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

Submi	ission Identification Number (SID)								
Taxpaye	er's name	Social secur	ty numl	per					
SRII	RAM KODALI	848-58	-628	9					
Spouse'	's name	Spouse's social security number							
Part	Tax Return Information — Tax Year Ending December 31, 2021 (En	ter year you a	are au	thorizing	ŋ.)				
	whole dollars only on lines 1 through 5.	, ,			, ,				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1	7:	3,774.				
2	Total tax		2		9,152.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10	0,990.				
4	Amount you want refunded to you		4	:	3,238.				
5	Amount you owe		5	_					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get an penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend								
return (to send for any Agent t paymen authori paymen busines taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trand my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming the contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is so days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) and the Mithale Mithale Mithale Mithale (Consent).	ismitter, or electricity rejection of the tele U.S. Treasury a indicated in the fution to debit the nate the authorizarequests must be the processing of e payment. I fur	onic reransmind its of ax prepare entry ation. The entry of the elther acceived.	turn origin ssion, (b) to designate oration so this according to this according to the control of the control o	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of the that the				
	nic Funds Withdrawal Consent.				1				
X		ite my PIN	6 2	2 8 9	as my				
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	uo my				
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.								
Your s	signature ▶ Date ▶	•							
Spous	se's PIN: check one box only				,				
	I authorize to enter or genera	ite mv PIN			as my				
	ERO firm name	Er		digits, but	,				
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN me below.								
Spous	se's signature ▶ Date ▶	•							
	Practitioner PIN Method Returns Only—continue belo	ow							
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 Don't en	8 6		8 9				
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual incom zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of	e tax return (orig	inal or urn in a	amended) accordanc					
ERO's	s signature ▶ Date ▶	·							
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested T	o Do So							

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

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

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the notes on is a child but not your dependent	ame of	ed filing separately (lyour spouse. If you o	,	_		` ,	_		, ,	` , ` ,	
Your first name	and m	niddle initial	Last na	ame					Yo	our so	cial securit	ty number	
SRIRAM	SRIRAM								8	848-58-6289			
If joint return, spouse's first name and middle initial La				ame					Sp	ouse's	s social sec	curity number	
		er and street). If you have a P.O. box, see	instructi	ions.				Apt. no.	- 1			on Campaign	
7962 NOI					Τ		7.0	2052			iere if you, if filina ioin	or your itly, want \$3	
	ost off	ice. If you have a foreign address, also co	mpiete s	spaces below.	Sta			code	to	go to	this fund.	Checking a	
IRVING					T2		_	5063			ow will not	•	
Foreign country	y name			Foreign province/state/	coun	ty	Fore	eign postal cod	ie yc	our tax	or refund.	Spouse	
At any time du	ıring 2	021, did you receive, sell, exchange,	or othe	erwise dispose of an	y fina	ancial interest	in an	y virtual cur	rency	?	Yes	⊠ No	
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur		•		•							
Age/Blindness	s You	: Were born before January 2, 1	957 [Are blind Sp	ouse	: Was bo	orn be	efore Januar	y 2, 1	957	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social securit	/	(3) Relations	hip	(4) 🗸 i	f qualit	fies for	(see instru	ctions):	
If more	(1) First name Last name			number to you		Child tax cred			t	Credit for otl	her dependents		
than four]				
dependents, see instruction	s ——]		[
and check]				
here ▶ □]		. [
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1		80,500.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st			2b			
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary divide	ends			3b			
	4a	IRA distributions	4a		b T	axable amou	nt .			4b			
	5a	Pensions and annuities	5a		b T	axable amou	nt .			5b			
Standard	6a	Social security benefits	6a		b T	axable amou	nt .			6b			
• Single or	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not req	uired	, check here		•		7		764.	
Married filing	8	Other income from Schedule 1, lin	e 10							8		-7,490.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	Γhis is your total inc	ome					9		73,774.	
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	me					11	,	73,774.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedule	(A	12	2a	12,5	50.				
Head of	b	Charitable contributions if you take	the sta	ndard deduction (see	instr	ructions) 12	2b	3	00.				
household, \$18,800	С	Add lines 12a and 12b								12c	<u>; </u>	12,850.	
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or Form	1 899	5-A				13			
any box under Standard	14	Add lines 12c and 13								14		12,850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0									- (60,924.	

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,152.		
	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	9,152.		
	19	Nonrefundable child tax credit or credit for other dependents 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	9,152.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.		
	24	Add lines 22 and 23. This is your total tax	24	9,152.		
	25	Federal income tax withheld from:				
	а	Form(s) W-2				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	10,990.		
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26			
qualifying child,	27a	Earned income credit (EIC)				
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ □				
	b	Nontaxable combat pay election				
	C	Prior year (2019) earned income				
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 American opportunity credit from Form 8863, line 8				
	29 30	Recovery rebate credit. See instructions	1			
	31	Amount from Schedule 3, line 15	1			
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.		
	33	Add lines 25d, 26, and 32. These are your total payments	33	12,390.		
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,238.		
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here >	35a	3,238.		
Direct deposit?	▶b	Routing number 1 1 1 0 0 0 0 2 5 CType: X Checking Savings	Jour	3,2331		
See instructions.	▶d	Account number 4 8 8 0 7 5 5 3 4 1 1				
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36				
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37			
You Owe	38	Estimated tax penalty (see instructions)				
Third Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	elow.	X No		
		signee's Phone Personal identifi				
		number (PIN) ▶				
Sign Here	beli	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.		
	You		If the IRS sent you an Identity			
Joint return? See instructions.	Con	SOFTWARE ENGINEER (see i	otection PIN, enter it here ee inst.) ▶			
Keep a copy for your records.	Spo	Identi	he IRS sent your spouse an entity Protection PIN, enter it here the inst.)			
	Pho	one no. (475)988-4038 Email address SRIRAMM.KODALI@GMAIL.COM				
Daid	Pre	parer's name Preparer's signature Date PTIN		Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/08/2022 P02082	2703	Self-employed		
Preparer				678)965-9522		
Use Only	Firr		s EIN ►			
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/17/22 PRO		Form 1040 (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 ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

848-58-6289

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2 a	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, tru Schedule E	•	5	-7,490.
6	Farm income or (loss). Attach Schedule F \ldots		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 10 1040-NR, line 8	·	10	-7,490.

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

Par	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106	-	_	12	
13	Health savings account deduction. Attach Form 8889			 13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903		 14	
15	Deductible part of self-employment tax. Attach Schedule SE			 15	
16	Self-employed SEP, SIMPLE, and qualified plans			 16	
17	Self-employed health insurance deduction			 17	
18	Penalty on early withdrawal of savings			 18	
19a	Alimony paid			 19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions)				
20	IRA deduction			 20	
21	Student loan interest deduction			 21	
22	Reserved for future use			 22	
23	Archer MSA deduction			 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			 25	
26	Add lines 11 through 23 and 25. These are your adjustments here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin			26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number

848-58-6289 SRIRAM KODALI 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 (sales price) Form(s) 8949, Part I, combine the result (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 Totals for all transactions reported on Form(s) 8949 with Box B checked 914. 150. 764. 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 7 764. 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

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 764. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have 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.

848-58-6289

Attachment

Social security number or taxpayer identification number

OMB No. 1545-0074

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

SRIRAM KODALI

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

Sequence No. 12A

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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. (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 F	orm 1099-B				
1 (a) Description of property	(b) (c) Date sol		(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, it If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	10/03/21	12/21/21	914.	150.			764.
2 Tatala Add the assessment in addition	- (d) (a) (d) and	d (la) (a. datus at					
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 A)	al here and ince is checked), lir	lude on your ne 2 (if Box B	914	150			764

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

2021

Attachment

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

	AM KODALI								48-58-6		
Part	Income or Loss	From Rental Real Estate and Ro	yalties	s Note	: If you a	are in th	e business c	of rent	ing persona	l prope	rty, use
	Schedule C. See i	nstructions. If you are an individual, repo	ort farn	n rental i	ncome c	or loss f	rom Form 48	335 or	n page 2, lir	e 40.	
A Dic	d you make any paymer	nts in 2021 that would require you to	file F	orm(s) 1	099? Se	ee instr	uctions .		[Yes	⊠ No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[Yes	☐ No
1a		each property (street, city, state, ZIF									
Α	GANDHI NAGAR H	YDERABAD TELANAGANA IN 5	50004	16							
В											
С											
1b										, G1A	
	(from list below)	above, report the number of fair personal use days. Check the	ir renta	al and			Days		Days		
Α	3	if you meet the requirements to	o file a	sa	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Type o	of Property:										
	gle Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd	7	7 Self-	Rental				
	ti-Family Residence		6 Ro	yalties	8	3 Othe	r (describe))			
Incom	ie:	Properties:			Α		E	3		С	;
3			3		į	500.					
4	Royalties received .		4								
Expen											
5	_		5								
6	,	nstructions)	6								
7	O .	ance	7			690.					
8			8								
9			9								
10	_	ssional fees	10								
11	•		11			720.					
12		d to banks, etc. (see instructions)	12								
13			13								
14	•		14			610.					
15			15		۷,.	350.					
16			16		1 /	C O O					
17			17		Ι,	620.					
18		or depletion	18								
19	Other (list) Tatal expanses Add I	inco E through 10	19		7 (200					
20	•	ines 5 through 19	20		/ , :	990.					
21		line 3 (rents) and/or 4 (royalties). If									
	file Form 6198	nstructions to find out if you must	21		-7	490.					
22		estate loss after limitation, if any,	-1		′ ,						
~~	on Form 8582 (see ins		22	(7 4	90.)	()(١
23a	-	eported on line 3 for all rental prope			,, 1	23a	\	5	00.		,
b		eported on line 4 for all royalty prope			· ·	23b					
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e		7,9	90.		
24		e amounts shown on line 21. Do no	t inclu					. , , ,	24		
25	•	sses from line 21 and rental real estate		-		nter tota	al losses her	e.	25 (7	7,490.)
26		ate and royalty income or (loss).									
20		V, and line 40 on page 2 do not a									
		0), line 5. Otherwise, include this ar							26	-	7,490.