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

	-								
Submi	ssion Identification Number (SID)								
Taxpaye	or's name	Social securi	ty numb	per					
SAMA	ADHAN G GAVAND	844-09-3999							
Spouse's	s name	Spouse's soo	ial secu	urity number	r				
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	er year you a	re au	thorizina	1				
	whole dollars only on lines 1 through 5.	ior your you a	iro aa	unonzing.	'/				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1	54	,132.				
2	Total tax		2		,736.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8	,883.				
4	Amount you want refunded to you		4		,147.				
5	Amount you owe		5						
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a cop	y of y	our retu	rn)				
return (control to send for any Agent to paymer authorize paymer business taxes to personal	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I altoriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reasons a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the crecive 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)	smitter, or electro- rejection of the to U.S. Treasury a ndicated in the to- ution to debit the atte the authoriza- equests must be the processing of the payment. I fur	onic reformation of its can be	turn origina ssion, (b) the designated paration soft to this acco To revoke (ved no late ectronic par knowledge	tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the				
	nic Funds Withdrawal Consent. yer's PIN: check one box only								
X		e my PIN	3 9	9 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	aomy				
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.								
Your s	ignature ▶ Date ▶								
Spous	se's PIN: check one box only								
	I authorize to enter or general	e mv PIN			as my				
	ERO firm name	En		digits, but	a,				
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.								
Spous	e's signature ► Date ►								
	Practitioner PIN Method Returns Only—continue belo	w							
Part l	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	9				
authoriz	r that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sulments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	e tax return (origionitting this retu	nal or urn in a	amended) accordance					
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions								
	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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly u checked the MFS box, enter the n	_	ed filing separately your spouse. If you			household	•	, _	spou	ifying survi use (QSS) name if the	J
	pers	on is a child but not your dependen	t:									
Your first name	and mi	ddle initial	Last nar	me					١	our so	cial security	y number
SAMADHAN	1 G		GAVA	ND					8	344-0	09-3999)
If joint return, s	pouse's	s first name and middle initial	Last nar	me					8	Spouse's	s social sec	urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. ı	10.	F	Presider	ntial Electio	n Campaign
430 PLAY	ERS	COURT									ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code				this fund.	tly, want \$3 Checking a
NASHVILI	ĿΕ				TN	1	37211			_	ow will not	_
Foreign country	/ name		F	Foreign province/state	e/count	ty	Foreign po	stal co	de)	our tax	or refund.	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, o	r payr	ment for prope	rty or serv	vices)	or (b) sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital a	asset (or a financia	linter	est in a digital	asset)? (S	ee in	struct	ions.)	☐ Yes	⊠ No
Standard Deduction	_	eone can claim:	•	-		a dependent						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse	: Was bo	rn before c	Janua	ry 2,	1958	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip (4) Ch	eck th	e box	if qualif	ies for (see i	instructions):
If more		irst name Last name		number	,	to you	.	hild ta	x cred	dit	Credit for oth	er dependents
than four												
dependents,												
see instructions and check	·											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	6	0,988.
	b	Household employee wages not re	eported (on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	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		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
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 W-2, see	h	Other earned income (see instruct	ions) .							1h		0.
instructions.	i	Nontaxable combat pay election (see instructions)									4	
	Z	Add lines 1a through 1h								1z	6	0,988.
Attach Sch. B	2 a	' <u>-</u>	2a			axable interes				2b		
if required.	3a	Qualified dividends	3a			rdinary divide				3b		
	4a		4a			axable amoun				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 election method, check here (see instructions)							. 📙		4	
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. Ш	7		
Married filing jointly or	8	Other income from Schedule 1, lin								8		6,856.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						9		64,132.
\$25,900 spouse,	10	Adjustments to income from Sche								10		
Head of household,	11	Subtract line 10 from line 9. This is	-	-						11		54,132.
\$19,400	12	Standard deduction or itemized						٠		12		2,950.
If you checked any box under	13	Qualified business income deduct								13		0.050
Standard Deduction,	14	Add lines 12 and 13								14		2,950.
see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	4	1,182.

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	4,736.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	4,736.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ie 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	4,736.
	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	4,736.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a	8,883	3.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	8,883.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 return			. 26	
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31				undable credi	ts .	. 32	1
	33	Add lines 25d, 26, and 32. T	•	-	-			. 33	8,883.
Defined	34	If line 33 is more than line 24							4,147.
Refund	35a	Amount of line 34 you want					_	_ —	4,147.
Direct deposit?	b	Routing number 0 6 4				-	Savino		
See instructions.	d	Account number 4 4 4							
	36	Amount of line 34 you want				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	person to disc	cuss this retu	rn with the IRS	_	. Comple	te below.	X No
		signee's		Phone				entification	
	naı			no.			umber (PII		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,
TICIC	Yo	Prote						Protection P	ent you an Identity PIN, enter it here
Joint return?			SOFTWARE ENGINEER (S				see inst.)		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa		ent your spouse an rection PIN, enter it here		
	——Ph	one no. (615)785-879	1	Email address	SAM.GAVAN	D@GMATT. ('OM		
		eparer's name	Preparer's signat		DAM. GAVAIN	Date Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.את			082703	Self-employed
Preparer		m's name GLOBAL TA		ILIII DAOAK	COLITY TANDAM	. 02/22/20			(678)965-9522
Use Only			Y CT E BRU	INSWICK M.	J 08816			rione no. (Firm's EIN	84-3171965
Co to ware to				TIONITCH IN			<u> </u>	IIII 3 LIIV	
GO TO WWW.Irs.go	v/r-orn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PI	₹₿		Form 1040 (2022)

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

SAMADHAN G GAVAND

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 844-09-3999

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	ach Schedule E .	5	-6,856.
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	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR line 8	10	-6.856

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri	12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 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	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a 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				-	
a 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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24		_		
rental of personal property engaged in for profit		, , , , ,	la		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		10		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		rg		
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	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	·	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	

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.

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

OMB No. 1545-0074 Attachment Sequence No. 13

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number 044 00 3000

SAM	ADHAN G GAVAND					3	344-0	9-35	199		
Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal property			C Soo	inotru	otions If you are	on indi	vidual	roport	form	
	rental income or loss from Form 4835 on page 2, line 40.	y, use s c	cnedule	C. See	mstru	ctions. If you are	an indi	viduai,	report	iami	
Α	Did you make any payments in 2022 that would require you to	to file Fo	rm(s) 10)99? S	See ins	structions		. [Yes	⊠ No	
	If "Yes," did you or will you file required Form(s) 1099? .									☐ No	
1a	Physical address of each property (street, city, state, ZIP	code)									
Α	WADKHAL PEN RAIGAD MAHARASHTRA IN 40210	07									
В											
С											
1b	Type of Property (from list below) 2 For each rental real estate propert above, report the number of fair re	ental an	ıd		Fa	ir Rental Days	Personal Use Days		e	QJV	
Α	personal use days. Check the QJ\		nly	Α		365		0			
В	if you meet the requirements to file qualified joint venture. See instruc			В							
С	qualified joint venture. See instruc	JUIONS.		С							
Туре	of Property:										
1	Single Family Residence 3 Vacation/Short-Term Renta	al 5	Land			Self-Rental					
2	Multi-Family Residence 4 Commercial	6	6 Royal	ties	8	Other (describ	e)				
						Properties					
Inco	ne:			Α		В			С		
3	Rents received	3			80.					<u> </u>	
4	Royalties received	4									
Expe	nses:										
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		9	84.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		6	48.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		2,4	86.						
15	Supplies	15		1,8	49.						
16	Taxes	16									
17	Utilities	17		1,3	69.						
18	Depreciation expense or depletion	18									
19	Other (list)	19			2.6						
20	Total expenses. Add lines 5 through 19	20		7,3	36.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must										
	file Form 6198	21		-6,8	56						
22	Deductible rental real estate loss after limitation, if any,			- , -							
	on Form 8582 (see instructions)	22 (6,85	6. N	()	(١	
23a	Total of all amounts reported on line 3 for all rental propert				23a	•	480.	\		,	
b	Total of all amounts reported on line 4 for all royalty proper				23b						
c					23c						
d					23d						
е					23e	7,	336.				
24	Income. Add positive amounts shown on line 21. Do not						24				
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	otal losses here	25	(6	,856.)	
26	Total rental real estate and royalty income or (loss). C									•	
	here. If Parts II, III, IV, and line 40 on page 2 do not a	apply to	you, a	lso er	iter th	nis amount on					
	Schedule 1 (Form 1040), line 5. Otherwise, include this am	nount in	the tota	al on li	ne 41	on page 2 .	26		_	6,856.	