Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

Taxpay	er s name		Social securi	y number	
JAY.	ANTA KUMAR ROUT	795-02	-4979		
Spouse	's name	Spouse's soc	se's social security number		
SUB	HASMITA NAYAK		976-94	-8924	
Part	Tax Return Information – Tax Year Ending December 31, 202	2 (Ente	r year you a	re autho	rizing.)
Enter	whole dollars only on lines 1 through 5.				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income			1	98,240.
2	Total tax			2	8,268.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	9,907.
4	Amount you want refunded to you			4	1,639.
5	Amount you owe			5	

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

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

I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
		ERO firm name	

2	4	9	7	9	as					
Enter five digits, but don't enter all zeros										

4 8 9 2 4

Enter five digits, but

don't enter all zeros

my

as mv

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

X

Spouse's PIN: check one box only

				ERO firm name
XI	l authorize	GLOBAL	TAXES	LLC

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 🕨									
	Returns Only—continue below									
Part III Certification and Authentication – Practition	er 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									

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 Þ							
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
Fee Demonstrale Deduction Act Not	and a second term with one breaking atterned		Form 8870 (Day, 01 0001)				

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

to enter or generate my PIN

E1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Ta		_{ırn} 20 2	2	OMB No. 1545	-0074	IRS Use	Only-I	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the n on is a child but not your dependent	ame of y	ed filing separately (l our spouse. If you c						spou	lifying sun use (QSS) name if th	U
Your first name	and mi	ddle initial	Last nan	ne					١	/our so	cial securi	ty number
JAYANTA	KUM	AR	ROUT							795-	02-497	9
If joint return, sp	oouse's	first name and middle initial	Last nan	ne					S	Spouse'	s social se	curity number
SUBHASMI	TA		NAYA	K					9	976-	94-892	4
Home address (numbe	r and street). If you have a P.O. box, see	e instructio	ons.			A	pt. no.	F	Preside	ntial Election	on Campaigr
_12370 AL	AMEI	DA TRACE CIRCLE					#	1135			nere if you,	
City, town, or po	ost offi	ce. If you have a foreign address, also co	omplete sp	baces below.	Sta	ate	ZIP co	ode		•		tly, want \$3 Checking a
AUSTIN					T	X	787	27		0	ow will not	0
Foreign country	name		F	oreign province/state/	coun	ty	Foreig	n postal co	ode y	our tax	or refund.	_
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	ependent	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	m or you	were a dual-status	alier	ı						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor	n befc	ore Janua	arv 2.	1958	Is bl	ind
Dependents				(2) Social security		(3) Relationsh	14					instructions):
•	•	rst name Last name		number	Ŷ	to you		Child ta				her dependents
lf more than four								[[
dependents,								[_			
see instructions and check	;											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	10	09,196.
Income	b	Household employee wages not re	eported o	on Form(s) W-2 .						1b		
Attach Form(s)	с	Tip income not reported on line 1a	a (see ins	structions)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	ported on	rted 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 bene	efits from	Form 8839, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions) .				· ·			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instru	uctions)		1 i						
	z	Add lines 1a through 1h								1z	10	09,196.
Attach Sch. B	2 a	Tax-exempt interest	2a		bΤ	axable interest				2b		
if required.	3a	Qualified dividends	3a			Ordinary divider				3b	_	
	4a		4a			axable amount				4b	_	
Standard Deduction for –	5a		5a			axable amoun			• •	5b	_	
Single or	6a		6a			axable amoun	t		· .	6b	_	
Married filing separately,	С	If you elect to use the lump-sum e		-	•	,	• •		· Ц			
\$12,950	7	Capital gain or (loss). Attach Sche					• •	• •	. 🗆	7	-	
 Married filing jointly or 	8	Other income from Schedule 1, lin					· ·	• •	· ·	8	1	<u>10,956.</u>
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•			• •		• •	9 10		98,240.
\$25,900	10	Adjustments to income from Schedule 1, line 26										
Head of 11 Subtract line 10 from line 9. This is your adjusted gross income								11	-	<u>98,240.</u>		
\$19,400	12	Standard deduction or itemized					• •		• •	12		25,900.
 If you checked any box under 	13	Qualified business income deduct			1 898	ъ-А	• •	• •	• •	13		
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			· ·			• •		14		<u>25,900.</u> 72,340
see instructions.	15		IU ULIESS	s, enter -0 ITHS IS)	our		с.	• •	• •	15		72,340.

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

Form **1040** (2022)

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	8,	268.
Credits	17	Amount from Schedule 2, lir	ne3					🗋	17		
	18	Add lines 16 and 17						🗋	18	8,	268.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			🗋	19		
	20	Amount from Schedule 3, lir	ne8					🗋	20		
	21	Add lines 19 and 20						[21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[22	8,	268.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			[23		0.
	24	Add lines 22 and 23. This is	your total tax					[24	8,	268.
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	9,9	907.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	9,	907.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			[26		
If you have a ¹ qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31				undable cro	edits .		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				[33	9,	907.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you over	paid .		34	1,	639.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here .		. 🗆 🗔	35a	1,	639.
Direct deposit?	b	Routing number 1 1 1				Checking	Sav				
See instructions.	d	Account number 4 8 8) 1			-			
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							37		
	38	Estimated tax penalty (see ir	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See					
Designee		structions	· · · · ·			🗌 Y	'es. Com	plete bel	ow.	X No	
		signee's		Phone				l identifica	tion I		
	na			no.			number	. ,			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			1 2 0		,				0
Here		ur signature		Date	Your occupation		onnation e	· ·		nt you an Ider	•
	10			Date						N, enter it he	
Joint return?					SOFTWARE I	ENGINEE	R	(see ins	t.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion				nt your spous	
Keep a copy for your records.					_		Identity (see ins		ection PIN, en	iter it here	
,			1	For all a status as	HOME MAKE			(500 115)		
		one no. (737)600-617 eparer's name	1 Preparer's signat	Email address	JAYANTAROU	T79@GMA1 Date		TIN		Check if:	
Paid									0.2	_	aployed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	01/27/2	2023 P(020827		Self-em	
Use Only		m's name GLOBAL TA			T 00016			-		678)965	
			Y CT E BRU	INSWICK N				Firm's E	IN	88-214	45487 40 (2022)
(to www.ire a	ov/Forr	n1010 for instructions and the late	et intermation		DAA	DEV/04/04/0				Eorm 10	141 /0000

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

REV 01/24/23 PRO BAA

Form **1040** (2022)

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

Attachment Sequence No. **01**

Your social security number

Internal Revenue Service Go to www.irs.gov/Form1040
Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JAYANTA KUMAR ROUT & SUBHASMITA NAYAK

JAYA	NTA KUMAR ROUT & SUBHASMITA NAYAK		795-02-	-49	79
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	1	
2a	Alimony received			a	
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	1	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	E. 5	5	-10,956.
6	Farm income or (loss). Attach Schedule F		6	6	
7	Unemployment compensation		7	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				
i	Prizes and awards				
j	Activity not engaged in for profit income				
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 ()		
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				
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	<u>, or 1040-NR,</u>	line 8 1	0	-10,956.

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

Schedule 1 (Form 1040) 2022

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 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Actor fush customer reported on line 8 from the rental of personal property engaged in for profit 24a 24 24a 24a 24d 24a 24a	Par	t II Adjustments to Income					8
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b Recipient's SSN	19a						
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 g Contributions by certain chaplains to section 403(b) plans	f						
 h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 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: 24i 24i<td>-</td><td></td><td></td><td></td><td></td><td></td><td></td>	-						
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 j Housing deduction from Form 2555			24i				
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k 20 Other adjustments. List type and amount: 21 24k 22 24z 23 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	i						
1041) 24k Z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	J k						
 z Other adjustments. List type and amount:	r\		24k				
25 Total other adjustments. Add lines 24a through 24z 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25	7		2-71			-	
 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

	DULE E			Supplementa							OMB No	o. 1545-0074
(Form	1040)	(From re	ental real estate,	royalties, partnersl	hips, S	corporat	ions, es	states,	trusts, REMICs,	etc.)	20	199
	ent of the Treasury Revenue Service			ttach to Form 1040, s.gov/ScheduleE for					oformation		Attachm	nent ce No. 13
	shown on return		0010101010	sigov/ochequice for	moure			itest ii			al security	
			SUBHASMIT	Λ ΝΛΥΛΚ							2-4979	number
Part				Real Estate an	d Po	valties				95-0	2-4979	
Fait	Note: If vo	ou are in th	ne business of ren	nting personal proper on page 2, line 40.			c . See	e instru	ctions. If you are	an indiv	vidual, rep	ort farm
Α				would require you	to file	Form(s) 1	099? 5	See in	structions		. 🗌 Ye	s 🕅 No
			ou file required I									
1a	Physical addr	ress of ea	ach property (str	reet, city, state, ZIF	^{>} code	e)						
Α	BAGALPUR,	BAHANA	GA BALASORI	E ODISHA IN 7	75604	12						
В												
C								1	1			
1b	Type of Prope			I real estate prope				Fa			al Use	QJV
	(from list below	N)		the number of fair					Days	Da	ys	
A	3			lays. Check the Q. e requirements to f			Α		365		0	
B				venture. See instru			В					
<u> </u>							С					
	of Property:							_				
	Single Family R			n/Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Comme	ercial		6 Roya	alties	8	Other (describ	e)		
									Properties			
Incom	ne:						Α		В			С
3	Rents received	1			3		5	50.				
4	Royalties rece	ived			4							
Exper												
5					5							
6					6							
7					7		1,5	46.				
8					8							
9					9							
10	Legal and othe	er profess	sional fees .		10							
11					11		1,2	49.				
12				see instructions)	12							
13	Other interest				13							
14					14		3,2	16.				
15					15			46.				
16					16							
17	Utilities				17		2,5	49.				
18	Depreciation e	xpense c	or depletion .		18							
19	Other (list)				19							
20	Total expense	s. Add lin	es 5 through 19)	20		11,5	06.				
21	Subtract line 2	0 from lir	ne 3 (rents) and	/or 4 (royalties). If								
				d out if you must			10 0	ГC				
~~					21		-10,9	50.				
22				limitation, if any,	22	(10,95	56.)	()	()
2 3a	Total of all am	ounts rep	ported on line 3	for all rental prope	rties			23a	I.	550.		
b	Total of all am	ounts rep	ported on line 4	for all royalty prop	erties			23b				
С	Total of all am	ounts rep	ported on line 12	2 for all properties				23c				
d	Total of all am	ounts rep	ported on line 18	3 for all properties				23d				
е	Total of all am	ounts rep	oorted on line 20) for all properties				23e	11,5	506.		
24	Income. Add	positive a	amounts shown	on line 21. Do no	t inclu	ide any lo	sses			24		
25	Losses. Add re	oyalty los	ses from line 21	and rental real estat	te loss	es from lir	ne 22. E	Enter to	otal losses here	25	(10,956.)
26				ncome or (loss).								
				n page 2 do not								
	Schedule 1 (Fo	orm 1040), line 5. Otherw	vise, include this ar	mount	in the to	tal on li	ne 41	on page 2 .	26	-	-10,956.

Form 8582	Passive Activity Loss Limitations	OMB No. 1545-1008	
Form UUUL	See separate instructions.		2022
Department of the Treasury Internal Revenue Service	Attach to Form 1040, 1040-SR, or 1041. Go to <i>www.irs.gov/Form</i> 8582 for instructions and the latest information.		Attachment Sequence No. 858
Name(s) shown on return		Identifyi	ng number
JAYANTA KUMAR	ROUT & SUBHASMITA NAYAK	795-0	02-4979
Part I 2022	Passive Activity Loss		
Cautio	n: Complete Parts IV and V before completing Part I.		

	al Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(10,956.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-10,956.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c	2d	
3	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 losses on the forms and schedules normally used	3	-10,956.

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

• 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.

Par	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3			4	10,956.
5	Enter \$150,000. If married filing separ	ately, see instructi	ions	5 1	50,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6 1	09,196.		
	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				40,804.		
8	Multiply line 7 by 50% (0.50). Do not e			•		8	20,402.
9	Enter the smaller of line 4 or line 8					9	10,956.
Par	t III Total Losses Allowed						
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal			10	0.
11	11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return						10,956.
Par							
	Name of activity	Current year Prior years Ov		Ove	erall 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
BAG	ALPUR , BAHANAGA	0.	10,956.				10,956.

For Department Reduction Act Nation and instru	intiona			Farma 9592 (0000)
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,956.		

For Paperwork Reduction Act Notice, see instructions. BAA

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Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

		Current year		Prior years		Overall	gain or loss	
Name of activity	(a) Net inc (line 2a		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain	(e) Loss	
	(1110 24	y (ii	10 20)					
otal. Enter on Part I, lines 2a, 2b,	and 2c							
	n Amount Is Showr	n on Part II,	, Line 9. S	ee instructio	ons.			
Name of activity	Form or sch and line nur to be reporte (see instruct	mber ed on (a) Loss	(b) Ratio	D	(c) Special allowance	(d) Subtract column (c) fror column (a).	
BAGALPUR, BAHANAGA	E Ln 2		10,956.	1.00000000		10,956	. 0	
			10.056	1.00		10.050		
	llowed Losses. See	instruction	10,956. s.	1.00		10,956	. 0	
	Form c	or schedule						
Name of activity	to be r	ne number reported on istructions)	(a) l	Loss		o) Ratio	(c) Unallowed loss	
		·				1.00		
	See instructions.					1.00		
	See instructions. Form c and lir to be r		(a) I	_OSS	(b) Un	1.00	(c) Allowed loss	
Part VIII Allowed Losses.	See instructions. Form c and lir to be r	or schedule ne number eported on	(a)	_OSS	(b) Un		(c) Allowed loss	
Part VIII Allowed Losses.	See instructions. Form c and lir to be r	or schedule ne number eported on	(a) [_OSS	(b) Un		(c) Allowed loss	
	See instructions. Form c and lir to be r	or schedule ne number eported on	(a)	_OSS	(b) Un		(c) Allowed loss	

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Form **8582** (2022)