7944 HARI SANTHOSH MANIKA MUKKA 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with 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 38,755. 42,264. 1,075. -2,434.Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with 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 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long--2,434. term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 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 (g) (h) Gain or (loss) 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 (sales price) (or other basis) Form(s) 8949, Part II, 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) 2021 Page **2**

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-2,434.
	• 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 line 22.		
	• 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.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(2,434.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	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.

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

Department of the Treasury Internal Revenue Service

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

Name(s)	shown on return	-	
HARI	SANTHOSH	MANIKA	MUKKA

Social security number or taxpayer identification number 698-57-7944

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.

 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 to you on Form 1099-B 										
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	See the separate instruction		(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)			
ROBINHOOD SECURITIES LLC	01/27/21	05/28/21	38,755.	42,264.	W	1,075.	-2,434.			
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 C	al here and inc is checked), lir	lude on your ne 2 (if Box B	38 , 755.	42,264.		1,075.	-2,434.			

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

HARI	SANTHOSH MANIKA MUKKA								3-57-79	
Part	Income or Loss From Rental Real Estate a Schedule C. See instructions. If you are an individ									
	d you make any payments in 2021 that would require	•		. ,						
1a	Yes," did you or will you file required Form(s) 1099? Physical address of each property (street, city, statement)								· · ⊔	Yes No
A	RAJIV GUNJ KHAMMAM TELANGANA IN 5			*)						
B	RADIV GUND KHAMMAM IELANGANA IN S	07003)							
C										
1b	Type of Property (from list below) 2 For each rental real estatement above, report the numb	above, report the number of fair rental and						Personal Use Days		QJV
Α	+ ` personal use davs. Che	ck the (nents to	QJV b	ox only s a	Α		355		0	\top
В	3 If you meet the requiren qualified joint venture. S	See inst	ructio	ns.	В					
С					С					
Type	of Property:									
	gle Family Residence 3 Vacation/Short-Term F	Rental	5 Lai	nd	7	Self-	Rental			
•	ti-Family Residence 4 Commercial		6 Ro	yalties	8	Othe	r (describe)			
Incom	ne: Prope	erties:			Α		В			С
3	Rents received		3		7	750.				
4	Royalties received		4							
Expen										
5	Advertising		5		2	240.				
6	Auto and travel (see instructions)		6		4	160.				
7	Cleaning and maintenance		7		9	952.				
8	Commissions		8							
9	Insurance		9							
10	Legal and other professional fees		10							
11	Management fees		11		1,2	200.				
12	Mortgage interest paid to banks, etc. (see instruction		12							
13	Other interest		13							
14	Repairs		14			341.				
15	Supplies		15		2,8	363.				
16	Taxes		16							
17	Utilities		17		1,6	547.				
18	Depreciation expense or depletion	•	18							
19	Other (list) Table 1997 Add lists 5 through 10		19		11 0					
20	Total expenses. Add lines 5 through 19		20		11,2	203.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalt									
	result is a (loss), see instructions to find out if you file Form 6198		21		-10,4	152				
20	Deductible rental real estate loss after limitation, i	-	21		±0,4					
22	on Form 8582 (see instructions)		22	(10,45	53 N	()()
23a	Total of all amounts reported on line 3 for all rental					23a	\	75	0	
b	Total of all amounts reported on line 4 for all royalt					23b		, ,		
C	Total of all amounts reported on line 12 for all program					23c				
d	Total of all amounts reported on line 18 for all prop					23d				
e	Total of all amounts reported on line 20 for all prop					23e	1	1,20	3.	
24	Income. Add positive amounts shown on line 21.								24	
25	Losses. Add royalty losses from line 21 and rental rea			-		iter tota	al losses here	-	25 (10,453.)
26	Total rental real estate and royalty income or (- (-,,
20	here. If Parts II, III, IV, and line 40 on page 2 d									
	Schedule 1 (Form 1040), line 5. Otherwise, include								26	-10,453.