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 secu	rity numbe	er
BHA	ARATH BATHULA	687-88	3-7503	
Spous	o's name	Spouse's so	cial secu	rity number
Par	t I Tax Return Information - Tax Year Ending December 31, 2022 (Ente	r year you	are 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	57,576.
2	Total tax		2	5,435.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,125.
4	Amount you want refunded to you		4	3,690.
5	Amount you owe		5	
Dow	Townsyler Declaration and Signature Authorization (Pe sure you get and	kaan a aa		

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	l authorize	GLOBAL TAXES LL	to enter or generate my PIN
17 1	i uuunonzo	0200112 1111120 22	

Enter five digits, but	8 7 5 0 3									
Enter five digits, but	Enter five digits, but don't enter all zeros									

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

		as my
Enter f don't e		

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 Method Returns Only—contin	ie be	low						
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 ze	 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 Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										
r Denerwark Deduction Act Nation and value to visit instructional and provide the Decome 8870 (Dev. 01 2021)										

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/10/23 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Dc	o not wr	ite or staple in this space.
Filing Status	x s	Single Married filing jointly] Married filir	ng separately (N	/IFS)	Head of	house	hold (HOH)			ifying surviving Ise (QSS)
one box.		u checked the MFS box, enter the nation is a child but not your dependent	,	spouse. If you cl	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the qualifyin
Your first name	and mi	ddle initial	Last name						Yo	ur soc	cial security number
BHARATH			BATHULA	1					68	<u> 37 - 8</u>	88-7503
lf joint return, sj	pouse's	first name and middle initial	Last name						Sp	ouse's	s social security numb
	•	er and street). If you have a P.O. box, see	instructions.					Apt. no.			ntial Election Campaig ere if you, or your
238 STON			malata anasas	balaw	Cto	ta	ZIP c	203			if filing jointly, want \$3
		ce. If you have a foreign address, also co	implete spaces	below.	Sta	-	565			0	this fund. Checking a
DETROIT		<u>ح</u> ۲	Eoroig	n provinco/stato/s				-			ow will not change or refund.
Foreign country name			Toreig	Foreign province/state/county Foreign postal code Y						ui tux	You Spous
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	•				-		. ,		Yes X No
		eone can claim: You as a de		Vour spouse		_	asseij	1 (366 113	liuciic	115.)	
Standard Deduction	_	Spouse itemizes on a separate return									
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	e blind Spo	use	: 🗌 Was bor		ore Januar			Is blind
Dependents	s (see	instructions):	((2) Social security		(3) Relationsh	ip (4			· 1	ies for (see instructions
If more	(1) Fi	irst name Last name		number		to you		Child tax	c credit	: (Credit for other dependen
than four dependents,]		<u>_</u>
see instructions	s ——]		<u> </u>
and check here									<u>ן</u> ר		
	1a	Total amount from Form(s) W-2, bo	ox 1 (soo inst	tructions)						1a	63,589.
Income	b	Household employee wages not re		,	•				•	1b	03,309.
Attach Form(s)	c	Tip income not reported on line 1a	•	.,						10	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep		,						1d	
W-2G and	е	Taxable dependent care benefits f	rom Form 24	41, line 26 .						1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Forr	m 8839, line 29						1f	
If you did not	g	Wages from Form 8919, line 6 .								1g	
get a Form	h	Other earned income (see instructi	ions)							1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instructio	ns)		1 i					
	z	Add lines 1a through 1h								1z	63,589.
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interest	t.			2b	
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds .			3b	
	4a		4a		b T	axable amoun	t			4b	
Standard Deduction for –	5a		5a			axable amoun				5b	
Single or	6a		6a			axable amoun	t		·	6b	
Married filing separately,	с	If you elect to use the lump-sum el		-	•	,	• •				4
\$12,950	7	Capital gain or (loss). Attach Scheo	•	•			• •			7	
 Married filing jointly or 	8	Other income from Schedule 1, line					• •		•	8	-6,013.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			ome	ə	• •		•	9	57,576.
\$25,900	10	Adjustments to income from Sche	-		•		• •		·	10	
 Head of household, 	11	Subtract line 10 from line 9. This is					• •		•	11	57,576.
\$19,400	12	Standard deduction or itemized			,	 5 A	• •		•	12	12,950.
 If you checked any box under 	13 14	Qualified business income deducti Add lines 12 and 13				J-A	• •		•	13 14	12 050
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer		 ter -0- This is v		axable incom	 Ie		·	14	<u>12,950</u> . 44,626.
see instructions.			5 01 1000, OH		Juli				•	13	11,020.

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

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	5	,435.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	5	,435.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5	,435.
	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	5	,435.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				25a	,125.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	9	,125.
If you have a	26	2022 estimated tax payment	s 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 fror	n Schedule 8812	2		28		1		
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin	e15			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 to	tal payments				33		,125.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3	,690.
neruna	35a	Amount of line 34 you want			is attached, che	ck here		35a	3	,690.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 4 8 8	0 5 0 5	5 1 0 '	7 9					
	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 amo	ount you owe						
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				🗌 Yes. C	omplete k	below.	X No	
	De: nar	signee's		Phone no.			onal identi [.] ber (PIN)	fication		
<u>o:</u>			hat I have averaine				()	****		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Ide	entitv
							Prote	ection P	IN, enter it h	
Joint return?					MECHANICA	L ENGINEER	(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spou ection PIN, e	
your records.								inst.)		
	Ph	one no. (609)906-617	6	Email address	ן סגיינות גרייעס	TH92@GMAIL.C	` 			
		eparer's name	o Preparer's signat				PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 0				P0208	2703		mployed
Preparer		n's name GLOBAL TAX		IAN SAGAN	GOFIA IADDAM	02/1/2025	· · · · ·			
Use Only		n's address 245 ROONE		NSWICK N	J 08816			's EIN		L71965
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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 20 2

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
BHARATH BATHUL	A	687-88	-7503

Pai	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2 a	
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	-6,500.
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				
-	FRONTLINE WORKER PAY 487.	8z 487	_	10-
9	Total other income. Add lines 8a through 8z		9	487.
<u>10</u>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	i, or 1040-NR, line 8		-6,013.
			Schody	

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

Schedule 1 (Form 1040) 2022

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 Remalty on early withdrawal of savings 18 19a Alimony paid 19a 19a Alimony paid 19a 19a Recipient's SSN 20 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 21 24 24a 24a 24a 24a 24a	Par	t II Adjustments to Income					
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22 22 23 Archer MSA deduction 23 24 Other adjustments: 24a a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b c 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 e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24d f Contributions to section 501(c)(18)(D) pension plans 24g g Contributions to section 501(c)(18)(D) pension plans 24g i 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 z Other adjustments. List type and amount: 24z 25 Total other adjustments. Add lines 24a through 24z 24z 26 Add lines 11 through 23 and 25. These are your adjust							
23 Archer MSA deduction 23 24 Other adjustments: 24 a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8 from the rental of personal property engaged in for profit 24b c 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 e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24f g Contributions to section 501(c)(18)(D) pension plans 24g f 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) 24g j Housing deduction from Form 2555 24i j Housing deduction of Section 67(e) expenses from Schedule K-1 (Form 1041) 24k z4i 24z z4z 24z z4z 24z z5 Total other adjustments. List type and amount: 24z z4z 24z z4i 24z z4z 24z <							
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 a 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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 g Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans 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) c Other adjustments. List type and amount: 24z 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 							
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b c 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 e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24d 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) 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: 24k z4z 24z 24z z5 Total other adjustments. Add lines 24a through 24z 25 Total other adjustments. Add lines 24a through 24z 25		•	24a				
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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m			24b				
and USOC prize money reported on line 8m	C						
d Reforestation amortization and expenses e Repayment of supplemental unemployment benefits under the Trade Act of 1974 Act of 1974	Ū		24c				
 e Repayment of supplemental unemployment benefits under the Trade Act of 1974	Ь					-	
Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans g Contributions by certain chaplains to section 403(b) plans 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: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on						-	
 f Contributions to section 501(c)(18)(D) pension plans	Ŭ		24e				
 g Contributions by certain chaplains to section 403(b) plans	f						
 h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	-						
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 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) 24i 24i 24j 24k 24k 24z 			24h				
<pre>from the IRS for information you provided that helped the IRS detect tax law violations</pre>	i						
i 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: 24k 25 Total other adjustments. Add lines 24a through 24z 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		from the IRS for information you provided that helped the IRS detect					
 j Housing deduction from Form 2555			24i				
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 1041) z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	i						
1041) 24k Z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	k						
 Z Other adjustments. List type and amount:	N		24k				
25 Total other adjustments. Add lines 24a through 24z 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25	7					-	
 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25	Total other adjustments. Add lines 24a through 24z				25	
						20	
	20					26	
BAA REV 02/10/23 PRO Schedule 1 (Form 1040) 2							0.1 (Earm 1040) 000

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

22

b

С

d

е 24

25

26

.,	2022
	Attachment Sequence No. 13

	nent of the Treasury Revenue Service		Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Attachmen Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence					ient ce No. 13			
Name(s	s) shown on return			Your social security number							
BHAI	RATH BATHULA								687-8	8-7503	
Par	Note: If you a rental income	are in th or los	s From Rental Real Estate an ne business of renting personal proper s from Form 4835 on page 2, line 40.	ty, use	Schedule			-			
			nts in 2022 that would require you								s 🛛 No
В	lf "Yes," did you or	will yo	ou file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a	Physical address	s of ea	ach property (street, city, state, ZIF	⊃ code	e)						
Α	PANDARIPURA	M 1S	T LANE VIJAYAWADA ANDHR	ra pf	RADESH	IN 5	20007	1			
В											
С											
1b	Type of Property (from list below)	2	For each rental real estate prope above, report the number of fair				-	r Rental Days	Persor Da	nal Use iys	QJV
Α	3		personal use days. Check the Q			Α		365		0	
В			if you meet the requirements to f			В					
С			qualified joint venture. See instru	ICTIONS	5.	С					
1	of Property: Single Family Resi Multi-Family Resid		3 Vacation/Short-Term Ren4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
								Propert	ies:		
Incon	ne:					Α		В			С
3	Rents received .			3		4	00.				
4	Royalties receive	d		4							
Expe	nses:										
5	Advertising			5							
6	Auto and travel (s	see ins	tructions)	6							
7	Cleaning and mai	intena	nce	7		8	300.				
8	Commissions .			8							
9	Insurance			9							
10	Legal and other p	orofess	sional fees	10							
11	Management fees	s		11		5	00.				
12	Mortgage interes	t paid	to banks, etc. (see instructions)	12							
13	Other interest .			13							
14	Repairs			14			00.				
15	Supplies			15		1,5	00.				
16	Taxes			16							
17				17		2,3	00.				
18	Depreciation exp	ense o	or depletion	18							
19	Other (list)			19							
20	Total expenses. A	Add lin	es 5 through 19	20		6,9	00.				
21	result is a (loss),	see in	ne 3 (rents) and/or 4 (royalties). If structions to find out if you must	21		-6,5	00.				

22

6,500.)

23a

23b

23c

23d

23e

. .

Deductible rental real estate loss after limitation, if any,

23a Total of all amounts reported on line 3 for all rental properties

Total of all amounts reported on line 12 for all properties

Total of all amounts reported on line 18 for all properties

Total of all amounts reported on line 20 for all properties

Total of all amounts reported on line 4 for all royalty properties

Income. Add positive amounts shown on line 21. Do not include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

6,500.

-6,500.

400.

6,900.

24

25

DEPARTMENT OF REVENUE

2022 Form M1, Individual Income Tax Do not use staples on anything you submit.



BHARATH Your First Name and Initial	BATHULA Last Name	687887503 Your Social Security Number	05031992 Your Date of Birth (MM/DD/YYYY)
If a Joint Return, Spouse's First Name ar	nd Initial Spouse's Last Name	Spouse's Social Security Number	er Spouse's Date of Birth
238 STONE CREEK Current Home Address	DR APT #203	Check if Address is:	New Foreign
DETROIT LAKES		MN State	56501 ZIP Code
2022 Federal Filing Stat	us (place an X in one box):		
(1) Single (2) Married Fi	Spouse Name Spouse SSN	(4) Head of Househo	ld (5) Qualifying Widow(er)
Dependents (see instru	ictions):		
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
Your Code Spouse's Code From Your Federal Retu 63589	I rn (see instructions) O	0	44626
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment D. F	ederal taxable income
1 Federal adjusted gross	income (from line 11 of federal Form 1040	and 1040-SR)	. 1∎57576
2 Additions to income fro	m line 10 of Schedule M1M and line 9 of S	chedule M1MB (see instructions)	2
3 Add lines 1 and 2			3 57576
4 Itemized deductions (fr	rom Schedule M1SA) or your standard ded	uction (see instructions)	4 12900
5 Exemptions (determine	from instructions)		5 🔳
6 State income tax refund	from line 1 of federal Schedule 1		6 🔳
7 Subtractions from line 3	32 of Schedule M1M and line 21 of Schedu	le M1MB (see instructions)	7 🔳
8 Total subtractions. Add	lines 4 through 7		812900
9 Minnesota taxable inco	ome. Subtract line 8 from line 3. If zero or l	ess, leave blank.	9 44676
10 Tay from the table or so	hedules in the Form M1 instructions		2629



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
				2629
12 13	Add lines 10 and 11 Full-year residents: Enter the amount from line 12 on line 13		.12	
13	Part-year residents and nonresidents: From Schedule M1NR, e	•		
	line 13, from line 28 on line 13a, and from line 29 on line 13b		13	2629
		<u>0</u>		
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14	
15	Tax before credits. Add lines 13 and 14		15	2629
16	Amount from line 19 of Schedule M1C, Nonrefundable Credit	s (enclose Schedule M1C)	16	
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	nk)	17	2629
18	Nongame Wildlife Fund contribution (see instructions)	, , , , , , , , , , , , , , , , , , ,	-/	
	This will reduce your refund or increase the amount you owe		18	
				0.000
	Add lines 17 and 18		19	2629
20	Minnesota income tax withheld. Complete and enclose Sched Minnesota withholding from Forms W-2, 1099, and W-2G and S		20	3700
			20	
21	Minnesota estimated tax and extension payments made for 2	2022	21	
22	Amount from line 12 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 🔳	
22	Table server and a difference 20 through 22		22	3700
23 24	Total payments. Add lines 20 through 22 REFUND . If line 23 is more than line 19, subtract line 19 from		23	
24	For direct deposit, complete line 25		24	1071
25	Direct deposit of your refund (you must use an account not a			
		F 4000F0FF1070		
	Checking Savings 11100002 Routing Number	5 488050551079 Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract l		26	
20	Penalty amount from Schedule M15 (see instructions). Also su	· · · · · ·	20	
	this amount from line 24 or add it to line 26 (enclose Schedule		27 🔳	
IF Y	OU PAY ESTIMATED TAX and want part of your refund credited	to estimated tax, complete lines 28 and 29.		
28	Amount from line 24 you want sent to you		28	
20		d Ann	20 -	
	Amount from line 24 you want applied to your 2023 estimate ayer(s): I declare that this return is correct and complete to the		29	
талр	ayer(s). The chare that this retain is correct and complete to the	best of my knowledge and benef.		
	Signature			e (MM/DD/YYYY)
	5	Spouse's Signature (If Filing Jointly)		e (MIN/DD/1111)
	99066176	BATHULABHARATH92@GMAIL.(Email Address	CM	
SY	AM PRIYA RAM SAGAR GUPTA TALLAM	02172023	PO	2082703
	Preparer's Signature	Date (MM/DD/YYYY)		N or VITA/TCE # (required)
	39659522	SYAM@GTAXFILE.COM		
Prepa	rer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue		
-	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indic	ated on my	federal return.
L	Mail to: Minnesota Individual Income Tax, Mail Station 0010	, 600 N. Robert St., St. Paul, MN 55145-0010 1031		
	REV 02/02/23 PRO	1001		

DEPARTMENT OF REVENUE



2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

BHARATH	BATHULA	687887503
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

Α	B—Box 13	C—Box 15		D—Box 16	E—Box 17	
If the Form W-2 is for:	If Retirement Plan	Employer's s	even-digit Minnesota	State wages, tips, etc.	Minnesota t	ax withheld
• you, enter 1	box is checked,	Tax ID Numb	er	(round to nearest whole dollar) (round to ne	arest whole dollar)
• spouse, enter 2	mark <u>an X</u> below.					
a1	b1 ×	c1 MN	4770396	d163589	e1	3700
a2	b2	c2 MN		d2	e2	
					_	
a3	b3	c3 MN		d3	e3	
a4	b4	c4 MN		d4	e4	
a5	b5	c5 MN		d5	e5	
Subtotal for addition	onal Forms W-2 (from	n line 5 on page	2)			
		in the e chi puge	_,			
Total Minnesota ta	x withheld on all Fo	orms W-2 (add a	imounts in line 1. co	lumn E)	1	3700
			,	,	···	
Minnesota tax with	held on Forms 1099). W-2G. and 10	42-S. If vou have mo	re than four forms, complete I	ine 6 on the back.	
Α		B	- ,	C	D	
If the Form 1099, W-20	G or 1042-S is for:	- Paver's sever	n-digit Minnesota Tax ID	Income amount (see the table		a tax withheld
 you, enter 1 	0, 01 1042 0 10 101.	-	nknown, contact the pay			nearest whole dollar
 spouse, enter 2 		Number (IJ u	inchown, contact the pa			neurest whole uonar
spouse, enter 2						
a1		ы MN		c1	d 1	
a1				<u> </u>	ui	
a2		h2 MN		c2	d2	
d2					uz	
a3		b3 MN		c3	ch	
as					us	
a4		b4 MN		c4	d4	
a+				t4	d4	
Subtotal for additio	nal 1000 W 26 an	d 1012 S /from	ling 6 on name 2)			
	11di 1099, W-20, dil	u 1042-3 (Jionin	ine 6 on puge 2)		••••	
Total Minnacata ta	w withhald an all 10	00 W 20 and	1012 E ladd amagun	to in line 2 column D	2	
Iotal Minnesota ta		199, W-20, anu	1042-3 (uuu umbun	ts in line 2, column D)	2	
Total Minnesota ta	w withhold by partr	ershins Scorn	orations and fiduci	aries		
					2	
Total. Add the Min						3700
Enter the total here	e and on line 20 of F			· · · · · · · · · · · · · · · · · · ·	4	3700
			le this schedule wit	•		
		n requi	red, include Schedu			
REV 02/0)2/23 PRO		103	L		

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Dc	o not wr	rite or staple in this space.
Filing Status	x s	Single Married filing jointly] Married filir	ng separately (N	/IFS)	Head of	house	hold (HOH)			ifying surviving Ise (QSS)
one box.		u checked the MFS box, enter the nation is a child but not your dependent	,	spouse. If you cl	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the qualifyin
Your first name	and mi	ddle initial	Last name						Yo	ur soc	cial security number
BHARATH			BATHULA	1					68	<u> 37 - 8</u>	88-7503
lf joint return, sj	pouse's	first name and middle initial	Last name						Sp	ouse's	s social security numb
	•	er and street). If you have a P.O. box, see	instructions.					Apt. no.			ntial Election Campaig ere if you, or your
238 STON			malata anasas	balaw	Cto	ta	ZIP c	203			if filing jointly, want \$3
		ce. If you have a foreign address, also co	implete spaces	below.	Sta	-	565			0	this fund. Checking a
DETROIT Foreign country		<u>ح</u> ۲	Eoroig	n province/state/o				n postal cod			ow will not change or refund.
r oreign country	name		Toreig	in province/state/c	Journ	y	TUIEIg	in postal cot		ui tux	You Spous
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	•				-		. ,		Yes X No
		eone can claim: You as a de		Vour spouse		_	asseij	1 (366 113	liuciic	115.)	
Standard Deduction	_	Spouse itemizes on a separate return									
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	e blind Spo	use	: 🗌 Was bor		ore Januar			Is blind
Dependents	s (see	instructions):	((2) Social security		(3) Relationsh	ip (4			· 1	ies for (see instructions
If more	(1) Fi	irst name Last name		number		to you		Child tax o		: (Credit for other dependen
than four dependents,]		<u>_</u>
see instructions	s ——]		<u> </u>
and check here									<u>ן</u> ר		
	1a	Total amount from Form(s) W-2, bo	ox 1 (soo inst	tructions)						1a	63,589.
Income	b	Household employee wages not re		,	•				•	1b	03,309.
Attach Form(s)	c	Tip income not reported on line 1a	•	.,						10	
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d			
W-2G and	е							1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Forr	m 8839, line 29						1f	
If you did not	g	Wages from Form 8919, line 6 .								1g	
get a Form	h	Other earned income (see instructi	ions)							1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instructio	ns)		1 i					
	z	Add lines 1a through 1h								1z	63,589.
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interest	t.			2b	
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds .			3b	
	4a		4a		b T	axable amoun	t			4b	
Standard Deduction for –	5a		5a			axable amoun				5b	
Single or	6a		6a			axable amoun	t		·	6b	
Married filing separately,	с	If you elect to use the lump-sum el		-	•	,	• •				4
\$12,950	^{312,950} ⁷ Capital gain or (loss). Attach Schedule D in required, in hot required, check here					7					
 Married filing jointly or 	8	Other income from Schedule 1, line					• •		•	8	-6,013.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			ome	ə	• •		•	9	57,576.
surviving spouse, 10 Adjustments to income from Schedule 1, line 26				• •		·	10				
 Head of household, 	11	Subtract line 10 from line 9. This is					• •		•	11	57,576.
\$19,400	12	Standard deduction or itemized				 5 A	• •		•	12	12,950.
 If you checked any box under 	13 14	Qualified business income deducti Add lines 12 and 13				J-A	• •		•	13 14	12 050
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer		 ter -0- This is v		axable incom	 Ie		·	14	<u>12,950</u> . 44,626.
see instructions.			5 01 1000, OH		Juli				•	13	11,020.

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

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	5	,435.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	5	,435.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5	,435.
	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	5	,435.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				25a	,125.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	9	,125.
If you have a	26	2022 estimated tax payment	s 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 fror	n Schedule 8812	2		28		1		
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin	e15			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 to	tal payments				33		,125.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3	,690.
neruna	35a	Amount of line 34 you want			is attached, che	ck here		35a	3	,690.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 4 8 8	0 5 0 5	5 1 0 '	7 9					
	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 amo	ount you owe						
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				🗌 Yes. C	omplete k	below.	X No	
	De: nar	signee's		Phone no.			onal identi [.] ber (PIN)	fication		
<u>o:</u>			hat I have averaine				()	****		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Ide	entitv
							Prote	ection P	IN, enter it h	
Joint return?					MECHANICA	L ENGINEER	(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spou ection PIN, e	
your records.								inst.)		
	Ph	one no. (609)906-617	6	Email address	ן סגיינות גרייעס	TH92@GMAIL.C	` 			
		eparer's name	o Preparer's signat				PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 0				P0208	2703		mployed
Preparer		n's name GLOBAL TAX		IAN SAGAN	GOFIA IADDAM	02/1/2025	· · · · ·			
Use Only		n's address 245 ROONE		NSWICK N	J 08816			's EIN		L71965
	1 11 1						1 1 11 11 1		0 = = .)]	ニュエンロン

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 20 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	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
BHARATH BATHUL	A	687-88	-7503

Pai	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2 a	
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	-6,500.
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				
-	FRONTLINE WORKER PAY 487.	8z 487	_	10-
9	Total other income. Add lines 8a through 8z		9	487.
<u>10</u>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	i, or 1040-NR, line 8		-6,013.
			Schody	

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income						
1	Educator expenses					11	
12	Certain business expenses of reservists, performing artists, and fee			vernme	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	
8	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:		• •	• •	•	20	
a		24a					
	Deductible expenses related to income reported on line 81 from the	2-14					
D		24b					
с	Nontaxable amount of the value of Olympic and Paralympic medals	270					
C	and USOC prize money reported on line 8m	24c					
d		24d			_		
e	Repayment of supplemental unemployment benefits under the Trade	2 - Tu			_		
е		24e					
f	Contributions to section 501(c)(18)(D) pension plans	24e					
		24g			_		
g b	Attorney fees and court costs for actions involving certain unlawful	24 <u>y</u>					
n		24h					
		2411			_		
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	04:					
		24i					
	Housing deduction from Form 2555	24j					
κ	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
	,	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						
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					26	

SCHEDULE E	
(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

:.)	2022
	Attachment Sequence No. 13

Internal nevenue Service					
Name(s) showr	n on return				
BHARATH	BATHUL	A			

	Autuon		0.10, 10-	10 011, 104	0 111, 01	10411
Go to www	irs.aov/	Schedule	E for ins	structions	and the	latest i

information.		Sequence No.
	Your soci	al security number
	687-8	8-7503

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 Ves X No Δ

В	If "Yes," did you or will you file required Form(s) 1099?	
~	Did you make any payments in 2022 that would require you to me to	

Physical address of each property (street, city, state, ZIP code) 1a

PANDARIPURAM 1ST LANE VIJAYAWADA ANDHRA PRADESH IN 520007 Α В

С							
1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and		Fair Rental Days	Personal Use Days	QJV
Α	3		personal use days. Check the QJV box only	Α	365	0	
В			if you meet the requirements to file as a qualified joint venture. See instructions.				
С			quaimed joint venture. See instructions.	С			
Type	f Proporty:						

Type of Property:

1 Single Family Residence

2 Multi-Family Residence

- 3 Vacation/Short-Term Rental 4 Commercial
- 5 Land 6 Royalties

7 Self-Rental 8 Other (describe)

			Properties:					
Incom	e:		A B				С	
3	Rents received	3	4	00.				
4	Royalties received	4						
Exper	ISES:							
5	Advertising	5						
6	Auto and travel (see instructions)	6						
7	Cleaning and maintenance	7	8	00.				
8	Commissions	8						
9	Insurance	9						
10	Legal and other professional fees	10						
11	Management fees	11	5	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13						
14	Repairs	14	1,8	00.				
15	Supplies	15	1,5	00.				
16	Taxes	16						
17	Utilities	17	2,3	00.				
18	Depreciation expense or depletion	18						
19	Other (list)	19						
20	Total expenses. Add lines 5 through 19	20	6,9	00.				
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	-6,5	00.				
22	Deductible rental real estate loss after limitation, if any,							
	on Form 8582 (see instructions)	22	(6,50)0.))	()	
23a	Total of all amounts reported on line 3 for all rental proper			23a	4	00.		
b	Total of all amounts reported on line 4 for all royalty prope			23b				
С	Total of all amounts reported on line 12 for all properties			23c				
d	Total of all amounts reported on line 18 for all properties			23d				
е	Total of all amounts reported on line 20 for all properties			23e	6,9			
24	Income. Add positive amounts shown on line 21. Do not					24		
25	Losses. Add royalty losses from line 21 and rental real estate					25	(6,500.)	
26	Total rental real estate and royalty income or (loss).							
	here. If Parts II, III, IV, and line 40 on page 2 do not a							
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	nount	in the total on li	ne 41	on page 2 .	26	-6,500.	