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

| Submission Identification Number (SID) | | • | |
|---|--|---|--|
| Taxpayer's name | number | | |
| PRAMOD KUMAR CHILUKA | 2754 | | |
| Spouse's name | al security number | | |
| VYSHNAVI NIKITHA ATHMAKOOR | 880-73- | 0273 | |
| Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter | year you ar | e 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. | | | |
| 1 Adjusted gross income | | 1 110, | 589. |
| 2 Total tax | | 2 9, | 505. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | [| 3 12, | 715. |
| 4 Amount you want refunded to you | [| 4 3, | 210. |
| 5 Amount you owe | | 5 | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke | еер а сору | of your retur | n) |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment of the payment information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent. | ter, or electron ction of the tra 5. Treasury an acted in the ta in to debit the the authorizates ests must be processing of ayment. I furth | nic return originate unsmission, (b) the dits designated F x preparation soft entry to this accou- tion. To revoke (con received no laterate the electronic pay are acknowledge | or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the |
| Taxpayer's PIN: check one box only | | | |
| ▼ I authorize GLOBAL TAXES LLC to enter or generate m | 3V DINI 9 | 2 7 5 4 | ac my |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ente | er five digits, but 't enter all zeros | as my |
| 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 methodelow. | | | |
| Your signature ► Date ► | 03/25/202 | 24 | |
| Spouse's PIN: check one box only | | | |
| ▼ I authorize GLOBAL TAXES LLC to enter or generate m | ny PIN 3 | 0 2 7 3 | as my |
| ERO firm name | | er five digits, but | |
| signature on the income tax return (original or amended) I am now authorizing. | | 't enter all zeros | |
| 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 metho below. | | | |
| Spouse's signature ► A. VyShnavi | 03/25/20 | 24 | |
| 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 Don't ente | | 1 |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc. | tting this retur | n in accordance | |
| ERO's signature ▶ Date ▶ | | | |
| ERO Must Retain This Form — See Instructions | | | |

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

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

| 2023 |
|------|
| |
| |

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space

| | | <u> </u> | | | | CIVID 110: 10 10 | | ii io oco oiiij | 50 1101 11 | into or otapio iii timo opaco. |
|---|----------|--|--|-------------------------|-----------------|------------------|----------------------|----------------------|---------------------|---|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, en | ding | | | , 20 | See ser | parate instructions. |
| Your first name and middle initial Last name | | | | | | Your so | cial security number | | | |
| PRAMOD KUMAR CHI | | | | UKA | 318 19 2754 | | | | | |
| If joint return, s | pouse's | s first name and middle initial | Last na | | | | | | Spouse' | s social security numbe |
| VYSHNAV | I NII | KITHA | ATHM | IAKOOR | | | | | 880 | 73 0273 |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | A | Apt. no. | Preside | ntial Election Campaig |
| 1266 NES | STER | S STORE PLACE SW | | | | | | | | nere if you, or your |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | ite | ZIP c | ode | | if filing jointly, want \$3 this fund. Checking a |
| CONCORD | | | | | NC | 7 | 280 | 27 | | ow will not change |
| Foreign country | y name | | F | Foreign province/state/ | /count | ty | Foreig | oreign postal code y | | or refund. |
| | | 1 | | | | | | | | You Spouse |
| Filing Status | | Single | | | | ☐ Head of h | ouseh | old (HOH) | | |
| Check only | | Married filing jointly (even if only or | ne had i | ncome) | | П с | | | (000) | |
| one box. | L_ | Married filing separately (MFS) | | | | ☐ Qualifying | | | | Lillian and a William |
| | | you checked the MFS box, enter the alifying person is a child but not you | | | u cne | ecked the HOF | or Q | SS box, ente | er the chi | id's name if the |
| | | | | | | | | | | |
| Digital | | ny time during 2023, did you: (a) rec | | | | | | | | |
| Assets | | nange, or otherwise dispose of a dig | | | | | et)? (Se | ee instructioi | ns.) | ☐ Yes ⊠ No |
| Standard | | neone can claim: | • | • | | | | | | |
| Deduction | <u>`</u> | Spouse itemizes on a separate retur | n or you | were a dual-status | allen | ! | | | | |
| Age/Blindness | s You: | : Were born before January 2, 1 | 959 | Are blind Sp | ouse | : Was bor | rn befo | ore January 2 | 2, 1959 | ☐ Is blind |
| Dependent | s (see | instructions): | | (2) Social security | у | (3) Relationsh | nip (4 | • | | fies for (see instructions) |
| If more | (1) F | irst name Last name | | number | | to you | | Child tax ci | redit | Credit for other dependents |
| than four | | | | | | | | | | <u> </u> |
| dependents, see instruction | s | | | | | | | | | |
| and check | , — | | | | | | | | | |
| here L | J | T-1-1-1 | 4 / | | | | | | | 127 652 |
| Income | 1a | Total amount from Form(s) W-2, b | , | , | | | | | . <u>1a</u> . 1b | - |
| Attach Form(s) | b | Household employee wages not re Tip income not reported on line 1a | • | • • | | | | | . 10 | |
| W-2 here. Also attach Forms | c d | · | • | · | | | | | . 10 | _ |
| W-2G and | e | | vaiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | . <u>1e</u> . 1f | + |
| If you did not | g g | Wages from Form 8919, line 6. | | | | | | | . 1g | |
| get a Form | 9 h | Other earned income (see instruct) | | | | | | | . 19 . 1h | |
| W-2, see | i | Nontaxable combat pay election (s | , | | | 1i | | | | |
| instructions. | Z | Add lines 1a through 1h | 300 111011 | dotions) | | | <u> </u> | | . 1z | 127,653. |
| Attach Sch. B | | 1 | 2a | | b Т | axable interest | t . | | . 2b | |
| if required. | 3a | · · · · · · · · · · · · · · · · · · · | 3a | | | rdinary divide | | | | |
| | 4a | | 4a | | | axable amoun | | | . 4b | |
| Standard Deduction for— | 5a | | 5a | | b T | axable amoun | t | | . 5b | |
| • Single or | 6a | | 6a | | b Ta | axable amoun | t | | . 6b | |
| Married filing separately, | С | If you elect to use the lump-sum e | lection r | method, check here | (see | instructions) | | [| | |
| \$13,850 | 7 | Capital gain or (loss). Attach Sche | dule D if | required. If not req | uired. | , check here | | [|] 7 | |
| Married filing jointly or | 8 | Additional income from Schedule | | | | • | | | . 8 | -17,064. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | . 9 | 110,589. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1, l | ine 26 | | | | | . 10 | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | s your a c | | | | | | . 11 | 110,589. |
| \$20,800 • If you checked | 12 | Standard deduction or itemized | deducti | ions (from Schedule | e A) | | | | . 12 | |
| any box under | 13 | Qualified business income deduct | ion from | Form 8995 or Form | า 899 | 5-A | | | . 13 | |
| Standard Deduction, | 14 | | | | | | | | . 14 | 27,700. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -0 This is y | your t | taxable incom | ne . | | . 15 | 82,889. |

| Form 1040 (2023 | 3) | | | | | | | | | Page 2 | |
|-------------------------------|-----|--|------------------|----------------------|-------------------|-------------------|------------------|---|-------------|----------------------|--|
| Tax and | 16 | Tax (see instructions). Check if any fro | om Form(| (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 1 | 6 | 9,505. | |
| Credits | 17 | Amount from Schedule 2, line 3 . | | | | | | 1 | 7 | | |
| | 18 | Add lines 16 and 17 | | | | | | 1 | 8 | 9,505. | |
| | 19 | Child tax credit or credit for other de | pendent | s from Sched | ule 8812 | | | 1 | 9 | | |
| | 20 | Amount from Schedule 3, line 8 . | | | | | | 2 | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 2 | 21 | | |
| | 22 | Subtract line 21 from line 18. If zero | or less, e | enter -0 | | | | 2 | 2 | 9,505. | |
| | 23 | Other taxes, including self-employme | | | | | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is your total | | | | | | | 24 | 9,505. | |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | | |
| • | а | Form(s) W-2 | | | | 25a | 12, | 715. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | 2 | 5d | 12,715. | |
| If you have a | 26 | 2023 estimated tax payments and an | mount ap | pplied from 20 | 22 return | | | 2 | 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedu | ule 8812 | | | 28 | | | | | |
| | 29 | American opportunity credit from For | rm 8863 | , line 8 . . | | 29 | | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | | |
| | 31 | Amount from Schedule 3, line 15 . | | | | 31 | | | | | |
| | 32 | Add lines 27, 28, 29, and 31. These a | are your | total other pa | yments and refu | ndable c | redits | 3 | 2 | | |
| | 33 | Add lines 25d, 26, and 32. These are | your to t | tal payments | | | | 3 | 3 | 12,715. | |
| Refund | 34 | If line 33 is more than line 24, subtract | ct line 24 | from line 33. | This is the amour | nt you ove | rpaid | 3 | 4 | 3,210. | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | | 5a | 3,210. | |
| Direct deposit? | b | Routing number 0 5 1 0 0 | | | | Checking | □ Sa | vings | | | |
| See instructions. | d | Account number 4 3 5 0 3 | 5 0 | 8 9 7 2 | 2 6 | | | | | | |
| | 36 | Amount of line 34 you want applied t | to your 2 | 2024 estimate | d tax | 36 | | | | | |
| Amount | 37 | Subtract line 33 from line 24. This is | | • | | | | | _ | | |
| You Owe | 00 | For details on how to pay, go to www | _ | - | | 1 1 | | 3 | 37 | | |
| | 38 | Estimated tax penalty (see instruction | | | | 38 | | | | | |
| Third Party Designee | | you want to allow another person structions | | | | _ | Yes . Com | plete belo | w 🛚 | No | |
| Designee | | signee's | | Phone | | | | al identificat | | , | |
| | na | me | | no. | | | number | (PIN) | | | |
| Sign | | der penalties of perjury, I declare that I have | | | | | | | | | |
| Here | | lief, they are true, correct, and complete. Dec | ciaration o I | , , , | | seu on an i | IIOIIIalioii | | | , | |
| | Yo | Your signature | | Date Your occupation | | | | If the IRS sent you an Identity Protection PIN, enter it here | | | |
| Joint return? | | SOFTWARE I | | | | NGTNE | ī.R | | (see inst.) | | |
| See instructions. | Sp | ouse's signature. If a joint return, both must | t sign. | Date | Spouse's occupati | | | | sent you | ur spouse an | |
| Keep a copy for your records. | | | | | | | | | | n PIN, enter it here | |
| your records. | | SOFTWARE ENGINEER (See | | | | | | | | | |
| | | one no. (440)999-0919 | w'o oi ' | Email address | PRAMOD.CHILU | | | TINI | | a al cife | |
| Paid | | · | r's signatu | | | Date | | TIN | | eck if: | |
| Preparer | | M PRIYA RAM SAGAR GUPTA SYAM | | A RAM SAG | GAR GUPTA | 03/26/ | 2024 P | 0208270 | _ | Self-employed | |
| Use Only | | | | | | | | | | 8)965-9522 | |
| | Fir | m's address 245 ROONEY CT I | E BRÜ | NSWICK NO | 08816 | | | Firm's El | N | - 1040 | |
| | | | | | | | | | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

PRAMOD KUMAR CHILUKA & VYSHNAVI NIKITHA ATHMAKOOR

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

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

Your social security number 318-19-2754

| 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. Att | ach Schedule E . | 5 | -17,064. |
| 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 | | |
| 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 (|) | |
| 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. This is your additional income. Enter | | | |
| | 1040. 1040-SR. or 1040-NR. line 8 | | 10 | -17,064. |

Schedule 1 (Form 1040) 2023 Page **2**

| Par | t II Adjustments to Income | | | | |
|-----|---|----------|-------------|-----|--|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | | | | |
| | 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 | , | 24a | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | | 24b | | _ | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | _ | | | |
| | · · · · · · · · · · · · · · · · · · · | 24c | | | |
| d | | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | discrimination claims (see instructions) | 24h | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | |
| | tax law violations | 24i | | | |
| j | Housing deduction from Form 2555 | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | | | | |
| | | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10 | e. Enter | here and on | 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.

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

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

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

| PRAN | 10D KUMAR CHILUKA & VYSHNAVI NIKITHA ATH | HMAK | OOR | | | 3 | 818-1 | 9-2754 | |
|------------|--|----------|---------------------|---------------------|--------------|-------------------------------|--------------|-------------|----------|
| Part | Income or Loss From Rental Real Estate an 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 | yalties Schedule | C . See | instru | ctions. If you are | an indi | vidual, rep | ort farm |
| | Did you make any payments in 2023 that would require you | | | | | | | | s 🛛 No |
| В | f "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . 🗌 Ye | s 🗌 No |
| 1a | Physical address of each property (street, city, state, ZIF | P code | e) | | | | | | |
| Α | 96 RD NO-20, PHASE 3 SAKET KAPRA VILLAG | SE TE | ELANGAN | IA IN | 502 | 313 | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair | rental | and | Fair Rental Days | | | Persor Da | QJV | |
| Α | personal use days. Check the Q | | | Α | A 365 | | | 0 | |
| В | if you meet the requirements to f qualified joint venture. See instru | | | В | | | | | |
| С | qualified joint venture. Occ motiva | iotion c | , | С | | | | | |
| 1 | of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial | tal | 5 Land 6 Roya | | | Self-Rental Other (describ | | | |
| | | | | | | Properties |): - | | _ |
| Incon | | | | Α | - 1 | В | | | С |
| 3 | Rents received | 3 | | 5 | 94. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Exper 5 | | 5 | | | | | | | |
| 6 | Advertising | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,9 | 6.1 | | | | |
| 8 | Commissions | 8 | | 1,9 | 04. | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,5 | 50 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | 1,5 | 50. | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 2,6 | 41. | | | | |
| 15 | Supplies | 15 | | 3,1 | | | | | |
| 16 | Taxes | 16 | | - , | | | | | |
| 17 | Utilities | 17 | | 3,6 | 52. | | | | |
| 18 | Depreciation expense or depletion | 18 | | 4,7 | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 17,6 | 58. | | | | |
| 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 | - | -17,0 | 64. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 17,06 | 4.) | (|) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | rties | | | 23a | | 594. | | |
| 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 | 4, | 727. | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 17, | 658. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | | 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | e losse | es from lin | e 22. Er | nter to | tal losses here | 25 | (| 17,064.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar | | | | | | 26 | | -17,064. |