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)

| Taxpay | er's name | Social security number | | | | | | | | | |
|---------------------------------------|---|------------------------|--------|------------|--|--|--|--|--|--|--|
| SAI | KIRAN BEJUGAM | 866-16-8980 | | | | | | | | | |
| Spouse's name Spouse's social securit | | | | | | | | | | | |
| Par | Tax Return Information – Tax Year Ending December 31, 2022 (Enter | year you a | re aut | horizing.) | | | | | | | |
| 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 | 147,981. | | | | | | | |
| 2 | Total tax | | 2 | 26,243. | | | | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 26,279. | | | | | | | |
| 4 | Amount you want refunded to you | | 4 | 36. | | | | | | | |
| 5 | Amount you owe | | 5 | | | | | | | | |
| Par | Part II Taxpaver 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

| l authorize | CTORAT | TAVEC | TTC | to optor or gonorato my DIN | 6 |
|----------------|--------|-------|---------------|-----------------------------|----------|
| rauthorize | GLUBAL | TAVES | | to enter or generate my PIN | - |
| | | | ERO firm name | | |

| 6 | 8 | 9 | 8 | 0 | |
|------------|-------|---|---|---|--|
| Ent dor | as my | | | | |

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 s | ignature D | ate 🖡 | | | | | | | |
|------------|---|-------|----|---|------|------------------|-------|-----|---|
| | Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | |
| Part III | Certification and Authentication – Practitioner PIN Method Only | | | | | | | | |
| ERO's EFI | N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 | 1 | 8 | | 3 all zei | 9 | 8 9 | 9 |

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 > | | | |
|---|-----|------------------|--------------------------|
| ERO Must Retain This F Don't Submit This Form to the I | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 03/22/23 PRO | Form 8879 (Rev. 01-2021) |

| E 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn 202 | 22 | OMB No. 1545 | 5-0074 | IRS Us | e Only | —Do not v | write or stap | le in this space. | |
|--|--------|---|----------------------|---|--------|----------------|------------------|------------|-------------------|--------------------------------|---------------------------------------|-------------------|--|
| Filing Status Check only one box. | lf yo | Single Arried filing jointly successful dependent of the MFS box, enter the name on is a child but not your dependent | ame of y | ed filing separately vour spouse. If you | . , | | | | , | spo | alifying su Juse (QSS s name if | 5) | |
| Your first name | and m | iddle initial | Last na | me | | | | | | Your se | ocial secu | rity number | |
| SAI KIRA | N | | BEJU | GAM | | | | | | 866- | 16-89 | 80 | |
| - | | s first name and middle initial | Last na | | | | | | | Spouse's social security numbe | | | |
| | (l | | · | | | | | A | | _ | | | |
| | ` | er and street). If you have a P.O. box, see | Instructio | ons. | | | | Apt. no. | | | | ction Campaigr | |
| <u>1433 NW</u> | | | manlata a | nanan halaw | Cto | ** | 1 1 | 201 | | | | bintly, want \$3 | |
| | | ce. If you have a foreign address, also co | mpiete s | paces below. | Sta | | | code | | to go to | o this fund | d. Checking a | |
| OKLAHOMA | | ĿŸ | | OK 73 | | | | | ! - | | | ot change | |
| Foreign country | name | | 1 | Foreign province/stat | e/coun | ſy | Fore | ign postal | code | your ta | x or refun | _ | |
| Digital Assets | | ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a | | | | | | | | | | s 🛛 No | |
| Standard Deduction | _ | eone can claim: You as a de Spouse itemizes on a separate retur | • | — · | | | | · · · | | | | | |
| Age/Blindness | You | : 🗌 Were born before January 2, 1 | 958 | Are blind S | pouse | : 🗌 Was bo | rn bet | fore Janu | uary 2 | 2, 1958 | 🗌 Is | blind | |
| Dependents | s (see | instructions): | | (2) Social secur | ritv | (3) Relationsh | ip (4) Check the | | | ox if qual | ifies for (se | ee instructions): | |
| If more | | irst name Last name | | number | , | to you | · | Child | tax c | redit | Credit for | other dependent | |
| than four | | | | | | | | | | | | | |
| dependents, | | | | | | | | | $\overline{\Box}$ | | | | |
| see instructions and check | s — | | | | | | | | \Box | | | | |
| here | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | e instructions) . | | | | | | . 1a | a i | 164,032. | |
| meome | b | Household employee wages not re | | | | | | | | . 11 | | | |
| Attach Form(s) | с | Tip income not reported on line 1a | a (see instructions) | | | | | | | . 10 | b | | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | . 10 | ł | | |
| W-2G and | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | . 10 | e | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | fits from | n Form 8839, line 2 | . 92 | | | | | . 11 | f | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | . 19 | 9 | | |
| get a Form | h | Other earned income (see instruct | ions) | | | | | | | . 11 | 1 I | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | uctions) | | 1i | i | | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | . 12 | z | 164,032. | |
| Attach Sch. B | 2a | | 2a | | bТ | axable interes | t . | | | . 21 | 5 | | |
| if required. | 3a | Qualified dividends | 3a | | bС | rdinary divide | nds | | | . 3ł | b | | |
| | 4a | IRA distributions | 4a | | | axable amoun | | | | . 41 | 2 | | |
| Standard | 5a | | 5a | | bТ | axable amoun | nt. | | | . 5ł | 2 | | |
| Deduction for- | 6a | Social security benefits | 6a | | bТ | axable amoun | nt. | | | . 61 | 2 | | |
| Single or Married filing | с | If you elect to use the lump-sum e | lection r | nethod, check her | e (see | instructions) | | | .[| | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | | - | | , | | | . [| 7 | | | |
| Married filing | 8 | Other income from Schedule 1, lin | | | | | | | | . 8 | | -16,051. | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | | . 9 | | 147,981. | |
| surviving spouse, | 10 | Adjustments to income from Sche | | | | | | | | . 10 | | , , , - · | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | - | | | | | | | . 11 | - | 147,981. | |
| household, | 12 | Standard deduction or itemized | | | | | | | | . 12 | | 12,950. | |
| \$19,400 • If you checked | 13 | Qualified business income deduct | | , | , | 5-A . | | | | . 1: | | | |
| any box under Standard | 14 | | | | | | | | | . 14 | | 12,950. | |
| Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | | | | . 19 | | 135,031. | |
| see instructions. | | ···· ································· | | , | , | | - | 2 | | | · · · | , | |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|------------------------------------|---------|--|-------------------------|---------------------|------------------------|-----------------------|---------------------------|-------------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 26,243. |
| Credits | 17 | Amount from Schedule 2, lir | ne3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 26,243. |
| | 19 | Child tax credit or credit for | other dependen | 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 | 26,243. |
| | 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 | 26,243. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| 2 | а | Form(s) W-2 | | | | 25a | 26,279 | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 26,279. |
| If you have a | 26 | 2022 estimated tax payment | ts and amount a | pplied from 20 | 21 return | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | m Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | undable credit | s | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 26,279. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you overpai | d | 34 | 36. |
| | 35a | Amount of line 34 you want | | | is attached, che | ck here | 🗆 |] 35a | 36. |
| Direct deposit? | b | Routing number 1 0 3 | | | | Checking | Saving | s | |
| See instructions. | d | Account number 3 0 5 | 0 0 8 2 | 3 6 5 8 | 3 4 | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2023 estimate | ed tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | | |
| You Owe | | For details on how to pay, g | - | | | 1 1 | | 37 | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | | |
| Third Party | | you want to allow another | • | | | | Complet | o bolow | × No |
| Designee | | structions | | · · · · Phone | | | Complet | | INO NO |
| | nai | signee's ne | | no. | | | ersonal ide umber (PIN | | |
| Sign | Un | der penalties of perjury, I declare t | hat I have examine | ed this return and | l accompanying sch | edules and state | ments, and | to the be | st of my knowledge and |
| Here | bel | ief, they are true, correct, and com | plete. Declaration of | of preparer (othe | r than taxpayer) is ba | ased on all inform | ation of wh | ich prepar | er has any knowledge. |
| nere | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity |
| loint votuvo? | | | | | SOFTWARE I | | | e inst.) | PIN, enter it here |
| Joint return? See instructions. | Sp | ouse's signature. If a joint return, I | both must sign | Date | Spouse's occupat | | lf | the IRS se | nt your spouse an |
| Keep a copy for | -1- | | | | | | ld | entity Prot | ection PIN, enter it here |
| your records. | | | | | | | (se | ee inst.) | |
| | | one no. (646)724-892 | | Email address | SAIKIRANB3 | | | | 1 |
| Paid | | eparer's name | Preparer's signat | | | Date | PTIN | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 04/05/202 | 3 P020 | 82703 | Self-employed |
| Use Only | Fir | m's name GLOBAL TA | | | | | Pł | none no. | (678)965-9522 |
| | | | Y CT E BRU | NSWICK N | J 08816 | | Fi | rm's EIN | 84-3171965 |
| Go to www.ire a | ov/Form | a10/0 for instructions and the late | et information | | DAA | | ~ | | Earm 1040 (2022) |

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

| Department of the Treasury Internal Revenue Service | | Attachment Sequence No. 01 | |
|--|------------------------------|--------------------------------------|---------------------|
| Name(s) shown on Fo | rm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| SAI KIRAN BEJU | GAM | 866-16 | -8980 |
| | | | |

| 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 | ach Schedule E . | 5 | -16,051. |
| 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 | _ | |
| 0 | 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 | R, or 1040-NR, line 8 | 10 | -16,051. |

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

Schedule 1 (Form 1040) 2022

| 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) | | |
| b | | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | | |
| 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 | _ | |
| 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 violations | _ | |
| j | Housing deduction from Form 2555 | _ | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | |
| | 1041) | _ | |
| Z | Other adjustments. List type and amount: | | |
| 05 | Tatal ather adjustments Add lines 04s through 04s | 05 | |
| 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 | |
| | BAA REV 03/22/23 PRO | Schedule 1 (Form 1040) |) 2022 |

| | DULE E | | | Supplementa | l Inc | ome ar | nd Los | SS | | | OMB No | . 1545-0074 |
|----------|---------------------|-------------|------------------|--|----------|-------------|----------|----------|------------------|--------------|---------------|------------------|
| (Form | 1040) | (From r | ental real estat | te, royalties, partnersł | nips, S | corporat | ions, es | states, | trusts, REMI | Cs, etc.) | 20 | 22 |
| | ent of the Treasury | | | Attach to Form 1040, | | | | | | | Attachm | nent |
| | Revenue Service | | Go to www. | irs.gov/ScheduleE for | r instru | uctions an | d the la | itest ir | formation. | | | ce No. 13 |
| . , | shown on return | | | | | | | | | | al security I | number |
| | KIRAN BEJU | - | | | | . 102 | | | | 866-1 | 6-8980 | |
| Part | Note: If yo | ou are in t | he business of r | tal Real Estate an renting personal proper 335 on page 2, line 40. | | | e C. See | e instru | ctions. If you a | are an indiv | vidual, repo | ort farm |
| A D | | | | at would require you | to file | Form(s) 1 | 099? 5 | See ins | structions . | | . 🗌 Ye | s 🛛 No |
| | | | | d Form(s) 1099? . | | | | | | | | |
| 1a | | | | street, city, state, ZIF | | | | | | | | |
| Α | , | | 1 1 3 (| AL GUNJ, HYDERA | | , | אזאב | TN 5 | 00012 | | | |
| B | 15 5 002,1 | | | AL CONC, HIDER. | | TELANC | | 111 5 | 00012 | | | |
| | | | | | | | | | | | | |
| 1b | Type of Prope | rty 2 | For each ren | ntal real estate prope | rtv list | ed | | Fa | ir Rental | Person | al Use | |
| | (from list below | | | rt the number of fair i | | | | | Days | Da | | QJV |
| Α | 3 | | | e days. Check the Q | | | Α | | 365 | | 0 | |
| В | | | | he requirements to f t venture. See instru | | | В | | | | | |
| С | | | qualified joir | it venture. See instru | CLIONS | . | С | | | | | |
| Туре | of Property: | | | | | | | | | | | |
| 1 : | Single Family R | esidence | e 3 Vacat | tion/Short-Term Rent | tal | 5 Lanc | 1 | | Self-Rental | | | |
| 2 | Multi-Family Re | sidence | 4 Comr | mercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | | | | | | | Properti | es: | | |
| Incom | e: | | | | | | Α | | B | | | С |
| 3 | Rents received | 4 | | | 3 | | 7 | 16. | | | | |
| 4 | | | | | 4 | | | | | | | |
| Expen | | | | | | | | | | | | |
| 5 | Advertising . | | | | 5 | | | | | | | |
| 6 | Auto and trave | l (see ins | structions) . | | 6 | | 4 | 10. | | | | |
| 7 | | | | | 7 | | 1,8 | 17. | | | | |
| 8 | Commissions | | | | 8 | | | | | | | |
| 9 | Insurance | | | | 9 | | | | | | | |
| 10 | • | • | | | 10 | | | | | | | |
| 11 | | | | | 11 | | 1,5 | 56. | | | | |
| 12 | 00 | | | . (see instructions) | 12 | | | | | | | |
| 13 | Other interest | | | | 13 | | | | | | | |
| 14 | Repairs | | | | 14 | | | 55. | | | | |
| 15 | | | | | 15 | | 4,3 | 37. | | | | |
| 16 | | | | | 16 | | | | | | | |
| 17 | | | | | 17 | | 4,5 | 92. | | | | |
| 18 | - | xpense | or depletion . | | 18 | | | | | | | |
| 19 00 | Other (list) | | | 10 | 19 | | 16 7 | 67 | | | | |
| 20 | • | | | 19 | 20 | | 16,7 | 07. | | | | |
| 21 | result is a (loss | s), see in | structions to t | nd/or 4 (royalties). If find out if you must | 21 | | -16,0 | 51. | | | | |
| 22 | | | | er limitation, if any, | 22 | (| 16,05 | 51.) | (|) | (|) |
| 23a | | | | 3 for all rental prope | | | | 23a | | 716. | | |
| b | | | | 4 for all royalty prop | erties | | | 23b | | | | |
| С | | | | 12 for all properties | | | | 23c | | | | |
| d | Total of all amo | ounts rej | ported on line | 18 for all properties | | | | 23d | | | | |
| е | | | | 20 for all properties | | | | 23e | 16 | ,767. | | |
| 24 | | | | wn on line 21. Do no | | | | | | . 24 | | |
| 25 | Losses. Add ro | oyalty los | sses from line 2 | 1 and rental real estat | te loss | es from lii | ne 22. E | Enter to | otal losses he | re 25 | (1 | 16,051.) |

| 26 | Total rental real estate and royalty income or (loss). Co | mbine lines 24 and 25. | Enter the result |
|--|---|-----------------------------|------------------|
| | here. If Parts II, III, IV, and line 40 on page 2 do not ap | ply to you, also enter | this amount on |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this amo | ount in the total on line 4 | 11 on page 2 . |
| For Paperwork Reduction Act Notice, see the separate instructions. | | NPA | -16,051. |

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