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

RAHUL GUDIPATI Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)							
Part Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)	Submission Identification	on Number (SID)					
Spouse's social security number	Taxpayer's name			Social securi	ty number		
Part II Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Inter 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. I dollars dross income	RAHUL GUDIPATI			175-39	-1931		
There 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 1 63, 981. 2 Total tax 2 6, 843. 3 9, 880. 4 Amount you want refunded to you 5 Fart III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1. Under penalties of perjury. I declare that have examined a copy of the income tax return (original or amended) am now authorizing, and to the best of your yetwords that the second of the second of the second or any delay in processing the return or refund, and (c) the date of any 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 or any delay in processing the return or refund, and (c) the date of any refund. If applicable, l authorize the U.S. Treasury file of setting the submortation is to remain in full force and effect until I notify the U.S. Treasury Filenacial Agent to terminate the authorization is to remain in full force and effect until I notify the U.S. Treasury Filenacial Agent to terminate the authorization to debit the entity to this account in the submortation is to remain in full force and effect until I notify the U.S. Treasury Filenacial Agent to terminate the authorization. To revelok (cancel a second in the submortation is to remain in full force and effect until I notify the U.S. Treasury Filenacial Agent to terminate the authorization is to remain in full force and effect until I notify the U.S. Treasury Filenacial Agent to terminate the authorization. To revelok (cancel a second identification number (Pilly) below is my signature for the income tax return (original or amended) I am now authorizing and, if appliciable, my letter the Pill Second in the submortation of th	Spouse's name	Spouse's soo	ouse's social security number				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Part I Tax Retu	rn Information — Tax Year End	ding December 31, 20	22 (Enter year you a	re authorizing.)		
1 63,981. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 9,880. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Indee penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing or any delay in processing the return or refund, and (c) the date of any refund it applicable, I authorize the U.S. Treasing and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for any delay in preferal taxes oved on this return and/or a payment of selfment institution of the entry to this account. This sayment, I must contact the U.S. Treasiny Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for any delay in glederal taxes oved on this return and/or a payment of any refund. If applicable, I authorize the U.S. Treasiny Financial Agent at 1-889-333-4537. Payment cancellation requests must be received no later than 2 yoursess days prior to the payment (estimated take 1. also authorize the financial institutions account institution accounts institutions and the entry to this account. This sayment I further acknowledge that the responsal identification number (PIN) below is my signature to the income tax return (original or amended) I am now authorizing and, if applicable, my less than the requirement of 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	Enter whole dollars only	y on lines 1 through 5.					
3	Note: Form 1040-SS fil	ers use line 4 only. Leave lines 1, 2,	, 3, and 5 blank.				
4 Amount you want refunded to you 4 3, 0.37. A Amount you want refunded to you 4 3, 0.37. A Amount you want refunded to you 5 Amount you owe 5 5 Amount you owe 5 5 Amount you owe 5 5 Amount you want refunded to you 5 5 5 Amount you owe 5 5 5 Amount you owe 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	 Adjusted gross i 	income					
A mount you want refunded to you 5					2 6,843.		
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Index penalties of perjuny. 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 compiler. I thrither declare that 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 (FEN) os send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection for the transmission, (b) the reason or 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 debid entry to the financial institution account indication software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of settimated tax, and the financial institutions into the tax the tax prevalue of the payment of my federal taxes owed on this return and/or a payment of settimated tax, and the financial institution into the tax preparation software for payment of my federal taxes owed on this return and/or apayment of the payment of my federal taxes owed on the payment of my federal taxes owed on the payment of the payment of my federal taxes owed on the payment of the payment of my federal taxes owed on the payment of the payment of the payment of my federal taxes owed on the payment of the payme							
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I authorize GLOBAL TAXES LLC to enter or generate my PIN ERRO 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 PIN: check one box only I authorize	return (original or amende to send my return to the II for any delay in processing Agent to initiate an ACH e payment of my federal tax authorization is to remain payment, I must contact business days prior to the taxes to receive confiden personal identification nur	d) I am now authorizing. I consent to allow RS and to receive from the IRS (a) and a go the return or refund, and (c) the date of electronic funds withdrawal (direct debit) was owed on this return and/or a paymer in full force and effect until I notify the the U.S. Treasury Financial Agent at the payment (settlement) date. I also authoritial information necessary to answer in the (PIN) below is my signature for the	ow my intermediate service provicknowledgement of receipt or rea of any refund. If applicable, I authorated for estimated tax, and the financial U.S. Treasury Financial Agent 1-888-353-4537. Payment cancerize the financial institutions involute the financial institutions involute the financial institutions involutions and resolve issues relative.	der, transmitter, or electrons on for rejection of the transcript the U.S. Treasury a account indicated in the transcript the transcript the authorization requests must be allation requests must be allation the processing of the transcript the payment. I further transcript the transcript the transcript the transcript that the processing of the transcript that the payment. I further transcript the transcript that the payment. I further transcript that the payment. I further transcript that the payment. I further transcript that the payment transcript transcript that the payment transcript that the payment transcript transcript transcript t	onic return originator (ERO) ransmission, (b) the reason nd its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) a e received no later than 2 f the electronic payment of ther acknowledge that the		
I authorize GLOBAL TAXES LLC 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 PIN: check one box only Date Date							
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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 ▶		ERO firm name		En En	ter five digits, but		
Spouse's PIN: check one box only	if you are ente						
lauthorize	Your signature ►			Date ►			
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· · · · · · · · · · · · · · · · · · ·	ERO's signature ▶			Date ▶			
ELIV MANT LIGHTI LITO I NITH — NEC HIGH ANDROLIS		ERO Must Retain	n This Form — See Instru				

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately	y (MFS)	☐ Head of	household (HOH)		ifying s		9			
Check only one box.	•	u checked the MFS box, enter the nonis a child but not your dependen	,	our spouse. If you	u check	ed the HOH or	QSS box, enter the		use (QS: name if	,	ıalifying			
Your first name								Your so	Your social security number					
RAHUL				PATI				175-39-1931						
				me				Spouse's social security number						
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elec	ction Ca	ampaign			
455 SADI	OLEBI	RED CIR						1	nere if yo					
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code		if filing jo					
MARYSVII	LLE				OF	I	43040		this fun ow will n					
Foreign countr	y name		F	oreign province/sta	te/count	ty	Foreign postal code	your tax			-5-			
									You	, [Spouse			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				,.	. ,	☐Ye	s X	No			
Standard		eone can claim: You as a de		<u>_</u>		a dependent	(000)							
Deduction	_	Spouse itemizes on a separate return	•	•		•								
Age/Blindnes	s You:	Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before January			blind				
Dependent	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh			,		,			
If more	(1) Fi	(1) First name Last name		number		to you	Child tax of	redit	Credit for	other de	ependents			
than four dependents,										Щ.				
see instruction	s ——									Щ.				
and check	, —									Щ				
here]													
Income	1a	Total amount from Form(s) W-2, b	,	,				. 1a		<u>73,</u>	928.			
Attack Forms(s)	b								_					
Attach Form(s) W-2 here. Also	C	,							+					
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							_					
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							+					
was withheld.	f	mployer-provided adoption benefits from Form 8839, line 29							+					
If you did not	g	Wages from Form 8919, line 6.						. 1g						
get a Form W-2, see	h	Other earned income (see instruct									0.			
instructions.	i	Nontaxable combat pay election (see instructions)								7.0	000			
	<u>z</u>	Add lines 1a through 1h	· · ·					. 1z		/3,	928.			
Attach Sch. B if required.	2a	· -	2a			axable interes		. 2b						
ii required.	3a		3a			ordinary divide		. 3b						
	4a	_	4a			axable amoun								
Standard Deduction for—	5a	_	5a			axable amoun		. 5b						
Single or	6a	, _	6a	mathad abaal ba		axable amoun	t	. 6b						
Married filing separately,	С 7	•	f you elect to use the lump-sum election method, check here (see instructions)											
\$12,950		Other income from Schedule 1, lir	n or (loss). Attach Schedule D if required. If not required, check here								0.47			
Married filing jointly or	8 9	*						. 8	+		947. 981.			
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								00,	<u> </u>			
\$25,900	11	Subtract line 10 from line 9. This is						. 10	+	63	001			
Head of household,	12	Standard deduction or itemized	-					. 12	+		981. 950.			
\$19,400 If you checked	13	Qualified business income deduct		•	,			. 13		<u> </u>				
any box under	14									12	950.			
Standard Deduction,	15	Add lines 12 and 13									031.			
see instructions.				-,	- , oui (. 15		<u>,</u>	JJ1.			

Form 1040 (202	2)							Page 2	
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): 1 881	4 2 4972	3 🗌		16	6,843.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	6,843.	
	19	Child tax credit or credit for other depend	ents from Sched	lule 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 or les	s, enter -0				22	6,843.	
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is your total tax					24	6,843.	
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	9,880.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	9,880.	
If you have a	26	2022 estimated tax payments and amount	t applied from 20	021 return	.,		26		
qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	312		28				
	29	American opportunity credit from Form 88	863, 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 are yo	our total other p	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. These are your	total payments				33	9,880.	
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33	. This is the amou	ınt you overpaid		34	3,037.	
	35a	Amount of line 34 you want refunded to y		8 is attached, che	ck here	\square	35a	3,037.	
Direct deposit?	b	Routing number 0 1 1 4 0 0		c Type:	Checking	Savings			
See instructions.	d	Account number 0 0 3 8 8 1	0 7 8 6	1 4					
	36	Amount of line 34 you want applied to you	ur 2023 estimat	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the a For details on how to pay, go to www.irs.g					37		
	38	Estimated tax penalty (see instructions)			38				
Third Party Designee		you want to allow another person to d				Complete	below.	X No	
		signee's	Phone	•		sonal ident	tification		
		me	no.			nber (PIN)			
Sign Here		der penalties of perjury, I declare that I have examief, they are true, correct, and complete. Declaration							
Here	Yo	ur signature	Date	Your occupation				nt you an Identity	
							tection Pl e inst.)	N, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	DELIVERY Spouse's occupat			` '		
Keep a copy for your records.	Эр	Spouse's signature. If a joint return, both must sign.		Spouse's occupa-	ccupation		the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (408) 917-9135	Email address	RAHULGUDI PA	ATI8@GMAIL.C	OM			
Daid	Pre	eparer's name Preparer's sign	nature		Date	PTIN		Check if:	
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	03/22/2023	P0208	2703	Self-employed	
Preparer	Fir	m's name GLOBAL TAXES LLC				Pho	one no. (678) 965-9522		
Use Only	Fir	m's address 245 ROONEY CT E BI	RUNSWICK N	J 08816		Firn	n's EIN	84-3171965	
Co to ununu iro o	//	a 10.40 for instructions and the letest information						5 1040 (2222)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	s) shown on Form 1040, 1040-SR, or 1040-NR	Your so	our social security number			
RAHU	175-3	39-19	31			
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	eΕ.	5	-9,947.	
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				
ı	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				
	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	0- (,			
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.1				
• -	a nongovernmental section 457 plan	8t				
	Wages earned while incarcerated	8u				

Total other income. Add lines 8a through 8z

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-9**,**947.

9

10

8z

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base			
	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)	1		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit)		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	i e		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g	1		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1		
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
05	Tatal athous diseases and Add lines Of a three will Of		05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		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.

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

OMB No. 1545-0074 Attachment Sequence No. 13

Your social security number

	UL GUDIPATI					1	75-3	9-19	31_		
Par		d Ro	yalties								
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you are	an indiv	/idual,	report	farm	
_		to file	Form(a)	10002 6	Soo inc	structions			Voc	▼ No	_
		nents in 2022 that would require you to file Form(s) 1099? See instructions								□ No	
					163		_				
1a	Physical address of each property (street, city, state, ZIF										
Α	H.NO :18-183/1 INDRA NAGAR NAGARKURNOOL TELANGANA IN 518001										
В											
С											
1b	Type of Property 2 For each rental real estate prope	Fa	ir Rental F	Personal Use			QJV				
	(from list below) above, report the number of fair					Days	Days			QUV	
A	personal use days. Check the Quif you meet the requirements to f			Α		365		0			
В	qualified joint venture. See instru			В							
C	qualified joint verticines does not u		,	С							
Type	of Property:										
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Lanc			Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describe	e)				
						Properties					_
Incor	ne			Α		В	· 		C	<u> </u>	_
3	Rents received	3			35.					<u> </u>	_
4	Royalties received	4			•••						_
Expe	nses:										_
5	Advertising	5									
6	Auto and travel (see instructions)	6									_
7	Cleaning and maintenance	7		2,3	86.						_
8	Commissions	8		, -							_
9	Insurance	9									_
10	Legal and other professional fees	10									_
11	Management fees	11		1,9	45.						_
12	Mortgage interest paid to banks, etc. (see instructions)	12									_
13	Other interest	13									_
14	Repairs	14		2,8	32.						
15	Supplies	15		1,7	90.						
16	Taxes	16									
17	Utilities	17		1,6	29.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		10,5	82.						
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		-9, 9	47.						
22	Deductible rental real estate loss after limitation, if any,										
	on Form 8582 (see instructions)	22	(9,94	17.)	<u> </u>)	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		35.				
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	10,5	-				
24	Income. Add positive amounts shown on line 21. Do no						24				_
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	es from lii	ne 22. E	Inter to	otal losses here	25	(9	,947.	
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, IV, and line 40 on page 2 do not a		•							0 01-	
	Schooling Lifearm LL/LL) line 5 Litherwise include this ar	nount	in the to	rai on li	no /11	on page 2	0.0		_	. 9 9 9 7	