| 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.

Submission Identification Number (SID)

| Taxpay | er's name | Social secur | ity numb | ber |
|--------|--|--------------|-----------|--------------|
| BHA | VYA TEJA BOLLINENI | 879-18 | -4295 | 5 |
| Spouse | 's name | Spouse's so | cial secu | urity number |
| Par | Tax Return Information — Tax Year Ending December 31, 2022 (Enter | r year you a | are aut | thorizing.) |
| 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 | 84,605. |
| 2 | Total tax | | 2 | 11,386. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 15,892. |
| 4 | Amount you want refunded to you | | 4 | 4,506. |
| 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

| X | I authorize | GLOBAL | TAXES | ERO firm name | to enter or generate my PIN | Е |
|-------------------|-------------|--------|-------|---------------|------------------------------|----|
| $\mathbf{\nabla}$ | م الدينا م | | | TTO | to outon on exercise and DIN | 10 |

| 8 | 4 | 2 | 9 | 5 | |
|------------|-------|---|---|---|--|
| Ent don | as my | | | | |

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 ► | | |
|---|---|--|
| Practitioner PIN Me | hod Returns Only—continue below | |
| Part III Certification and Authentication – Prac | titioner PIN Method Only | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by you | r 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 > | Date 🕨 | | | | | | | |
|---|----------------------------|--|--------------------------|--|--|--|--|--|
| E Don't Sul | | | | | | | | |
| For Denominarily Deduction Act Nation and | un tex seture instructions | | Earm 8879 (Bay, 01 2021) | | | | | |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

| E 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn 20 | 22 | OMB No. 1545 | -0074 IF | S Use Only | —Do not w | rite or staple | in this space. |
|---|----------|---|------------|--|-------------|----------------|------------|-------------------|-------------------|---|-----------------------------|
| Filing Status Check only one box. | lf yc | Single Married filing jointly | ame of y | ed filing separat your spouse. If y | | | | · · · | spoi | lifying surv use (QSS) s name if th | U |
| Your first name | and m | iddle initial | Last na | me | | | | | Your so | cial securit | y number |
| BHAVYA 7 | гела | | BOLL | INENI | | | | | 879- | 18-429 | 5 |
| | | s first name and middle initial | Last na | | | | | | | | curity number |
| | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | Apt. | no. | Preside | ntial Election | on Campaign |
| 219 CAME | PBEL | L CIR | | | | | | | | nere if you, | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | te | ZIP code | | | | tly, want \$3 Checking a |
| MOUNT JU | JLIE | Г | | | TN | [| 37122 | | | ow will not | 0 |
| Foreign country | / name | | F | oreign province/ | state/count | у | Foreign po | stal code | your tax | c or refund. | _ |
| | | | | | | | | | | You | Spouse |
| Digital Assets | | ny time during 2022, did you: (a) rec aange, gift, or otherwise dispose of a | | | | | | | | Yes | X No |
| Standard | Som | eone can claim: 🗌 You as a de | pendent | t 🗌 Your s | pouse as | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-st | tatus alien | | | | | | |
| Age/Blindness | | : 🗌 Were born before January 2, 1 | 958 F | Are blind | Spouse | Was bor | n before . | lanuary 3 | 2 1958 | 🗌 ls bl | ind |
| Dependents | - | | | (2) Social se | · · | (3) Relationsh | | | | | instructions): |
| - | | irst name Last name | | numbe | | to you | | hild tax c | · · · | | her dependents |
| lf more than four | (1) | | | | | | | | | [| 7 |
| dependents, | | | | | | | | $\overline{\Box}$ | | [| ╡─── |
| see instructions and check | s —— | | | | | | | $\overline{\Box}$ | | [| ╡─── |
| here |] | | | | | | | | | [| |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | e instructions) | | | | | . 1a | | 93,725. |
| meome | b | Household employee wages not re | | | | | | | . 1b |) | |
| Attach Form(s) W-2 here. Also | с | Tip income not reported on line 1a | a (see ins | structions) . | | | | | . 1c | : | |
| attach Forms | d | Medicaid waiver payments not rep | orted o | n Form(s) W-2 | (see instru | ctions) | | | . 1d | | |
| W-2G and | е | Taxable dependent care benefits f | rom For | m 2441, line 26 | з., | | | | . 1e | • | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | fits from | n Form 8839, lir | ne 29 . | | | | . 1f | | |
| lf 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 | 1 | 0. |
| instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | 1 i | | | | | |
| | z | Add lines 1a through 1h | · · · | | | | | | . 1z | | 93,725. |
| Attach Sch. B | 2a | · · - | 2a | | - | axable interes | | • • | . 2b | | |
| if required. | 3a | | 3a | | | rdinary divide | | • • | . 3b | - | |
| | 4a | | 4a | | _ | axable amoun | | | . 4b | | |
| Standard Deduction for— | 5a | | 5a | | _ | axable amoun | | • • | . 5b | | |
| Single or | 6a | , _ | 6a | nothed check | | axable amoun | τ | г | . 6b |) | |
| Married filing separately, | с 7 | If you elect to use the lump-sum e | | - | ` | , | | L | 7 | | |
| \$12,950 | 8 | Capital gain or (loss). Attach Scher Other income from Schedule 1, lin | | | | | | · · L | . 8 | | 0 1 2 0 |
| Married filing jointly or | о 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | This is your tot | | | | | . <u>o</u> . 9 | | <u>-9,120.</u> 84 605 |
| Qualifying surviving spouse, | 9 10 | Add lines 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche | | | | • · · · · · | | • • | . 9 . 10 | | 34,605. |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | • • | . 11 | - | 34,605. |
| household, | 12 | Standard deduction or itemized | | | | | | | . 12 | | 12,950. |
| \$19,400 • If you checked | 13 | Qualified business income deduct | | | , | 5-A. | | | . 13 | | <u> </u> |
| any box under Standard | 14 | | | | | | | | . 14 | | 12,950. |
| Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | | | . 15 | | 71,655. |
| 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 | m Form(s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 11,386. |
| Credits | 17 | Amount from Schedule 2, line 3 . | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 11,386. |
| | 19 | Child tax credit or credit for other dep | pendents from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, line 8 . | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero o | or less, enter -0 | | | | 22 | 11,386. |
| | 23 | Other taxes, including self-employme | nt tax, from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your tota | ltax | | | | 24 | 11,386. |
| Payments | 25 | Federal income tax withheld from: | | | | | | |
| | а | Form(s) W-2 | | | 25a 15 | 5,892. | | |
| | b | Form(s) 1099 | | | 25b | | | |
| | с | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 15,892. |
| K | 26 | 2022 estimated tax payments and am | nount applied from 20 |)21 return | | | 26 | |
| If you have a ¹ qualifying child, | 27 | Earned income credit (EIC) | | No | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedu | | | 28 | | | |
| | 29 | American opportunity credit from For | m 8863, line 8 | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3, line 15 . | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. These a | re your total other p a | ayments and refu | ndable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are | your total payments | | | | 33 | 15,892. |
| Refund | 34 | If line 33 is more than line 24, subtrac | t line 24 from line 33. | This is the amour | nt you overpaid | | 34 | 4,506. |
| neiuliu | 35a | Amount of line 34 you want refunded | l to you. If Form 8888 | 3 is attached, chec | k here | | 35a | 4,506. |
| Direct deposit? | b | Routing number 1 1 1 0 0 | 0 0 2 5 | c Type: 🗙 | Checking | Savings | | |
| See instructions. | d | Account number 4 8 8 0 4 | 9 1 1 2 0 | 9 2 | | | | |
| | 36 | Amount of line 34 you want applied to | o your 2023 estimate | ed tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the | he amount you owe | | | | | |
| You Owe | | For details on how to pay, go to www | <i>.irs.gov/Payments</i> or | see instructions . | | | 37 | |
| | 38 | Estimated tax penalty (see instruction | ıs) | | 38 | | | |
| Third Party | Do | you want to allow another person | to discuss this retu | rn with the IRS? | See | | | |
| Designee | ins | tructions | | | . 🗌 Yes. C | omplete b | elow. | X No |
| | | signee's | Phone | | | onal identi ber (PIN) | ication | |
| | nai | | no. | | | . , | | |
| Sign | | der penalties of perjury, I declare that I have ief, they are true, correct, and complete. Decl | | | | | | |
| Here | | ur signature | Date | Your occupation | | 1 | | nt you an Identity |
| | 10 | | Duto | rour cooupation | | Prote | ection Pl | N, enter it here |
| Joint return? | | | | SOFTWARE E | NGINEER | (see | inst.) | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, both must | sign. Date | Spouse's occupation | on | | | nt your spouse an |
| your records. | | | | | | (see | | ection PIN, enter it here |
| | Dh | one no. | Email address | | CMATE COM | (| - / | |
| | | | Email address | BTEJA3104@ | Date | PTIN | | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM SYAM P | 5 | | 03/02/2023 | P0208: | 2702 | Self-employed |
| Preparer | | | | GUPIA IALLAM | 03/02/2023 | · · · · · · · · · · · · · · · · · · · | | 678)965-9522 |
| Use Only | | n's name GLOBAL TAXES LL n's address 245 ROONEY CT E | | T 08816 | | | s EIN | |
| On the second is | FIII | | DI D | 0 00010 | | | 5 EIIN | 84-3171965 |

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

BAA REV 02/24/23 PRO

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 2

Attachment

| Internal Revenue Service | Go to unum ire gov/Earm10/0 for instructions and the latest information | | | | |
|---|---|--------|---------------------|--|--|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | | | ial security number | | |
| BHAVYA TEJA BO | LLINENI | 879-18 | -4295 | | |
| | | | | | |

| Par | t 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. Att | ach Schedule E . | 5 | -9,120. |
| 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 | | |
| I. | 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 | | |
| ο | 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 | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR | l, or 1040-NR, line 8 | 10 | -9,120. |

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

Schedule 1 (Form 1040) 2022

| | Educator expenses | | | | | |
|-----------------|---|-------|------------|---------|-----|----------------------|
| 2 | | | | | 11 | |
| | Certain business expenses of reservists, performing artists, and fee | -basi | is qov | ernment | | |
| | officials. Attach Form 2106 | | | | 12 | |
| | Health savings account deduction. Attach Form 8889 | | | | 13 | |
| 4 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | | 14 | |
| | Deductible part of self-employment tax. Attach Schedule SE | | | | 15 | |
| | Self-employed SEP, SIMPLE, and qualified plans | | | | 16 | |
| | Self-employed health insurance deduction | | | | 17 | |
| | Penalty on early withdrawal of savings | | | | 18 | |
| | Alimony paid | | | | 19a | |
| | Recipient's SSN | | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | | |
| | IRA deduction | | | | 20 | |
| | Student loan interest deduction | | | | 21 | |
| | Reserved for future use | | | | 22 | |
| | Archer MSA deduction | | | | 23 | |
| | Other adjustments: | | | | | |
| | Jury duty pay (see instructions) | 24a | | | | |
| | Deductible expenses related to income reported on line 8l from the | | | | | |
| | rental of personal property engaged in for profit | 24b | | | | |
| | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | |
| | and USOC prize money reported on line 8m | 24c | | | | |
| | Reforestation amortization and expenses | 24d | | | | |
| | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| | Attorney fees and court costs for actions involving certain unlawful | - 19 | | | - | |
| | discrimination claims (see instructions) | 24h | | | | |
| | 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 | | | | |
| | Housing deduction from Form 2555 | 24j | | | | |
| | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | | 24k | | | | |
| | Other adjustments. List type and amount: | 2-11 | | | - | |
| - | | 24z | | | | |
| 25 [±] | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| | Add lines 11 through 23 and 25. These are your adjustments to income | | | | 20 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | | 02/24/23 F | | | le 1 (Form 1040) 202 |

| SCHE | DULE | ΕE |
|-------|-------|----|
| (Form | 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

040 CD 1040 ND or 1041. latest information

| | Attach t | o Form | 1040, | 1040-SR, | 1040-NI | ч, о |
|--------|-----------|---------|--------|------------|---------|------|
| to www | irs aov/S | Schedul | eF for | instructio | ons and | the |

| 20 22 |
|--------------------------------------|
| Attachment Sequence No. 13 |

Department of the Treasury

<u>_</u>

| | Revenue Service | | Go to www.irs.gov/ScheduleE to | mstr | uctions an | | atest in | normation. | | | ce No. IJ |
|-------|--|----------|---|----------------------------|------------------|----------------|-----------|----------------------------|---------------|----------------|-----------|
| . , |) shown on return | | _ | | | | | | | al security | |
| | YA TEJA BOLLI | | | | | | | | 879-1 | 8-4295 | |
| Part | Note: If you a | re in th | From Rental Real Estate an e business of renting personal proper from Form 4835 on page 2, line 40. | | | c . See | e instrue | ctions. If you a | are an indi | vidual, rep | ort farm |
| A D | | | its in 2022 that would require you | to file | Form(s) 1 | 099? 8 | See ins | structions . | | . 🗌 Ye | s 🛛 No |
| | | | | | . , | | | | Yes . No | | |
| 1a | | | ch property (street, city, state, ZII | | | | | | | | |
| Α | IN | | | | | | | | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| 1b | Type of Property (from list below) | 2 | For each rental real estate prope above, report the number of fair | | , | | | | | nal Use ays | QJV |
| Α | 3 | | personal use days. Check the Q | JV box only A file as a | | | 365 | | 0 | | |
| В | | | if you meet the requirements to f | | | | | | | | |
| С | | | qualified joint venture. See instru | uctions | S. | C | | | | | |
| | of Property: | | | | | • | | | | | |
| 1 | Single Family Resid Multi-Family Reside | | 3 Vacation/Short-Term Ren 4 Commercial | ital | 5 Land 6 Roya | | | Self-Rental Other (desc | ribe) | | |
| | | | | | | | | Propert | ies: | | |
| Incom | ne: | | | | | Α | | В | | | С |
| 3 | | | | 3 | | 6 | 00. | | | | |
| 4 | Royalties received | 1 | | 4 | | | | | | | |
| Exper | ises: | | | | | | | | | | |
| 5 | • | | | 5 | | | | | | | |
| 6 | , | | ructions) | 6 | | | | | | | |
| 7 | | | юе | 7 | | 1,0 | 00. | | | | |
| 8 | Commissions . | | | 8 | | | | | | | |
| 9 | Insurance | | | 9 | | | | | | | |
| 10 | Legal and other p | rofess | ional fees | 10 | | | | | | | |
| 11 | Management fees | s | | 11 | | 8 | 00. | | | | |
| 12 | Mortgage interest | paid t | o banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest . | | | 13 | | | | | | | |
| 14 | Repairs | | | 14 | | 2,5 | 60. | | | | |
| 15 | Supplies | | | 15 | | 1,8 | 80. | | | | |
| 16 | | | | 16 | | | | | | | |
| 17 | Utilities | | | 17 | | 3,4 | 80. | | | | |
| 18 | Depreciation expe | ense o | r depletion | 18 | | | | | | | |
| 19 | Other (list) | | | 19 | | | | | | | |
| 20 | Total expenses. A | dd line | es 5 through 19 | 20 | | 9,7 | 20. | | | | |
| 21 | result is a (loss), s | see ins | e 3 (rents) and/or 4 (royalties). If tructions to find out if you must | | | -9,1 | .20. | | | | |
| 22 | | | state loss after limitation, if any, uctions) | 22 | (| 9,12 | 20.) | (|) | (| |
| 23a | Total of all amoun | its rep | orted on line 3 for all rental prope | erties | | | 23a | | 600. | | |
| b | Total of all amoun | its rep | orted on line 4 for all royalty prop | erties | | | 23b | | | | |
| с | | | orted on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amoun | its rep | orted on line 18 for all properties | | | | 23d | | | | |
| е | Total of all amoun | its rep | orted on line 20 for all properties | | | | 23e | ç | 9,720. | | |
| 24 | Income. Add pos | sitive a | mounts shown on line 21. Do no | t inclu | ude any lo | sses | | | . 24 | | |
| 25 | Losses. Add royal | lty loss | es from line 21 and rental real esta | te loss | ses from lir | ne 22. E | Enter to | otal losses he | ere 25 | (| 9,120. |
| 26 | | | e and royalty income or (loss). | | | | | | | | |
| | nere. Il Parts II, I | III, IV, | and line 40 on page 2 do not | appiy | ιο you, a | also ei | iter tri | is amount o | ן חכ | | |

For Paperwork Reduction Act Notice, see the separate instructions.

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-9,120.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2