# 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

| Submission Identification Number (SID)  |  |   |   |  |   |  |  |
|---|--|---|---|--|---|--|--|
| Taxpayer's name   | Soc  | Social security number  |   |  |   |  |  |
| NITHIN CHEPURI  | 7  | 93-50-3   | 573   |  |   |  |  |
| Spouse's name   | Spo  | use's social s  | security nu   | mber   |   |  |  |
| Part I Tax Return Information — Tax Year Ending December 31, 2  | 1021 (Enter yea  | r you are   | authoriz  | ing.)  |   |  |  |
| 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 :   | 106,5  | 522.  |  |  |
| 2 Total tax   |  |   | 2   | 16,5   | 503.  |  |  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  |   | 3   | 18,8   | 820.  |  |  |
| 4 Amount you want refunded to you   |  |   | 4   | 2,3  | 317.  |  |  |
| 5 Amount you owe  |  |   | 5   |  |   |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original persons).  |  |   |   |  |   |  |  |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service proto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or a for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment car business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues rel personal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent.  | reason for rejection<br>uthorize the U.S. To<br>account indicated<br>ancial institution to<br>to terminate the<br>neellation requests<br>avolved in the proc-<br>ated to the payments. | of the trans<br>reasury and if<br>if in the tax p<br>debit the en-<br>authorization<br>must be re-<br>essing of the<br>ent. I further | smission, ( its designatoreparation try to this in. To revolute the control e electronic r acknowle | (b) the lated Firm softwhere (called by later la | reason<br>nancial<br>vare for<br>nt. This<br>incel) a<br>than 2<br>ment of<br>hat the |  |  |
|   |  |   |   | $\neg$   |   |  |  |
| Taxpayer's PIN: check one box only     X   I authorize   GLOBAL TAXES   LLC   to enter one of the content of t | or generate my F   | 0 3   | 5 7   | 3  | 00 m)/  |  |  |
| ERO firm name  signature on the income tax return (original or amended) I am now authorizing  |  | Enter f   | five digits, l<br>enter all zei   | but  | as my   |  |  |
| I will enter my PIN as my signature on the income tax return (original or amerif you are entering your own PIN and your return is filed using the Practition below.   | nded) I am now a   |   |   |  |   |  |  |
| Your signature ►  | Date ►   |   |   |  |   |  |  |
| Spouse's PIN: check one box only  |  |   |   |  |   |  |  |
| · <u> </u>  | or generate my F   | INI I   |   | ,  | ac my   |  |  |
| ERO firm name   | or generate my r   |   | five digits, I  |  | as my   |  |  |
| signature on the income tax return (original or amended) I am now authorizing   | <b>j</b> .   |   | enter all zei   |  |   |  |  |
| I will enter my PIN as my signature on the income tax return (original or amer<br>if you are entering your own PIN and your return is filed using the Practition<br>below.  |  |   |   |  |   |  |  |
| Spouse's signature ▶  | Date ►   |   |   |  |   |  |  |
| Practitioner PIN Method Returns Only—cont   |  |   |   |  |   |  |  |
| Part III Certification and Authentication — Practitioner PIN Method Or  | nly  |   |   |  |   |  |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN  |  | 2 7 8 Don't enter a   | 6 1 9   | 8 8  | 9   |  |  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individ authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file I   | at I am submitting   | this return   | in accorda  | ance w   |   |  |  |
| ERO's signature ▶   | Date <b>▶</b>  |   |   |  |   |  |  |
| ERO Must Retain This Form — See Instr<br>Don't Submit This Form to the IRS Unless Requ  |  | 0   |   |  |   |  |  |

## **£1040**

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

2021

OMB No. 1545-007

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

| Filing Status<br>Check only<br>one box.                          | If yo        | Single Married filing jointly use the checked the MFS box, enter the notes on is a child but not your dependent | ame of  | ried filing separately (<br>f your spouse. If you | ,                           |                 |             | ` ,               | _  | , ,   | ` , ` ,            |  |
|--|--------------|---|---------|---|-----------------------------|-----------------|-------------|-------------------|--|---|--------------------|--|
| Your first name  | and m        | iddle initial   | Last n  | ame   |                             |                 |             |                   | Your so                                      | ocial securi  | ty number          |  |
| NITHIN   |              |   | CHE     | PURI  |                             |                 |             |                   | 793-50-3573                                  |   |                    |  |
| If joint return, s   | pouse's      | s first name and middle initial   | Last n  | ame   |                             |                 |             |                   | Spouse's social security number              |   |                    |  |
| Home address   | •            | er and street). If you have a P.O. box, see   | instruc | tions.  |                             |                 |             | Apt. no.          | 1  | ential Electi   | on Campaign        |  |
|  |              | ce. If you have a foreign address, also co  | mplete  |   |                             |                 |             | ZIP code to       |  | spouse if filing jointly, want \$3 to go to this fund. Checking a |                    |  |
| Foreign country  | y name       |   |         | 1   |                             |                 | 50.         |                   | box below will not cl<br>your tax or refund. |   |                    |  |
| At any time du   | ıring 20     | 021, did you receive, sell, exchange,   | or oth  | erwise dispose of ar                              | y fina                      | ancial interest | in an       | y virtual curre   | ncy?   | Yes   | ⊠ No               |  |
| Standard<br>Deduction  | _            | eone can claim:   | •       |   |                             |                 |             |                   |  |   |                    |  |
| Age/Blindness  | S You:       | Were born before January 2, 1   | 957     | Are blind Sp                                      | ouse                        | : Was be        | orn be      | efore January 2   | 2, 1957                                      | ☐ Is b  | lind               |  |
| Dependents   | s (see       | instructions):  |         | (2) Social securit                                | у                           | (3) Relations   | ship        | <b>(4) ✓</b> if q | ualifies fo                                  | r (see instru   | uctions):          |  |
| If more  | <b>(1)</b> F | irst name Last name   | ame nu  |   | er to you                   |                 |             | Child tax cr      |  | Credit for ot   | her dependents     |  |
| than four  |              |   |         |   |                             |                 |             |                   |  |   |                    |  |
| dependents, see instruction                                      | s ——         |   |         |   |                             |                 |             |                   |  |   |                    |  |
| and check<br>here ▶  |              |   |         |   |                             |                 |             |                   |  |   |                    |  |
|  | . 1          | Wages, salaries, tips, etc. Attach F  | orm(s)  | W-2   |                             | ·               |             |                   | . 1  | 1   | <u></u><br>16,012. |  |
| Attach   | 2a           | 1   | 2a      |   | h T                         | axable intere   | st          |                   | 2t   |   |                    |  |
| Sch. B if  | За           |   | 3a      |   | <b>b</b> Ordinary dividends |                 |             |                   | 3b   |   |                    |  |
| required.  | 4a           |   | 4a      |   |                             | axable amou     |             |                   | . 4k   |   |                    |  |
|  | 5a           | Pensions and annuities  | 5a      |   | b T                         | axable amou     | nt .        |                   | . 5b   | ,   |                    |  |
| Standard   | 6a           | Social security benefits  | 6a      |   | b T                         | axable amou     | nt .        |                   | . 6b   | ,   |                    |  |
| Deduction for —  | 7            | Capital gain or (loss). Attach Scheo  | dule D  | if required. If not req                           | uired                       | I, check here   |             | ▶[                | <b>7</b>                                     |   |                    |  |
| Single or Married filing   | 8            | Other income from Schedule 1, lin   |         |   |                             |                 |             |                   | . 8  |   | -9,490.            |  |
| separately,  | 9            | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                     |         |   |                             |                 |             |                   | ▶ 9  |   | 06,522.            |  |
| Married filing 10 Adjustments to income from Schedule 1, line 26 |              |   |         |   |                             | . 10            |             |                   |  |   |                    |  |
| jointly or<br>Qualifying   | 11           |   |         |   |                             |                 | <b>▶</b> 11 | 1 1               | 06,522.                                      |   |                    |  |
| widow(er),   | 12a          | Standard deduction or itemized  | -       |   |                             | 12              | 2a          | 12,55             | 0.   |   |                    |  |
| \$25,100<br>• Head of  | b            | Charitable contributions if you take  |         | ,   | ,                           |                 | 2b          | 30                |  |   |                    |  |
| household,<br>\$18,800   | С            |   |         |   |                             |                 |             |                   | . 12   | С   | 12,850.            |  |
| If you checked   | 13           | Qualified business income deducti   |         |   | า 899                       | 95-A            |             |                   | . 13   |   | <u>·</u>           |  |
| any box under<br>Standard  | 14           | Add lines 12c and 13  |         |   |                             |                 |             |                   | . 14   | 1   | 12,850.            |  |
| Deduction,   | 15           | Taxable income. Subtract line 14  | from li | ne 11. If zero or less                            | ente                        | er -0           |             |                   | . 15   |   | 93,672.            |  |

|                                      | 16  | Tax (see instructions). Check if any from Form(s): 1 \(  88^{\text{.}}  | 14 <b>2</b> 🗌 4972  | 3 🗌                      | [           | 16     | 16,503.                   |
|--------------------------------------|---|---|---------------------|--------------------------|-------------|--------|---------------------------|
|                                      | 17  | Amount from Schedule 2, line 3  |                     |                          | [           | 17     |                           |
|                                      | 18  | Add lines 16 and 17   |                     |                          | [           | 18     | 16,503.                   |
|                                      | 19  | Nonrefundable child tax credit or credit for other depende  | ents from Schedule  | 8812                     | [           | 19     |                           |
|                                      | 20  | Amount from Schedule 3, line 8  |                     |                          | [           | 20     |                           |
|                                      | 21  | Add lines 19 and 20   |                     |                          | [           | 21     |                           |
|                                      | 22  | Subtract line 21 from line 18. If zero or less, enter -0  |                     |                          | [           | 22     | 16,503.                   |
|                                      | 23  | Other taxes, including self-employment tax, from Schedul  | e 2, line 21        |                          | [           | 23     | 0.                        |
|                                      | 24  | Add lines 22 and 23. This is your <b>total tax</b>  |                     |                          | . ▶ [       | 24     | 16,503.                   |
|                                      | 25  | Federal income tax withheld from:   |                     | 1 1                      |             |        |                           |
|                                      | а   | Form(s) W-2   |                     | <b>25a</b> 18,8          | 320.        |        |                           |
|                                      | b   | Form(s) 1099  |                     | 25b                      |             |        |                           |
|                                      | С   | Other forms (see instructions)  |                     | 25c                      |             |        |                           |
|                                      | d   | Add lines 25a through 25c   |                     |                          | [           | 25d    | 18,820.                   |
| If you have a                        | 26  | 2021 estimated tax payments and amount applied from 2   |                     |                          | [           | 26     |                           |
| qualifying child,                    | 27a   | Earned income credit (EIC)  | No                  | 27a                      |             |        |                           |
| attach Sch. EIC.                     |   | Check here if you were born after January 1, 1998, January 2, 2004, and you satisfy all the other requ  |                     |                          |             |        |                           |
|                                      |   | taxpayers who are at least age 18, to claim the EIC. See in   |                     |                          |             |        |                           |
|                                      | b   | Nontaxable combat pay election 27b  |                     |                          |             |        |                           |
|                                      | С   | Prior year (2019) earned income 27c   |                     |                          |             |        |                           |
|                                      | 28  | Refundable child tax credit or additional child tax credit from   | Schedule 8812       | 28                       |             |        |                           |
|                                      | 29  | American opportunity credit from Form 8863, line 8  |                     | 29                       |             |        |                           |
|                                      | 30  | Recovery rebate credit. See instructions  |                     | 30                       |             |        |                           |
|                                      | 31  | Amount from Schedule 3, line 15   |                     | 31                       |             |        |                           |
|                                      | 32  | Add lines 27a and 28 through 31. These are your total otl   | ner payments and    | refundable credits       | ; ▶         | 32     |                           |
|                                      | 33  | Add lines 25d, 26, and 32. These are your total payments  | s                   |                          | . ▶         | 33     | 18,820.                   |
| Refund                               | 34  | If line 33 is more than line 24, subtract line 24 from line 33  | . This is the amour | nt you <b>overpaid</b> . | [           | 34     | 2,317.                    |
|                                      | 35a   | Amount of line 34 you want refunded to you. If Form 888   | 8 is attached, ched | ck here 🕨                | ▶ 🔲 📗       | 35a    | 2,317.                    |
| Direct deposit?                      | ▶b  | Routing number 0 1 1 5 0 0 0 1 0  |                     | Checking Sav             | vings       |        |                           |
| See instructions.                    | ►d  | Account number 3 9 4 0 0 6 0 0 9 1  | 6 4                 |                          |             |        |                           |
|                                      | 36  | Amount of line 34 you want applied to your 2022 estimat   | ed tax ►            | 36                       |             |        |                           |
| Amount                               | 37  | Amount you owe. Subtract line 33 from line 24. For detail   | ls on how to pay, s | see instructions         | . ▶ [       | 37     |                           |
| You Owe                              | 38  | Estimated tax penalty (see instructions)  |                     | 38                       |             |        |                           |
| Third Party Designee                 |   | you want to allow another person to discuss this return tructions   |                     | . —                      | nlete he    | low.   | × No                      |
| Designee                             |   | signee's Phone  |                     |                          | l identific |        |                           |
|                                      |   | ne. ▶ no. ▶   |                     | number                   |             |        |                           |
| Sign                                 |   | der penalties of perjury, I declare that I have examined this return aref, they are true, correct, and complete. Declaration of preparer (oth |                     |                          |             |        |                           |
| Here                                 |   | r signature Date  | Your occupation     |                          |             |        | it you an Identity        |
|                                      | ,   | ii signature Date   | Tour occupation     |                          | 1           |        | N, enter it here          |
| Joint return?                        |   |   | SOFTWARE E          | ENGINEER                 | (see in     | st.) ► |                           |
| See instructions.<br>Keep a copy for | Spe   | puse's signature. If a joint return, <b>both</b> must sign.   | Spouse's occupati   | on                       |             |        | t your spouse an          |
| your records.                        | ,   |   |                     |                          | (see in     |        | ection PIN, enter it here |
|                                      | ————  | one no. (504)458-4456 Email address   | CHEDIDINIT          | ITNOCMATI COM            | (***        | ,,,    |                           |
|                                      |   | one no. (504)458-4456 Email address parer's name Preparer's signature   | CHEPUKINITI         | HIN@GMAIL.COM<br>Date P  | TIN         | 1      | Check if:                 |
| Paid                                 |   | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR   | מווסיית ייתוות מיים |                          | 02082'      | 702    | Self-employed             |
| Preparer                             |   |   | GUFIA TALLAM        | UZ/Z//ZUZZ   PO          |             |        |                           |
| Use Only                             | Firm's name ► GLOBAL TAXES LLC Phone m  Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's E |   |                     |                          |             |        | 678)965-9522              |
| Co to '                              |   |   |                     |                          | rirm's      | CIIN P |                           |
| GO TO WWW.Irs.g                      | ov/Forn   | 1040 for instructions and the latest information.   | BAA                 | REV 02/17/22 PRO         |             |        | Form <b>1040</b> (2021)   |

Form 1040 (2021)

Page **2** 

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

NITHIN CHEPURI

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.

Your social security number 793-50-3573

| Par | 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, truschedule E  |             | 5  | -9,490. |
| 6   | Farm income or (loss). Attach Schedule F  |             | 6  |         |
| 7   | Unemployment compensation   |             | 7  |         |
| 8   | Other income:   |             |    |         |
| а   | Net operating loss  | <b>8a</b> ( |    |         |
| 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   | I           | 9  |         |
| 10  | Combine lines 1 through 7 and 9. Enter here and on Form 10  |             |    |         |
|     | 1040-NR. line 8   | •           | 10 | _0 100  |

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

| Par | Adjustments to Income  |         |   |         |  |
|-----|--|---------|---|---------|--|
| 11  | Educator expenses  |         |   | <br>11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106   | _       | _ | 12      |  |
| 13  | Health savings account deduction. Attach Form 8889   |         |   | <br>13  |  |
| 14  | Moving expenses for members of the Armed Forces. Attach Form   | <br>14  |   |         |  |
| 15  | Deductible part of self-employment tax. Attach Schedule SE   |         |   | <br>15  |  |
| 16  | Self-employed SEP, SIMPLE, and qualified plans   |         |   | <br>16  |  |
| 17  | Self-employed health insurance deduction   |         |   | <br>17  |  |
| 18  | Penalty on early withdrawal of savings   |         |   | <br>18  |  |
| 19a | Alimony paid   |         |   | <br>19a |  |
| b   | Recipient's SSN  | <b></b> |   |         |  |
| С   | Date of original divorce or separation agreement (see instructions)  | <b></b> |   |         |  |
| 20  | IRA deduction  |         |   | <br>20  |  |
| 21  | Student loan interest deduction  |         |   | <br>21  |  |
| 22  | Reserved for future use  |         |   | <br>22  |  |
| 23  | Archer MSA deduction   |         |   | <br>23  |  |
| 24  | Other adjustments:   |         |   |         |  |
| а   | Jury duty pay (see instructions)   | 24a     |   |         |  |
| 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  | 24d     |   |         |  |
| е   | Repayment of supplemental unemployment benefits under the Trade Act of 1974  | 24e     |   |         |  |
| 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)  | 24h     |   |         |  |
| i   | 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 | 24i     |   |         |  |
| j   | Housing deduction from Form 2555   | 24j     |   |         |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  | 24k     |   |         |  |
| z   | Other adjustments. List type and amount ▶  | 24z     |   |         |  |
| 25  | Total other adjustments. Add lines 24a through 24z   |         |   | <br>25  |  |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin                          |         |   | 26      |  |

#### **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

| NITH   | IIN CHEPURI                          | <u> </u>   |           |                 |        |                    |                   |      | 3-50-357         |          |
|--------|--------------------------------------|--|-----------|-----------------|--------|--------------------|-------------------|------|------------------|----------|
| Part   |                                      | From Rental Real Estate and Ro   | -         |                 | -      |                    |                   | -    |                  |          |
|        |                                      | nstructions. If you are an individual, rep                                       |           |                 |        |                    |                   |      |                  |          |
|        |                                      | nts in 2021 that would require you to  |           | . ,             |        |                    |                   |      |                  | res 🔀 No |
| B If " |                                      | u file required Form(s) 1099?  |           |                 |        |                    |                   |      | 🗌 <b>\</b>       | res No   |
| 1a     |                                      | ach property (street, city, state, ZIF   |           |                 |        |                    |                   |      |                  |          |
| A      | 2-10-300 JYOTH                       | I NAGAR KARIMNAGAR TELAN   | IGAN.     | A IN 5          | 50500  | 1                  |                   |      |                  |          |
| В      |                                      |  |           |                 |        |                    |                   |      |                  |          |
| С      |                                      |  |           |                 |        |                    | <b>D</b>          |      |                  |          |
| 1b     | Type of Property                     | 2 For each rental real estate propabove, report the number of fa                 | perty l   | isted<br>al and |        |                    | Rental<br>Days    |      | onal Use<br>Days | QJV      |
|        | (from list below)                    | personal use days. Check the   | QJV b     | ox only         | _      |                    |                   |      |                  |          |
| A      | 3                                    | if you meet the requirements to<br>qualified joint venture. See inst             | tile a    | sa  <br>ns      | A      |                    | 360               |      | 0                |          |
| B<br>C |                                      | quamica joint vontare. eee met   | idotio    |                 | B<br>C |                    |                   |      |                  |          |
|        | of Dropoutry                         |  |           |                 | C      |                    |                   |      |                  |          |
|        | of Property:<br>gle Family Residence | 3 Vacation/Short-Term Rental   | 5 10      | nd              |        | 7 Self-            | Dontal            |      |                  |          |
| •      | ti-Family Residence                  |  |           | valties         |        |                    | r (describe       |      |                  |          |
| Incom  |                                      | Properties:  | 1 110     | yailles         | Α      | o Othe             | r (describe       |      |                  | С        |
| 3      |                                      |  | 3         |                 |        | 750.               |                   |      |                  |          |
| 4      |                                      |  | 4         |                 |        | 730.               |                   |      |                  |          |
| Expen  |                                      |  | •         |                 |        |                    |                   |      |                  |          |
| 5      |                                      |  | 5         |                 |        | 80.                |                   |      |                  |          |
| 6      | _                                    | structions)  | 6         |                 |        | 120.               |                   |      |                  |          |
| 7      |                                      | ance   | 7         |                 |        | 750.               |                   |      |                  |          |
| 8      | •                                    |  | 8         |                 |        |                    |                   |      |                  |          |
| 9      |                                      |  | 9         |                 |        |                    |                   |      |                  |          |
| 10     |                                      | ssional fees   | 10        |                 |        |                    |                   |      |                  |          |
| 11     | Management fees .                    |  | 11        |                 | 1,     | 100.               |                   |      |                  |          |
| 12     | Mortgage interest paid               | d to banks, etc. (see instructions)  | 12        |                 |        |                    |                   |      |                  |          |
| 13     | Other interest                       |  | 13        |                 |        |                    |                   |      |                  |          |
| 14     | Repairs                              |  | 14        |                 | 3,     | 690.               |                   |      |                  |          |
| 15     | Supplies                             |  | 15        |                 | 2,     | 700.               |                   |      |                  |          |
| 16     | Taxes                                |  | 16        |                 |        |                    |                   |      |                  |          |
| 17     | Utilities                            |  | 17        |                 | 1,     | 800.               |                   |      |                  |          |
| 18     |                                      | or depletion   | 18        |                 |        |                    |                   |      |                  |          |
| 19     | Other (list)                         |  | 19        |                 |        |                    |                   |      |                  |          |
| 20     | ·                                    | nes 5 through 19   | 20        |                 | 10,    | 240.               |                   |      |                  |          |
| 21     |                                      | line 3 (rents) and/or 4 (royalties). If  |           |                 |        |                    |                   |      |                  |          |
|        | ` ''                                 | nstructions to find out if you must  |           |                 | 0      | 400                |                   |      |                  |          |
|        | file Form 6198                       |  | 21        |                 | -9,    | 490.               |                   |      |                  |          |
| 22     |                                      | estate loss after limitation, if any,  | 00        | ,               | 0 4    | 00 \               | /                 |      | )/               |          |
| 220    | on Form 8582 (see ins                | structions)<br>ported on line 3 for all rental prope                             | <b>22</b> | Į(              | 9,4    | 90.)<br><b>23a</b> | (                 | 75   | )(               |          |
| 23a    |                                      | eported on line 3 for all rental prope<br>eported on line 4 for all royalty prop |           |                 |        |                    |                   | / 5  | 0.               |          |
| b      |                                      | eported on line 4 for all royalty properties                                     |           |                 |        | 23b<br>23c         |                   |      |                  |          |
| c<br>d |                                      | eported on line 12 for all properties  |           |                 |        | 23d                |                   |      |                  |          |
| e<br>e |                                      | eported on line 20 for all properties  |           |                 |        | 23e                | 1                 | 0,24 | 0                |          |
| 24     |                                      | e amounts shown on line 21. <b>Do no</b>   |           |                 |        | 200                | _                 |      | 2 <b>4</b>       |          |
| 25     | •                                    | ses from line 21 and rental real estate  |           | •               |        | nter tot:          | <br>al losses her |      | 25 (             | 9,490.   |
| 26     |                                      | ite and royalty income or (loss).  |           |                 |        |                    |                   |      |                  | J, 1000  |
| 20     |                                      | /, and line 40 on page 2 do not  |           |                 |        |                    |                   |      |                  |          |
|        |                                      | 0), line 5. Otherwise, include this ar   |           |                 |        |                    |                   |      | 26               | -9,490.  |