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.

Submission Identification Number (SID)

Taxpayer's name	Social security number
MANJULA DHANINKULA	319-75-3133
Spouse's name	Spouse's social security number
Dark L. Tou Datum Information Tou Vacy Ending December 21 0001 (Ent	
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Ent	er year you are 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 67,323.
2 Total tax	2 7,799.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,607.
4 Amount you want refunded to you	4 2,808.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	I keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende	,

t is true, correct, and complete. I further declare that the amounts in Part I abov 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

5 Ent	3 er fiv	1 e di	3 gits,	3 but	as my
don					

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

Manjula Jhaninkula

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 04/04/2022

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 ►							
	st Retain This Form — See Instr is Form to the IRS Unless Requ						
For Denemicarly Deduction Act Nation and your toy r		2EV 02/20/22 BBO	Earm 8879 (Bay, 01 2021)				

1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		(99) S urn	202	1	OMB No.	1545-00	074	IRS Use	e Only	—Do not v	vrite or staple	in this	s space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchecked the MFS box, enter the name is a child but not your dependent	ame of	0	separately (ouse. If you	,					,		, ,		, , ,
Your first name	and m	iddle initial	Last na	ame								Your so	cial securi	ity nu	umber
MANJULA			DHA	NINKUI	LA							319-	75-313	3	
If joint return, s	pouse's	first name and middle initial	Last na	ame								Spouse	's social se	curity	y number
		er and street). If you have a P.O. box, see ROLYN PARKWAY	instruct	ions.						ot. no. 2112			ential Electi here if you		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	Z	IP cod			spouse	if filing joi	ntly, v	want \$3
Irving			piete .	spacee se		T			7503				o this fund.		
Foreign countr	v name			Foreign p	rovince/state					postal o	ode		low will not x or refund		nge
i oreigii counti	ynanic			roreiginpi	ovinioe, state,	courr	L y	'	oreign	postart	Jouc	your tu	You Spous		
At any time du	iring 20	021, did you receive, sell, exchange,	or oth	erwise di	spose of an	y fina	ancial inter	rest in a	any v	irtual c	urre	ncy?	Yes		No
Standard Deduction Age/Blindness		eone can claim: You as a de Spouse itemizes on a separate return Were born before January 2, 1	n or yo				1		befor	e Janu	iary 2	2, 1957	🗌 ls b	lind	
Dependent	s (see	instructions):		(2) 5	Social securit		(3) Relati					-	or (see instru	uction	
		irst name Last name		(_)	number	y	to y			Child			Credit for of		'
lf more than four	. ,													Π	
dependents,											$\overline{\Box}$			$\overline{\Box}$	
see instruction and check	s —										$\overline{\Box}$			$\overline{\Box}$	
here											$\overline{\Box}$			$\overline{\Box}$	
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .								. 1		74	,775.
Attach	2a		2a			hТ	axable into	erest				2b)	/	
Sch. B if	3a	· –	3a				Ordinary di		۰ د	• •	•	3b)		
required.	4a		4a				axable am					. 4b)		
	5a		5a			bТ	axable am	nount .				. 5b)		
Standard	6a	Social security benefits	6a			bТ	axable am	nount .				. 6b)		
Deduction for –	7	Capital gain or (loss). Attach Scheo	dule D	if require	d. If not req	uired	, check he	ere .			►□	7			318.
 Single or Married filing 	8	Other income from Schedule 1, lin		•								. 8		-7,	,770.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a									.	▶ 9			323.
Married filing	10	Adjustments to income from Sche										. 10			
jointly or Qualifying	11	Subtract line 10 from line 9. This is	vour a	djusted	gross inco	me					.	▶ 11		67,	323.
widow(er),	12a	Standard deduction or itemized						12a		12	,55(
\$25,100 • Head of	b	Charitable contributions if you take		•			uctions)	12b		-					
household,	с	Add lines 12a and 12b			· · ·			· · ·				. 12	с	12,	550.
\$18,800 If you checked	13	Qualified business income deducti					5-A					. 13		,	
any box under Standard	14											. 14	_	12,	,550.
Deduction,	15	Taxable income. Subtract line 14										. 15			,773.
see instructions.					·										

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	7,799.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	7,799.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,799.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	7,799.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 10	,607.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,607.
If you have a	26	2021 estimated tax payment		• •	37			26	
qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See				30		1	
	31	Amount from Schedule 3, lin				31		-	
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	10,607.
Defend	34	If line 33 is more than line 24						34	2,808.
Refund	35a							35a	2,808.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							·
See instructions.	►d	Account number 1 5 0					9		
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see ir				38			
Third Party	Do	you want to allow another				? See			
Designee		structions	•			. —	omplete l	oelow.	X No
		signee's		Phone			onal identi		
		me 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
	. 10	ur signature		Date					N, enter it here
Joint return?					SOFTWARE	DEVELOPER	(see	inst.) ►	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	,							tity Prote inst.) ▶	ection PIN, enter it here
,			0	Fue elle elebrere				1131.)	
		one no. (402)637-160 eparer's name	0 Preparer's signat	Email address	DMANJURAT	NA@GMAIL.CC	PTIN		Check if:
Paid								<u></u>	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 03/30/2022	P0208		
Use Only		m's name ► GLOBAL TAX		n (1,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				678)965-9522
		m's address ► 2530 Pebb		in Cummin	-		Firm	's EIN ►	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/26/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

MANJULA DHANINKULA

Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. rmation. OMB No. 1545-0074 2021

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

Attachment Sequence No. **01** Your social security number 319-75-3133

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	3	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	-7,770.
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			
		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) .	8р		
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	040, 1040-SR, or	10	-7,770.

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

Schedule 1 (Form 1040) 2021

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) 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 to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 03/26/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2021 Attachment Sequence No. 12

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

Department of the Treasury

MANJULA DHANINKULA

Your social security number

319-75-3133

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, column	Part I,	combine the result with column (g)
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	8,397.	8,217.	1	38.	318.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	7	318.

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 lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12			12			
13	Capital gain distributions. See the instructions	13				
14	4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15				

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	318.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 03/26/22 PRO

Schedule D (Form 1040) 2021

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

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

Name(s) shown on return	Social security number or taxpayer identification number					
MANJULA DHANINKULA	319-75-3133					

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.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed of (Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
APEX CLEARING	01/01/21	12/31/21	1,023.	1,307.			-284.	
ROBINHOOD SECURITIES LLC	01/01/21	12/31/21	7,374.	6,910.	W	138.	602.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►		8,397.	8,217.		138.	318.		

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.

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

SCHE	DULE	Ε
(Form	1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(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.

5 12 Attachment Sequence No. 13

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

Name(s)	shown on return						You	ur social securit	y number
MANJ	ULA DHANINKULA						31	19-75-313	3
Part	Income or Loss From Rental Real Estate and Ro Schedule C. See instructions. If you are an individual, rep	-		•				• ·	
A Dic	you make any payments in 2021 that would require you to								
	Yes," did you or will you file required Form(s) 1099?								es 🗌 No
1a	Physical address of each property (street, city, state, ZIF							· · · 🗆 ·	
A	C.M.E NEAR BUSH VIHAR PUNE MAHARASHTR		,	31					
B			1110	51					
C									
1b	Type of Property 2 For each rental real estate pro	nortu	liatad		Fair	Rental	Per	sonal Use	
10	(from list below) above, report the number of fa	ir rent	al and		-	Days	1 01	Days	QJV
Α	personal use days. Check the	QJV k	pox only	Α		315	0		
B	3 if you meet the requirements to qualified joint venture. See ins	o file a tructio	as a Ins	B		313			
C		in dotro		C					
	(Deservation			C					
	of Property:	- - -			7 0 . 16	Devetal			
-	le Family Residence 3 Vacation/Short-Term Rental				7 Self-				
	i-Family Residence 4 Commercial	6 K	oyalties		8 Othe	r (describe)			-
Incom		-		Α		E	5		С
3		3			680.				
4	Royalties received	4							
Expen									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7			400.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11			800.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		4	,800.				
14	Repairs	14		1,	,100.				
15	Supplies	15			900.				
16	Taxes	16							
17	Utilities	17			450.				
18	Depreciation expense or depletion	18							
19	Other (list) ►	19							
20	Total expenses. Add lines 5 through 19	20		8	,450.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-7	,770.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(7,	770.)	()()
23a	Total of all amounts reported on line 3 for all rental prope			, , ,	23a	-	6	80.	,
b	Total of all amounts reported on line 4 for all royalty prop				23b				
c	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
	Total of all amounts reported on line 20 for all properties				23e		8,4	50.	
24	Income. Add positive amounts shown on line 21. Do no		ude anv	losses			-,-	24	
25	Losses. Add royalty losses from line 21 and rental real estate					al losses her	e.	25 (7,770.)
									,,,,,,,,)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a							26	-7,770.