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

Submission Identification Number (SID)		
Taxpayer's name	Social security number	
KARTIK BANSAL	796-34-6255	
Spouse's name	Spouse's social security number	
Port I Tay Poture Information Tay Year En	ding December 21	
Part I Tax Return Information — Tax Year En	ding December 31, 2022 (Enter year you are authorizing.)	
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2,	3 and 5 blank	
1 Adjusted gross income		125.
2 Total tax		958.
3 Federal income tax withheld from Form(s) W-2 and F		692.
	·	734.
5 Amount you owe		<u> </u>
Part II Taxpayer Declaration and Signature Au	uthorization (Be sure you get and keep a copy of your retur	n)
my knowledge and belief, it is true, correct, and complete. I fur return (original or amended) I am now authorizing. I consent to all to send my return to the IRS and to receive from the IRS (a) an a for any delay in processing the return or refund, and (c) the date Agent to initiate an ACH electronic funds withdrawal (direct debit) payment of my federal taxes owed on this return and/or a paymen authorization is to remain in full force and effect until I notify the payment, I must contact the U.S. Treasury Financial Agent at business days prior to the payment (settlement) date. I also authorized to receive confidential information necessary to answer in	of the income tax return (original or amended) I am now authorizing, and to the ther declare that the amounts in Part I above are the amounts from the incomous my intermediate service provider, transmitter, or electronic return originate cknowledgement of receipt or reason for rejection of the transmission, (b) the of any refund. If applicable, I authorize the U.S. Treasury and its designated F of entry to the financial institution account indicated in the tax preparation softent of estimated tax, and the financial institution to debit the entry to this account u.S. Treasury Financial Agent to terminate the authorization. To revoke (c. 1-888-353-4537. Payment cancellation requests must be received no later orize the financial institutions involved in the processing of the electronic pay inquiries and resolve issues related to the payment. I further acknowledge is income tax return (original or amended) I am now authorizing and, if applications in the processing of the electronic paying income tax return (original or amended) I am now authorizing and, if applications in the processing of the electronic paying income tax return (original or amended) I am now authorizing and, if applications in the processing of the electronic paying income tax return (original or amended).	ome tax or (ERO) e reason Financial ware for unt. This eancel) a r than 2 ment of that the
Taxpayer's PIN: check one box only		
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN	as my
ERO firm name signature on the income tax return (original or am	Enter five digits, but	ao my
☐ I will enter my PIN as my signature on the income	e tax return (original or amended) I am now authorizing. Check this boat is filed using the Practitioner PIN method. The ERO must complete	
Your signature ▶	Date ▶	
Spouse's PIN: check one box only		
I authorize	to enter or generate my PIN	as my
ERO firm name	Enter five digits, but	as my
signature on the income tax return (original or am	ended) I am now authorizing. don't enter all zeros	
	e tax return (original or amended) I am now authorizing. Check this book is filed using the Practitioner PIN method. The ERO must complete	
Spouse's signature ▶	Date ►	
Practitioner PIN Me	thod Returns Only—continue below	
Part III Certification and Authentication — Pra	ctitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 Don't enter all zeros	9
authorized to file for tax year indicated above for the taxpayer(s	nature for the electronic individual income tax return (original or amended) I s) indicated above. I confirm that I am submitting this return in accordance dbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	
ERO's signature ▶	Date ►	
	n This 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. 1545-0074

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately	y (MFS)	☐ Head of	household (HOH)		ifying sur		
Check only one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you	u check	ed the HOH or	QSS box, enter th		use (QSS) name if t		
	pers	on is a child but not your dependen	t:								
Your first name	and mi	and middle initial Last name Y						Your so	cial secur	ity number	
KARTIK			BANS	AL				796-34-6255			
If joint return, spouse's first name and middle initial				me				Spouse's	s social se	ecurity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Presider	ntial Elect	ion Campaign	
1146 HAI	RRISC	ON ST					529		eck here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code			ntly, want \$3 . Checking a	
SEATTLE					WZ	A	98109	0	ow will no	0	
Foreign country	y name		F	oreign province/sta	ite/count	ty	Foreign postal code	your tax	or refund	l.	
									You	Spouse	
Digital		ny time during 2022, did you: (a) red	•				• ,.	. ,	□ Vaa	⊠ No	
Assets		ange, gift, or otherwise dispose of		<u>_</u>			asset)? (See mstru	Ctions.)	∐ Yes		
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retu		•		a dependent					
Age/Blindness	s You:	Were born before January 2, 1	1958	Are blind	Spouse	: Was bor	n before January 2	2, 1958	ls b	olind	
Dependent	s (see	instructions):		(2) Social secu	ıritv	(3) Relationsh	(4) Check the bo	ox if qualif	ies for (see	e instructions):	
If more		(1) First name Last name		number	,	to you	Child tax cr	edit	Credit for o	ther dependents	
than four											
dependents, see instruction											
and check	5 —										
here]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a	1	94,448.	
	b	Household employee wages not r	eported	on Form(s) W-2 .				. 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									
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6									
get a Form W-2, see	h	Other earned income (see instruct								0.	
instructions.	i	ontaxable combat pay election (see instructions)									
	<u>z</u>	Add lines 1a through 1h						. 1z		94,448.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a	200		axable interes		. 2b		62.	
ii required.	3a	Qualified dividends	3a	288.		ordinary divide		. 3b		288.	
	4a	IRA distributions	4a			axable amoun		. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun axable amoun		. 5b			
Single or	6a c	Social security benefits If you elect to use the lump-sum e	6a	nothed shock ha			t	. 6b			
Married filing separately,	7	,		,	`	,		7	7	9.	
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							_	10,682.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. <u>8</u>		84,125.	
Qualifying surviving spouse,	10	Adjustments to income from Sche		-				. 10		<u> </u>	
\$25,900 • Head of	11	Subtract line 10 from line 9. This i	•					. 11		84,125.	
household,	12	Standard deduction or itemized						12		12,950.	
\$19,400 If you checked	13	Qualified business income deduct		`	,			. 13		,	
any box under Standard	14							. 14		12,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								71,175.	
ooc monuclions.											

Form 1040 (2022	2)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	34,958.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	34 , 958.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	34,958.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	34,958.	
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 3	9,692.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	39,692.	
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return	.,,		26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
	28	Additional child tax credit from	m 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, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	,	•	•			32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	39,692.	
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	4,734.	
	35a	Amount of line 34 you want			is attached, che	ck here	🗌	35a	4,734.	
Direct deposit?	b									
See instructions.	d									
	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		instructions					•		⊠ No	
		signee's me	Phone no.		sonal identi ber (PIN)	fication				
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com			1 , 0		,		, ,	
Here		ur signature		Date	Your occupation			If the IRS sent you an Identity		
		Tour signature		Pate Four occupation				Protection PIN, enter it here		
Joint return?					SR.PRODUC'	(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:	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (412) 708-550	7	Email address	KARTIKBANSA	L007@GMAIL.C	OM			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA_TALLAM	03/06/2023	P0208	2703	Self-employed	
Preparer	Fir						Phor	ne no. (678) 965-9522	
Use Only							Firm	's EIN	84-3171965	
	·									

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

KART	IK BANSAL	796-34-6255				
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. Attac			5	-10,682.	
6	Farm income or (loss). Attach Schedule F			6		
7	Unemployment compensation			7		
8	Other income:					
а	Net operating loss	8a ()			
b		8b				
С		8c				
d		8d ()			
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g		8g				
h		8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
- 1	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property	81				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n	·	8n				
0	\	80				
р	•	8p				
q	`	8q				
r	1 1 5 1	8r				
S	Nontaxable amount of Medicaid waiver payments included on Form					
	· · · · · · · · · · · · · · · · · · ·	8s ()			
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	· · · · · · · · · · · · · · · · · · ·	8t				
u	<u> </u>	8u				
Z	Other income. List type and amount:					

Total other income. Add lines 8a through 8z

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

-10**,**682.

9

10

8z

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
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			
	, , , , , , , , , , , , , , , , , , , ,	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f	· // // /	24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	` ,	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			
		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	. Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 796-34-6255 KARTIK BANSAL Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 620. 611. 9. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 9. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

14

15

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

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 9. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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. OMB No. 1545-0074 Attachment

Sequence No. 12A

Internal Revenue Service Name(s) shown on return KARTIK BANSAL

Department of the Treasury

Social security number or taxpayer identification number 796-34-6255

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 F	orm 1099-B	·			
1 (a) Description of property		(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)				and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	620.	611.			9.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	620.	611.			9.

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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return KARTIK BANSAI

Your social security number 796-34-6255

NAN.	II DANSAL						190-5	4-0233	,		
Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal propert rental income or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you are	an indiv	/idual, rep	oort farm		
Α	, , ,	to file F	orm(e) 1	0002 5	Soo inc	etructions			oe 🛛 N	<u> </u>	
		ake any payments in 2022 that would require you to file Form(s) 1099? See instructions d you or will you file required Form(s) 1099?								lo	
1a	Physical address of each property (street, city, state, ZIP										
Α	B-104, NABARD VIHAR SECTOR 66 MOHALI P	PIIN.TAF	3 TN 1	6006	2						
В	B 1017 MIDING VIIIN BEGION OF HOMEL I	0110111	J 111 I	0000							
C											
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair r				Fa	ir Rental Days		onal Use Days		QJV	
Α	personal use days. Check the QJ		v and v			365		0	$\vdash \sqcap$		
В	if you meet the requirements to fi	ile as a		В		300			$\vdash \vdash$		
C	qualified joint venture. See instruc	ctions.	ŀ	C							
	of Property:										
1	Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (describ	oe)				
						Properties	s:				
Incor	ne:			Α		В			С		
3	Rents received	3		6	37.						
4	Royalties received	4									
Expe											
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		2.7	68.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1.8	56.						
12	Mortgage interest paid to banks, etc. (see instructions)	12		± , 0	•••						
13	Other interest	13									
14	Repairs	14		2.6	77.						
15	Supplies	15			31.						
16	Taxes	16		2,0	<u> </u>						
17	Utilities	17		1 Δ	87.						
18	Depreciation expense or depletion	18		Τ, ¬	07.						
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		11,3	1 0						
		20		11,5	19.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	_	-10,6	82.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (10,68	32.)	()	()	
23a	Total of all amounts reported on line 3 for all rental proper	rties		· .	23a		637.				
b	Total of all amounts reported on line 4 for all royalty prope				23b						
C	Total of all amounts reported on line 12 for all properties				23c						
d					23d						
e	Total of all amounts reported on line 20 for all properties				23e	11.	319.				
24	Income. Add positive amounts shown on line 21. Do not			sses			24				
25	Losses. Add royalty losses from line 21 and rental real estate		•		nter to	otal losses here		(10,682	21	
26	Total rental real estate and royalty income or (loss).							1	,	<u> </u>	
20	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this an	apply t	o you, a	also er	nter th	nis amount on			-10.68	3.2	
				ui (/ii ii	ا + تاری	OII DUUT /			10-06	11.	