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 Id	lentification Number (SID)							
Taxpayer's name	<u> </u>	Social securi	y numb	er				
ANUSHA AI	LAHARI	659-33-5027						
Spouse's name		Spouse's social security number						
Dort I T	ov Poturn Information Toy Year Ending December 21 2001	(Enter year your	ro out	horizina	. \			
	fax Return Information — Tax Year Ending December 31, 2021 ollars only on lines 1 through 5.	(Enter year you a	re aui	HOHZING	J- <i>)</i>			
	040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	ed gross income		1 1	79	9,221.			
			2		0,351.			
	I income tax withheld from Form(s) W-2 and Form(s) 1099		3		1,688.			
	nt you want refunded to you		4		1,337.			
5 Amour	nt you owe		5					
Part II T	axpayer Declaration and Signature Authorization (Be sure you ge	t and keep a cop	y of y	our reti	urn)			
my knowledge return (original of to send my return for any delay in Agent to initiate payment of my authorization is payment, I mus business days processed to personal identifi	of perjury, I declare that I have examined a copy of the income tax return (original or a and belief, it is true, correct, and complete. I further declare that the amounts in Pa or amended) I am now authorizing. I consent to allow my intermediate service provider irn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso processing the return or refund, and (c) the date of any refund. If applicable, I authorize an ACH electronic funds withdrawal (direct debit) entry to the financial institution accifederal taxes owed on this return and/or a payment of estimated tax, and the financial to remain in full force and effect until I notify the U.S. Treasury Financial Agent to test contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellar orior to the payment (settlement) date. I also authorize the financial institutions involve a confidential information necessary to answer inquiries and resolve issues related ication number (PIN) below is my signature for the income tax return (original or aments Withdrawal Consent.	rt I above are the amo, transmitter, or electron for rejection of the trace the U.S. Treasury a count indicated in the trace trace institution to debit the erminate the authorization requests must be do in the processing of to the payment. I furi	ounts from the counts of the c	from the interpretation originates of the second of the se	ncome tax ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of e that the			
	IN: check one box only				1			
		enerate my PIN	5 0) 2 7	as my			
_	ERO firm name atture on the income tax return (original or amended) I am now authorizing.	ž En		digits, but r all zeros	ac,			
	enter my PIN as my signature on the income tax return (original or amended) are entering your own PIN and your return is filed using the Practitioner PI w.							
Your signature	e▶Da	ate ►						
Snouse's PIN	l: check one box only							
-		enerate my PIN			as my			
radii	ERO firm name	,	er five	digits, but] as my			
signa	ature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros				
	enter my PIN as my signature on the income tax return (original or amended) are entering your own PIN and your return is filed using the Practitioner PIN.							
Spouse's sign	nature ▶ Da	ate ►						
	Practitioner PIN Method Returns Only—continue	below						
Part III C	Pertification and Authentication — Practitioner PIN Method Only							
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7 Don't ent	8 6 erallze		8 9			
authorized to fil	e above numeric entry is my PIN, which is my signature for the electronic individual in le for tax year indicated above for the taxpayer(s) indicated above. I confirm that I at the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providence.	m submitting this retu	ırn in a	ıccordanc				
ERO's signatu	ıre ▶ Da	ate ▶						
	ERO Must Retain This Form — See Instructi							
	Don't Submit This Form to the IRS Unless Requeste	ed To Do So						

£1040

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

2021

OMB No. 1545-0074

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 reson is a child but not your dependent	— name of	ied filing separately your spouse. If you	` ,	_		` ,	_	, ,	, , , ,		
Your first name	and m	iddle initial	Last na	ame					Your se	Your social security number			
ANUSHA			ALA	HARI					659-	659-33-5027			
If joint return, spouse's first name and middle initial				ame					Spouse's social security number				
Home address	•	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.		ential Electi	ion Campaign		
		ce. If you have a foreign address, also co	omplete :	snaces helow	Sta	ite	7IP	code			ntly, want \$3		
ALPHARE'		oo. If you have a follogif address, also of	ompioto (opacco bolow.	G			009	-		Checking a		
Foreign country name Foreign province/state/county Foreign postal code							low will not x or refund						
- Toreign countr	y Harrio			Toroigii province/stat	.c/ 00uii	- cy	T GIC	ngn postar code	, your ta	You	Spouse		
At any time du	ıring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ıny fina	ancial interes	t in an	y virtual curre	ency?	Yes	⊠ No		
Standard Deduction	_	neone can claim:	•			'	İ						
Age/Blindness	s You	: Were born before January 2, 1	1957 [Are blind S	pouse	: Was b	orn be	fore January	2, 1957	☐ Is b	lind		
Dependent	s (see	instructions):		(2) Social secui	rity	(3) Relations	ship	(4) 🗸 if	qualifies fo	or (see instru	uctions):		
If more	(1) F	irst name Last name		number		to you	Child tax credit Credit for other depend						
than four													
dependents, see instruction	•												
and check	5												
here ►													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		87,500.		
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 21	5			
Sch. B if	За	Qualified dividends	3a		b (Ordinary divid	ends	nds		o			
required.	4a	IRA distributions	4a		b Taxable amount .		int .	nt		o			
	5a	Pensions and annuities	5a		b T	axable amou	int .		. 51	o			
Standard	6a	Social security benefits	6a		b T	axable amou	int .		. 61	o			
Deduction for -	7	Capital gain or (loss). Attach Sche	in or (loss). Attach Schedule D if required. If not required, check here								721.		
 Single or Married filing 	8	Other income from Schedule 1, lir	Other income from Schedule 1, line 10							,	-9,000.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9)	79,221.		
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10)			
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inc	ome				▶ 1	1	79,221.		
widow(er), 12a Standard deduction or itemized deductions (from Schedule A) 12a 1					12,55	50.							
\$25,100 • Head of	b	Charitable contributions if you take		•	,	ructions) 1	2b	30	00.				
household, \$18,800	С	Add lines 12a and 12b							. 12	c	12,850.		
If you checked	13	Qualified business income deduct			m 899	95-A			. 13				
any box under Standard	14	Add lines 12c and 13							. 14	4	12,850.		
Deduction,	15	Taxable income. Subtract line 14	from li	ne 11. If zero or les	s, ente	er -0			. 15		66,371.		

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 📗	16	10,351.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,351.
	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	10,351.
	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	10,351.
	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	11,688.
	26	2021 estimated tax payments and amount applied from 2020 return	26	<u> </u>
If you have a Lagrangian 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		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	11 600
	33	Add lines 25d, 26, and 32. These are your total payments	33	11,688.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,337.
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,337.
Direct deposit? See instructions.	▶b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: ▼ Checking Savings Account number 3 2 5 0 5 9 1 9 8 6 9 3 Savings		
	► d			
A	36	Amount of line 34 you want applied to your 2022 estimated tax	07	
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	
	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
Designee		signee's Phone Personal identifi		
		ne ▶ no. ▶ number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,
	You			t you an Identity N, enter it here
Joint return?			nst.) ▶ [IV, enter it fiere
See instructions.	Spo		IRS ser	t your spouse an
Keep a copy for		Identi	ty Prote	ction PIN, enter it here
your records.		(see ii	nst.) 🖊	
		one no. (510)693-4511		
Paid		parer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/06/2022 P0 2082		Self-employed
Use Only			e no. (678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's	s EIN 🕨	
Go to www.irs.go	ov/Form	a1040 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

Department of the Treasury Internal Revenue Service

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. Attachment Sequence No. **01**

Your social security number

ANUS	HA ALAHARI		659-3	3-502	:7
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe	s		1	0.
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, tr Schedule E			5	-9,000.
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			
ı	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) .	8р			
Z	Other income. List type and amount ▶	0-			
•	Total other in come. Add lines On through On	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	u4u, 1040-5	on, or		

1040-NR, line 8

10

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.

Name(s) shown on return Your social security number 659-33-5027 ANUSHA ALAHARI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 600. 721. 1,321. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 721. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 721. • 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

► Go to www.irs.gov/Form8949 for instructions and the latest information.

2021 Attachment Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

659-33-5027

ANUSHA ALAHARI

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.

Part I 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 transaction	s not reported	to you on F	orm 1099-B					
1 (a) Description of property	(b) operty Date acquired		(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.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) an combine the resul with column (g)	
Robinhood Crypto LLC	01/01/21	05/19/21	1,321.	600.			721.	
2 Totals. Add the amounts in column negative amounts). Enter each tol Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box	tal here and inc e is checked), li l	lude on your ne 2 (if Box B	1 321	600			721	

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.

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

2021
Attachment
Sequence No. 13

OMB No. 1545-0074

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

Your social security number

ANUS	HA ALAHARI							6	59-33-50	27
Part		s From Rental Real Estate and Ro	-						• .	
		instructions. If you are an individual, repe								
A Dic	l you make any payme	nts in 2021 that would require you to	file F	orm(s) 1	099? S	See insti	ructions .		🗌	Yes 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗌	Yes 🗌 No
1a	Physical address of	each property (street, city, state, ZIF	code	e)						
Α	KACHERIMITTA, K	CAVALI KAVALI ANDHRA PRAD	DESH	IN 52	24201					
В										
С										
1b	Type of Property	2 For each rental real estate prop	perty l	listed			Rental	Pei	rsonal Use	QJV
	(from list below)	above, report the number of fa personal use days. Check the	ir rent O.IV r	tal and			Days		Days	401
Α	3	if you meet the requirements to	o file a	as a Îl	Α		365		0	
В		qualified joint venture. See inst	ructio	ons.	В					
С					С					
Туре	of Property:									
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	ınd		7 Self-	Rental			
2 Mult	ti-Family Residence		6 Ro	oyalties		8 Othe	r (describe)		
Incom	e:	Properties:			Α		Е	3		С
3			3			600.				
4	Royalties received .		4							
Expen	ses:									
5	_		5							
6	Auto and travel (see in	nstructions)	6							
7	•	nance	7		1,	500.				
8			8							
9	Insurance		9							
10	•	essional fees	10							
11	_		11		1,	000.				
12		id to banks, etc. (see instructions)	12							
13	Other interest		13							
14	Repairs		14			800.				
15			15		1,	800.				
16			16							
17			17		3,	500.				
18		e or depletion	18							
19	Other (list)		19							
20	·	lines 5 through 19	20		9,	600.				
21		line 3 (rents) and/or 4 (royalties). If								
	, ,,	instructions to find out if you must								
	file Form 6198		21	-	-9,	000.				
22		l estate loss after limitation, if any,		,	<u>.</u>	, , ,	,			
	on Form 8582 (see in	· · · · · · · · · · · · · · · · · · ·	_22	[(9,0	000.)	()()
23a		eported on line 3 for all rental prope				23a		6	00.	
b		eported on line 4 for all royalty prop				23b				
C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
е		eported on line 20 for all properties				23e		9,6	00.	
24	· ·	e amounts shown on line 21. Do no		-					24	0.000
25	, ,	esses from line 21 and rental real estate							25 (9,000.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not								0 000
	Schedule 1 (Form 104	40), line 5. Otherwise, include this ar	noun	τ in the t	otal on	iine 41	on page 2		26	-9,000.