IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Taxpaye	pr's name	Social security	y number	
BAB	ITHA BOBBA	387-85-	-7024	
Spouse'	's name	Spouse's soci	ial security number	
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Ent	er year you ar	re authorizing.)	
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 94,267	7.
2	Total tax		2 13,662	2.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 14,115	5.
4	Amount you want refunded to you		4 453	3.
5	Amount you owe		5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

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ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Da	ate 🕨	•				 		
Practitioner PIN Method Returns Only—	continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Metho	d Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8	 	 	6 all zer	 9	8 9	Э

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date 🕨								
	ERO Must Retain This F Don't Submit This Form to the I								
For Donomwork Doduction Act	Notice and your toy return instructions		REV 04/01/22 RRO	Form 8879 (Pov. 01 2021)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/01/22 PRO

Filing Status Check only no box. Single Married filing jeinty Married filing separately (MFS) Head of household (HOH) Qualifying window(er) (QW) Prove frex name and middle initial BAB_THA BOBBA Spores is a child but not your dependent ▶ Four frex name and middle initial BAB_THA BOBBA Your social security number 387-85-7024 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Spouse's social security number 3000 CENTRAL_PARK_DRIVE Spouse if filing jointy, wart 33 3000 central security number 3000 CENTRAL_PARK_DRIVE Spouse if filing jointy, wart 33 3000 central security number 3000 CENTRAL_PARK_DRIVE Spouse if Mill power if	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 15	545-0074	IRS U	lse Only	—Do not v	vrite or staple	in this space.
BABITHA BOBBA 387-85-7024 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 500 CENTRAL PARK DRIVE Ock Foreign post office. If you have a foreign address, also complete spaces below. State 20 City, town, or post office. If you have a foreign address, also complete spaces below. State 73105 Socowe Will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Parage country name Foreign province/state/county Foreign postal code your tax or refund. Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes No Standard Spouse itemizes on a separate return or you were a dual-status alien Image: separate return or you were a dual-status alien Image: separate return or you were a dual-status alien Age/Blindness You: Ware some before January 2, 1957 Are blind Spouse: Yes abind Image: separate return or you were a dual-status alien Age/Blindness You: Ware some before January 2, 1957 Is blind Defording and pre	Check only	lf yo	u checked the MFS box, enter the n	ame of y	-						,		, 0	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 503 500 CENTRAL PARK DRIVE 503 Check here if you, or you City, town, or poot office. If you have a dreign address, also complete spaces below. State 73.105 OKLAHOMA CCTTY Foreign province/state/county Foreign postal code your tex or refund. Foreign country name Foreign province/state/county Foreign postal code your tex or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Was born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents Gee instructions): (1) First name Last name UP you Check here 1 101, 317. Attach Sa Qualified dividends Sa b Taxable amount 4b b State Sa Gensions and annuities Sa b Taxable amount 4b	Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ity number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 500 CENTRAL PARK DRIVE 503 Check here if you, or your spouse if filing jointly, want S3 OKLAHOMA CITY Foreign province/state/county Foreign postal code you if not change your it to or refund. Foreign country name Foreign province/state/county Foreign postal code you is or post of this fund. Checking a box below will not change your tax or refund. At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as dependent Your spouse as a dependent Your is pouse itemizes on a separate return or you were a dual-status alien Age/Blinchess You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents, see instructions): (2) Social security to 'you' chief at a credit Credit for other dependent to and check, here P. 1 101, 317. Attach 3a Dardinary dividends 3b Pensions and annuities 5b Sandard Gas clais geourly benefits 6a Dardinary dividends 3b P Age/Blinchess You:	BABITHA			BOBE	BA							387-	85-702	4
500 CENTRAL PARK DRIVE 503 Check here if you, or you City, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code spouse if filing jointly, want \$3 OKLAHOMA CITY OK 73105 box below will not change Foreign country mme Foreign province/statk/county Foreign postal code you tax or refund. You and the during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You spouse as a dependent You Spouse Decluction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Check here if you, or you You as pouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1957 I blind Spouse: Yas born before January 2, 1957 I blind Dependents, see instructions: (1) First name Las name I or you Child tax credit Credit for other dependents see instructions and check I I or you Child tax credit Credit for other dependents and check I I or you	If joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
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OKLAHOMA CITY OK 73105 bg of this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yeu Spouse Standard Someone can claim: You as dependent Your spouse as a dependent Yeu Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (i) First name Last name (i) First name Cati for other dependents if more (ii) First name Last name Interest Interest <td></td> <td></td> <td></td> <td>molata s</td> <td>naces bel</td> <td></td> <td>Stat</td> <td>to</td> <td>710</td> <td></td> <td></td> <td></td> <td></td> <td>, ,</td>				molata s	naces bel		Stat	to	710					, ,
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Standard Deduction for - 6a Social security benefits		4a	IRA distributions	4a			b Ta	axable amo	unt.			. 4k)	
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check i	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	13,662.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	13,662.
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	13,662.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	13,662.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25 a 14	,115.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c .						25d	14,115.
If you have a	26	2021 estimated tax payments						26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC) .				27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least ag							
	b	Nontaxable combat pay elec							
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit f				29			
	30	Recovery rebate credit. See i		,		30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27a and 28 through					lits 🕨	32	
	33	Add lines 25d, 26, and 32. Th		•				33	14,115.
Defensel	34	If line 33 is more than line 24						34	453.
Refund	35a					•		35a	453.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							
See instructions.	►d	Account number 3 5 4					9		
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract I				see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee		structions	•				omplete b	below.	X No
•		signee's		Phone			onal identi [.]		
	nai	me 🕨		no. 🕨		numb	ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp							
Here					,				, ,
	YO	ur signature		Date	Your occupation				it you an Identity N, enter it here
Joint return?					DEVELOPER			inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion			it your spouse an
Keep a copy for your records.	•								ection PIN, enter it here
your rooorao.							(see	inst.) 🕨	
		one no. (312)218-0164		Email address	BBOBBA09@		DTIN		0
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	4 04/10/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX			a				678)965-9522
		m's address ► 2530 Pebbl		n Cumming	g GA 30041		Firm	's EIN ►	
Go to www.irs.g	ov/Forn	n1040 for instructions and the lates	t information.		BAA	REV 04/01/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

BABITHA BOBBA

Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. formation. OMB No. 1545-0074 2 Attachment

01

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest inf
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

	Sequence No. U
Your soc	ial security number
387-85	-7024

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		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	-7,050.
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 10 1040-NR, line 8		10	-7,050.
	·····			1,050.

For Paperwork Reduction Act Notice, see your tax return instructions.

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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 Paralympicmedals and USOC prize money reported on line 81 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)		
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 violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
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 to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 04/01/22 PRO

SCHEDULE	Е
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. 13

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99)

BARTTINE BOBRA 37-95-7024 Cart Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, used Schedule C. See instructions. If you are an individual, report fam: mental income or loss from Form 4350 on page 2, line 40. B If "Yes," did you or will you file required Form(9) 10997. Image: Comparison of the compari	Name(s)	shown on return						Your social secu	•
Schedule C. See instructions. If you are an individual, report fam tental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions. Image: Colspan="2">Yes Image: Colspan="2">Yes Image: Colspan="2">Yes Image: Colspan="2">No Ta Physical address of each property (street, city, state, ZIP code) Yes Image: Colspan="2">Yes Image: Colspan="2">Yes Image: Colspan="2">No Ta Physical address of each property (street, city, state, ZIP code) A Xon EPT Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" A 3 Colspan="2">Colspan="2">Colspan="2" Colspan="2">Colspan="2" B Colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2">Colspan="2" B Colspan="2" Colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2" Colspan="2">Colspan="2" S Advacting Colspan="2" Fore ach rental real estate property listed advaction Short Term Rental S Land S Solf-Fenttal Each rental Properties: A B Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Cols	BABI								
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here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on									,,000.
	26								
Schedule 1 (Form 1040) line 5 () therwise include this amount in the total on line 41 on page 2^{-1} 2^{-1}		Schedule 1 (Form 1040), line 5. Otherwise, include this a						. 26	-7,050.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form 8582

Department of the Treasury

Internal Revenue Service (99) Name(s) shown on return

BABITHA BOBBA

Part I

Passive Activity Loss Limitations

► See separate instructions.

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

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 20 Attachment Sequence No. 858

Identifying number 387-85-7024

Par	2021 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see Special nance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(7,050.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c(Combine lines 1a, 1b, and 1c	1d	-7,050.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a)) . 2a Activities with net loss (enter the amount from Part V, column (b)) . . 2b (Prior years' unallowed losses (enter the amount from Part V, column (c)) Combine lines 2a, 2b, and 2a 	2d	
3	Combine lines 2a, 2b, and 2c	3	-7,050.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	t II Special Allowance for Rei	Special Allowance for Rental Real Estate Activities With Active Participation							
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an examp	ole.				
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3			4	7,050.		
5	Enter \$150,000. If married filing separ	rately, see instructi	ons	5 1	50,000.				
6	Enter modified adjusted gross income	e, but not less thar	but not less than zero. See instructions 6 101, 317.						
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	•							
7	Subtract line 6 from line 5				48,683.				
8	Multiply line 7 by 50% (0.50). Do not e					8	24,342.		
9	Enter the smaller of line 4 or line 8					9	7,050.		
Par									
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal			10	0.		
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return						11	7,050.		
		Part I, Lines 1a, 1b, and 1c. See instructions.							
	Nome of activity	Current year		Prior years	ior years Ove		ain or loss		
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c) (d)		l	(e) Loss		
KONI	DEPI MANDALAM	0.	7,050.				7,050.		

For Department Peduction Act Notice and instru	intiona		 	
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	7,050.		

For Paperwork Reduction Act Notice, see instructions. BAA REV 04/01/22 PRO

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Part V Complete This Part Beld	Sre Part I, Lines 2	a, 20,	anu zc. s		JUONS.				
	Currer	Current year			ears	Overall gain or loss			
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
	(into Zu)	(11)	10 20)		0 20)				
Total. Enter on Part I, lines 2a, 2b, and 2c ► Part VI Use This Part if an Amo		Dort II	Line 0 S		tiona				
Part VI Use This Part II an Amo		art II,	Line 9. 5		cuons.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
KONDEPI MANDALAM	E Ln 22		7,050.	1.0000	00000	7,05	0.	0.	
					_				
Total Allocation of Unallowed		uotion	7,050.	1.0	0	7,05	0.	0.	
Part VII Allocation of Onallowed			5.		1				
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	LOSS	((b) Ratio	(c)	Unallowed loss	
Total						1.00			
Part VIII Allowed Losses. See ins	tructions.					1.00			
	Form or sch	edule							
Name of activity	and line nur to be reporte (see instruct	nber ed on	(a) Loss (I		(b) Ur	(b) Unallowed loss		c) Allowed loss	
							-		
Tetal		•							
Total		. 💌							

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Form **8582** (2021)