

**IRS e-file Signature Authorization**

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**  
 ▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br><u>PURNASAI PARUCHURI</u> | Social security number<br><u>696-68-2728</u> |
| Spouse's name                                | Spouse's social security number              |

**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.

|  |          |          |
|--|----------|----------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 138,896. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 24,063.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 28,369.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 4,306.   |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |          |

**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**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 8 | 2 | 7 | 2 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name Enter five digits, but don't enter all zeros
- 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 ▶ 03/21/2023

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name Enter five digits, but don't enter all zeros
- 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 — Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

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 ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

|  |  |                               |             |  |  |
|--|--|-------------------------------|-------------|--|--|
| Your first name and middle initial<br>PURNASAI   |  | Last name<br>PARUCHURI        |             | Your social security number<br>696-68-2728 |  |
| If joint return, spouse's first name and middle initial  |  | Last name                     |             | Spouse's social security number            |  |
| Home address (number and street). If you have a P.O. box, see instructions.<br>28 ROYAL CREST DR |  |                               |             | Apt. no.<br>2                              |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>NASHUA |  |                               | State<br>NH | ZIP code<br>03060                          |  |
| Foreign country name   |  | Foreign province/state/county |             | Foreign postal code                        |  |

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1958  Are blind **Spouse:**  Was born before January 2, 1958  Is blind

**Dependents** (see instructions):

| If more than four dependents, see instructions and check here . . . <input type="checkbox"/> | (1) First name Last name |  | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                             |
|--|--------------------------|--|----------------------------|-------------------------|--|-----------------------------|
|  |                          |  |                            |                         | Child tax credit                                       | Credit for other dependents |
|  |                          |  |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                          |  |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                          |  |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                          |  |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

|  |                            |   |                          |                          |  |
|--|----------------------------|---|--------------------------|--------------------------|--|
| <b>Income</b>  | <b>1a</b>                  | Total amount from Form(s) W-2, box 1 (see instructions)                                       | <b>1a</b>                | 148,265.                 |  |
|  | <b>b</b>                   | Household employee wages not reported on Form(s) W-2  | <b>1b</b>                |                          |  |
|  | <b>c</b>                   | Tip income not reported on line 1a (see instructions)   | <b>1c</b>                |                          |  |
|  | <b>d</b>                   | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                       | <b>1d</b>                |                          |  |
|  | <b>e</b>                   | Taxable dependent care benefits from Form 2441, line 26                                       | <b>1e</b>                |                          |  |
|  | <b>f</b>                   | Employer-provided adoption benefits from Form 8839, line 29                                   | <b>1f</b>                |                          |  |
|  | <b>g</b>                   | Wages from Form 8919, line 6  | <b>1g</b>                |                          |  |
|  | <b>h</b>                   | Other earned income (see instructions)  | <b>1h</b>                | 0.                       |  |
|  | <b>i</b>                   | Nontaxable combat pay election (see instructions)   | <b>1i</b>                |                          |  |
|  | <b>z</b>                   | Add lines 1a through 1h   | <b>1z</b>                | 148,265.                 |  |
|  | Attach Sch. B if required. | <b>2a</b>   | Tax-exempt interest      | <b>2a</b>                |  |
|  |                            | <b>3a</b>   | Qualified dividends      | <b>3a</b>                |  |
|  |                            | <b>4a</b>   | IRA distributions        | <b>4a</b>                |  |
|  |                            | <b>5a</b>   | Pensions and annuities   | <b>5a</b>                |  |
|  |                            | <b>6a</b>   | Social security benefits | <b>6a</b>                |  |
| <b>c</b>   |                            | If you elect to use the lump-sum election method, check here (see instructions)               |                          | <input type="checkbox"/> |  |
| <b>7</b>   |                            | Capital gain or (loss). Attach Schedule D if required. If not required, check here            | <b>7</b>                 | <input type="checkbox"/> |  |
| <b>8</b>   |                            | Other income from Schedule 1, line 10   | <b>8</b>                 | -9,369.                  |  |
| <b>9</b>   |                            | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                  | <b>9</b>                 | 138,896.                 |  |
| <b>10</b>  |                            | Adjustments to income from Schedule 1, line 26  | <b>10</b>                |                          |  |
| Standard Deduction for—<br>• Single or Married filing separately, \$12,950<br>• Married filing jointly or Qualifying surviving spouse, \$25,900<br>• Head of household, \$19,400<br>• If you checked any box under Standard Deduction, see instructions. | <b>11</b>                  | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       | <b>11</b>                | 138,896.                 |  |
|  | <b>12</b>                  | <b>Standard deduction or itemized deductions</b> (from Schedule A)                            | <b>12</b>                | 12,950.                  |  |
|  | <b>13</b>                  | Qualified business income deduction from Form 8995 or Form 8995-A                             | <b>13</b>                |                          |  |
|  | <b>14</b>                  | Add lines 12 and 13   | <b>14</b>                | 12,950.                  |  |
|  | <b>15</b>                  | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> | <b>15</b>                | 125,946.                 |  |

Table with columns for line numbers (16-24), descriptions (Tax, Credits, Payments), and amounts. Total tax is 24,063.

Table for Payments (lines 25-33) including federal income tax withheld, EIC, and total payments of 28,369.

If you have a qualifying child, attach Sch. EIC.

Table for Refund (lines 34-36) showing overpaid amount of 4,306 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38) showing amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, occupation fields, and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
PURNASAI PARUCHURI

Your social security number  
696-68-2728

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -9,369. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b> |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |         |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b> |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b> |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> | ( )     |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b> |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   | <b>10</b> | -9,369. |

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

**Part II Adjustments to Income**

|            |  |            |            |
|------------|--|------------|------------|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |
| <b>24</b>  | Other adjustments:   |            |            |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

PURNASAI PARUCHURI

Your social security number

696-68-2728

**Part I Income or Loss From Rental Real Estate and Royalties**

**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.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

|          |  |
|----------|--|
| <b>A</b> | 7-3 COSTAL BANK SIDE ST TAKKELLAPADU PEDAKAKANI, GUNTUR , ANDHRA PRADESH IN 522509 |
| <b>B</b> |  |
| <b>C</b> |  |

| <b>1b</b> Type of Property (from list below) | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
|--|--|------------------|-------------------|--------------------------|
| <b>A</b> 3                                   |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>                                     |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>                                     |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:   | Properties:          |   |   |
|---|----------------------|---|---|
|   | A                    | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 624.        |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |   |   |
| <b>Expenses:</b>  |                      |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 849.        |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>             |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 1,240.     |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>            |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>            |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,743.     |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 3,321.     |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,840.     |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>            |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>            |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 9,993.     |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -9,369.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 9,369. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 624.      |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>           |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>           |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 9,993.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 9,369. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | <b>26</b> -9,369.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

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-9,369.

Schedule E (Form 1040) 2022