(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 Identification Number (SID)			•				
Taxpayer's name		Social security number					
SANTHOSHI KETHINEEDI		058-69-3509					
Spouse's name		Spouse's soci	al secui	ity number	•		
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter	year you a	re autl	norizing.	)		
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		,596.		
2 Total tax			2		,975.		
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		,230.		
4 Amount you want refunded to you			4	2	,255.		
5 Amount you owe			5 (of w	nur rotu	rn)		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (ori	<u> </u>						
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (origina Electronic Funds Withdrawal Consent.	I authorize the U.S ution account indice financial institution Agent to terminate cancellation requens involved in the passeries are lated to the passeries.	S. Treasury are cated in the tand to debit the the authorizates must be processing of ayment. I furt	nd its do ex prepa entry to tion. To receiv the ele her ack	esignated aration soft this acco revoke ( ed no late ctronic pa nowledge	Financial tware for ount. This cancel) a er than 2 yment of that the		
Taxpayer's PIN: check one box only							
	iter or generate n	ov DINI 9	3 5	0 9	ac my		
ERO firm name signature on the income tax return (original or amended) I am now authorize	· ·	Ent		igits, but all zeros	as my		
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practit below.	mended) I am no						
Your signature ►	_ Date ▶ _						
Spouse's PIN: check one box only							
	iter or generate n	av DINI			ac my		
ERO firm name	iter or generate n		er five d	igits, but	as my		
signature on the income tax return (original or amended) I am now authorize	zing.			all zeros			
I will enter my PIN as my signature on the income tax return (original or all if you are entering your own PIN and your return is filed using the Practit below.							
Spouse's signature ▶	Date ▶						
Practitioner PIN Method Returns Only—c							
Part III Certification and Authentication — Practitioner PIN Method	l Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	I PIN.						
		Don't ente	r all zer	os			
I certify that the above numeric entry is my PIN, which is my signature for the electronic indicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-	m that I am submit	tting this retu	rn in ad	ccordance			
ERO's signature ▶	Date ►						
ERO Must Retain This Form — See Ir  Don't Submit This Form to the IRS Unless Re		o So					

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.		Single Married filing jointly under the MFS box, enter the name	_		,	_		,	, .	spo	use (QSS)	)
		son is a child but not your dependent	:									
Your first name and middle initial La				me						Your social security number		
						058-69-3509						
If joint return, spouse's first name and middle initial  Last name  Signature  Signature  Last name						Spouse	's social se	curity number				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ntial Elect	ion Campaign
3406 JEI	FFER	SON CT									here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				ntly, want \$3 . Checking a
ALPHARE	ΓΤΑ				GA		30	005		_	ow will no	
Foreign country	y name		F	oreign province/state/	count	у	Fore	ign postal o	ode	your tax	k or refund	l.
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a	,				•		, .	. ,	☐ Yes	⊠ No
Standard		eone can claim: You as a de						7. (				
Deduction		Spouse itemizes on a separate retur	•									
Age/Blindness	s You:	: Were born before January 2, 1	958	Are blind Spo	ouse	: Was bor	rn be	fore Janu	ary 2	, 1958	☐ Is b	olind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	<b>(4)</b> Check t	he bo	x if quali	fies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you		Child	ax cr	edit	Credit for o	ther dependents
than four												
dependents, see instruction	s											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						1a	ı	72,090.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b	)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						10	;	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								10	I	
W-2G and 1099-R if tax	е	·	nt care benefits from Form 2441, line 26						1e	•		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6.								<b>1</b> g	ı	
get a Form W-2, see	h	Other earned income (see instructions)								1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						
	Z									1z		72,090.
Attach Sch. B	2a		2a	1		axable interes				2b		
if required.	3a		3a	1.		rdinary divide				3b		1.
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	_	5a			axable amoun				5b		
Single or	6a	,	6a	Us a all a de a all de a ann		axable amoun	τ.		٠.	6b	)	
Married filing separately,	c	If you elect to use the lump-sum e		•	•	,	•			-		_
\$12,950	7	Capital gain or (loss). Attach Schedule 1 line					•		. L	7		5.
<ul> <li>Married filing jointly or</li> </ul>	8 9	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your <b>total inc</b>						9		<u>-7,200.</u>
Qualifying surviving spouse,	10									10		64,896. 300.
\$25,900		Adjustments to income from Sche					•			11		
<ul> <li>Head of household,</li> </ul>	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-			•			12		64,596.
\$19,400 • If you checked	13	Qualified business income deduct				 5-Δ	•			13		12,950.
any box under	14	Add lines 12 and 13								14		12 050
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		<u>12,950.</u> 51,646.
see instructions.		Castact into 14 Hottl little 11. Il 201	0 01 103	5, 5111515 y	Jui <b>t</b>	azabie ilicoli	.0			13	<u>'  </u>	JI, 040.

Form 1040 (2022	2)									P	Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any	from Form	(s): <b>1</b> 8814	4 <b>2</b> 4972	3 🗌			16	6,97	75.
Credits	17	Amount from Schedule 2, line 3							17		
	18	Add lines 16 and 17							18	6,97	75.
	19	Child tax credit or credit for other	dependent	s from Schedu	ıle 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 ze	ro or less, e	enter -0					22	6,97	75.
	23	Other taxes, including self-employ	yment tax, t	from Schedule	2, line 21 .				23		0.
	24	Add lines 22 and 23. This is your	total tax						24	6,97	75.
Payments	25	Federal income tax withheld from									
-	а	Form(s) W-2				25a	9	,230	) .		
	b	Form(s) 1099				25b					
	С	Other forms (see instructions) .				25c					
	d	Add lines 25a through 25c							25d	9,23	30.
If you have a	26	2022 estimated tax payments and	d amount ap	oplied from 20	21 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from Sch				28					
	29	American opportunity credit from	Form 8863	, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line 15				31					
	32	Add lines 27, 28, 29, and 31. The	se are your	total other pa	yments and ref	undabl	e credits		32		
	33	Add lines 25d, 26, and 32. These	are your <b>to</b>	tal payments					33	9,23	30.
Refund	34	If line 33 is more than line 24, sub	tract line 24	4 from line 33.	This is the amou	ınt you	overpaid		34	2,25	
	35a	Amount of line 34 you want refun			is attached, che	ck here		[	35a	2,25	55.
Direct deposit?	b	Routing number 0 6 1 0			,	Chec	king 🗌	Saving	s		
See instructions.	d	Account number 3 3 4 0	7 4 3	1 9 7 9	9						
	36	Amount of line 34 you want applied	ed to your 2	2023 estimate	d tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This For details on how to pay, go to w		•	see instructions				37		
	38	Estimated tax penalty (see instruc	ctions) .			38					
Third Party Designee		you want to allow another pers					Yes. C	omplet	e below.	⊠ No	
		signee's		Phone					ntification		
	na			no.				ber (PIN	,		
Sign Here		der penalties of perjury, I declare that I hief, they are true, correct, and complete.			than taxpayer) is b			on of wh	nich prepar	er has any knowle	edge.
11010	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here	/
Joint return?					SOFTWARE	ENGTI	JEEB		ee inst.)	IN, enter it here	$\neg \neg$
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> n	nust sian.	Date	Spouse's occupa		VIIII.	If	the IRS se	nt your spouse ar	 n
Keep a copy for	·	,	J					Id	entity Prote	ection PIN, enter	
your records.								(s	ee inst.)		$\perp \!\!\! \perp$
		one no. (409)549-7076		Email address	SANTHOSHI2	516@0	MAIL.CO				
Paid	Pre	eparer's name Prep	arer's signat	ure		Date		PTIN		Check if:	
Preparer								L_,_		Self-emplo	yed
Use Only	Fir	m's name GLOBAL TAXES						P	none no.		
	Fir	m's address 245 ROONEY Co	r e bru	NSWICK NO	J 08816			F	rm's EIN		
										4040	•

# SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SANTHOSHI KETHINEEDI

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.

Your social security number 058-69-3509

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	-7,200.
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			
	, , , , , , , , , , , , , , , , , , ,	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 (	<u> </u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t	-	
	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-NH, line 8	10	-7,200.

Schedule 1 (Form 1040) 2022 Page **2** 

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	300.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	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)	_	
- 1	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		
	Housing deduction from Form 2555	_	
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
ĸ	1041)		
z	Other adjustments. List type and amount:		
~	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on		
_0	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	300.

### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Your social security number

Department of the Treasury Internal Revenue Service

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return

058-69-3509 SANTHOSHI KETHINEEDI

### Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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) 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. line 2, column (a) with 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 . . . . . . . . . . . . . . . . . . 15. 10. 5. 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 5. 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 (g) (h) Gain or (loss) 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 (sales price) (or other basis) Form(s) 8949, Part II, 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) 2022 Page **2** 

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 5. • 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 you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, 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. 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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## **Sales and Other Dispositions of Capital Assets**

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

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

058-69-3509

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

SANTHOSHI KETHINEEDI

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

Sequence No. 12A

Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form	er you receive 1099-B. Either	ed any Form(s) 109 will show whether	99-B or substitute er your basis (usua	statement(s	) from your broke t) was reported to	r. A substitute the IRS by your
Short-Term. Transinstructions). For lo Note: You may agg reported to the IRS Schedule D, line 1a	ng-term trai regate all s and for whi	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or cod	oorted on Form les are required	(s) 1099-E d. Enter th	showing basi e totals directly	s was / on
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com  (A) Short-term transactions (B) Short-term transactions (C) Short-term transactions	below. Checo page 1, for ea aplete as mar reported on reported on	k only one bach applicable by forms with Form(s) 1099	box. If more than le box. If you have the same box of 9-B showing bas 9-B showing bas	n one box applied we more short-te checked as you r sis was reported	s for your s rm transacheed. to the IRS	hort-term transa tions than will fit (see <b>Note</b> above	ctions, on this page
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Ćo.)	(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	<b>(g)</b> Amount of adjustment	combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/22	15.	10.			5.
2 Totals Add the amounts in columns	s (d) (e) (d) and	d (h) (subtract					

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.

15.

5.

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) .

10.

### **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,

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13 Name(s) shown on return Your social security number 058-69-3509 SANTHOSHI KETHINEEDI Part I **Income or Loss From Rental Real Estate and Royalties Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) 1a Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Days** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 600. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 800. 7 Cleaning and maintenance. 7 8 Commissions . . . 8 9 9 Insurance . . . 10 Legal and other professional fees 10 11 Management fees . . . . . . . . 11 650. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,850. 14 14 Repairs . . . 15 Supplies . . . . . . 15 1,700. 16 16 Taxes 17 Utilities . . . . . . . 17 2,800. 18 18 Depreciation expense or depletion . . . . . . . . Other (list) 19 19 20 20 7,800. Total expenses. Add lines 5 through 19 . . . . . . 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 -7,200.

22	Deductible rental real estate loss after limitation, if any,		
	on Form 8582 (see instructions)		( )
23a	Total of all amounts reported on line 3 for all rental properties 23a	500.	
b	Total of all amounts reported on line 4 for all royalty properties 23b		
С	Total of all amounts reported on line 12 for all properties		
d	Total of all amounts reported on line 18 for all properties		
е	Total of all amounts reported on line 20 for all properties	300.	
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses	24	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( 7,200.)
26	<b>Total rental real estate and royalty income or (loss).</b> 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 Schodule 1 (Form 1040) line 5. Otherwise, include this amount in the total on line 41 on page 2.		7, 200
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26	-7,200.