Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

ξ Submission Identification Number (SID)

T.....

Taxpaye	er's name	Social security number											
JAY.	ANTA KUMAR ROUT	795-0	2-497	9									
Spouse	's name	Spouse's s	ocial secu	urity number									
SUB	HASMITA NAYAK	976-9	4-892	4									
Part	Part I Tax Return Information – Tax Year Ending 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		1	98,240.									
2	Total tax			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												

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.

Тахрау	er's PIN: che	eck one box	only								2		9	7 0	7		
X		GLOBAL	I	ERO firm name	ended) I am now a	to enter or authorizing.	gene	rate	my F	PIN							ıy
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this b if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete below.															-		
below. Your signature r Date r Date r 01											27/2	2023					
Spouse	's PIN: chec	k one box c	nly							1					٦		
X	I authorize	GLOBAL	TAXES I	LC		to enter or	gene	rate	my F	PIN	4	8	9	2 4	;	as n	٦y
	I will enter r	ny PIN as m ntering your	tax returi y signatur own PIN	re on the income and your return	ended) I am now a tax return (origin is filed using the	al or amend					don rizir	n't en ng. (nter a Chec		s bo		-
Spouse	's signature ^r		Sabhaj	snita Nozja-k	~		Date	ŗ		01	27/	202	3				
					thod Returns Or			elow									
Part II	Certific	ation and	Authent	ication – Prac	titioner PIN M	ethod Only	У										
ERO's	EFIN/PIN. Er	iter your six-	digit EFIN	followed by you	r five-digit self-se	lected PIN.	2	2 2	2	4 9		5 6	5 1	9	8	9	
										Don't	ente	r all	zeros	6			

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 signa	ture ^r
-------------	-------------------

ERO's signature ^r	Date ^r		
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/24/23 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use C	Dnly—E)o 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	U	separately (N use. If you ch	,					spou	lifying sur use (QSS) name if tl	0
Your first name	and mi	ddle initial	Last nar	me						Y	our so	cial securi	ty number
JAYANTA	KUMA	AR	ROUT	I						7	95-0	02-497	9
		first name and middle initial	Last nar										curity number
SUBHASMI	ТΑ		NAYA	K						9	76-9	94-892	4
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.	Р	reside	ntial Electi	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 s	paces bel	ow.	Sta	te	ZIP co	ode				ntly, want \$3 Checking a
AUSTIN						ТΣ	ζ	787	27		0	ow will not	0
Foreign country	name		F	Foreign pr	ovince/state/c	count	ty	Foreig	n postal co	de y	our tax	or refund	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										 Yes	XNo
Standard		eone can claim: You as a de					a dependent		(
Deduction	_	Spouse itemizes on a separate retur	•										
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	use	: 🗌 Was bor	n befc	ore Januai	ry 2, 1	958	🗌 ls b	lind
Dependents	(see	instructions):		(2) S	Social security		(3) Relationsh	ip (4) Check the	e box	if qualit	fies for (see	instructions):
If more	(1) Fi	rst name Last name			number		to you		Child ta:	x cred	it	Credit for ot	her dependents
than four													
dependents, see instructions													
and check													
here													
Income	1a	Total amount from Form(s) W-2, b			,					•	1a		09,196.
Attach Form(a)	b	Household employee wages not re						• •		•	1b	-	
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)									1c	-	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d 1e	-	
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26										-	
was withheld.	f	Employer-provided adoption bene			,			• •		•	1f	-	
If you did not	g	Wages from Form 8919, line 6 .						• •		•	1g		0
get a Form W-2, see	h	Other earned income (see instruct	,				1			•	1h		0.
instructions.	i z	Nontaxable combat pay election (s Add lines 1a through 1h		,			<u>1</u> i				1z	1	09,196.
Attach Sch. B	2a		2a		· · · ·		axable interest	•••		•	2b		0,1,1,0.
if required.	2a 3a		2a 3a				ordinary divider			•	3b	-	
	4a		4a				axable amount			•	4b	-	
Standard	ч а 5а		5a				axable amoun			•	5b	-	
Deduction for –	6a		6a				axable amoun				6b	-	
 Single or Married filing 	c	If you elect to use the lump-sum e		nethod							0.0		
separately,	7	Capital gain or (loss). Attach Sche								Π	7		
\$12,950Married filing	8	Other income from Schedule 1, lin									8	_	10,956.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		98,240.
surviving spouse,	10	Adjustments to income from Sche									10		
 * Head of * Head of * Subtract line 10 from line 9. This is your adjusted gross income 											11		98,240.
household, \$19,400	12	Standard deduction or itemized	•	-	-						12		25,900.
If you checked	13	Qualified business income deduct				,	5-A				13		
any box under Standard	14	Add lines 12 and 13									14		25,900.
Deduction,	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -	-0 This is ye	ourt	taxable incom	е.			15		72,340.
see instructions.													

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	07.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	ı 9,907.
15	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			. 26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable cr	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						. 34	1,639.
Refutio	35a	Amount of line 34 you want	35a	1,639.					
Direct deposit?	b	Routing number 1 1 1	vings						
See instructions.	d	Account number 4 8 8	0 9 1 1	9690) 1			Ŭ	
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	•	For details on how to pay, g						. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions	•				res. Com	olete below	. 🗙 No
		signee's		Phone				identification	
	na			no.			number	. ,	
Sign		der penalties of perjury, I declare ief, they are true, correct, and corr							
Here		· · · · · · · · · · · · · · · · · · ·			,		iornation o		ent you an Identity
	ŶŎ	ur signature		Date	Your occupation				PIN, enter it here
Joint return?					SOFTWARE E	ENGINEE	R	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion			ent your spouse an
Keep a copy for your records.								Identity Pro	tection PIN, enter it here
your recorde.					HOME MAKEF			(see inst.)	
		one no. (737)600-617		Email address	JAYANTAROUT				
Paid		eparer's name	Preparer's signat			Date			Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/27/	2023 PC	2082703	
Use Only		m's name GLOBAL TA			- 00016			Phone no.	1 <i>i</i>
			Y CT E BRU	INSWICK N	J 08816			Firm's EIN	88-2145487
Go to www.irc.a	ov/Forr	a1040 for instructions and the late	et information		DAA				Form 1040 (2022)

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 for i
Name(s) shown on Fo	orm 1040,	1040-SR, or 104	0-NR
JAYANTA KUMAR	ROUT &	SUBHASMITA	NAYAK

JAYA	795-02-4	979		
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
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	E. 5	-10,956.	
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ()	
b		3b		
С		Bc		
d	0	Bd ()	
е		Be		
f		Bf		
g	Alaska Permanent Fund dividends	3g		
h		3h		
i		8i		
j		Bj 🛛		
k	Stock options	3k		
I	Income from the rental of personal property if you engaged in the rental			
		8I		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	im 📃		
n		3n		
0		Во		
р		Зр		
q		3q		
r		Br		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		Bs ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
		Bt		
u		Bu		
z	Other income. List type and amount:			
		Bz		l .
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, o	or 1040-NR,	line 8 10	-10,956.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	is qoverni	ment		
	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					
c	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:					
 a	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 81 from the					
	rental of personal property engaged in for profit	24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
·	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
e	Repayment of supplemental unemployment benefits under the Trade					
Ũ	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
q	Contributions by certain chaplains to section 403(b) plans	24g				
	Attorney fees and court costs for actions involving certain unlawful	9				
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
i	Housing deduction from Form 2555	24j				
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
r\	1041)	24k				
z	Other adjustments. List type and amount:	<u>2</u> -TR				
2		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income				25	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
						1 (Form 1040) 0
	BAA	REV	01/24/23 PRO		Schedule	e 1 (Form 1040) 20

	DULE E					ementa							OMB No. 1545-0074			
(Form	1040)	(Fr	om re	ental real es	tate, royalties	s, partnersh	nips, S	corporati	ons, es	states,	trusts, REMICs	s, etc.)	90	199		
Departm	ent of the Treasury				Attach to I	Form 1040,	1040-	SR, 1040-	NR, or	1041.			Attachn	JEE		
	Revenue Service			Go to ww	w.irs.gov/Scl	heduleE for	r instru	uctions an	d the la	atest in	formation.		Sequen	ice No. 13		
Name(s)	shown on return										Y	our soci	al security	number		
JAYA	NTA KUMAR	ROU	JT &	SUBHASI	MITA NAYA	ΔK						795-0	2-4979			
Part	Income	or	Loss	From Re	ental Real E	state an	d Ro	valties								
	Note: If yo	ou ar	e in th	ne business o	of renting pers	onal proper			C. See	e instrue	ctions. If you are	an indiv	vidual, rep	ort farm		
	rental inco	ome o	or loss	s from Form	4835 on page	e 2, line 40.										
	Did you make ar															
B I	f "Yes," did you	or v	will yo	ou file requi	red Form(s)	1099? .							. 🗌 Ye	es 🗌 No		
1a	Physical add	ress	of ea	ach propert	v (street, city	, state, ZIF	code	e)								
	-							,								
	BAGALPUR,	БАП	IANA	GA BALAS	SORE ODIS	ONA IN /	5004	ŧΖ								
<u>C</u>														I		
1b	Type of Prope		2		rental real es					Fa			nal Use	QJV		
	(from list below	W)			oort the num use days. Ch						Days	Da	-			
A	3				et the require				Α		365		0			
B					oint venture.				В							
С				quannoa j					С							
Туре	of Property:															
1 :	Single Family R	lesid	lence	3 Va	cation/Short-	Term Rent	tal	5 Land		7	Self-Rental					
2	Multi-Family Re	side	ence	4 Co	mmercial			6 Roya	lties	8	Other (describ	be)				
								-								
									-		Properties	s:				
Incom									<u>A</u>		В			С		
3	Rents received						3		5	50.				-		
4	Royalties rece	ived					4									
Expen	ises:															
5							5									
6	Auto and trave	el (se	e ins	tructions)			6									
7	Cleaning and I	main	ntenai	nce			7		1,5	46.						
8	Commissions						8									
9	Insurance .						9									
10	Legal and othe						10									
11	Management f						11		1.2	49.						
12	Mortgage inter						12			-						
13	Other interest		•			,	13									
14	Repairs						14		3.2	16.						
15	Supplies .						15			46.						
16	Taxes						16		275	10.						
17	Utilities						17		2 5	49.						
18	Depreciation e						18		2,5	49.						
		•					10									
19									11 5	0.0						
20	Total expense			-	-		20		11,5	06.						
21	Subtract line 2															
	result is a (los								10.0							
	file Form 6198						21	-	-10,9	56.						
22	Deductible rer															
	on Form 8582	-		-			22	(10,95	1	-)	()		
23a	Total of all am	ount	ts rep	orted on lir	ne 3 for all re	ntal prope	rties			23a		550.				
b	Total of all am									23b						
С	Total of all am	ount	ts rep	orted on lir	ne 12 for all p	properties				23c						
d	Total of all am	ount	ts rep	orted on lir	ne 18 for all p	properties				23d						
е	Total of all am	ount	ts rep	orted on lir	ne 20 for all p	properties				23e	11,	506.				
24	Income. Add					-						24				
25	Losses. Add r							-		Enter to	otal losses here	25	(10,956.)		
26	Total rental re	-	-											,		
	here. If Parts															
	Schedule 1 (Fo												.	-10,956.		

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Form 8582	Passive Activity Loss Limitations	OMB No. 1545-1008		
Department of the Treasury Internal Revenue Service	See separate instructions. Attach to Form 1040, 1040-SR, or 1041. Go to <i>www.irs.gov/Form8582</i> for instructions and the latest information.		2022 Attachment Sequence No. 858	
Name(s) shown on return		Identify	ing number	
JAYANTA KUMAR	ROUT & SUBHASMITA NAYAK	795-	02-4979	
Part I 2022	Passive Activity Loss			
Cautio	n: Complete Parts IV and V before completing Part I.			
Rental Real Estate A Allowance for Renta				

1a	Activities with net income (enter the amount from Part IV, column (a))	1a			0.		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(10,9	56.)		
С	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d	Combine lines 1a, 1b, and 1c					1d	-10,956.
All Ot	her Passive Activities						
2a	Activities with net income (enter the amount from Part V, column (a))	2a					
b	b Activities with net loss (enter the amount from Part V, column (b)) 2b ()						
С	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d	Combine lines 2a, 2b, and 2c					2d	
3	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 Re	ental Real Estate	Activities With	Active Particip	ation		
	Note: Enter all numbers in Pa	art II as positive amo	ounts. See instruct	tions for an examp	ole.		
4	Enter the smaller of the loss on line	4	10,956.				
5	Enter \$150,000. If married filing sepa	arately, see instructi	ions	5 1	50,000.		
6	Enter modified adjusted gross incom	ne, 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			7	40,804.		
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions							20,402.
9 Enter the smaller of line 4 or line 8							10,956.
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 passi	ve activities for 20	22. Add lines 9 an	d 10. See instruct	ions to find		
out how to report the losses on your tax return					11	10,956.	
Par	Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.						
Name of activity		Currer	nt year	Prior years Ov		erall gain or loss	
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
BAGALPUR, BAHANAGA		0.	10,956.				10,956.

10,956.

0.

For Paperwork Reduction Act Notice, see instructions. BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

REV 01/24/23 PRO

Form 8582 (2022)

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

Nome of activity	Currer	Current year			ears	Overall gain or loss			
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)				(e) Loss	
		(11)	ne 20)	1035 (11	16 20)				
Total. Enter on Part I, lines 2a, 2b, and 2c Part VI Use This Part if an Amou	Int Is Shown on F	Dart II	line 9 S	ee instru	rtions				
	Form or schedule	art II,			5110113.				
Name of activity	and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
BAGALPUR, BAHANAGA	E Ln 22	10,956.		1.00000000		10,956.		0 -	
Total			10,956.	1.0	0	10,95	6.	0 .	
Part VII Allocation of Unallowed				I			,		
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) I	_OSS	((b) Ratio		Unallowed loss	
Total						1.00			
Part VIII Allowed Losses. See inst									
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) Loss		(b) Unallowed loss		s (c) Allowed loss		
					+				

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Form **8582** (2022)