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)

T.....

Taxpayer's name	Social security number					
JITHENDER DASARI	785-86-8190					
Spouse's name	Spouse's social security number					
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	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 93,979.					
2 Total tax	2 13,443.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 16,166.					
4 Amount you want refunded to you	· · · · · 4 2,723.					
5 Amount you owe						

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

				FBO firm name		Ę	í
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_	-
_			-			16)

6	8	1	9	0	as my
Ent don	aomy				

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 >	Date I				 	 		
Practitioner PIN Method Returns Only—continu	e be	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.	2	2	2	_	 6 all zei	 9	89	

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										
	etain This Form — See orm to the IRS Unless									
For Paperwork Reduction Act Notice, see your tax return	instructions. BAA	REV 01/24/23 PRO	Form 8879 (Rev. 01-2021)							

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.		Single D Married filing jointly		0	eparately (N se. If vou ch	,			hold (HOH) box. enter th	spoi	lifying surviving use (QSS) name if the qualifying
one box.		on is a child but not your dependent		our opou	56. II you ol			QUU		o onnia a	name i the qualitying
Your first name	and m	iddle initial	Last nar	ne						Your so	cial security number
JITHENDE	R		DASA	RI						785-	86-8190
lf joint return, sp	oouse's	s first name and middle initial	Last nar	ne						Spouse'	s social security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Preside	ntial Election Campaigr
3820 ESI	ERS	ROAD						2	211		nere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	baces belo	ow.	Sta	te	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a
IRVING						TΣ	X	750	38	0	ow will not change
Foreign country	name		F	oreign pro	ovince/state/c	coun	ty	Foreig	n postal code	your tax	or refund.
Digital		ny time during 2022, did you: (a) rec						•	,	. ,	
Assets		ange, gift, or otherwise dispose of a					-	asset)	? (See instru	ctions.)	Yes X No
Standard Deduction		eone can claim:	•				a dependent				
Age/Blindness	You	Were born before January 2, 1	958	Are bli	nd Spo	use	: 🗌 Was bor	n befo	ore January 2	, 1958	Is blind
Dependents	s (see	instructions):		(2) So	ocial security		(3) Relationsh	ip (4) Check the bo	ox if quali	fies for (see instructions):
If more	(1) F	irst name Last name		number			to you		Child tax cr	edit	Credit for other dependents
than four											
dependents, see instructions	s ——										
and check											
here											
Income	1a	Total amount from Form(s) W-2, b	•		,						
	b	Household employee wages not r						· ·		. 1b	
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a						• •		. 1c	-
attach Forms	d	Medicaid waiver payments not rep						• •		. 1d	
W-2G and 1099-R if tax	e	Taxable dependent care benefits						• •		. 1e	-
was withheld.	f	Employer-provided adoption bene						• •		. <u>1</u> f	-
If you did not	g	Wages from Form 8919, line 6 .						• •		. <u>1</u> g	
get a Form W-2, see	h	Other earned income (see instruct	,			•	· · · ·			. 1h	0.
instructions.	i _	Nontaxable combat pay election (,		•	<u>1</u> i			1z	103,079.
Attack Sab D	z 2a		2a		· · · ·	ьт	axable interest	•••		2b	
Attach Sch. B if required.	2a 3a		2a 3a				ordinary divider			. 20 . 3b	
	4a	—	4a				axable amoun			4b	
Standard	5a	—	5a				axable amoun			. 5b	
Deduction for-	6a		6a				axable amoun			6b	
 Single or Married filing 	С	If you elect to use the lump-sum e		nethod. c					[
separately,	7	Capital gain or (loss). Attach Sche							[7	
\$12,950Married filing	8	Other income from Schedule 1, lin								. 8	-9,100.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	93,979.
surviving spouse,	10	Adjustments to income from Sche		-						. 10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11	93,979.
household, \$19,400	12	Standard deduction or itemized	-							. 12	
 If you checked 	13	Qualified business income deduct					5-A			. 13	
any box under Standard	14	Add lines 12 and 13								. 14	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer						е.		. 15	

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

Form **1040** (2022)

Form 1040 (2022	2)									Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	13,443.
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	13,443.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	13,443.
	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	13,443.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	16	,166.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction				25c				
	d	Add lines 25a through 25c							25d	16,166.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .				26	
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .		·		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31					e credits		32	
	33	Add lines 25d, 26, and 32. T			-				33	16,166.
Defund	34	If line 33 is more than line 24							34	2,723.
Refund	35a	Amount of line 34 you want				•	-	. 🗆	35a	2,723.
Direct deposit?	b	Routing number 0 5 4				Check		avings		
See instructions.	d	Account number 5 3 8						0		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe						
You Owe		For details on how to pay, g							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions	· · · · ·				🗌 Yes. Co	mplete b	elow.	X No
		signee's		Phone				nal identif	ication	
	nai			no.				er (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	ul signature		Date						IN, enter it here
Joint return?					COMPUTER SC	IENCE	ENGINEE	R (see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.								Ident (see i		ection PIN, enter it he
,								(1131.)	
		one no. (770) 616-975		Email address	DASARI1988	1	AIL.COI			Chook if:
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	01/2	27/2023	P02082		Self-employed
Use Only		m's name GLOBAL TA			T 0001 C					(678) 965-9522
			Y CT E BRU	NSWICK N	1 08810			Firm'	s EIN	88-2145487
Go to www.irc.a	ov/Eorn	n1040 for instructions and the late	st information				04/00 000			Earm 1040 (20)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 01/24/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074 2 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	Your soc	ial security number	
JITHENDER DAS	ART	785-86	-8190

Name(s) shown on JITHENDER DA

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-9,100.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
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 1040, 1040-SR	, or 1040-NR, line 8	10	-9,100.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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 8I 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 8m	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 to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	01/24/23 P	RO	Schedu	le 1 (Form 1040) 2022

(Form	1040)	(From r	ental real estate	e, royalties, partnersl	hips, S	corporati	ions, es	tates,	trusts, REMIC	Cs, etc.)	えん	199
	ent of the Treasury			Attach to Form 1040,	·	,			6 1 ¹		Attachm	nent do
	Revenue Service		Go to www.i	rs.gov/ScheduleE for	rinstru	uctions an	d the la	itest in	formation.			ce No. 13
) shown on return IENDER DAS	лрт									al security i 6-8190	number
Part			Erom Dont	al Real Estate an	d Do	valtion				/05-0	0-0190	
Fall	Note: If yo	ou are in t	he business of re	enting personal proper 35 on page 2, line 40.			c . See	instruc	ctions. If you a	ire an indi	vidual, repo	ort farm
A [at would require you	to file	Form(s) 1	099? 5	See ins	tructions .		. 🗌 Ye	s 🛛 No
				I Form(s) 1099? .								
1a				treet, city, state, ZIF								
Α	6-553 RAM	NAGAR	MIRYALAGU	JDA ,NALGONDA	TELA	ANGANA	IN	50820	77			
В												
С												
1b	Type of Prope (from list below			tal real estate prope t the number of fair				Fa	ir Rental Days	Personal Use Days		QJV
Α	1		personal use	days. Check the Q	JV bo>	x only	Α		365		0	
В				ne requirements to f			В				-	
С			qualified joint	t venture. See instru	ICTIONS	5.	С					
Туре	of Property:	•				•						
1	Single Family R	lesidence	e 3 Vacati	on/Short-Term Ren	tal	5 Land		7	Self-Rental			
2	Multi-Family Re	esidence	4 Comm	nercial		6 Roya	lties	8	Other (descr	ribe)		
									Properti			
Incom	ne:						Α		B			С
3		d			3			00.				•
4					4		-					
Exper												
5					5							
6					6							
7					7		8	50.				
8	-				8							
9	Insurance .				9							
10	Legal and othe	er profes	sional fees .		10							
11	Management f	fees			11		1,2	50.				
12	Mortgage inter	rest paid	to banks, etc.	(see instructions)	12							
13	Other interest				13							
14	Repairs				14		2,8					
15					15		2,5	50.				
16					16							
17					17		2,1	00.				
18	.				18							
19	Other (list)	- A -I -I -I'			19			0.0				
20	•		•	19	20		9,6	00.				
21				d/or 4 (royalties). If ind out if you must								
					21		-9,1	00				
22				er limitation, if any,	21		571					
-				· · · · · · · ·	22	(9,10	0.)	()	()
23a				3 for all rental prope				23a		500.		,
b				4 for all royalty prop				23b				
с				12 for all properties				23c				
d	Total of all am	ounts rep	ported on line ⁻	18 for all properties				23d				
е				20 for all properties				23e	9	,600.		
24				n on line 21. Do no		-				. 24		
25	Losses. Add r	oyalty los	ses from line 21	l and rental real estat	te loss	es from lir	ne 22. E	Inter to	tal losses her	re 25	(9,100.)

Supplemental Income and Loss

SCHEDULE E

....

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

26

.

-9,100.

OMB No. 1545-0074

Form 8582
Department of the Treasurv

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

785-86-8190

Internal Revenue Service Name(s) shown on return

Part I

JITHENDER DASARI

2022	Passive	Activity	Loss

Caution: Complete Parts IV and V before completing Part I.

	Il Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
b c	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(9,100.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()		
d	Combine lines 1a, 1b, and 1c	1d	-9,100.
All Ot	her Passive Activities		
2a b c	Activities with net income (enter the amount from Part V, column (a)).2aActivities with net loss (enter the amount from Part V, column (b))Prior years' unallowed losses (enter the amount from Part V, column (c))		
d	Combine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-9,100.

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 Rer	ntal Real Estat	te Activities With	Active Pa	articip	ation		
	Note: Enter all numbers in Par	t II as positive ar	mounts. See instruc	tions for ar	i examp	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on	line 3				4	9,100.
5	Enter \$150,000. If married filing separ	ately, see instrue	ctions	5	1	50,000.		
6	Enter modified adjusted gross income	e, but not less th	an zero. See instruc	tions 6	1	.03,079.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip lii	nes 7 and 8 and ent	er -0-				
7	Subtract line 6 from line 5			7		46,921.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$2	25,000. If married filir	ng separate	ly, see	instructions	8	23,461.
9	Enter the smaller of line 4 or line 8						9	9,100.
Par								
10	Add the income, if any, on lines 1a an	d 2a and enter t	he total				10	0.
11	Total losses allowed from all passiv out how to report the losses on your t						11	9,100.
Par	t IV Complete This Part Before	e Part I, Lines	1a, 1b, and 1c. S	ee instruc	tions.			
	Name of activity	Curr	ent year	Prior y	ears	Ove	rall ga	ain or loss
	Name of activity		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					

Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
6-553 RAM NAGAR	0.	9,100.			9,100.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	9,100.				
For Paperwork Reduction Act Notice, see instru	uctions. BAA		REV 01/24	1/23 PRO	Form 8582 (2022)	

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

			-u, <i>-</i> v,		00 1100 40					
Name of activity		Current year			Prior years		Overall gain or loss			
		(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
						0 20)		-		
								-		
			+							
Total, Enter	on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amour	t Is Shown on	Part II.	Line 9. S	L See instruc	tions				
	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
6-553 RA	M NAGAR	E Ln 22		9,100.	1.0000	0000	9,10	0.	0.	
				372001	1.0000	0000	5,120			
		1								
Total				9,100.	1.0	0	9,10	0.	0.	
Part VII	Allocation of Unallowed L	.osses. See inst	ruction	s.						
		Form or sch	nedule							
	Name of activity	and line nu	mber	(a)	Loss		(b) Ratio	(c)	Unallowed loss	
	Nume of detivity	to be report			2033				of officiallowed loop	
		(see instruc	tions)							
		·								
Total							1.00			
Part VIII	Allowed Losses. See instr	uctions.								
		Form or sch	nedule							
	Nome of estivity	and line nu	mber	(a)				1		
Name of activity		to be report	ed on (a) L		LOSS (D)		(b) Unallowed loss		(c) Allowed loss	
		(see instruc	tions)							
		1								
Total										
				1		1				

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Form 8582 (2022)