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	
RAMU NUNNA	830-37-	0384	
Spouse's name	Spouse's soci	al security number	
SNEHA CHEBROLU	966-97-	-1457	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you ar	e authorizing.)	
Enter whole dollars only on lines 1 through 5.		<u> </u>	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1 110,	676.
2 Total tax		2 9,	885.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 12,	593.
4 Amount you want refunded to you			708.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy	of your retur	n)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	transmitter, or electro for rejection of the transmitter. Treasury are the U.S. Treasury are untindicated in the tall estitution to debit the minate the authorization requests must be in the processing of the payment. I furth	nic return originate ansmission, (b) the dist designated F x preparation softentry to this accountion. To revoke (c received no later the electronic payner acknowledge	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or general content or the second of t	erate my PINI	0 3 8 4	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ento	er five digits, but 't enter all zeros	asiny
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.			
Your signature ▶ Date	e▶		
Spouse's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amended) I am now authorizing.	Ento don	1 4 5 7 er five digits, but 't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.			
Spouse's signature ▶ Date	e ▶		
Practitioner PIN Method Returns Only—continue b	elow		
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 Don't ente		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incomplete authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provide	submitting this retu	n in accordance	
ERO's signature ▶ Date	e ▶		
ERO Must Retain This Form — See Instruction	ns		

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

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

OMB No. 1545-0074

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

	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separate	ly (MFS)	Head of	househo	old (HOF	H)		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the r	namo of v	our enouge. If we	u chock	ad tha UOU a	088 h	ov onto	r tho	•	se (QSS)	o gualifying	
one box.		on is a child but not your depender		our spouse. If yo	ou check	ed the HOH of	Q33 D	JX, ente	i lile	Ciliu S	name ii ur	e qualifying	
Your first name			Last na	me					Y	our soc	ial security	v number	
								830-37-0384					
	nnuse's	s first name and middle initial	Last na						_	Spouse's social security number			
							•	7-1457	-				
SNEHA Home address	(numbe	er and street). If you have a P.O. box, see					Δn	t. no.	_			n Campaign	
	•		e iristructio	JIIS.			'	ι. 110.	- 1		ere if you,		
City town or r		ce. If you have a foreign address, also c	omplete s	naces helow	Sta	to	ZIP cod	la				tly, want \$3	
		ce. II you have a loreigh address, also c	omplete s	paces below.	C		0604		te	o go to	this fund. (Checking a	
						postal co			w will not or refund.	change			
Foreign countr	упапе			-oreign province/st	ate/cour	.y	Foreign	postar cc	ide y	oui tax	You	Spouse	
.	A 1								/1-	V = -11			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									Yes	X No	
Assets		eone can claim: You as a de				a dependent	asset):	(See III	Struct	10115.)		<u> </u>	
Standard Deduction	_		•	•		•							
Deduction		Spouse itemizes on a separate retu	ili or you	i were a duai-sta	lus allei	l							
Age/Blindnes	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bor	rn befor	e Janua	ry 2,	1958	Is bli	nd	
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4)	Check th	e box	if qualifi	es for (see i	instructions):	
If more	(1) F	irst name Last name		number to you				Child ta	ax cred	credit Credit for other dependent			
than four													
dependents, see instruction													
and check													
here ${ extstyle oxedsymbol oxensian oxedsymbol oxensian oxedsymbol oxensian oxean oxan oxean oxean oxan oxean oxan oxa$													
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions)						1a	12	23,784.	
	b	Household employee wages not r	reported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions) .						1c			
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 instruc	tions) .							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	ructions)		1i							
	z	Add lines 1a through 1h								1z	12	23,784.	
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds .			3b			
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t			6b			
Married filing	С	If you elect to use the lump-sum	election r	method, check he	ere (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not r	required	, check here				7			
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8	-1	3,108.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your tota l	lincom	e				9	11	0,676.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26						10			
Head of	11	Subtract line 10 from line 9. This i	is your a c	djusted gross in	come					11	11	0,676.	
household, \$19,400	12	Standard deduction or itemized	l deducti	ions (from Sched	dule A)					12	2	25,900.	
If you checked	13	Qualified business income deduc	tion from	Form 8995 or Fo	orm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	2	25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This	is your t	taxable incom	ne .			15	8	84,776.	
	,												

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	9,885.
Credits	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	9,885.
	19	Child tax credit or credit for	other dependent	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	9,885.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	9,885.
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	12	,593.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	12,593.
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 from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	undable	credits		32	
	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments					33	12,593.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you c	verpaid		34	2,708.
riciana	35a	Amount of line 34 you want	efunded to you	ı. If Form 8888	is attached, che	ck here			35a	2,708.
Direct deposit?	b	Routing number 1 1 1				Check	ing 🔲 🤄	Savings		
See instructions.	d	Account number 4 8 8	0 5 2 6	6 2 7 1	L 7					
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go		•					37	
	38	Estimated tax penalty (see in	structions) .			38				
Third Party Designee		you want to allow another structions	•			_	Yes. Co	mplete	below.	X No
Ü		signee's		Phone				onal ident	ification	
		me		no.				er (PIN)		
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and complete the contract of the contrac			, , ,					, ,
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
					COEGMADE		משש		tection P inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, b	oth must sign	Date	SOFTWARE I		LLK			t your spouse an
Keep a copy for your records.	Sμ	ouse's signature. If a joint return, b	Date	HOME MAKER			Ider		ection PIN, enter it here	
	Ph	one no. (814)218-4660)	Email address	RAMUNSFDC:	19@GM	AIL.CO	M		
Daid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	VENE						4/2023	P0247	0833	Self-employed
Preparer										678)965-9522
Use Only		m's address 245 ROONE		NSWICK N	J 08816				n'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 Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	-	Your so	cial s	ecurity numbe	-r
RAMU	NUNNA & SNEHA CHEBROLU		830-3	7-03	884	
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes			1		
2 a	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. Attach Sch	nedule	Ε.	5	-13,108	١.
6	Farm income or (loss). Attach Schedule F			6		
7	Unemployment compensation			7		
8	Other income:					
а	Net operating loss)			
b	Gambling					
С	Cancellation of debt					
d	Foreign earned income exclusion from Form 2555 8d ()			
е	Income from Form 8853					
f	Income from Form 8889					
g	Alaska Permanent Fund dividends					
h	Jury duty pay					
i	Prizes and awards					
j	Activity not engaged in for profit income					
k	Stock options					
- 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)					
n	Section 951(a) inclusion (see instructions)					
0	Section 951A(a) inclusion (see instructions)					
р	Section 461(I) excess business loss adjustment					
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)			

8t

8u

8z

u Wages earned while incarcerated

9

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

-13,108.

9

10

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.

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

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

Attachment Sequence No. **13**

Your social security number

OMB No. 1545-0074

RAMU	U NUNNA & SNEI	HA CHEBROLU						830-3	7-0384	
Part	Note: If you a	Loss From Rental Real Estate and are in the business of renting personal properts or loss from Form 4835 on page 2, line 40.			e C . See	instru	ctions. If you ar	e an indiv	vidual, rep	ort farm
		payments in 2022 that would require you t								es 🛛 No
В	f "Yes," did you or	will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a		s of each property (street, city, state, ZIP								
Α	CHINTHAKANI	MANDAL KHAMMAM ANDHRA PRAD	ESH	TN 507	7208					
В				111 307	. 200					
C										
1b	Type of Property (from list below)	above, report the number of fair r	ental	and	Fair Rental Days			Person Da	QJV	
Α	3	personal use days. Check the QJ			Α		365		0	
В		if you meet the requirements to fill qualified joint venture. See instructions			В					
С		qualified joint venture. See instruc	Ctions	o.	С					
1	of Property: Single Family Resid Multi-Family Resid		al	5 Land 6 Roya	-		Self-Rental Other (descri			
							Propertie	s:		
Incon		ŗ			Α		В			С
3			3		4	80.				
_ 4		d	4							
Expe			_							
5			5							
6	•	see instructions)	6		1 г	F 0				
7	-	intenance	7 8		1,5	50.				
8 9			9							
10		orofessional fees	10							
11		S	11		1,0	00				
12		t paid to banks, etc. (see instructions)	12		1,0	00.				
13			13							
14			14		3,6	70				
15			15		3,7					
16			16							
17			17		3,9	00.				
18		ense or depletion	18							
19			19							
20	Total expenses. A	Add lines 5 through 19	20		13,8	30.				
21	result is a (loss), s	rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must	21		-13,3	50.				
22		real estate loss after limitation, if any, ee instructions)	22	(13,10	8.)	()	(
23a	Total of all amoun	nts reported on line 3 for all rental proper	ties			23a		480.		
b	Total of all amoun	nts reported on line 4 for all royalty prope	erties			23b				
С	Total of all amoun	nts reported on line 12 for all properties				23c				
d	Total of all amoun	nts reported on line 18 for all properties				23d				
е	Total of all amoun	nts reported on line 20 for all properties				23e	13,	830.		
24	•	sitive amounts shown on line 21. Do not		-				24		
25	Losses. Add royal	alty losses from line 21 and rental real estate	e loss	es from lin	ne 22. E	nter to	otal losses here	25	(13,108.
26	here. If Parts II, I	estate and royalty income or (loss). On the state and royalty income or (loss). On the state and 1040), line 5. Otherwise, include this are	apply	to you,	also er	iter th	is amount or			-13,108.

Passive Activity Loss Limitations

See separate instructions.

Attach to

OMB No. 1545-1008

3

-13,350.

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

Departm Internal		Attachment Sequence No. 858					
Name(s)	shown on return			Identif	dentifying number		
RAMU	NUNNA & S	NEHA CHEBROLU		830-	-37	-0384	
Par	t I 2022 F	Passive Activity Loss					
	Cautio	n: Complete Parts IV and V before completing Part I.					
		ctivities With Active Participation (For the definition of active par I Real Estate Activities in the instructions.)	ticipation, see <i>Sp</i>	ecial			
b c	Activities with Prior years' un	net income (enter the amount from Part IV, column (a)) net loss (enter the amount from Part IV, column (b)) allowed losses (enter the amount from Part IV, column (c))	1a 1b (13,3	0. 350.)			
d	Combine lines	1a, 1b, and 1c			1d	-13,350.	
All Otl	her Passive Ac	tivities					
2a	Activities with	net income (enter the amount from Part V, column (a))	2a				
b	Activities with	net loss (enter the amount from Part V, column (b))	2b ()			
С	Prior years' un	allowed losses (enter the amount from Part V, column (c))	2c ()			
d	Combine lines	2a, 2b, and 2c			2d		

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

losses on the forms and schedules normally used

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the

Par	t II Special Allowance for Rental Real Estate Activities With Active	Par	ticipa	tion				
Note: Enter all numbers in Part II as positive amounts. See instructions for an example.								
4	Enter the smaller of the loss on line 1d or the loss on line 3				4	13,350.		
5	Enter \$150,000. If married filing separately, see instructions	5	1	50,000.				
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	1:	23,784.				
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5	7] :	26,216.				
8	8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions							
9	Enter the smaller of line 4 or line 8				9	13,108.		
Par	Total Losses Allowed							
10	Add the income, if any, on lines 1a and 2a and enter the total				10	0.		
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. S	ee ins	struction	ons to find				
	out how to report the losses on your tax return				11	13,108.		
Par	Complete This Part Before Part I, Lines 1a, 1b, and 1c. See inst	ructi	ons.					

Complete This Part Belor	e raiti, Lilles i	a, ib, and ic. o	ee manuchons.			
Name of authority	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
CHINTHAKANI MANDAL	0.	13,350.			13,350.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	13,350.				

Form 8582 (2022)

1 01111 0302 (202	۷)									rage Z	
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
	Name of activity		Currer	nt year		Prior ye	ears	Overal	ll ga	ain or loss	
	Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter	on Part I, lines 2a, 2b, and 2c										
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
	Name of activity	an to	rm or schedule ad line number be reported on ee instructions)	(a) Loss	(b) Ra	tio (c) Special allowance			(d) Subtract column (c) from column (a).	
CHINTHAE	KANI MANDAL		E Ln 22		13,350.	1.0000	0000	13,10	8.	242.	
					13,350.	1.00)	13,10	8.	242.	
Part VII	Allocation of Unallowed L	.oss	ses. See instr	uction	S.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio		(c) Unallowed los		
CHINTHAK	CANI MANDAL		E Ln 2	2		242.	1.00000000		242.		
Total						242.		1.00		242.	
Part VIII	Allowed Losses. See instru				I		ı				
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_OSS	(b) Un	allowed loss	(c) Allowed loss	
CHINTHAK	CANI MANDAL		E Ln 2	2	-	13,350.		242.		13,108.	
Total						13.350.		242.		13.108.	