Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Subm | ission Identification Number (SID) | | | | | | | |
|---|--|--|--|--|---|--|--|--|
| Taxpaye | er's name | Social securi | ty numl | per | | | | |
| SUS | RITHA KOTHA | 798-16-0449 | | | | | | |
| Spouse | 's name | Spouse's soo | ial seci | urity numbe | r | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2022 (Er | nter year you a | re au | thorizina | .) | | | |
| | whole dollars only on lines 1 through 5. | , , | 0 0.0. | | ·/ | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | |
| 1 | Adjusted gross income | | 1 | 86 | ,857. | | | |
| 2 | Total tax | | 2 | 11 | ,881. | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 15 | ,425. | | | |
| 4 | Amount you want refunded to you | | 4 | 3 | ,544. | | | |
| 5 | Amount you owe | | 5 | | | | | |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get an | id keep a cop | y of y | our retu | rn) | | | |
| return to send for any Agent payme authori payme busine taxes to person | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I as (original or amended) I am now authorizing. I consent to allow my intermediate service provider, train draw return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not frame for the financial institution account in the financial taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) | nsmitter, or electric rejection of the tie U.S. Treasury a indicated in the tution to debit the nate the authoriz requests must be the processing one payment. I fur | onic refransmised ax preparation. The receiff the elaboration at the receiff the acceiments. | turn origina ssion, (b) the designated caration so to this according for revoke (ved no late ectronic passion) | tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the | | | |
| | nic Funds Withdrawal Consent. Ner's PIN: check one box only | | | | | | | |
| × | | ate my PIN 6 | 0 4 | 4 4 9 | as my | | | |
| _ | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř En | | digits, but er all zeros | ao my | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN and your return is filed using the Practitioner PIN methodology. | ethod. The ERC |) mus | | | | | |
| Yours | signature ► SUSY TRUE ► Date ► | <i>≥ 01/11/20</i> | 125 | | | | | |
| Spous | se's PIN: check one box only | | | | | | | |
| | I authorize to enter or general | ate my PIN | | | as my | | | |
| | ERO firm name | | | digits, but | | | | |
| | 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 all if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | m now authorizi | ng. Cł | neck this b | | | | |
| Spous | se's signature ▶ Date ▶ | • | | | | | | |
| | Practitioner PIN Method Returns Only—continue bel | ow | | | | | | |
| Part | III Certification and Authentication — Practitioner PIN Method Only | | | | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 2 4 9 Don't ent | 6 6 er all ze | 1 9 8 eros | 9 | | | |
| authori | y that the above numeric entry is my PIN, which is my signature for the electronic individual incoming that the formula to the formula that the second that the provider of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers | ubmitting this reti | urn in a | accordance | | | | |
| ERO's | s signature ► Date ▶ | - | | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | | | |
| | Don't Submit This Form to the IRS Unless Requested T | | | | | | | |

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.

| | \mathbf{X} | Single Married filing jointly | Marrie | ed filing separately | (MFS) | Head of | house | hold (HO | H) [| | lifying surv | /iving |
|---|--------------|--|-------------------------------|----------------------|-------------|------------------|---------|------------|-----------------|-------------|-------------------------|-----------------------------|
| Check only one box. | If vo | u checked the MFS box, enter the n | ame of v | YOUR SHOUSE If YOU | ı check | ed the HOH o | r OSS | hox ent | er the | | use (QSS) name if th | ne qualifying |
| one box. | | son is a child but not your dependent | - | our spouse. If you | a officient | | . 000 | box, one | 01 1110 | , orma o | TIGITIO II II | o qualifyirig |
| Your first name | and mi | iddle initial | Last nar | me | | | | | | Your so | cial securit | y number |
| SUSRITHA | | | KOTH | Α | | | | | | 798-16-0449 | | |
| | | s first name and middle initial | Last nar | | | | | | | | | curity number |
| | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | | Apt. no. | | Preside | ntial Election | on Campaign |
| 214 SANT | 'A FI | E TRAIL | | | | | | 3060 | | | nere if you, | |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | te | ZIP | ode | | | 0, | tly, want \$3 Checking a |
| IRVING | | | | | T | Σ | 750 | | | _ | ow will not | • |
| Foreign country | name | | F | oreign province/sta | te/count | ty | Forei | | | | or refund. | |
| | | | | | | | | | | | You | Spouse |
| Digital | At ar | ny time during 2022, did you: (a) rec | eive (as | a reward, award, | or payr | ment for prope | erty or | services |); or (| b) sell, | | |
| Assets | exch | ange, gift, or otherwise dispose of a | a digital a | asset (or a financi | al inter | est in a digital | asset |)? (See ir | nstruc | tions.) | ☐ Yes | ⊠ No |
| Standard | Som | eone can claim: | pendent | : 🗌 Your spo | use as | a dependent | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-stati | us alien | l | | | | | | |
| Age/Rlindness | You | Were born before January 2, 1 | 958 [| Are blind | Spouse | · 🗌 Was box | rn hef | ore Janu | arv 2 | 1958 | ☐ Is bl | ind |
| Dependents | - | | | (2) Social secu | - | (3) Relationsh | | | | | | instructions): |
| - | | irst name Last name | | number | irity | to you | "P (| • | Child tax credi | | | |
| If more than four | (., | | | | | - | | 01 | | |] | |
| dependents, | | | | | | | | | _ | | [| ╡ |
| see instructions and check | s —— | | | | | | | | _ | | | ╡── |
| here | | | | | | | | | _ | | | |
| Incomo | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) . | | | | | | 1a | | 94,307. |
| Income | b | Household employee wages not re | , | , | | | | | | 1b | | , |
| Attach Form(s) | С | Tip income not reported on line 1a (see instructions) | | | | | | | 1c | | | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1d | | | |
| W-2G and | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | 1e | | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | 1f | | | | |
| If you did not | g | Wages from Form 8919, line 6 | | | | | 1g | | | | | |
| get a Form | h | Other earned income (see instruct | ions) . | | | | ٠, . | | | 1h | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | on (see instructions) | | | | | | | | | |
| motraotiono. | z | Add lines 1a through 1h | | | | | | | | 1z | ٥ | 94,307. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b T | axable interes | t . | | | 2b | | |
| if required. | 3a | Qualified dividends | 3a | | | rdinary divide | | | | 3b | | |
| | 4a | IRA distributions | 4a | | b T | axable amoun | nt | | | 4b | | |
| Standard | 5a | Pensions and annuities | 5a | | b T | axable amoun | nt | | | 5b | | |
| • Single or | 6a | Social security benefits | 6a | | b T | axable amoun | nt | | | 6b | | |
| Married filing | С | If you elect to use the lump-sum election method, check here (see instructions) $$. $$. $$. $$. $$ | | | | | | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | dule D if | required. If not re | equired | , check here | | | . L | 7 | | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | come from Schedule 1, line 10 | | | | | | 8 | - | -7,450. | |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | income | e | | | | 9 | 3 | 36,857. |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | | | | | | | | 10 | | |
| Head of household | 11 | Subtract line 10 from line 9. This is | • | | | | | | | 11 | | 36,857. |
| household, \$19,400 | 12 | Standard deduction or itemized | | ` | , | | | | | 12 | | 12,950. |
| If you checked any box under | 13 | Qualified business income deduct | | | | | | | | 13 | | |
| Standard | 14 | Add lines 12 and 13 | | | | | | 14 | | L2,950. | | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | ro or less | s, enter -0 This i | s your t | axable incom | ne . | | | 15 | 7 | 73,907. |
| , | | | | | | | | | | | | |

| Form 1040 (2022 | 2) | | | | | | | Page 2 | | |
|---|------|--|--------------------|--------------------------|------------------------|--------------|------------|---|--|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form | m(s): 1 881 | 4 2 4972 | 3 🗌 | | 16 | 11,881. | | |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | | 17 | | | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 11,881. | | |
| | 19 | Child tax credit or credit for other dependent | nts from Sched | ule 8812 | | | 19 | | | |
| | 20 | Amount from Schedule 3, line 8 | | | | | 20 | | | |
| | 21 | Add lines 19 and 20 | | | | | 21 | | | |
| | 22 | Subtract line 21 from line 18. If zero or less | , enter -0 | | | | 22 | 11,881. | | |
| | 23 | Other taxes, including self-employment tax | , from Schedule | e 2, line 21 | | | 23 | 0. | | |
| | 24 | Add lines 22 and 23. This is your total tax | | | | | 24 | 11,881. | | |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | |
| | а | Form(s) W-2 | | | 25 a 1 | 5,425. | | | | |
| | b | Form(s) 1099 | | | 25b | | | | | |
| | С | Other forms (see instructions) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 15,425. | | |
| If you have a | 26 | 2022 estimated tax payments and amount | applied from 20 | 021 return | | | 26 | | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | 27 | | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 881 | 2 | | 28 | | | | | |
| | 29 | American opportunity credit from Form 886 | 3, line 8 | | 29 | | | | | |
| | 30 | Reserved for future use | | | 30 | | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are you | ır total other p | ayments and refu | ndable credits | | 32 | | | |
| | 33 | Add lines 25d, 26, and 32. These are your t | otal payments | | | | 33 | 15,425. | | |
| Refund | 34 | If line 33 is more than line 24, subtract line | 24 from line 33. | . This is the amour | nt you overpaid | | 34 | 3,544. | | |
| | 35a | Amount of line 34 you want refunded to yo | | 3 is attached, chec | k here | 🗌 | 35a | 3,544. | | |
| Direct deposit? | b | Routing number 0 2 1 2 0 0 3 | | | Checking | Savings | | | | |
| See instructions. | d | Account number 3 8 1 0 4 8 7 | 6 7 6 : | 2 6 | | | | | | |
| | 36 | Amount of line 34 you want applied to your | r 2023 estimate | ed tax | 36 | | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the arr For details on how to pay, go to <i>www.irs.go</i> | • | | | | 37 | | | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | | | |
| Third Party Designee | | you want to allow another person to distructions | | | | omplete k | pelow. | ⋉ No | | |
| | | signee's | Phone | | | sonal identi | fication I | | | |
| | na | | no. | | | nber (PIN) | | | | |
| Sign | | der penalties of perjury, I declare that I have examir ief, they are true, correct, and complete. Declaration | | , , , | | | | , | | |
| Here | Yo | ur signature | Date | Your occupation | | If the | : IRS ser | nt you an Identity | | |
| | | | | | | Prote | ection P | N, enter it here | | |
| Joint return? | | | | SOFTWARE E | ENGINEER | | inst.) | | | |
| See instructions. Keep a copy for your records. | | | Date | Date Spouse's occupation | | | | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | |
| | Ph | one no. (929)855-9035 | Email address | KOTHASUSRIT | HA@GMAIL.C | OM | | | | |
| Doid | Pre | eparer's name Preparer's signa | ature | | Date | PTIN | | Check if: | | |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 01/12/2023 | P0208 | 2703 | Self-employed | | |
| Preparer | | m's name GLOBAL TAXES LLC | | | | | | 678)965-9522 | | |
| Use Only | | n's address 245 ROONEY CT E BR | UNSWICK N | J 08816 | | | 's EIN | 88-2145487 | | |
| | | | | | | | | 1010 | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SUSRITHA KOTHA

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.

Your social security number 798-16-0449

| 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 | ich Schedule E . | 5 | -7,450. |
| 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 | | |
| - 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 | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | - / | | |
| | 1040, line 1a or 1d | 8s (| <u>)</u> | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | _ | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| _ | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | - 45- |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR | or 1040-NR line 8 | 10 | -7.450 |

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 governr | | | |
| | officials. Attach Form 2106 | L | 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 | L | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | rental of personal property engaged in for profit | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | | |
| d | Reforestation amortization and expenses | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | | | |
| İ | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect tax law violations | | | |
| | | | | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| _ | 1041) | | | |
| Z | Other adjustments. List type and amount: | | | |
| 25 | | | 25 | |
| 25 26 | 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 an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |
| | roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a | | 20 | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

| Your social security number | | | | | | | | |
|-----------------------------|--------------------------------------|--|--|--|--|--|--|--|
| | Attachment Sequence No. 13 | | | | | | | |
| ,3, 010., | 2022 | | | | | | | |

| SUSF | ITHA KOTHA | | | | | | | 798-1 | 6-0449 | | |
|----------|--------------------|---|-----------|---------|------------------|---------|-------------------|----------|--------------|----------|--|
| Part | | Loss From Rental Real Estate and | | | | | • | | | | |
| | Note: If you a | re in the business of renting personal proper or loss from Form 4835 on page 2, line 40. | ty, use | Schedul | e C . See | instru | ctions. If you ar | e an ind | ividual, rep | ort farm | |
| Α [| | payments in 2022 that would require you | to file l | Form(s) | 10992.5 | See ins | structions | | □ Ve | s X No | |
| | | | | | | | | | | | |
| 1a | | s of each property (street, city, state, ZIF | | | | | | | | | |
| | T Trysical address | s of each property (street, city, state, Zir | Code |) | | | | | | | |
| A B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| 1b | Type of Property | 2 For each rental real estate prope | rty liet | | | Fo | ir Rental | Doroo | nal Use | | |
| ID | (from list below) | 2 For each rental real estate proper above, report the number of fair | | | | га | Days | | ays | QJV | |
| Α | 2 | personal use days. Check the QJ | JV box | only | Α | | 365 | | 0 | | |
| В | | if you meet the requirements to f | | | В | | | | | | |
| С | | qualified joint venture. See instru | ctions. | | С | | | | | | |
| Туре | of Property: | | | | | | | | | | |
| 1 | Single Family Resi | dence 3 Vacation/Short-Term Rent | tal | 5 Land | b | | Self-Rental | | | | |
| 2 | Multi-Family Resid | ence 4 Commercial | | 6 Roya | alties | 8 | Other (descri | be) | | | |
| | | | | | | | Propertie | | | | |
| Incom | ne: | | | | Α | | В | | | С | |
| 3 | | | 3 | | 5 | 50. | | | | | |
| 4 | | d | 4 | | | | | | | | |
| Exper | | | | | | | | | | | |
| 5 | Advertising | | 5 | | | | | | | | |
| 6 | | ee instructions) | 6 | | | | | | | | |
| 7 | | ntenance | 7 | | 6 | 50. | | | | | |
| 8 | | | 8 | | | | | | | | |
| 9 | | | 9 | | | | | | | | |
| 10 | | rofessional fees | 10 | | | | | | | | |
| 11 | | | 11 | | 500. | | | | | | |
| 12 | | paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | | | 13 | | 2 1 | 0.0 | | | | | |
| 14 | | | 14 | | | 00. | | | | | |
| 15 16 | | | 16 | | 1,9 | 00. | | | | | |
| 17 | | | 17 | | 2 8 | 50. | | | | | |
| 18 | | ense or depletion | 18 | | 2,0 | 50. | | | | | |
| 19 | Other (list) | | 19 | | | | | | | | |
| 20 | | Add lines 5 through 19 | 20 | | 8,0 | 00. | | | | | |
| 21 | • | rom line 3 (rents) and/or 4 (royalties). If | | | · · · | | | | | | |
| | | see instructions to find out if you must | | | | | | | | | |
| | file Form 6198 . | | 21 | | -7,4 | 50. | | | | | |
| 22 | | real estate loss after limitation, if any, | | | | | | | | <u> </u> | |
| | · · | ee instructions) | 22 | (| 7,45 | 50.) | (|) | (|) | |
| 23a | | nts reported on line 3 for all rental proper | | | | 23a | | 550. | | | |
| b | | nts reported on line 4 for all royalty properties | erties | | | 23b | | | | | |
| C | | nts reported on line 12 for all properties | | | | 23c | | | | | |
| d | | nts reported on line 18 for all properties | | | | 23d | | 000 | | | |
| e | | nts reported on line 20 for all properties | | | | 23e | 8 , | ,000. | | | |
| 24 | • | sitive amounts shown on line 21. Do no | | - | | ntent | | 24 | / | 7 450 | |
| 25 | - | Ity losses from line 21 and rental real estat | | | | | | | (| 7,450.) | |
| 26 | | estate and royalty income or (loss). (III, IV, and line 40 on page 2 do not a | | | | | | | | | |
| | | 111, 17, and line 40 on page 2 do not a | | | | | | ' oe | | -7 450 | |