Form **8879**

(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

| | · · · | | | | | |
|--|--|---|---|---|--|--|
| Subm | nission Identification Number (SID) | | | | | |
| Taxpay | yer's name | Social securit | y number | | | |
| MAN | NISHA GANGAVARAPU | 860-10- | -4968 | | | |
| Spouse | e's name | Spouse's soc | Spouse's social security number | | | |
| Par | Tax Return Information — Tax Year Ending December 31, 2022 (Ente | _ er year you a | re authorizir | ng.) | | |
| 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 | 64,444. | | |
| 2 | Total tax | | 2 | 6,942. | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 11,956. | | |
| 4 | Amount you want refunded to you | | 4 | 5,014. | | |
| 5 | Amount you owe | | 5 | | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and | keep a cop | y of your re | turn) | | |
| return to sen for an Agent payme author payme busine taxes persor | nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rey delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the nal identification number (PIN) below is my signature for the income tax return (original or amended) I a onic Funds Withdrawal Consent. | nitter, or electro- jection of the tr J.S. Treasury ardicated in the ta- ion to debit the te the authoriza- quests must be processing of payment. I furt | nic return orig ansmission, (b) nd its designat ix preparation entry to this action. To revok received no the electronic her acknowled | inator (ERO) the reason ed Financial software for ccount. This e (cancel) a later than 2 payment of dge that the | | |
| | ayer's PIN: check one box only | | | | | |
| | ▼ I authorize GLOBAL TAXES LLC to enter or generate | my PIN | 4 9 6 8 | ∃ as my | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Ent | er five digits, bu n't enter all zero | ut ´ | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below. | | | | | |
| Your | signature ▶ Date ▶ | | | | | |
| Snou | se's PIN: check one box only | | | | | |
| Spou | | my DIN | | 00 000 | | |
| L | I authorize to enter or generate to enter or generate | _ | er five digits, bu | as my | | |
| | signature on the income tax return (original or amended) I am now authorizing. | | n't enter all zero | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below. | | | | | |
| Spou | se's signature ▶ Date ▶ | | | | | |
| | Practitioner PIN Method Returns Only—continue belov | V | | | | |
| Part | Certification and Authentication — Practitioner PIN Method Only | | | | | |
| ERO' | s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | 6 6 1 9 er all zeros | 8 9 | | |
| author | fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of | nitting this retu | rn in accordar | nce with the | | |
| EDO, | o dignatura N | | | | | |
| <u> EKO</u> | s signature ► Date ► ERO Must Retain This Form — See Instructions | | | | | |
| | EKU IVIUST KETAIN I NIS FORM — See INSTRUCTIONS | | | | | |

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

| Filing Status | s 🔀 S | Single Married filing jointly | Marrie | ed filing separatel | y (MFS) | ☐ Head of | household (HOH) | | | ying survi | ving | | |
|--|--|---|--|---------------------|-----------------------------|------------------------------|--------------------|-----------|--|-----------------------|--|--|--|
| Check only one box. | - | u checked the MFS box, enter the n on is a child but not your dependen | - | our spouse. If yo | u check | ed the HOH or | QSS box, enter | | | e (QSS) ame if the | e qualifying | | |
| Your first name and middle initial Last name | | | | | Your social security number | | | | | | | | |
| MANISHA | | | | AVARAPU | | | | | 860-10-4968 | | | | |
| | | | Last nar | | | | | | Spouse's social security number | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | Apt. no. | Presi | denti | ial Election | n Campaign | | |
| 22 BAY I | , | | | | | | C | 1 | Check here if you, or your | | | | |
| | | ce. If you have a foreign address, also co | omplete si | paces below. | Sta | ite | ZIP code | | spouse if filing jointly, want \$3 | | | | |
| NASHUA | | , | | | | | 03062 | | to go to this fund. Checking a box below will not change | | | | |
| Foreign country | y name | | F | oreign province/sta | | | Foreign postal cod | | | r refund. | nango | | |
| | , | | | 3 1 | | , | | | [| You | Spouse | | |
| Digital | | ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a | • | | | | , , , | ` ' | | Yes | ⊠ No | | |
| Assets | | | | <u>-</u> _ | | | asset): (See IIIsi | luctions | ٠) ــــــــــــــــــــــــــــــــــــ | 165 | | | |
| Standard Deduction | | eone can claim: | • | • | | a dependent | | | | | | | |
| Age/Blindness | s You: | ☐ Were born before January 2, 1 | 958 | Are blind | Spouse | : Was bor | rn before Januar | / 2, 1958 | 3 | Is blir | nd | | |
| Dependent | s (see | instructions): | | (2) Social secu | ırity | (3) Relationsh | nip (4) Check the | box if qu | alifies | s for (see in | nstructions): | | |
| If more | (1) Fi | (1) First name Last name | | number | | to you | Child tax | credit | Cr | edit for other | er dependents | | |
| than four | | | | | | | | | | |] | | |
| dependents, see instruction | s —— | | | | | | | | \perp | |] | | |
| and check | | | | | | | | | \perp | |] | | |
| here |] | | | | | | | | Щ, | | <u>] </u> | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) . | | | | | 1a | 7 | 2,122. | | |
| | b | Household employee wages not r | | . , | | | | | 1b | | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e 1f | | | | |
| was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | | | | |
| If you did not | g | Wages from Form 8919, line 6. | | | | | | | 1g | | | | |
| get a Form W-2, see | h | Other earned income (see instructions) | | | | | | | 1h | | 0. | | |
| instructions. | i | Nontaxable combat pay election (see instructions) | | | | | | | | . 7 | 0 100 | | |
| | <u>z</u> | Add lines 1a through 1h | | · · · · · i | | | | _ | 1z | | 2,122. | | |
| Attach Sch. B if required. | 2a | ' - | 2a | | | axable interes | | | 2b | | | | |
| ii required. | 3a | | 3a | | | ordinary divide | | | 3b | | | | |
| | 4a | | 4a | | | axable amoun axable amoun | | _ | 4b | | | | |
| Standard Deduction for— | 5a | | 5a | | | | | _ | 5b 6b | | | | |
| Single or | 6a | - | social security benefits 6a b Taxable amount | | | | $\dot{\vdash}$ | טכ | | | | | |
| Married filing separately, | C 7 | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | 7 | ı | | | |
| \$12,950 Married filing | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | 8 | | 7,678. | | | | |
| jointly or | 9 | · | me from Schedule 1, line 10 | | | | | | 9 | | 4,444. | | |
| Qualifying surviving spouse, | 10 | Adjustments to income from Sche | | - | | | | · | 10 | | <u> </u> | | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | | 11 | 6 | 4,444. | | |
| household, | 12 | Standard deduction or itemized | | | | | | | 12 | | 2,950. | | |
| \$19,400 If you checked | 13 | Qualified business income deduct | | ` | , | | | | 13 | | <u>_,</u> | | |
| any box under Standard | 14 | | | | | | | _ | 14 | 1 | 2,950. | | |
| Deduction, | 15 | Add lines 12 and 13 | | | | | | | 15 | | 2,930. 1,494. | | |
| see instructions. | 1 | | | ., | , , , | | | - | . • | | _, _, . | | |

| Form 1040 (202) | 2) | | | | | | | | Page 2 |
|---|---|---|-------------------------|-------------------|-------------------|----------------------------|--|--------------------|--------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 6,942. |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 6,942. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 6,942. |
| | 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 | 6,942. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| - | а | Form(s) W-2 | | | | 25 a 1 | 1,956. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 11,956. |
| If you have a | 26 | 2022 estimated tax paymen | ts and amount a | pplied from 20 | 21 return | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | m Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | 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 to | tal payments | | | | 33 | 11,956. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 5,014. |
| | 35a | | | | | | | 35a | 5,014. |
| Direct deposit? | b | Routing number 0 8 1 | | | | Checking | Savings | | |
| See instructions. | d | Account number 1 9 9 | 3 7 8 8 | 1 7 6 4 | 1 7 | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2023 estimate | ed tax | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | | you want to allow another | • | | | | | | |
| Designee | ins | structions | | | | | Complete I | | ⊠ No |
| | | Designee's name | | Phone no. | | sonal identi nber (PIN) | identification | | |
| Sign | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | | | | | | |
| Here | Yo | | | | | | | · · · · IRS sei | nt vou an Identity |
| | | Pro | | | | | | IN, enter it here | |
| Joint return? | | | | | DATA ENGI | | (see | inst.) | |
| See instructions. Keep a copy for your records. | Sp | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupat | Iden | the IRS sent your spouse and entity Protection PIN, enter it here see inst.) | | |
| | | one no. (469) 767-435 | 8 | Email address | MANISHAVAS | U29@GMAIL.C | OM | | |
| Paid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: |
| Preparer | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/09/2023 | P0208 | 2703 | Self-employed |
| Use Only | Fin | m's name GLOBAL TA | XES LLC | | | | Pho | ne no. (| (678) 965-9522 |
| | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | Firm | 's EIN | 84-3171965 | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

| Name | Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your so | | | | | |
|--------|--|--------------|-------|------|------------------|--|
| MAN] | SHA GANGAVARAPU | | 860-1 | 0-49 | 68 | |
| Paı | 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. Att | ach Schedule | Ε. | 5 | -7 , 678. | |
| 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 | | | | |
| ı | 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 | | - | | |
| | 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 (| ١ | | | |
| | | 05 (| | - | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan | 8t | | | | |
| | Wages earned while incarcerated | 8u | | | | |
| u z | Other income. List type and amount: | Ju | | | | |
| | other meetine. List type and amount. | 8z | | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | | |

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-7,678.

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 gov | | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | | | |
| b | 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 | | - | |
| 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 | | | |
| | | | - | |
| J | | | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | | | |
| - | Other adjustments. List type and amount: | | - | |
| Z | 04- | | | |
| 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 . Enter here | | 23 | |
| 20 | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |
| | | · · · | | |

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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13 Your social security number

| MAN: | ISHA GANGAVARAPU | | | | | 3 | 360-10 | 0-496 | 58 | |
|------------|---|----------|-----------|----------------|---------|--------------------|----------|---|----------|-----------------------|
| Par | | d Ro | yalties | | | · | | | | |
| | Note: If you are in the business of renting personal propert rental income or loss from Form 4835 on page 2, line 40. | y, use | Schedule | C . See | instru | ctions. If you are | an indiv | <i>i</i> idual, r | eport fa | arm |
| Α | Did you make any payments in 2022 that would require you t | to file | Form(s) 1 | 10002 5 | Soo inc | etructione | | | Voc | χ Nο |
| | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | No |
| | | | | · · | • • | | · · | <u>· </u> | 100 | |
| 1a | Physical address of each property (street, city, state, ZIP | | | | | | | | | |
| Α | 9-9-55, ARUNDALPET NARASARAOPET GUNTUR | , AN | IDHRA E | PRADE | SH I | N 522601 | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate proper | | | | Fa | | Person | | • | QJV |
| _ | (from list below) above, report the number of fair r | | | | | Days | Da | | + | |
| <u>A</u> _ | gersonal use days. Check the QJ if you meet the requirements to fi | | | A | | 365 | | 0 | + | |
| B C | qualified joint venture. See instruc | | | В | | | | | + | |
| | of Duomouthy | | | C | | | | | | |
| | of Property: Single Family Residence 3 Vacation/Short-Term Rent | ·ol | 5 Lanc | ı | 7 | Self-Rental | | | | |
| | Multi-Family Residence 4 Commercial | .aı | 6 Roya | | | | ۵) | | | |
| | Width-Family Residence 4 Commercial | | U HUYA | aities | 0 | Other (describ | | | | |
| | | | | | | Properties | : | | | |
| Incor | • | | | Α | | В | | | С | |
| 3 | Rents received | 3 | | 5 | 98. | | | | | |
| 4 | Royalties received | 4 | | | | | | | | |
| - | nses: | _ | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | 1 0 | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,6 | 71. | | | | | |
| 8 | Commissions | 8 | | | | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | 1 2 | 2.0 | | | | | |
| 11 12 | Management fees | 11 12 | | 1,3 | 38. | | | | | |
| 13 | Mortgage interest paid to banks, etc. (see instructions) Other interest | 13 | | | | | | | | |
| 14 | Repairs | 14 | | 2 0 | 14. | | | | | |
| 15 | Supplies | 15 | | | 21. | | | | | |
| 16 | Taxes | 16 | | | Z. I. | | | | | |
| 17 | Utilities | 17 | | 1.3 | 32. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 8,2 | 76. | | | | | |
| 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 , 6 | 78. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| 7,67 | 78.) | (|) | (| |) |
| 23a | Total of all amounts reported on line 3 for all rental proper | | | | 23a | | 598. | | | |
| b | Total of all amounts reported on line 4 for all royalty prope | erties | | | 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 | 8,: | 276. | | | |
| 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 | (| 7, | 678.) |
| 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 | | | | | | | | - | 670 |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this an | | | | 116 4 I | on page 27,678. | 26 | | | , 678 . |
| For P | operwork Reduction Act Notice, see the separate instructions. | | NE | : A | | -/ , 0/0. | Soh | adula F | · (Form | 1040) 2022 |