Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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)

Taxpayer's name

| талрау | | Social security number | | | | |
|--------|--|------------------------|-----------|--------------|--|--|
| RAG | HU VAMSIDHAR REDD NARLA | 177-37 | -0030 | C | | |
| Spouse | 's name | Spouse's so | cial secu | irity number | | |
| | | | | | | |
| Part | Tax Return Information – Tax Year Ending December 31, 2022 (Ente | r year you a | are aut | horizing.) | | |
| 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 | 160,660. | | |
| 2 | Total tax | | 2 | 29,286. | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 32,196. | | |
| 4 | Amount you want refunded to you | | 4 | 2,910. | | |
| 5 | Amount you owe | | 5 | | | |

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

Under penalties of perjury, 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

| \frown | raumonze | GLUBAL | IAAES | ERO firm name | to enter or generate my PIN | E |
|-------------------|-------------|--------|-------|---------------|-----------------------------|---|
| $\mathbf{\nabla}$ | l authorize | CTORAT | TAVEC | TTC | to optor or gonorate my DIN | |

| Ent | er fiv I't en | /e di | gits, | but | as |
|-----|------------------|-------|--------|-----|----|
| 7 | 0 | 0 | ر م | 0 | |

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 🕨

Date 🕨 ____

Spouse's PIN: check one box only

I authorize

| to | enter | or | generate | mv | PIN |
|----|--------|----|----------|---------|-----|
| .0 | 011101 | 0 | gonorato | i i i y | |

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 Method Returns Only—continue below | | | | |
| Part III Certification and Authentication – F | actitioner PIN Method Only | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by | our five-digit self-selected PIN. 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 > | | | |
|---|-----|------------------|--------------------------|
| ERO Must Retain This F Don't Submit This Form to the I | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 03/09/23 PRO | Form 8879 (Rev. 01-2021) |

| 1040 | | rtment of the Treasury–Internal Revenue Servi S. Individual Income Tax | | urn d | 202 | 2 | OMB No. 1545 | -0074 | IRS Use Only | —Do not w | rite or staple in this space. |
|--|------------|--|------------|-------------|-------------------------------|-------|---------------------------|--------|---------------|-----------|--|
| Filing Status Check only one box. | lf yo | Single D Married filing jointly U warried filing jointly U warried the MFS box, enter the n on is a child but not your dependent | ame of y | 0 | eparately (M se. If you ch | , | | | · · / | spou | lifying surviving use (QSS) name if the qualifying |
| Your first name | and mi | ddle initial | Last nan | ne | | | | | | Your so | cial security number |
| RAGHU VA | MSTI | DHAR REDD | NARL | A | | | | | | 177- | 37-0030 |
| | | first name and middle initial | Last nan | | | | | | | | s social security number |
| | | | | | | | | | | | - |
| Home address (| numbe | r and street). If you have a P.O. box, see | instructio | ons. | | | | A | Apt. no. | Preside | ntial Election Campaigr |
| 15945 FI | G Lì | J | | | | | | | | Check ł | nere if you, or your |
| - | | ce. If you have a foreign address, also co | omplete sp | baces belov | w. | Sta | te | ZIP c | ode | | if filing jointly, want \$3 |
| FRISCO | | | | | | ТΣ | ζ | 750 | 35 | 0 | o this fund. Checking a ow will not change |
| Foreign country | name | | F | oreign pro | vince/state/c | ount | ty | Foreig | n postal code | | k or refund. |
| | | | | | | | | | | | You Spouse |
| Digital Assets | | ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a | | | | - | | • | , | . , | 🗌 Yes 🛛 No |
| Standard | Som | eone can claim: You as a de | pendent | Y | our spouse | as | a dependent | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a di | ual-status a | lien | - | | | | |
| A and /Dlinelands | Varia | Were born before January 2, 1 | 050 | | d Spo | | | n hof | | 1050 | Is blind |
| | | | 930 | Are blin | | use | | 1 | ore January 2 | | fies for (see instructions): |
| Dependents | | Instructions): rst name Last name | | | number | | (3) Relationsh to you | ip (| Child tax ci | · · | Credit for other dependents |
| lf more than four | (1) 1 | Lasthame | | | | | | _ | | eun | |
| dependents, | | | | | | | | | | | |
| see instructions | ; <u> </u> | | | | | | | | | | |
| and check here | | | | | | | | | | | |
| | 1a | Total amount from Form(s) W-2, b | ov 1 (sec | instructi | ons) | | | | | . 1a | 171,158. |
| Income | b | Household employee wages not re | | | , | | | | | . 1b | |
| Attach Form(s) | c | Tip income not reported on line 1a | • | | , | | | • • | | . 1c | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not rep | | | | | | | | . 1d | |
| W-2G and | e | Taxable dependent care benefits f | | . , | | | | | | . 1e | |
| 1099-R if tax | f | Employer-provided adoption bene | | | | | | | | . 1f | |
| was withheld. If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | . 1g | 1 |
| get a Form | h | Other earned income (see instruct | | | | | | | | . 1h | |
| W-2, see instructions. | i | Nontaxable combat pay election (| see instru | uctions) | | | 1i | | | | |
| | z | Add lines 1a through 1h | | | | | | | | . 1z | 171,158. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | bТ | axable interest | t. | | . 2b |) |
| if required. | 3a | Qualified dividends | 3a | | I | b C | ordinary divider | nds . | | . 3b | 1 |
| | 4a | IRA distributions | 4a | | I | bТ | axable amoun [.] | t | | . 4b | 1 |
| Standard | 5a | Pensions and annuities | 5a | | I | bТ | axable amoun [.] | t | | . 5b | 1 |
| Deduction for - Single or | 6a | Social security benefits | 6a | | I | bТ | axable amoun [.] | t | | . 6b | 1 |
| Married filing | С | If you elect to use the lump-sum e | election m | nethod, cl | heck here (| see | instructions) | | [| | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | dule D if | required. | If not requi | red | , check here | | [| 7 | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | ie 10 . | | | | | | | . 8 | -10,498. |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | • | ur total inc | ome | ə | | | . 9 | 160,660. |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | | | | | | | | . 10 | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | | | . 11 | |
| \$19,400 | 12 | Standard deduction or itemized | | | | | | | | . 12 | , |
| If you checked any box under | 13 | Qualified business income deduct | | | 95 or Form | 899 | 5-A | | | . 13 | |
| Standard | 14 | Add lines 12 and 13 | | | | • | | | | . 14 | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | ro or less | s, enter -0 | I This is yo | our 1 | taxable incom | е. | | . 15 | 147,710. |
| | | | | | | | | | | | |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | | Page |
|---|-----------|--|--------------------------|---------------------|------------------|------------------|-------------------|--------------|--------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | | 16 | 29 , 286 |
| Credits | 17 | Amount from Schedule 2, lir | ne3 | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 29 , 286 |
| | 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 | B. If zero or less, | enter -0 | | | | [| 22 | 29,286 |
| | 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 | 29,286 |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 32, | 196. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 32,196 |
| If you have a | 26 | 2022 estimated tax paymen | ts and amount a | pplied 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 fro | | | | 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 | . These are your | total other pa | ayments and refu | undable | credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | 33 | 32,196 |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you ov | erpaid | | 34 | 2,910 |
| nerunu | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | is attached, che | ck here | | . 🗆 🛛 | 35a | 2,910 |
| Direct deposit? | b | Routing number 0 8 1 | 9 0 4 8 | 0 8 | c Type: |] Checkin | ig 🗙 Sa | ivings | | |
| See instructions. | d | Account number 2 9 1 | 0 1 8 3 | 4 9 0 4 | 4 1 | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2023 estimate | edtax | 36 | - | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | | | | | | |
| You Owe | | For details on how to pay, g | o to <i>www.irs.go</i> u | //Payments or | see instructions | | | | 37 | |
| | 38 | Estimated tax penalty (see i | nstructions) . | | | 38 | | | | |
| Third Party | Do | you want to allow another | r person to disc | cuss this retu | rn with the IRS? | See | _ | | | |
| Designee | ins | structions | | | | 🗆 | Yes. Com | nplete be | elow. | × No |
| | De nai | signee's | | Phone no. | | | Persona number | al identific | cation | |
| <u></u> | | | | | | | | | | |
| Sign | | der penalties of perjury, I declare ief, they are true, correct, and corr | | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | | | | nt you an Identity |
| | | ar olghataro | | Dato | | | | Protec | tion P | IN, enter it here |
| Joint return? | | | | | SOFTWARE A | ARCHIT | ECT | (see ir | ist.) | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, | both must sign. | Date | Spouse's occupat | ion | | | | nt your spouse an ection PIN, enter it he |
| your records. | | | | | | | | (see in | - | |
| | Ph | one no. (614)619-711 | 5 | Email address | RAGHU.NARI | | COM | ` | , | |
| | | parer's name | Preparer's signat | | IVAGIIU . IVARI | Date | | PTIN | | Check if: |
| Paid | | I PRIYA RAM SAGAR GUPTA TALLAM | | | | | | 02082 | 703 | Self-employed |
| Preparer | | m's name GLOBAL TA | | IVIN DAGAR | GOLIA IALLAM | 103/21 | , 2023 P | | | 678) 965-952 |
| Use Only | | | Y CT E BRU | NSWICK N | т 08816 | | | Firm's | | 84-317196 |
| Go to wave in a | | n1040 for instructions and the late | | ILOUI OIL IN | D 00010 | DE1/ 06/20 | | | | 54-51/190 |

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

BAA REV 03/09/23 PRO

Form **1040** (2022)

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

9

10

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 9

Attachment 01

12

| Interna | | | | | |
|------------|---|--------|-------|-------|-----------------|
| | (s) shown on Form 1040, 1040-SR, or 1040-NR | | | | security number |
| RAGH | U VAMSIDHAR REDD NARLA | | 177-3 | 37-00 | 030 |
| Par | t I Additional Income | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | |
| 2 a | | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sche | dule l | Ε. | 5 | -10,498. |
| 6 | Farm income or (loss). Attach Schedule F. | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | |) | | |
| b | Gambling | | | | |
| С | Cancellation of debt | | | | |
| d | Foreign earned income exclusion from Form 2555 . . 8d | |) | | |
| е | Income from Form 8853 | | | | |
| f | Income from Form 8889 | | | | |
| g | Alaska Permanent Fund dividends | | | | |
| h | Jury duty pay | | | | |
| i | Prizes and awards | | | | |
| j | Activity not engaged in for profit income | | | | |
| k | Stock options | | | _ | |
| 1 | Income from the rental of personal property if you engaged in the rental | | | | |
| | for profit but were not in the business of renting such property 81 | | | - | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | | |
| | instructions) | | | - | |
| n | | | | - | |
| 0 | Section 951A(a) inclusion (see instructions) | | | | |
| р | Section 461(I) excess business loss adjustment | | | | |
| q | Taxable distributions from an ABLE account (see instructions) 8q | | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 8r | | | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | 、 | | |
| | 1040, line 1a or 1d | |) | | |

| u | Wages earned while incarcerated | 8u | | |
|---|---|---------|----------------|----|
| z | Other income. List type and amount: | | | |
| | | 8z | | |
|) | Total other income. Add lines 8a through 8z | | | 9 |
|) | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | R, or 1 | 040-NR, line 8 | 10 |
| _ | | | | |

8t

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

t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan

Schedule 1 (Form 1040) 2022

-10,498.

| Par | t II Adjustments to Income | | | | | |
|-----|--|---------|------------|---------|--------|------------------------|
| 11 | Educator expenses | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | e-basi | s gov | ernment | | |
| | 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 | • | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | | |
| 20 | IRA deduction | | | | 20 | |
| 21 | Student loan interest deduction | | | | 21 | |
| 22 | Reserved for future use | | | | 22 | |
| 23 | Archer MSA deduction | | | | 23 | |
| 24 | Other adjustments: | | | | | |
| а | Jury duty pay (see instructions) | 24a | | | | |
| b | Deductible expenses related to income reported on line 8I 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 | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | discrimination claims (see instructions) | 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 | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | 1041) | 24k | | | | |
| Z | Other adjustments. List type and amount: | | | | | |
| | | 24z | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income | e. Ente | er here | and on | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | REV | 03/09/23 P | RO | Schedu | ile 1 (Form 1040) 2022 |

| SCHEDULE E | | Supplemental Income and Loss | | | | | | | OMB No. 1545-0074 | | | | |
|--|--|---|--|--------------|------------|--------|----------|--------------|-------------------|-----------------|------------|----------------|-------------|
| (Form 1040) | | (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | | 2022 | | | | |
| | nent of the Treasury | | Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information. | | | | | | | Attachm | Attachment | | |
| | | | instru | | | | | | | Sequence No. 13 | | | |
| Name(s) shown on return RAGHU VAMSIDHAR REDD NARLA | | | | | | | | | | | 7-0030 | lumber | |
| Part I Income or Loss From Rental Real Estate and Royalties | | | | | | | | | / 0050 | | | | |
| Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm | | | | | | | | | | | | | |
| rental income or loss from Form 4835 on page 2, line 40. | | | | | | | | | | | Na | | |
| | Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions | | | | | | | | | | | No | |
| 1a | | | | | | | | | | | | <u> </u> | 110 |
| | Physical address of each property (street, city, state, ZIP code) PLOT NO:189, SRINIVAS NAGAR TEMPLE ALWAL SECUNDERABAD, TELANGANA IN 500010 | | | | | | | | | | | | |
| | PLOT NO:1 | 89,SRI | NIVAS NAGAR TEM | IPLE ALWA | L SE | CUNDER | ABAD | ,TEL | ANGANA IN | 5000. | 10 | | |
| <u>с</u> | | | | | | | | | | | | | |
| 1b | Type of Prope | rty 2 | 2 For each rental real estate property listed Fair Rental Person | | | | | | | al Use | al Use | | |
| | | (from list below) above, report the number of fair | | | rental and | | | | Days | Days | | QJV | |
| Α | 3 | | personal use days. C | heck the QJ | JV bo> | conly | Α | 365 | | 0 | | | |
| В | | | if you meet the requir qualified joint venture | See instru | ile as | a | В | | | | | |] |
| C | | | qualities joint volitare | | | | С | | | | | | <u> </u> |
| | of Property: | | | | | | | _ | 0 K D | | | | |
| | Single Family R | | 3 Vacation/Shor 4 Commercial | rt-Term Rent | tal | 5 Land | | | Self-Rental | iba) | | | |
| 2 | Multi-Family Re | sidence | 4 Commercial | | | 6 Roya | lities | 0 | Other (descr | ibe) | | | |
| _ | | | | | | | | | Propertie | es: | | | |
| Incom | | | | | • | | A | F 4 | В | | | С | |
| 3 4 | | | | | 3 | | 6 | 54. | | | | | |
| 4 Exper | | iveu | | | 4 | | | | | | | | |
| 5 | | | | | 5 | | | | | | | | |
| 6 | • | | tructions) | | 6 | | | | | | | | |
| 7 | | Cleaning and maintenance | | | | | 2,4 | 56. | | | | | |
| 8 | Commissions | | | | 8 | | | | | | | | |
| 9 | Insurance . | 9 | | | | | | | | | | | |
| 10 | 0 | • | sional fees | | 10 | | | | | | | | |
| 11 | - | | | | 11 | | 2,3 | 63. | | | | | |
| 12 13 | Mortgage interest paid to banks, etc. (see instructions)12Other interest13 | | | | | | | | | | | | |
| 14 | 0 | | | | 14 | | 1,9 | 87 | | | | | |
| 15 | | | | | 15 | | 1,8 | | | | | | |
| 16 | | | | | 16 | | | | | | | | |
| 17 | | | | | 17 | | 2,4 | 72. | | | | | |
| 18 | Depreciation e | xpense c | or depletion | | 18 | | | | | | | | |
| 19 | Other (list) | | | | 19 | | | | | | | | |
| 20 | I otal expense | s. Add lin | es 5 through 19 | | 20 | | 11,1 | 52. | | | | | |
| 21 | | | ne 3 (rents) and/or 4 (r | | | | | | | | | | |
| | file Form 6198 | | structions to find out i | | 21 | - | -10,4 | 98. | | | | | |
| 22 | | | state loss after limitat | | | | -, 1 | | | | | | |
| | | | ructions) | | 22 | (| 10,49 | 98.) | (|) | (| |) |
| 23a | | | orted on line 3 for all i | | rties | | | 23a | | 654. | | | , |
| b | | | orted on line 4 for all i | | erties | | | 23b | | | | | |
| С | | | orted on line 12 for all | | | | | 23c | | | | | |
| d | | | orted on line 18 for all | | | | | 23d | | 1 | | | |
| e | | | orted on line 20 for all | | | | | 23e | | ,152. | | | |
| 24 25 | | | amounts shown on line ses from line 21 and rer | | | | | Intor to | | | (| 10,49 | <u>00 \</u> |
| 25 26 | | | e and royalty income | | | | | | | | | 10 , 43 | יסכ) |
| 20 | | | and line 40 on page | | | | | | | | | | |
| | | |), line 5. Otherwise, ind | | | | | | | 26 | . | -10,4 | 498. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022