### **IRS e-file Signature Authorization**

OMB No. 1545-0074

| epartment of the Treasury |  |
|---------------------------|--|
| ternal Revenue Service    |  |

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

lr

| Taxpaye | er's name  | Social securi | ty numb  | er           |
|---------|--|---------------|----------|--------------|
| SANI    | DEEP GUJJARI   | 442-67        | -352     | 7            |
| Spouse' | 's name  | Spouse's soc  | ial secu | irity number |
|         |  |               |          |              |
| Part    | Tax Return Information – Tax Year Ending December 31, 2022 (Enter      | r year you a  | ire aut  | horizing.)   |
| Enter v | 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        | 120,909.     |
| 2       | Total tax  |               | 2        | 19,746.      |
| 3       | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          |               | 3        | 23,872.      |
| 4       | Amount you want refunded to you  |               | 4        | 4,126.       |
| 5       | Amount you owe   |               | 5        |              |

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

|   |             |        |       | FBO firm name |                             | Ę        | ľ |
|---|-------------|--------|-------|---------------|-----------------------------|----------|---|
| X | l authorize | GLOBAL | TAXES | LLC           | to enter or generate my PIN | <u> </u> | - |
|   |             |        |       |               |                             | 1        | ļ |

| 7           | 3     | 5 | 2 | 7 | 00 mV |
|-------------|-------|---|---|---|-------|
| Ente<br>don | 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

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 Meth                                      | nod Returns Only—continue below  |
| Part III Certification and Authentication – Pract          | itioner PIN Method Only  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your | five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9<br>Don't enter all zeros |

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 🕨                  |   | Date 🕨                |                          |
|------------------------------------|---|-----------------------|--------------------------|
| Don'                               | ERO Must Retain This F<br>t Submit This Form to the I | <br>                  |                          |
| For Donorwork Poduction Act Nation | and your tox return instructions                      | <br>BE\/ 02/05/22 DBO | Form 8879 (Poy. 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/23 PRO

| <b>1040</b>                                       |           | artment of the Treasury-Internal Revenue Serv<br>S. Individual Income Tax      |            | urn       | 202                             | 2     | OMB No. 1545                     | -0074  | IRS Use Only   | —Do not w           | rite or staple in this space.                             |
|---|-----------|--|------------|-----------|---------------------------------|-------|----------------------------------|--------|----------------|---------------------|---|
| Filing Status<br>Check only<br>one box.           | lf yo     | u checked the MFS box, enter the n   | ame of y   | 0         | separately (N<br>use. If you cl | ,     |                                  |        |                | spoi                | lifying surviving<br>use (QSS)<br>aname if the qualifying |
|   | · ·       | on is a child but not your dependent   |            |           |                                 |       |                                  |        |                |                     |   |
| Your first name                                   | and m     | ddle initial   | Last nar   |           |                                 |       |                                  |        |                |                     | cial security number                                      |
| SANDEEP   |           | first name and middle initial  | GUJJ       |           |                                 |       |                                  |        |                |                     | <u>67-3527</u>  |
| n joint return, sp                                | ouse s    | first name and middle initial  | Last nar   | me        |                                 |       |                                  |        |                | Spouse              | s social security numbe                                   |
| Home address                                      | numbe     | er and street). If you have a P.O. box, see                                    | instructio | ons.      |                                 |       |                                  | A      | Apt. no.       | Preside             | ntial Election Campaigr                                   |
| 851 LAKE  | CAI       | ROLYN PKWY   |            |           |                                 |       |                                  |        | 330            |                     | nere if you, or your                                      |
| -   |           | ce. If you have a foreign address, also co                                     | omplete s  | paces bel | ow.                             | Sta   | ite                              | ZIP c  |                | •                   | if filing jointly, want \$3                               |
| IRVING  |           |  |            |           |                                 | TΣ    | ζ                                | 750    | 39             | 0                   | o this fund. Checking a ow will not change                |
| Foreign country                                   | name      |  | F          | oreign pr | ovince/state/o                  | coun  | ty                               | Foreig | in postal code |                     | or refund.  |
|   |           |  |            |           |                                 |       |                                  |        |                |                     | You Spouse  |
| Digital<br>Assets                                 |           | ny time during 2022, did you: (a) rec<br>ange, gift, or otherwise dispose of a |            |           |                                 |       |                                  | •      | ,              | . ,                 | 🗌 Yes 🛛 No  |
| Standard  | Som       | eone can claim: 🗌 You as a de  | pendent    | t 🗌       | Your spouse                     | e as  | a dependent                      |        |                |                     |   |
| Deduction   |           | Spouse itemizes on a separate retur  | n or you   | were a    | dual-status a                   | alier | 1                                |        |                |                     |   |
| Age/Blindness                                     | You:      | Were born before January 2, 1  | 958        | Are bli   | ind Spo                         | ouse  | : 🗌 Was bor                      | n befo | ore January 2  | 2, 1958             | Is blind  |
| Dependents  | (see      | instructions):   |            | (2) S     | -<br>Social security            |       | (3) Relationsh                   | 1      |                |                     | fies for (see instructions):                              |
| If more   | •         | irst name Last name  |            | (_, -     | number                          |       | to you                           |        | Child tax ci   | edit                | Credit for other dependent                                |
| than four   |           |  |            |           |                                 |       |                                  |        |                |                     |   |
| dependents,<br>see instructions                   |           |  |            |           |                                 |       |                                  |        |                |                     |   |
| and check   |           |  |            |           |                                 |       |                                  |        |                |                     |   |
| here 🗌  |           |  |            |           |                                 |       |                                  |        |                |                     |   |
| Income  | 1a        | Total amount from Form(s) W-2, b   | ox 1 (see  | e instruc | tions)                          |       |                                  |        |                | . 1a                | 134,520.  |
|   | b         | Household employee wages not re  | eported    | on Form   | (s) W-2                         |       |                                  |        |                | . 1b                |   |
| Attach Form(s)<br>W-2 here. Also                  | С         | Tip income not reported on line 1a   | a (see ins | struction | s)                              |       |                                  |        |                | . <u>1</u> c        |   |
| attach Forms                                      | d         | Medicaid waiver payments not rep   |            |           |                                 | nstru | uctions)                         |        |                | . 1d                |   |
| W-2G and<br>1099-R if tax                         | е         | Taxable dependent care benefits t  |            |           |                                 |       |                                  |        |                | . 1e                |   |
| 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<br>W-2, see                            | h         | Other earned income (see instruct  | ,          |           |                                 | • •   | · · · ·                          | · ·    |                | . <u>1</u> h        | 0.  |
| instructions.                                     | i         | Nontaxable combat pay election (   | see instr  | uctions)  |                                 | • •   | <b>1</b> i                       |        |                | _                   | 124 500   |
|   |           |  | · · ·      |           | · · · ·                         | · ·   | · · · · ·                        | • •    |                | . 1z                | · · ·   |
| Attach Sch. B<br>if required.                     | 2a        |  | 2a         |           |                                 |       | axable interest                  |        |                | . 2b                |   |
|   | <u>3a</u> |  | 3a<br>4a   |           |                                 |       | Ordinary divider<br>axable amoun |        |                | . 3b<br>. 4b        |   |
| Others all and                                    | 4a<br>5a  |  | 4a<br>5a   |           |                                 |       | axable amoun                     |        |                | . 40<br>. 5b        |   |
| Standard<br>Deduction for –                       | 5a<br>6a  |  | 6a         |           |                                 |       | axable amoun                     |        |                | . <u>50</u><br>. 6b |   |
| Single or   | C         | If you elect to use the lump-sum e   |            | nethod    |                                 |       |                                  |        | <br>Г          |                     |   |
| Married filing separately,                        | 7         | Capital gain or (loss). Attach Sche  |            |           |                                 |       |                                  | • •    | · · · L        | 7                   | -3,000.   |
| <ul><li>\$12,950</li><li>Married filing</li></ul> | 8         | Other income from Schedule 1, lin  |            |           |                                 |       |                                  | • •    | L              | . 8                 | -10,613.  |
| jointly or  | 9         | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  |            |           |                                 |       |                                  |        |                | . 9                 | 120,909.  |
| Qualifying spouse,                                | 10        | Adjustments to income from Sche  |            | -         |                                 |       |                                  |        |                | . 10                |   |
| \$25,900<br>• Head of                             | 11        | Subtract line 10 from line 9. This is  |            |           |                                 |       |                                  |        |                | . 11                |   |
| household,  | 12        | Standard deduction or itemized   | -          |           |                                 |       |                                  |        |                | . 12                |   |
| \$19,400<br>• If you checked                      | 13        | Qualified business income deduct   |            |           |                                 |       | 5-A                              |        |                | 13                  |   |
| any box under<br>Standard                         | 14        | Add lines 12 and 13  |            |           |                                 |       |                                  |        |                | . 14                |   |
| Deduction,  | 15        | Subtract line 14 from line 11. If zer  |            |           |                                 |       |                                  | е.     |                | . 15                |   |
| see instructions.                                 |           |  |            |           | ,                               |       |                                  |        |                |                     |   |

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

Form **1040** (2022)

| Form 1040 (2022                      | 2)         |   |                          |                     |                  |                        |                          |          |                                | Page <b>2</b> |
|--------------------------------------|------------|---|--------------------------|---------------------|------------------|------------------------|--------------------------|----------|--------------------------------|---------------|
| Tax and                              | 16         | Tax (see instructions). Check                 | if any from Form         | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972  | 3 🗌                    |                          | 16       | 19                             | ,746.         |
| Credits                              | 17         | Amount from Schedule 2, lin                   | e3                       |                     |                  |                        |                          | 17       |                                |               |
|                                      | 18         | Add lines 16 and 17                           |                          |                     |                  |                        |                          | 18       | 19                             | ,746.         |
|                                      | 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       | 19                             | ,746.         |
|                                      | 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       | 19                             | ,746.         |
| Payments                             | 25         | Federal income tax withheld                   |                          |                     |                  |                        |                          |          |                                |               |
| -                                    | а          | Form(s) W-2                                   |                          |                     |                  | <b>25a</b> 23          | 8,872.                   |          |                                |               |
|                                      | b          | Form(s) 1099                                  |                          |                     |                  | 25b                    |                          |          |                                |               |
|                                      | с          | Other forms (see instructions                 | s)                       |                     |                  | 25c                    |                          |          |                                |               |
|                                      | d          | Add lines 25a through 25c                     |                          |                     |                  |                        |                          | 25d      | 23                             | ,872.         |
| 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)                    |                          |                     |                  | 27                     |                          |          |                                |               |
| attach Sch. EIC.                     | 28         | Additional child tax credit fror              | n Schedule 8812          |                     |                  | 28                     |                          |          |                                |               |
|                                      | 29         | American opportunity credit                   | from Form 8863           | 8, line 8           |                  | 29                     |                          |          |                                |               |
|                                      | 30         | Reserved for future use .                     |                          |                     |                  | 30                     |                          |          |                                |               |
|                                      | 31         | Amount from Schedule 3, lin                   | e15                      |                     |                  | 31                     |                          |          |                                |               |
|                                      | 32         | Add lines 27, 28, 29, and 31,                 | . These are your         | total other pa      | ayments and refe | undable credits        |                          | 32       |                                |               |
|                                      | 33         | Add lines 25d, 26, and 32. T                  | hese are your <b>to</b>  | tal payments        |                  |                        |                          | 33       | 23                             | ,872.         |
| Refund                               | 34         | If line 33 is more than line 24               | , subtract line 2        | 4 from line 33.     | This is the amou | nt you <b>overpaid</b> |                          | 34       | 4                              | ,126.         |
| nerana                               | 35a        | Amount of line 34 you want                    |                          |                     | is attached, che | ck here                | . 🗆                      | 35a      | 4                              | ,126.         |
| 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 4 7 0                  | 5 4 4 8             | 3 2              |                        |                          |          |                                |               |
|                                      | 36         | Amount of line 34 you want a                  | applied to your          | 2023 estimate       | edtax            | 36                     |                          |          |                                |               |
| Amount                               | 37         | Subtract line 33 from line 24                 |                          |                     |                  |                        |                          |          |                                |               |
| You Owe                              |            | For details on how to pay, ge                 | o to <i>www.irs.go</i> v | //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        | tructions                                     |                          |                     |                  |                        | omplete l                |          | X No                           |               |
|                                      | De:<br>nar | signee's                                      |                          | Phone no.           |                  |                        | onal identi<br>ber (PIN) | fication |                                |               |
| 0:                                   |            | der penalties of perjury, I declare t         | hat I have exemine       |                     |                  |                        | . ,                      | the her  |                                |               |
| Sign                                 |            | ief, they are true, correct, and com          |                          |                     |                  |                        |                          |          |                                |               |
| Here                                 | Yo         | ur signature                                  |                          | Date                | Your occupation  |                        | If the                   | RS se    | nt you an Ide                  | entity        |
|                                      |            | 5   |                          |                     |                  |                        |                          |          | IN, enter it h                 | ere           |
| Joint return?                        |            |   |                          | CLOUD ENGINEER      |                  |                        |                          | inst.)   |                                |               |
| See instructions.<br>Keep a copy for | Sp         | ouse's signature. If a joint return, <b>k</b> | ooth must sign.          | Date                | Spouse's occupat | ion                    |                          |          | nt your spou:<br>ection PIN, e |               |
| your records.                        |            |   |                          |                     |                  |                        |                          | inst.)   |                                |               |
|                                      | Ph         | one no. (972)514-226                          | 8                        | Email address       | CULTART SAN      | DEEP@GMAIL.C           | <u>אר</u>                |          |                                |               |
|                                      |            | eparer's name                                 | o<br>Preparer's signat   |                     | GUUUARI. SAN     | DEEP@GMAIL.CO          |                          |          | Check if:                      |               |
| Paid                                 |            | PRIYA RAM SAGAR GUPTA TALLAM                  |                          |                     |                  |                        | P0208                    | 2703     | Self-er                        | mploved       |
| Preparer                             |            | n's name GLOBAL TAX                           |                          | ITTUI DAGAN         | SOLIN INDAM      | 02/10/2020             |                          |          | (678) 965                      |               |
| Use Only                             | 1 1/1      | INSTITUTE GLUDAL IAA                          |                          |                     |                  |                        |                          | 10 HU.   | . し / し / ラひこ                  | , ,J <u></u>  |
| USE Only                             |            | m's address 245 ROONE                         |                          | NSWICK N            | J 08816          |                        | Firm                     | 's EIN   |                                | .71965        |

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

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 20 22

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SANDEEP GUJJARI 442-67-3527

| Par     | t I Additional Income  |                  |    |          |
|---------|--|------------------|----|----------|
| 1       | Taxable refunds, credits, or offsets of state and local income taxes               |                  | 1  |          |
| 2a      | Alimony received   |                  | 2a |          |
| b       | Date of original divorce or separation agreement (see instructions):               |                  |    |          |
| 3       | Business income or (loss). Attach Schedule C                                       |                  | 3  |          |
| 4       | Other gains or (losses). Attach Form 4797  |                  | 4  |          |
| 5       | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta     | ach Schedule E . | 5  | -10,613. |
| 6       | Farm income or (loss). Attach Schedule F.  |                  | 6  |          |
| 7       | Unemployment compensation  |                  | 7  |          |
| 8       | Other income:  |                  |    |          |
| а       | Net operating loss   | 8a (             |    |          |
| b       | Gambling   | 8b               |    |          |
| С       | Cancellation of debt   | 8c               |    |          |
| d       | Foreign earned income exclusion from Form 2555                                     | 8d (             |    |          |
| е       | Income from Form 8853  | 8e               |    |          |
| f       | Income from Form 8889  | 8f               |    |          |
| g       | Alaska Permanent Fund dividends  | 8g               |    |          |
| h       | Jury duty pay  | 8h               | _  |          |
| i       | Prizes and awards  | 8i               | _  |          |
| j       | Activity not engaged in for profit income  | 8j               | -  |          |
| k       | Stock options  | 8k               | -  |          |
| I       | Income from the rental of personal property if you engaged in the rental           | -                |    |          |
|         | for profit but were not in the business of renting such property                   | 81               | -  |          |
| m       | Olympic and Paralympic medals and USOC prize money (see                            |                  |    |          |
|         |  | 8m               | -  |          |
|         | 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<br>8r         | -  |          |
| 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 (             |    |          |
|         | Pension or annuity from a nonqualifed deferred compensation plan or                |                  | 4  |          |
| t       | a nongovernmental section 457 plan   | 0+               |    |          |
|         | Wages earned while incarcerated  | 8t<br>8u         |    |          |
| u<br>7  | Other income. List type and amount:  | ou               | -  |          |
| Z       | Other moone. List type and amount.   | 8z               |    |          |
| 9       | Total other income. Add lines 8a through 8z  |                  | 9  |          |
| 9<br>10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR              |                  | 10 | -10,613. |
| -       |  |                  |    | 10,013.  |

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

Schedule 1 (Form 1040) 2022

| Par | t II Adjustments to Income   |         |            |         |        |                       |
|-----|--|---------|------------|---------|--------|-----------------------|
| 11  | Educator expenses  |         |            |         | 11     |                       |
| 12  | Certain business expenses of reservists, performing artists, and fee | e-basi  | s gov      | ernment |        |                       |
|     | 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)                                     | 24a     |            |         |        |                       |
| b   | Deductible expenses related to income reported on line 8l from the   |         |            |         |        |                       |
|     | rental of personal property engaged in for profit                    | 24b     |            |         |        |                       |
| С   | 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     |            |         |        |                       |
| е   | Repayment of supplemental unemployment benefits under the Trade      |         |            |         |        |                       |
|     | Act of 1974  | 24e     |            |         |        |                       |
| 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)                             | 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     |            |         |        |                       |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form  |         |            |         |        |                       |
|     | 1041)  | 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 | e. Ente | er here    | and on  |        |                       |
|     | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a             |         |            |         | 26     |                       |
|     | ВАА  | REV     | 02/05/23 P | RO      | Schedu | le 1 (Form 1040) 2022 |

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

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

SANDEEP GUJJARI

Your social security number

442-67-3527

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. |   | (d)                       | (e)                      | <b>(g)</b><br>Adjustmen   |     | (h) Gain or (loss)<br>Subtract column (e)                    |
|---|---|---------------------------|--------------------------|---|-----|--|
|   | form may be easier to complete if you round off cents to e dollars.   | Proceeds<br>(sales price) | Cost<br>(or other basis) | to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) |     | from column (d) and<br>combine the result<br>with column (g) |
| 1a  | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |                           |                          |   |     |  |
| 1b  | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  | 410,567.                  | 508,490.                 | 16,5  | 18. | -81,405.   |
| 2   | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  | 22,448.                   | 23,677.                  |   |     | -1,229.  |
| 3   | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  | 53.                       | 239.                     |   |     | -186.  |
| 4   | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4         | 684, 6781, and 88        |   | 4   |  |
| 5   | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |                           |                          | usts from   | 5   |  |
| 6   | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   | y, from line 8 of y       | •                        | -   | 6   | ( 22,724.)   |
| 7   | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  | •                         | ., .                     |   | 7   | -105,544.  |

### Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars. |  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | Cost to gain or loss |    | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|--|----------------------|----|---|
| 8a  | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. |   |  |                      |    |   |
| 8b  | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked   |   |  |                      |    |   |
| 9   | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |   |  |                      |    |   |
| 10  | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |   |  |                      |    |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824                |  |   |  |                      | 11 |   |
| 12<br>13  | Net long-term gain or (loss) from partnerships, S corporat<br>Capital gain distributions. See the instructions   |   | 12<br>13                               |                      |    |   |
|   | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  | Carryover                               | 14                                     | ( )                  |    |   |
| 15  | Net long-term capital gain or (loss). Combine lines 8a on the back   | •                                       | .,                                     |                      | 15 |   |

| Part | III Summary  |                     |
|------|--|---------------------|
| 16   | Combine lines 7 and 15 and enter the result  | <b>16</b> -105,544. |
|      | • If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.  |                     |
|      | • If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.   |                     |
|      | • If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.   |                     |
| 17   | Are lines 15 and 16 <b>both</b> gains?   |                     |
|      | <ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>   |                     |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet   | 18                  |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet   | 19                  |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul> |                     |
|      | ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.   |                     |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:  |                     |
|      | <ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>   | 21 ( 3,000.)        |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.   |                     |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  |                     |
|      | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.   |                     |
|      | X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |                     |

REV 02/05/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

# Sales and Other Dispositions of Capital Assets

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

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



Internal Revenue Service Name(s) shown on return

Department of the Treasury

SANDEEP GUJJARI

Social security number or taxpayer identification number

442-67-3527

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| 1<br>(a)<br>Description of property   | <b>(b)</b><br>Date acquired                | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | If you enter an enter a c                  | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | <b>(h)</b><br>Gain or (loss)<br>Subtract column (e)           |  |
|---|--|--------------------------------|-------------------------------------|--|--|--|---|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see <i>Column</i> (e)<br>in the separate<br>instructions.  | <b>(f)</b><br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment  | from column (d) and<br>combine the result<br>with column (g). |  |
| Robinhood Securities LLC  | 01/01/22                                   | 12/31/22                       | 166,898.                            | 213,927.   | W  | 8,852.   | -38,177.  |  |
| APEX CLEARING   | 01/01/22                                   | 12/31/22                       | 43,886.                             | 55,349.  | W  | 1,688.   | -9,775.   |  |
| AMERITRADE  | 01/01/22                                   | 12/31/22                       | 199,783.                            | 239,214.   | W  | 5,978.   | -33,453.  |  |
|   |  |                                |                                     |  |  |  |   |  |
|   |  |                                |                                     |  |  |  |   |  |
|   |  |                                |                                     |  |  |  |   |  |
|   |  |                                |                                     |  |  |  |   |  |
|   |  |                                |                                     |  |  |  |   |  |
|   |  |                                |                                     |  |  |  |   |  |
|   |  |                                |                                     |  |  |  |   |  |
|   |  |                                |                                     |  |  |  |   |  |
|   |  |                                |                                     |  |  |  |   |  |
|   |  |                                |                                     |  |  |  |   |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box ( | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 410,567.                            | 508,490.   |  | 16,518.  | -81,405.  |  |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** 

# Sales and Other Dispositions of Capital Assets

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

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



Internal Revenue Service Name(s) shown on return

Department of the Treasury

SANDEEP GUJJARI

Social security number or taxpayer identification number

442-67-3527

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

**(B)** Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property   | (b)                | Date acquired                  |                                     | (e)<br>Cost or other basis<br>See the <b>Note</b> below | If you enter an<br>enter a co                                   | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | <b>(h)</b><br>Gain or (loss)<br>Subtract column (e)           |  |
|--|--------------------|--------------------------------|-------------------------------------|---|---|--|---|--|
| (Example: 100 sh. XYZ Co.)   |                    | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.  | (f) (g)<br>Code(s) from<br>instructions Amount of<br>adjustment |  | from column (d) and<br>combine the result<br>with column (g). |  |
| ROBINHOOD CRYPTO LLC   | 01/01/22           | 12/31/22                       | 22,448.                             | 23,677.   |   |  | -1,229.   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
|  |                    |                                |                                     |   |   |  |   |  |
| 2 Totals. Add the amounts in colu<br>negative amounts). Enter each<br>Schedule D, line 1b (if Box A ab<br>above is checked). or line 3 (if B | total here and inc | lude on your<br>1e 2 (if Box B | 22,448.                             | 23,677.   |   |  | -1,229.   |  |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form **8949** 

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

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

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



Name(s) shown on return SANDEEP GUJJARI

| Social sec | urity number | or taxpayer | identification num | ber |
|------------|--------------|-------------|--------------------|-----|
| 442-6      | 7-3527       |             |                    |     |

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

| 1          | <b>(a)</b><br>Description of property<br>(Example: 100 sh. XYZ Co.)  | <b>(b)</b><br>Date acquired                  | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds                     | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | Adjustment, if<br>If you enter an<br>enter a co<br>See the sep | <b>(h)</b><br>Gain or (loss)<br>Subtract column (e) |   |
|------------|--|--|---|-------------------------------------|--|--|---|---|
|            |  | (Mo., day, yr.)                              |   | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.         | (f)<br>Code(s) from<br>instructions                            | <b>(g)</b><br>Amount of<br>adjustment               | from column (d) and<br>combine the result<br>with column (g). |
| COIN       | BASE   | 04/15/21                                     | 09/10/22  | 52.                                 | 238.   |  |   | -186.   |
| COIN       | BASE   | 09/10/22                                     | 10/03/22  | 1.                                  | 1.   |  |   | 0.  |
|            |  |  |   |                                     |  |  |   |   |
|            |  |  |   |                                     |  |  |   |   |
|            |  |  |   |                                     |  |  |   |   |
|            |  |  |   |                                     |  |  |   |   |
|            |  |  |   |                                     |  |  |   |   |
|            |  |  |   |                                     |  |  |   |   |
|            |  |  |   |                                     |  |  |   |   |
|            |  |  |   |                                     |  |  |   |   |
|            |  |  |   |                                     |  |  |   |   |
|            |  |  |   |                                     |  |  |   |   |
|            |  | (d) (c) (c) co                               | d (b) (outbtroot                                      |                                     |  |  |   |   |
| neg<br>Sch | als. Add the amounts in column<br>ative amounts). Enter each tota<br>edule D, line 1b (if Box A above<br>ve is checked), or line 3 (if Box 9 | al here and inc<br>e is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B                        | 53.                                 | 239.   |  |   | -186.   |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

| SCHEI              | DULE E |
|--------------------|--------|
| (Form <sup>-</sup> | 040)   |

### **Supplemental Income and Loss**

OMB No. 1545-0074

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

Department of the Treasury

### Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

| $\mathcal{O} \cap \mathcal{O} \mathcal{O}$ |
|--|
|  |
| Attachment                                 |
| Socuence No. 13                            |

| Internal   | Revenue Service       |           | Go to www.ii      | rs.gov/ScheduleE for                             | r instru | uctions ar | nd the la  | test in  | formation.       |                             | Sequen      | ce No. <b>13</b> |
|------------|-----------------------|-----------|-------------------|--|----------|------------|------------|----------|------------------|-----------------------------|-------------|------------------|
| Name(s)    | shown on return       |           |                   |  |          |            |            |          |                  | Your social security number |             |                  |
| SAND       | EEP GUJJARI           |           |                   |  |          |            |            |          |                  | 442-6                       | 7-3527      |                  |
| Part       |                       |           |                   | al Real Estate an                                |          |            |            |          |                  |                             |             |                  |
|            | Note: If you          | are in th | ne business of re | enting personal proper<br>85 on page 2, line 40. | ty, use  | Schedul    | e C. See   | instru   | ctions. If you a | ire an indi                 | vidual, rep | ort farm         |
| <b>A</b> [ |                       |           |                   | t would require you                              | to file  | Form(s)    | 10002 9    | Soo ing  | structions       |                             |             | s X No           |
|            | f "Yes," did you c    |           |                   |  |          |            |            |          |                  |                             |             |                  |
|            |                       |           | •                 | · · /  |          |            |            |          |                  |                             |             |                  |
| 1a         |                       |           |                   | treet, city, state, ZIF                          |          | •          |            |          |                  |                             |             |                  |
| Α          | 6-8-147,SA            | GARAV     | EEDHI HANA        | MKONDA TELANO                                    | GANA     | IN 50      | 6011       |          |                  |                             |             |                  |
| В          |                       |           |                   |  |          |            |            |          |                  |                             |             |                  |
| С          |                       |           |                   |  |          |            |            | 1        |                  |                             |             |                  |
| 1b         | Type of Propert       |           |                   | al real estate prope                             |          |            |            | Fa       | ir Rental        |                             | al Use      | QJV              |
|            | (from list below)     | ,         |                   | the number of fair days. Check the Q             |          |            |            |          | Days             | Da                          | iys         |                  |
| A<br>B     | 3                     | _         |                   | ne requirements to f                             |          |            | A<br>B     |          | 365              |                             | 0           |                  |
| C          |                       | _         |                   | venture. See instru                              |          |            | В<br>С     |          |                  |                             |             |                  |
|            | of Property:          |           |                   |  |          |            | C          |          |                  |                             |             |                  |
|            | Single Family Res     | aidanaa   |                   | on/Short-Term Ren <sup>-</sup>                   | tal      | 5 Land     | 4          | 7        | Self-Rental      |                             |             |                  |
|            | Multi-Family Resi     |           | 4 Comm            |  | lai      | 6 Roya     |            |          |                  | (ibo)                       |             |                  |
| 2          | Multi-Family nes      | luence    | 4 Comm            | lercial  |          |            | aities     | 0        | Other (desci     | ibe)                        |             |                  |
|            |                       |           |                   |  |          |            |            |          | Properti         | es:                         |             |                  |
| ncom       |                       |           |                   |  |          |            | Α          |          | В                |                             |             | С                |
| 3          |                       |           |                   |  | 3        |            | 6          | 32.      |                  |                             |             |                  |
| 4          |                       | ed        |                   |  | 4        |            |            |          |                  |                             |             |                  |
| Exper      |                       |           |                   |  |          |            |            |          |                  |                             |             |                  |
| 5          | •                     |           |                   |  | 5        |            |            |          |                  |                             |             |                  |
| 6          |                       |           |                   |  | 6        |            |            |          |                  |                             |             |                  |
| 7          |                       |           |                   |  | 7        |            | 2,4        | 15.      |                  |                             |             |                  |
| 8          | Commissions           |           |                   |  | 8        |            |            |          |                  |                             |             |                  |
| 9          |                       |           |                   |  | 9        |            |            |          |                  |                             |             |                  |
| 10         |                       |           |                   |  | 10       |            |            |          |                  |                             |             |                  |
| 11         | -                     |           |                   |  | 11       |            | 2,6        | 63.      |                  |                             |             |                  |
| 12         |                       |           |                   | (see instructions)                               | 12       |            |            |          |                  |                             |             |                  |
| 13         |                       |           |                   |  | 13       |            | 1 0        | 0.1      |                  |                             |             |                  |
| 14         | -                     |           |                   |  | 14       |            |            | 91.      |                  |                             |             |                  |
| 15         |                       |           |                   |  | 15<br>16 |            | 2,3        | 39.      |                  |                             |             |                  |
| 16         |                       |           |                   |  |          |            | 1 0        | 27       |                  |                             |             |                  |
| 17<br>18   | Utilities             |           |                   |  | 17<br>18 |            | 1,0        | 37.      |                  |                             |             |                  |
| 10<br>19   |                       | -         | -                 |  | 19       |            |            |          |                  |                             |             |                  |
| 19<br>20   | · · · ·               |           |                   | 9  | 20       |            | 11,2       | 45       |                  |                             |             |                  |
| 20         | •                     |           | •                 | d/or 4 (royalties). If                           | 20       |            | <i>,</i> ∠ |          |                  |                             |             |                  |
| <b>2</b> 1 |                       |           |                   | nd out if you must                               |          |            |            |          |                  |                             |             |                  |
|            | file <b>Form 6198</b> |           |                   |  | 21       |            | -10,6      | 13.      |                  |                             |             |                  |
| 22         |                       | al real e |                   | er limitation, if any,                           |          |            | , 0        |          |                  |                             |             |                  |
|            |                       |           |                   | · · · · · · · · · ·                              | 22       | C          | 10,61      | 3.1      | (                | )                           | (           | )                |
| 23a        |                       |           |                   | for all rental prope                             |          |            |            | 23a      | ١                | 632.                        |             | /                |
| b          |                       |           |                   | for all royalty prop                             |          |            |            | 23b      |                  | -                           |             |                  |
| c          |                       | -         |                   | 2 for all properties                             |          |            |            | 23c      |                  |                             |             |                  |
| d          |                       | -         |                   | 8 for all properties                             |          |            |            | 23d      |                  |                             |             |                  |
| e          |                       |           |                   | 20 for all properties                            |          |            |            | 23e      | 11               | ,245.                       |             |                  |
| 24         |                       |           |                   | n on line 21. <b>Do no</b>                       |          |            | osses      |          |                  | . 24                        |             |                  |
| 25         |                       |           |                   | and rental real estat                            |          | -          |            | Enter to | otal losses he   |                             | (           | 10,613.)         |
| 26         | •                     | -         |                   | income or (loss).                                |          |            |            |          |                  |                             |             | <u> </u>         |

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

NPA