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

Subm	ission Identification Number (SID)				
Taxpay	er's name	Social securit	y number	r	
DUR	GANATH SASHANK NARNE	675-86-	-1192		
Spouse	's name	Spouse's soc	al securi	ty number	
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re auth	orizing.)	
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	92,	396.
2	Total tax		2	13,	091.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	16,	105.
4	Amount you want refunded to you		4	3,	014.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	of yo	ur retur	<u>n)</u>
return to send for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet of very delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indient of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I around Finds Withdrawal Consent.	tter, or electro- ection of the tr S. Treasury are cated in the ta in to debit the the authoriza- lests must be processing of ayment. I furt	nic retur ansmissi nd its de- ix prepar entry to tion. To receive the elec her ackr	n originate on, (b) the signated Fration soft this accouracy of no later tronic paynowledge	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the
	ayer's PIN: check one box only				
> \(\)		my PIN 6	1 1	9 2	as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five dig i't enter a		ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Spou.	-	my DIN			00 my
L	I authorize to enter or generate r		er five dig	nite hut	as my
	signature on the income tax return (original or amended) I am now authorizing.		't enter a		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente		1 9 8 s	9
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this retu	rn in acc	cordance v	
EBO'	s signature ▶ Date ▶				
LNU S	ERO Must Retain This Form — See Instructions				
	ENU IVIUSI RELAIN TIIIS FORM — See INSTRUCTIONS				

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

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only	s X	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOI			ifying surv ise (QSS)	viving		
one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you	check	ed the HOH or	QSS box, ente	r the ch	ild's	name if th	e qualifying		
Your first name	and mi	ddle initial	Last na	me				Yo	ur soc	cial securit	y number		
DURGANA:	TH SA	ASHANK	NARN	E				67	75-8	36-1192	2		
If joint return, s	pouse's	first name and middle initial	Last nai	me				Spe	ouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	- 1			on Campaign		
7908 N N	/ACAI	RTHUR BLVD					1021		Check here if you, or your spouse if filing jointly, want \$3				
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code				Checking a		
IRVING					TX		75063			w will not	•		
Foreign country	y name		F	Foreign province/state	/count	у	Foreign postal co	de you	ır tax	or refund.	Spouse		
Digital		ny time during 2022, did you: (a) rec	,				,	. ,					
Assets		ange, gift, or otherwise dispose of a					asset)? (See in	structio	ns.)	Yes	⊠ No		
Standard Deduction	_	eone can claim:	•	•		a dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor	n before Janua	ry 2, 19	958	☐ Is bli	ind		
Dependents	s (see	instructions):		(2) Social securit	:y	(3) Relationsh	ip (4) Check th	e box if	qualifi	es for (see	instructions):		
If more	(1) Fi	rst name Last name		number		to you	Child to	x credit	(Credit for oth	ner dependents		
than four													
dependents, see instruction	s										<u> </u>		
and check													
here									\perp				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a	10	03,656.		
	b	Household employee wages not reported on Form(s) W-2											
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not rep		` ,	instru	ctions)			1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits		•					1e				
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29	9.				1f				
If you did not	g	Wages from Form 8919, line 6.							1g				
get a Form W-2, see	h	Other earned income (see instruct	,			· · · · · ·	· · · ·		1h	-	0.		
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>li</u>				1.0	22 656		
	<u>z</u>	Add lines 1a through 1h		· · · · · · · · · · · · · · · · · · ·					1z	+ 10	03,656.		
Attach Sch. B if required.	2a	' -	2a			axable interes			2b	+			
ii required.	3a		3a			rdinary divide			3b	+			
24	4a		4a			axable amoun axable amoun			4b	+			
Standard Deduction for—	5a	_	5a 6a			axable amoun			5b 6b	+			
Single or	6a	Social security benefits If you elect to use the lump-sum e		mothed shock hard				· .	OD	_			
Married filing separately,	С 7	Capital gain or (loss). Attach Sche		*	`	,		· 📙	7	1			
\$12,950 Married filing	8	Other income from Schedule 1, lin		· · · · · · ·				. Ш	8	1	L1,260.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		92,396.		
Qualifying surviving spouse,	10	Adjustments to income from Sche	-	•					10	+	· <u> </u>		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	•					•	11	1 0	92,396.		
household,	12	Standard deduction or itemized	•						12		12,950.		
\$19,400 If you checked	13	Qualified business income deduct		•	,				13	+	<u> , , , , , , , , , , , , , , , , , ,</u>		
any box under Standard	14								14	1	L2,950.		
Deduction,	15	Subtract line 14 from line 11. If zer							15		79,446.		
see instructions.					-								

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	13,091.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	13,091.
	19	Child tax credit or credit for other depender	nts 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 or less,	enter -0				22	13,091.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	13,091.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 1	6,105.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	16,105.
If you have a	26	2022 estimated tax payments and amount a	applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 886	3, 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 you	r total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	16,105.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amour	nt you overpaid		34	3,014.
riciana	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	3 is attached, chec	ck here	🗆	35a	3,014.
Direct deposit?	b	Routing number 0 7 2 0 0 8		c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 3 7 5 0 1 8 9	8 0 7	1 1				
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to www.irs.go	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to dis				Complete I	pelow.	X No
· ·		signee's	Phone			sonal identi	fication	
	na	me	no.		nur	nber (PIN)		
Sign Here		der penalties of perjury, I declare that I have examinief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation				nt you an Identity
				ADMANGED COL		/	ection Pi inst.)	N, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	ADVANCED SOF		FE ,	,	nt your spouse an
Keep a copy for your records.	Ор	ouse's signature. If a joint return, both must sign.	Date	Opouse a occupan	Iden		ection PIN, enter it here	
	Ph	one no. (816)859-4413	Email address	DURGANATHSAS	HANK@GMAIL.(!OM		
Doid	Pre	eparer's name Preparer's signa	ture		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/03/2023	P0208	2703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TAXES LLC				Phor	ne no. (678)965-9522
Use Only	Fin	n's address 245 ROONEY CT E BRU	JNSWICK N	J 08816			's EIN	88-2145487
								1010

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.g

Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soci	ial security number
DURGANATH SASHANK NARNE	675-86	-1192

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-11,260.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	_		
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NK, line 8	10	-11,260.

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-basis governing			
	officials. Attach Form 2106	[12	1
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)			
b	Deductible expenses related to income reported on line 8l 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			
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			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

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.

Your social security number

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

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

Attachment Sequence No. **13**

OMB No. 1545-0074

DUR	GANATH SASHANK NARNE				6	575-86-	1192	
Par								
	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 Sched ı	ı le C . See	instructions	s. If you are	an individu	ual, rep	ort farm
Α	Did you make any payments in 2022 that would require you	to file Form(s	10002 S	oo instruc	tione		□ Vo	e X No
				☐ Ye				
								<u> </u>
1a	Physical address of each property (street, city, state, ZIF							
Α	RAPARTHI NAGAR KHAMMAM TELANGANA IN	507001						
В								
С								
1b	Type of Property 2 For each rental real estate property			Fair Rental			Use	QJV
	(from list below) above, report the number of fair in personal use days. Check the Qu			Day		Days		
_ <u>A</u>	gersonal use days. Check the Question if you meet the requirements to fi		A	3	365		0	
В	qualified joint venture. See instru		В					
<u> </u>			С					
	of Property:			7.0.16	Б			
	Single Family Residence 3 Vacation/Short-Term Rent				-Rental	,		
2	Multi-Family Residence 4 Commercial	6 R0	yalties	8 Otne	er (describ	e)		
					Properties	s:		
Incor	ne:		Α		В			С
3	Rents received	3	5	50.				
4	Royalties received	4						
Expe	nses:							
5	Advertising	5						
6	Auto and travel (see instructions)	6		98.				
7	Cleaning and maintenance	7	1,9	86.				
8	Commissions	8						
9	Insurance	9						
10	Legal and other professional fees	10						
11	Management fees	11	1,5	38.				
12	Mortgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13						
14	Repairs	14	2,8					
15	Supplies	15	2,5	69.				
16	Taxes	16						
17	Utilities	17	2,5	96.				
18	Depreciation expense or depletion	18						
19	Other (list)	19	11 0	1.0				
20	Total expenses. Add lines 5 through 19	20	11,8	10.				
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	-11,2	60				
22	Deductible rental real estate loss after limitation, if any,	21		-				
~~	on Form 8582 (see instructions)	22 (11,26	0 1				,
23a	Total of all amounts reported on line 3 for all rental proper		11,20	23a		550.		
b	Total of all amounts reported on line 4 for all royalty prope			23b		330.		
C	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				
e	Total of all amounts reported on line 20 for all properties			23e	11	810.		
24	Income. Add positive amounts shown on line 21. Do no		losses			24		
25	Losses. Add royalty losses from line 21 and rental real estat	-		nter total lo	sses here	25 (11,260.
26	Total rental real estate and royalty income or (loss).					<u> </u>		,,
_0	here. If Parts II, III, IV, and line 40 on page 2 do not a							
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar					26	-	-11,260.

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Identifying number

OMB No. 1545-1008

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

Attachment Sequence No. **858**

DUR	GANATH SASHANK NARNE					675	-86-	-1192
Pa								
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.					
	al Real Estate Activities With Active Parance for Rental Real Estate Activities			tive participa	tion, s	ee Special		
1a b c	Activities with net income (enter the a Activities with net loss (enter the amor Prior years' unallowed losses (enter the	unt from Part IV, c	olumn (b))	1b	(0.		
d	Combine lines 1a, 1b, and 1c						1d	-11,260.
All O	her Passive Activities							
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amore Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, cone amount from Pa	olumn (b)) urt V, column (c))	2b 2c			2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	orior year unallowe		on line 1c	or 2c.	Report the	3	-11,260.
Part I	• Line 1d is a leading to the Line 2d is a leading to the	oss (and line 1d is separately and yo	ou lived with your	spouse at a	ny tim	e during the	year,	do not complete
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an	examp	ole.		
4	Enter the smaller of the loss on line 1						4	11,260.
5	Enter \$150,000. If married filing separ	-		-	_	50,000.		
6 7	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	to line 5, skip line	s 7 and 8 and ent	ter -0-		46,344.		
8	Multiply line 7 by 50% (0.50). Do not en			• .			8	23,172.
9	Enter the smaller of line 4 or line 8						9	11,260.
Par 10	Total Losses Allowed Add the income, if any, on lines 1a an	d 2a and ontar the	total				10	
11	Total losses allowed from all passiv out how to report the losses on your to	e activities for 20	22. Add lines 9 ar	nd 10. See in	structi	ions to find	11	11,260.
Par	t IV Complete This Part Before		 a. 1b. and 1c. S	ee instruct	ions.			11,200.
		Currer		Prior yea		Ove	rall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallo		(d) Gair	1	(e) Loss
RAP	ARTHI NAGAR	0.	11,260.					11,260.
Total	. Enter on Part I, lines 1a, 1b, and 1c	0.	11,260.					

BAA

Form 8582 (2022) Page **2**

1 01111 0302 (2022))									rage Z
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instrud	ctions.			•
	Name of activity	ivity				Prior y	ears	Overa	ll ga	ain or loss
	Name of activity	(a	Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
	on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amour	T		art II,	, Line 9. S	ee instruc	tions.			I
	Name of activity	Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).				
RAPARTHI	NAGAR		E Ln 22		11,260.	1.0000	0000	11,260.		0.
Total					11,260.	1.00	D	11,26	0.	0.
Part VII	Allocation of Unallowed L									
	Name of activity		Form or sche and line num to be reporte (see instruction		umber ted on (a) L		Loss ((c	e) Unallowed loss
Total								1.00		
Part VIII	Allowed Losses. See instr	ucti	ons.							
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	((c) Allowed loss
Total										

2022 MICHIGAN Individual Income Tax Return MI-1040

	22 MICHIGAN INGIV Irn is due April 18, 2023. ⊤					m WII-10	J4U				ended Return ude Schedule AMD)]
	er's First Name	M.I.	Last Name	ласк	IK.		2. Filer	r's Full	Social Sec	curity	No. (Example: 123-45-6789	9)
DUI	RGANATH SASHANK		NARNE				İ			•		,
lf a Jo	oint Return, Spouse's First Name	M.I.	Last Name							86		2790)
Home	e Address (Number, Street, or P.O. Box)	<u> </u>	<u> </u>				3. Spor	use s r	-ull Social (Secui	rity No. (Example: 123-45-6	3789)
790	08 N MACARTHUR BL	VD,	APT. 1021	1								
-	or Town				ZIP Code	_	4. Sch			(5 dig	gits – see page 60)	
	VING			TX	7506				3200			
	STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of you to go to this fund. This will not incr your tax or reduce your refund.	r taxes	a. Filer b. Spoo					s box	if 2/3 of yo		AFARERS ncome is from farming,	
7.	2022 FILING STATUS. Check one	€.				8. 2022 F	RESIDEN	ICY S	TATUS.	Chec!	k all that apply.	
a.	X Single		ou check box "c," co			a F	Resident					
b.	line 3 and enter spouse's full name below: below: b. X Nonresider										* If you check box "b" or "c," you must complete	
1											and include Schedule NR.	
C.	Married filing separately*					c F	Part-Yeaı	r Resi	dent *			
9.	EXEMPTIONS. NOTE: If some	ne els	e can claim you as	a deρε	endent, ch	<u>I</u> ∋ck box 9e, eı	nter 0 on	line 9	a and enf	ter \$1	1,500 on line 9e (see in	str.).
	a. Number of exemptions (see in	etructi	ions)			9a.	1	×	\$5,000	9a.	5000	00
	b. Number of individuals who qua		,			ř		1 ^	ψο,σσσ			100
	blind, hemiplegic, paraplegic,	quadri	plegic, or totally and	d perma	anently dis	abled 9b.		×	. ,	9b.		00
	c. Number of qualified disabled v					i i		×	\$400	9c.	 	00
	d. Number of Certificates of Stills	oirth tro	om MDHHS (see ins	structio	ns)	9d.		х	\$5,000	9d.		00
	e. Claimed as dependent, see lin	ne 9 N(OTE above			9e.				9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9	e. Ent	ter here and on line	: 15						9f.	5000	00
10.	Adjusted Gross Income from you	our U.S	3. Form <i>1040</i> (see i	instruct	tions)				. 10.		92396	00
11.	Additions from Schedule 1, line 9). Inclu	ıde Schedule 1						. 11.			00
12	Total. Add lines 10 and 11								. 12.		92396	
12.	Total. Add lifes to and Tr								12.			
13.	Subtractions from Schedule 1, lin	ie 30.	Include Schedule	1					. 13.		91100	00
14.	Income subject to tax. Subtract	line 13	3 from line 12. If lin	ne 13 is	greater th	an line 12, en	ıter "0"		14.		1296	00
15.	Exemption allowance. Enter am	nount f	rom line 9f or Sched	dule Ni	R, line 19				. 15.		70	00
16.	Taxable income. Subtract line 15	5 from	line 14. If line 15 is	s greate	er than line	14, enter "0"			. 16.		1226	00
	Tax. Multiply line 16 by 4.25% (0.	.0425)							. 17.			00
	-REFUNDABLE CREDITS					AMOUN'	Т		Г		CREDIT	
18.	Income Tax Imposed by governm Include a copy of the return (see				За			00	18b.			00
19.	Michigan Historic Preservation Ta	ax Cre	dit (see instructions	s). 19	}a			00	19b.			00
20.	Income Tax. Subtract the sum of If the sum of lines 18b and 19b is								20.		52	00

2022 M	II-1040, Page 2 of 2								0.5			
			Filer's	s Full Social Se	ecurity Numbe	er6	75 -		86 —	- 1192		
21.	Enter amount of Income Tax from lin							21.			52	
22.	Voluntary Contributions from Form	4642, line (3. Include F	orm 4642				22.			_	00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)							23.			0	00
24	= 1 1 = 11 = 11 = 11 = 11 = 11 = 11 =	- 400								Γ	52	20
	Total Tax Liability. Add lines 21, 22 JNDABLE CREDITS AND PAYN						24.) 4	001
KEFU	NDARLE CKEDIIO AND FALIS	IENIS						Γ			\neg	
25.	Property Tax Credit. Include MI-1	040CR or	MI-1040CR-	-2				25.			\dashv	00
26.	Farmland Preservation Tax Credi	t. Include	MI-1040CR	-5				26.				00
				_	FE	DERAL		г	N	MICHIGAN		
27.	Earned Income Tax Credit. Multiply enter result on line 27b						00	27b.			$\overline{}$	00
28.	Michigan Historic Preservation Tax							28.			_	00
29.	Credit for allocated share of tax paid	d by an ele	cting flow-th	rough entity	(see instruc	tions)		29.			_	00
30.	Michigan tax withheld from Schedul		30.			55	00					
24	Estimated to contonoion normanta	20024		1				24				00
31.	Estimated tax, extension payments							31.			\dashv	00
32.	2022 AMENDED RETURNS ONLY. Amended returns must include Sci	, ,			2022 return s	should skip to	line 33.					
			•	•	l- bay 33a ar	antar this amo	t oc o					
	32a. If you had a refund and/or negative number on line 32	2c.										
	32b. If you paid with the original any additional tax paid after							32c.			\dashv	00
33.	Total refundable credits and payme	nts. Add lir	nes 25, 26, 2	27b, 28, 29, 3	30, 31 and 3	2c	33.				55	00
	IND OR TAX DUE						_				_	
34.	If line 33 is less than line 24, subtra	ct line 33 fr	rom line 24.	If applicable	, see instruc	tions.						
		16				YOU OWE						20
	Include interest 00 a	and penalty	′			YOU OWE	34.				\dashv	00
35.	Overpayment. If line 33 is greater to	than line 2	1, subtract li	ine 24 from li	ine 33		35.				3	00
36.	Credit Forward. Amount of line 35	to be credi	ted to your 2	2023 estimat	ted tax for yo	our 2023 tax re	eturn	36.			\dashv	00
27	Subtract line 36 from line 35					REFUND	37.				3	00
	ECT DEPOSIT		uting Transit			Account Number			c. Type	of Account		00
,	it your refund directly to your financial ion! See instructions and complete a, b							1.	X Checking	2. S	aving	gs
and c.	on: See instructions and complete a, b	07200)0805		37501	8980711						
	eased Taxpayer. If Filer and/or Spous				dates below.	Preparer Co	ertifica	tion. /	declare under	penalty of perju	ıry th	ıat
ENTE	FR DATE OF DEATH ONLY. Example:	: 04-15-2022 	: (MM-DD-YY	YY)		this return is ba			ition of which I	have any know	rleag	e.
Filer		Spouse		- <u>-</u>		P02082	703					
	ayer Certification. I declare under tachments is true and complete to the bes			information in	this return		RÏYA		I SAGAR	GUPTA	TI	Ą
Filer's	Signature			Date		Preparer's Sign		D 7 1		GIID III A		
Chaus	an'a Cianatura			Dete		SYAM PI Preparer's Bus				GUPTA	TP	7
Spous	se's Signature			Date		GLOBAL			•	none Number		
						245 RO			טענ			
	By checking this box, I authorize Tre	easury to d	iscuss my re	eturn with m	y preparer.	E BRUN			08816			
	,	,	,	,	, · ·	678-96						

Refund, credit, or zero returns. Mail your return to:

 ${\bf Michigan\ Department\ of\ Treasury,\ Lansing,\ MI\ 48956}$

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2022 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Include with Form MI-1040. Type	or print i	n blue or black ink.				Attachmen	t 01
Filer's First Name	M.I.	Last Name	Filer's Full S	Social Sec	urity No. (Ex	ample: 123-45-6789)	
DURGANATH SASHANK		NARNE	67!	5 —	86 -	— 1192	
Additions to Income (all enti	ies mus	t be positive numbers)					
` ,	eir politica	al subdivisions		1.			00
Deduction for taxes on or me federal return, and allocated		oy income, including self-emplo tax paid by an electing flow-thr		ıs) 2.			00
3. Gains from Michigan colum	n of MI-1	040D and MI-4797		3.			00
4. Losses attributable to other	states (s	ee instructions)		4.			00
5. Net loss from federal colum	-	•					00
Oil, gas, and nonferrous me Adjusted Gross Income (AC)		neral expenses (Michigan soul					00
7. Federal Net Operating Loss	deduction	on included in AGI		7.			00
8. Other (see instructions). De	scribe: _			8.			00
9. Total additions. Add lines	1 throug	gh 8. Enter here and on MI-1	040, line 11	9.		0	00
Subtractions from Income (all entrie	s must be positive numbers	s)				
	over \$5,0	00					00
11. Amount included in MI-1040 U.S. Armed Forces or Michi		from military retirement benef onal Guard, or taxable railroad		11.			00
12. Gains from federal column	of Michig	an MI-1040D and MI-4797		12.			00
13. Income attributable to anoth	ner state.	Explain type and source: S	CHEDULE NR	13.		91100	00
14. Taxable Social Security ber	efits or r	nilitary pay (not retirement) inc	cluded on MI-1040, line 10	14.			00
15. Income earned while a resi	dent of a	Renaissance Zone (see instru	uctions)	15.			00
	structions	s)					00
 Michigan Education Saving Life Experience Program 		m, MI 529 Advisor Plan, and N					00

21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, Michigan

20. Resident Tribal Member income exempted under a State/Tribal tax agreement or

00

00

00

00

22. Miscellaneous subtractions (see instructions). Describe:

22.

2022 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
DURGANATH SASHANK		NARNE	675 — 86 — 1192

Deduction Based on Year of Birth

Complete 23A through 23H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 24, 25, 26, or 27. Check box(es) 23C and/or 23G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing**.

beto	re continuing.										
23.		FI	ILER					SPC	USE		
	A.	B.	C.	D.		E.	F.		G.	H.	
	Year of Birth (19xx)	Age as of 12-31-2022	Check if filer received benefits from SSA exempt employment	Check if filer retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	Age as of 12-31-2022	2	Check if spouse received benefits from SSA exempt employment	Check if sporetired as 01-01-2013 born after 1	of and
	1993	29									
24.	(if married) wa	s born during the	duction. Complete period January 1	, 1946 through	De	cember 31, 19	52, and	24.			00
25.	(if married) wa	s born during the efore December	duction. Complet e period January 1 r 31, 2022. Do not	, 1953 through complete line	Jai s 2	nuary 1, 1956, 4, 26 or 27. Er	and reached nter amount	25.			00
26.			nount from line 16					26.			00
27.	limited to \$12,0 any deduction	697 for single or for retirement be	deduction for taxp married filing sep- enefits (see instruc- unremarried survivir	arately filers an ctions)	d \$:	25,394 for join	t filers, less	27.			00
			born before 1946 w								Τ
28.	Subtotal. Add	lines 10 through	ı 27					28.		91100	00
29.			on. Enter amount f lude Form 5674 .					29.			00
30.	Total Subtrac	tions. Add lines	28 and 29. Enter	here and on MI	-10	40, line 13		30.		91100	00

Schedule NR

2022 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. File	er's First Name	M.I.	Last Na	me					2. Filer's Full Soci	al Sec	curity No. (Example: 123-45-678	(9)
l DU	RGANATH SASHANK		NARI	NE					675 —	- ;	86 — 1192	
	oint Return, Spouse's First Name	M.I.	Last Na						3. Spouse's Full S	ocial S	Security No. (Example: 123-45-6	6789)
										_	_	
4.	2022 RESIDENCY STATUS: Check all that apply.			*Dates	s of Michig	an resid	lency	in 2022		1M-DI	D-YYYY, Example: 04-15-20	022)
	a. X Nonresident				FROM:		_		<u> </u>)22
	b. Part-Year Resident of Enter dates of Michiga			2022*	TO:		_	_	2022		<u> </u>)22
Incor	ne Allocation				T . (.) .							
IIICOI	ne Anocation			A.	Total Inc	come	Н	<u>B. M</u>	ichigan Incom	<u>е</u> 	C. Other State(s) Inco	me
5.	Wages, salaries, other payments	s (tips,	etc.)		103	3656	00		1296	00	102360	00
6.	Interest and dividends						00			00		00
7.	Business and farm income (incluU.S. Schedules C and F)						00			00		00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-479 or U.S. Form 4797						00			00		00
9.	Income reported on U.S. Schedu U.S. Schedule E and supporting				-11	260	00		0	00	-11260	00
10.	Pensions, IRA distributions, ann and Social Security (see Form 4						00			00		00
11.	Other (see instructions)						00			00		00
12.	Total income. Add lines 5 throug	h 11			92	2396	00		1296	00	91100	00
13.	Enter the total adjustments from Describe:						00			00		00
14.	Subtract line 13 from line 12. The column A should equal MI-1040, I amount in column C on Schedule a negative amount, enter as a pos Schedule 1, line 4.	amoun ine 10. 1, line	t in Enter 13 or, if		92	2396	00		1296		91100	
Exen	nption Allowance (If one spo	use is	a full-ye	ear resid	ent, and t	he othe	r is	not, see	instructions.)	_		
15.	Enter amount from MI-1040, line	9f					<u></u>			15	5000	00
16.	Enter Michigan source income fi	rom line	e 14, colu	ımn B	16	5. 			1296 ₀₀			
17.	Enter total income from line 14,	column	ı A		17	7		Ç	92396 ₀₀	Г		
18.	Divide line 16 by line 17 (if line 1	6 is gr	eater tha	n line 17,	enter 100%	%)				18.	1.4	%
19.	If both spouses are part-year or here and on MI-1040, line 15. If here and on MI-1040, line 15	one sp	oouse is a	a full-year	resident, o	complete	Wo	rksheet 6	and enter	19.	70	00

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
DURGANATH SASHANK		NARNE	675 — 86 — 1192
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	A	В	С	D	E					
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld					
X		59-3264661	KFORCE INC & SUB	103656 0	55 00					
				0	0 0					
					0 0					
					0 0					
				0	0 00					
Enter	Enter Table 1 Subtotal from additional Schedule W forms (if applicable)									
4.	4. SUBTOTAL. Enter total of Table 1, column E									

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	B C D		D	E			
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld			
			00		00		
			00		00		
			00		00		
			00		00		
			00		00		
Enter Table	e 2 Subtotal from additional Sche	dule W forms (if applicable)			00		
5. SUBTOTAL. Enter total of Table 2, column E							
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30							

REV 01/21/23 PRO

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.g

Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	ial security number
DURGANATH SASHANK NARNE	675-86	-1192

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	ch Schedule E .	5	-11,260.
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			
	,	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u		8u		
Z	Other income. List type and amount:	0-		
0		8z		
9 10	Total other income. Add lines 8a through 8z	or 10/0 ND line 9	9	-11,260.
10	Combine lines i unough / and 9. Enter here and on roll 1040, 1040-58,	UI IU4U-IND, IIIIE O	IU	-ıı,∠ou.

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-basis governr			
	officials. Attach Form 2106	L	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	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
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			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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:			
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

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.

Your social security number

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

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

Attachment Sequence No. **13**

OMB No. 1545-0074

DUR	GANATH SASHANK NARNE				6	575-86-	1192	
Par								
	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 Sched ı	ı le C . See	instruction	s. If you are	an individ	ual, rep	ort farm
Α	Did you make any payments in 2022 that would require you	to file Form(s	10002 S	co instruc	tions			s X No
							_	
								<u> </u>
1a	Physical address of each property (street, city, state, ZIF							
Α	RAPARTHI NAGAR KHAMMAM TELANGANA IN	507001						
В								
С								
1b	Type of Property 2 For each rental real estate property			Fair Re		Personal		QJV
	(from list below) above, report the number of fair in personal use days. Check the Qu			Day		Days		
_ <u>A</u>	gersonal use days. Check the Question if you meet the requirements to fi		A	3	365		0	
В	qualified joint venture. See instru		В					
<u> </u>			С					
	of Property:			7.0.16	Б			
	Single Family Residence 3 Vacation/Short-Term Rent				-Rental	`		
2	Multi-Family Residence 4 Commercial	6 R0	yalties	8 Otn	er (describ	e)		
				I	Properties	S:		
Incor	ne:		Α		В			С
3	Rents received	3	5	50.				
4	Royalties received	4						
Expe	nses:							
5	Advertising	5						
6	Auto and travel (see instructions)	6		98.				
7	Cleaning and maintenance	7	1,9	86.				
8	Commissions	8						
9	Insurance	9						
10	Legal and other professional fees	10						
11	Management fees	11	1,5	38.				
12	Mortgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13						
14	Repairs	14	2,8					
15	Supplies	15	2,5	69.				
16	Taxes	16						
17	Utilities	17	2,5	96.				
18	Depreciation expense or depletion	18						
19	Other (list)	19	11 0	1.0				
20	Total expenses. Add lines 5 through 19	20	11,8	10.				
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	-11,2	60				
22	Deductible rental real estate loss after limitation, if any,	21		-				
~~	on Form 8582 (see instructions)	22 (11,26	0 1				,
23a	Total of all amounts reported on line 3 for all rental proper		11,20	23a		550.		
b	Total of all amounts reported on line 4 for all royalty prope			23b		330.		
C	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				
e	Total of all amounts reported on line 20 for all properties			23e	11	810.		
24	Income. Add positive amounts shown on line 21. Do no		losses			24		
25	Losses. Add royalty losses from line 21 and rental real estat	-		nter total l	osses here	25 (11,260.
26	Total rental real estate and royalty income or (loss).					<u> </u>		,
_0	here. If Parts II, III, IV, and line 40 on page 2 do not a							
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar					26	-	-11,260.