#### 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
AMAR REDDY ALOORI	128-83-2946
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (E	Enter 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.	
<b>1</b> Adjusted gross income	<b>. 1</b> 99,737.
<b>2</b> Total tax	<b>2</b> 14,708.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>. 3</b> 17,235.
4 Amount you want refunded to you	<b>4</b> 2,527.
<b>5</b> Amount you owe	5

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ŀ
				ERO firm name		

3	2	9	4	6	
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	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 signature 🕨	Date 🕨
Practitioner PIN Me	hod Returns Only—continue below
Part III Certification and Authentication – Prac	titioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 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 >	RO's signature ► Date ►							
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 01/02/23 PRO	Form 8879 (Rev. 01-2021)					

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		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  Married filing jointly	-	ng separately (N	,			( )	spor	lifying surviving use (QSS) name if the qualifying
	pers	on is a child but not your dependent	:							
Your first name	and mi	iddle initial	Last name						Your so	cial security number
AMAR REI	DDY		ALOORI						128-	83-2946
lf joint return, sp	pouse's	s first name and middle initial	Last name						Spouse	's social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Preside	ntial Election Campaigr
820 KINW	IEST	PARKWAY					5	78		nere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spaces	below.	Sta	ate	ZIP c	ode	•	if filing jointly, want \$3 this fund. Checking a
IRVING					T2	X	750	63	•	ow will not change
Foreign country	name		Foreig	n province/state/o	coun	ty	Foreig	n postal code	your tax	<pre>or refund. You Spouse</pre>
Digital		ny time during 2022, did you: (a) rece	•				-			
Assets		ange, gift, or otherwise dispose of a				-	asset)	? (See Instru	ctions.)	Yes X No
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate return		Your spouse a dual-status		•				
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	e blind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind
Dependents	s (see	instructions):	(	2) Social security	,	(3) Relationsh	ip (4	I) Check the bo	ox if quali	fies for (see instructions):
lf more	<b>(1)</b> F	irst name Last name		number		to you		Child tax cr	redit	Credit for other dependents
than four										
dependents, see instructions										
and check	, 									
here										
Income	<b>1</b> a	Total amount from Form(s) W-2, be	ox 1 (see inst	ructions)					. 1a	110,737.
	b	Household employee wages not re	•						. 1b	)
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a							. <u>1</u> c	
attach Forms	d	Medicaid waiver payments not rep			nstru	uctions)			. 1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		-			• •		. <u>1</u> e	
was withheld.	f	Employer-provided adoption bene		-					. 1f	
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 instructi	,				···		. 1h	0.
instructions.	i	Nontaxable combat pay election (s	ee instructio	ns)		<b>1</b> i			_	110 505
	<u>z</u>		· · · ·		· ·				. 1z	
Attach Sch. B	2a	· –	2a			axable interes			. 2b	
if required.	<u>3a</u>		3a			Ordinary divide			. 3b	
	4a		4a			axable amoun			. 4b	
Standard Deduction for –	5a		5a			axable amoun			. 5b	
<ul> <li>Single or</li> </ul>	6a	,	6a			axable amoun	t	· · · ·	. 6b	
Married filing separately,	с _	If you elect to use the lump-sum el					• •	· · · L	╡╎╶	
\$12,950	7	Capital gain or (loss). Attach Schee					• •	· · · L		11 000
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line					• •		. 8	-11,000.
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9	99,737.
\$25,900	10	Adjustments to income from Sche					• •		. 10	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is							. 11	
\$19,400	12	Standard deduction or itemized				 	• •		. 12	1
<ul> <li>If you checked any box under</li> </ul>	13 14	Qualified business income deducti							. 13	
Standard Deduction,	14 15	Add lines 12 and 13							. <u>14</u> . 15	1
see instructions.	15			1115 15 y	Jui				. 15	86,787.

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

Form **1040** (2022)

Form 1040 (2022	2)								I	Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	14,7	08.
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	14,7	08.
	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	14,7	08.
	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 <b>total tax</b>					24	14,7	08.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25</b> a 17	,235.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	17,2	35.
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)				27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		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 ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	17,2	35.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	2,5	27.
neruna	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆	35a	2,5	27.
Direct deposit?	b	Routing number 0 8 1	0 0 0 0	3 2	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 3 5 5	0 1 1 4	5 0 5 9	9 8					
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	structions				🗌 <b>Yes.</b> C	omplete l	below.	× No	
	De nai	signee's		Phone no.			onal identi ber (PIN)	fication		
<u></u>		der penalties of perjury, I declare t					. ,	41 1		
Sign		ief, they are true, correct, and com			1 2 0		,		,	0
Here	Yo	ur signature		Date	Your occupation		If the	e IRS sei	nt you an Identit	tv
							Prot	ection P	IN, enter it here	
Joint return?					SOFTWARE 1	ENGINEER	(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spouse a ection PIN, enter	
your records.								inst.)		
	Ph	one no. (859)391-082	<u>ົ</u> ງ	Email address	ΜΑΤΤ ΆΛΜΑΡΕ	051@GMAIL.CO		,		
		eparer's name	Z Preparer's signat		ITATUZAPIAR S	Date	PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM					P0208	2703	Self-emplo	oved
Preparer		m's name GLOBAL TAX		TTTTT DAGAR	COLIA IAUDAM	01/12/2023			678)965-9	
Use Only			Y CT E BRU	INSWICK N.	J 08816			's EIN	88-2145	
Go to www.irc.or		n10/0 for instructions and the late			BAA		1	5 - 114	Eorm <b>104</b>	

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

REV 01/02/23 PRO BAA

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Part 1

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2022

Attachment Sequence No. **01** 

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR AMAR REDDY ALOORI

	REDDI ALCORI		120 0		010
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	θΕ.	5	-11,000.
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				
		<u>8m</u>		-	
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	0- (	,		
	1040, line 1a or 1d	8s (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or	0+			
	a nongovernmental section 457 plan	8t			
u -	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
~		02			

			le 1 (Form 1040) 2022
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-11,000.
9	Total other income. Add lines 8a through 8z	9	

Your social security number 128-83-2946

Parl	II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee			ent		
	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					19a	
b	Recipient's SSN					
	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:		• •			
		24a				
	Deductible expenses related to income reported on line 81 from the					
~		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals	210				
Ŭ	and USOC prize money reported on line 8m	24c				
d		24d				
	Repayment of supplemental unemployment benefits under the Trade					
C	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
		24g				
	Attorney fees and court costs for actions involving certain unlawful	2-19				
		24h				
;	Attorney fees and court costs you paid in connection with an award	2-111				
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
i	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	<u></u> 27j				
ĸ		24k				
z	Other adjustments. List type and amount:	271				
2		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income				23	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		01/02/23			le 1 (Form 1040) 20

SCHEDULE	Ε
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

Cs, etc.)	2022
	Attachment Sequence No. <b>13</b>
Your soci	al security number

	do to www.n3.90
Name(s) shown on return	-

AMAR	R REDDY ALOOR							1	L28-83-	-2946		
Part	Note: If you a	re in the	From Rental Real Estate and business of renting personal proper from Form 4835 on page 2, line 40	erty, use		e C. See	instru	ctions. If you are	an indivic	lual, rep	ort farm	
	Did you make any p	aymen	ts in 2022 that would require you	u to file								
B	f "Yes," did you or	will you	u file required Form(s) 1099?							🗌 Ye	es 🗌 No	
1a	Physical address	s of eac	h property (street, city, state, Z	IP code	e)							
Α					,							
B												
1b	Type of Property (from list below)		For each rental real estate prop above, report the number of fair				Fa	ir Rental Days	Personal Use Days		QJV	
Α	3		personal use days. Check the C	JV pox	x only	Α		365		0		
В			if you meet the requirements to			В						
С			qualified joint venture. See instr	ructions	5.	С						
1	of Property: Single Family Resid Multi-Family Resid		3 Vacation/Short-Term Re 4 Commercial	ntal	5 Lan 6 Roy			Self-Rental Other (describ				
								Properties	S:			
Incom						Α		В			С	
3				-		6	00.					
4		а	<u></u>	4								
Exper				-								
5	-		· · · · · · · · · · · · · · ·									
6 7			ructions)			1,0	0.0					
8						Ι,Ο	00.					
9												
9 10												
11				-		8	00.					
12			banks, etc. (see instructions)	12		0	00.					
13		-										
14						3.0	00.					
15	-						00.					
16												
17				17		4,0	00.					
18	Depreciation expe	ense or	depletion	18								
19	Other (list)			19								
20		dd line	s 5 through 19	20		11,6	00.					
21	result is a (loss), s	see inst	e 3 (rents) and/or 4 (royalties). If ructions to find out if you must	t		-11,0	0.0					
22	Deductible rental	real es	tate loss after limitation, if any, uctions)	,	(	11,00		(	)(			
23a			orted on line 3 for all rental prop				23a		600.			
b		-	orted on line 4 for all royalty pro				23b					
С		-	orted on line 12 for all properties	-			23c					
d			orted on line 18 for all properties				23d					
е			orted on line 20 for all properties				23e	11,	600.			
24		-	mounts shown on line 21. Do n						24			
25			es from line 21 and rental real esta				Inter to	otal losses here	25 (	-	11,000.	
26	Total rental real here. If Parts II,	estate	and royalty income or (loss). and line 40 on page 2 do not	Comb t apply	ine lines to you,	24 and also er	25. E nter th	nter the result is amount on				
			line 5. Otherwise, include this a						26	-	-11,000.	

Form <b>8582</b>
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **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

Identifying number 128-83-2946

AMAR	REDDY	AL'OOR I

Part I 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.)		
1a b c d	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( 11,000.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c( )Combine lines 1a, 1b, and 1c	1d	-11,000.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))       2a         Activities with net loss (enter the amount from Part V, column (b))       2b         Prior years' unallowed losses (enter the amount from Part V, column (c))       2c         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	-11,000.

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 Rei	ntal Real Estate	Activities With	Active Pa	rticipa	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an	examp	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3				4	11,000.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5	1	50,000.		
6	Enter modified adjusted gross income	e, but not less thar	i zero. See instruc	tions 6	1	10,737.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-				
	on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5			7		39,263.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separatel	y, see i	instructions	8	19,632.
9	Enter the <b>smaller</b> of line 4 or line 8						9	11,000.
Par	t III Total Losses Allowed							
10	Add the income, if any, on lines 1a an	d 2a and enter the	total				10	0.
11	Total losses allowed from all passiv	e activities for 20	22. Add lines 9 an	nd 10. See ir	structi	ions to find		
	out how to report the losses on your t	ax return					11	11,000.
Par	t IV Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instruct	ions.			
	Name of activity	Currer	nt year	Prior ye	ars	Ove	rall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallo loss (line		<b>(d)</b> Gair	l	<b>(e)</b> Loss
		0.	11,000.					11,000.

11,000.

Total. Enter on Part I, lines 1a, 1b, and 1c	0.	

For Paperwork Reduction Act Notice, see instructions. BAA

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

Part V	Complete This Part Befor	e Part I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.	1		
	Norma of activity	Current year			Prior years		Overall gain or loss		
Name of activity		(a) Net income (b) N (line 2a) (lin		Net loss (c) Unallowe ine 2b) loss (line 2c		owed e 2c)	(d) Gain	(e) Loss	
		(	(						
	on Part I, lines 2a, 2b, and 2c								
Part VI	Use This Part if an Amou	nt Is Shown on F	Part II,	Line 9. S	ee instruc	tions.	1		
	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a)	) Loss	<b>(b)</b> Ra	tio	<b>(c)</b> Special allowance	(d) Subtract column (c) fron column (a).	
		E Ln 22		11,000.	1.0000	0000	11,00	0. 0	
otal				11,000.	1.00	)	11,00	0. 0	
Part VII	Allocation of Unallowed L		uction	s.	1.00	, 	11,00	0.  0	
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_OSS		(b) Ratio	(c) Unallowed loss	
			10113)						
otal Part VIII	Allowed Losses. See instr						1.00		
	Allowed Losses. See list								
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_oss	(b) Unallowed loss		(c) Allowed loss	

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