Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.

Submission Identification Number (SID)

| Taxpayer's name | Social security number | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| RAVI TEJA MADISA | 877-92-2936 | | | | | | | | | |
| Spouse's name | Spouse's social security number | | | | | | | | | |
| TEJASWI LAKKAVARAPUKOTA | 977-96-2234 | | | | | | | | | |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter | Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) | | | | | | | | | |
| Enter whole dollars only on lines 1 through 5. | | | | | | | | | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | | | |
| 1 Adjusted gross income | 1 79,364. | | | | | | | | | |
| 2 Total tax | 2 5,761. | | | | | | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 11,579. | | | | | | | | | |
| 4 Amount you want refunded to you | 4 5,818. | | | | | | | | | |
| 5 Amount you owe | 5 | | | | | | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) | | | | | | | | | | |

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| $\mathbf{\nabla}$ | I authorize | GLUBAL | IAAES | ERO firm name | to enter or generate my PIN | En |
|-------------------|-------------|--------|-------|---------------|-----------------------------|----|
| $\mathbf{\nabla}$ | l authorize | CTORAT | TAVEC | TTC | to optor or gonorato my DIN | 2 |

| | as my | | | | |
|---|-------|---|---|---|--|
| 2 | 2 | 9 | 3 | 6 | |
| | | | | | 2 2 9 3 6 Enter five digits, but don't enter all zeros |

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date

2 6 2 3 4 as mv Enter five digits, but don't enter all zeros

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.

| Date 🕨 | | | | | | | | | |
|--------|--------|---------|---------|---------|-----------|-------------|-----------------|----------|---------------------|
| e be | ow | | | | | | | | |
| | | | | | | | | | |
| 2 | 2 | | | | | | | 7 | 1 |
| | ie bel | e below | e below | 2 2 2 4 | 2 2 2 4 9 | 2 2 2 4 9 6 | 2 2 2 4 9 6 0 E | le below | 2 2 2 4 9 6 0 8 2 7 |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature 🕨 | Date 🕨 | | | | | | | | | | |
|-------------------------------------|---|--|------------------|--------------------------|--|--|--|--|--|--|--|
| Don't | ERO Must Retain This F Submit This Form to the I | | | | | | | | | | |
| For Department Peduation Act Nation | a your tay raturn instructions | | REV 01/21/24 RRO | Form 8879 (Pov. 01 2021) | | | | | | | |

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use Only | /—Do not w | vrite or stap | ble in this space. | | |
|--|----------|--|----------|-------------|---------------------------|---------|-----------------|--------------|----------------------------|-------------------------------|---------------|---------------------------------------|--|--|
| For the year Jan | . 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | See se | parate ir | nstructions. | | |
| Your first name | and m | iddle initial | Last n | ame | | Your so | cial secu | urity number | | | | | | |
| RAVI TEJ | JA | | MAD | ISA | | | | | | 877 | 92 | 2936 | | |
| | | s first name and middle initial | Last n | | | | | | | Spouse's social security numb | | | | |
| TEJASWI | | | T.AK | KAVARZ | APUKOTA | | | | | 977 | 96 | 2234 | | |
| | (numbe | er and street). If you have a P.O. box, see | | | 11 01(0171 | | | A | Apt. no. | | | ction Campaign | | |
| 18020 PF | ZAR I | HAWTHORNE DR | | | | | | | | | | ou, or your | | |
| | | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | ite | ZIP o | ode | spouse | if filing jo | pintly, want \$3 | | |
| HUNTERSV | | | • | | | NC | ~ | 280 | 178 | | | d. Checking a ot change | | |
| Foreign country | | | | Foreign p | rovince/state/ | | - | | n postal code | 1 | x or refur | 0 | | |
| | | | | | | | | | | | 🗌 Υοι | _ | | |
| Filing Status | |] Single | | | | | Head of h | ouseh | old (HOH) | | | | | |
| - | | Married filing jointly (even if only o | ne had | income) | | | | 000011 | 0.00 (01.) | | | | | |
| Check only one box. | |] Married filing separately (MFS) | | | | | | surviv | /ing spouse | (QSS) | | | | |
| one box. | lf v | ou checked the MFS box, enter the | name | of your s | pouse. If vou | u che | | | • | • • | ild's nan | ne if the | | |
| | , | alifying person is a child but not you | | , | ,, | | | | , . | | | | | |
| | | | | | | | | | · · · | | | | | |
| Digital | | ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig | | | | • • | | | ,. | | | s 🛛 No | | |
| Assets | | | | · | | | - | 907 (56 | | ns.) | | 5 <u>n</u> No | | |
| Standard Deduction | _ | eone can claim: U You as a de Spouse itemizes on a separate retur | • | | | | a dependent | | | | | | | |
| | | | | | | | | | | | | | | |
| | | Were born before January 2, 1 | 959 | Are b | lind Spo | ouse | : 📋 Was bor | | ore January | | | blind | | |
| Dependents | | | | (2) 5 | Social security number | / | (3) Relationsh | ip (4 | Check the b Child tax c | | 1 | ee instructions): other dependents | | |
| If more | (1) F | irst name Last name | | number | | to you | | | ieuit | Credit Ior | | | | |
| than four dependents, | | | | | | | | | | | | | | |
| see instructions | s —— | | | | | | | | | | | | | |
| and check | | | | | | | | | | | | | | |
| here | 10 | Total amount from Form(a) W(2, b) | ov 1 (o | | ationa) | | | | | 10 | | 87,814. | | |
| Income | 1a b | Total amount from Form(s) W-2, b | | | , | | | | | . 1a . 1b | | 07,014. | | |
| Attach Form(s) | c | Household employee wages not reported on Form(s) W-2 | | | | | | | | | | | | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | ; | | | |
| W-2G and | | Taxable dependent care benefits f | | | , , | nsuu | | • • | | . 1d . 1e | | | | |
| 1099-R if tax was withheld. | e f | Employer-provided adoption bene | | - | | | | | • • • | · 1f | | | | |
| lf you did not | - | Wages from Form 8919, line 6 . | 113 110 | | 0009, iii ie 29 | • | | • • | • • • | . 1g | | | | |
| get a Form | g h | Other earned income (see instruct | · · | | | • • | | • • | | . 1h | | 0. | | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | tructione | | • • | 1i | | • • • | | | · | | |
| instructions. | z | Add lines 1a through 1h | | li dotiono, | | ••• | | | | . 1z | , | 87,814. | | |
| Attach Sch. B | 2a | Ŭ | 2a | | · · · · | | axable interes | t | | . 12 . 2b | | | | |
| if required. | 2a 3a | · · – | 2a 3a | | | | Ordinary divide | | | . <u>26</u> | - | | | |
| | 4a | | 4a | | | | axable amoun | | | . 4b | | | | |
| Standard | 5a | | 5a | | | | axable amoun | | | . 5b | | | | |
| Deduction for — Single or | 6a | | 6a | | | | axable amoun | | | . 6b | | | | |
| Married filing | c | If you elect to use the lump-sum e | | method | check here | | | •••• | | | | | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Sche | | | | ` | , | | | 7 | | | | |
| Married filing jointly or | 8 | Additional income from Schedule | | • | • | | | | | . 8 | - | -8,450. | | |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | | . 9 | - | 79,364. | | |
| surviving spouse, \$27,700 | 10 | Adjustments to income from Sche | | | | | | | | . 10 | | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | | | . 11 | | 79,364. | | |
| \$20,800 | 12 | Standard deduction or itemized | • | - | - | | | | | . 12 | | 27,700. | | |
| If you checked any box under | 13 | Qualified business income deduct | | | | , | 5-A . | | | . 13 | | | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | . 14 | | 27,700. | | |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or les | ss, enter | -0 This is v | our f | taxable incom | ne . | | | | 51,664. | | |
| | | | | , | | | | | | | | | | |

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

Form **1040** (2023)

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|-------------------|---------|---|--------------------|---------------------|------------------|------------------|----------------------|--------|---|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 5,761. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | [| 17 | |
| | 18 | Add lines 16 and 17 | | | | | [| 18 | 5,761. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | [| 19 | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | [| 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | [| 22 | 5,761. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | [| 23 | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | [| 24 | 5,761. |
| Payments | 25 | Federal income tax withheld | | | | | | | , |
| | а | Form(s) W-2 | | | | 25a 11 | ,579. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | , | | | | | 25d | 11 , 579. |
| If you have a | 26 | 2023 estimated tax payment | | | | | [| 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | • • | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | | | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | - | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | • | - | - | | | 33 | 11,579. |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 5,818. |
| neruna | 35a | Amount of line 34 you want | | | | • | | 35a | 5,818. |
| Direct deposit? | b | Routing number 0 2 1 | 2 0 0 3 | 3 9 | | | Savings | | |
| See instructions. | ď | Account number 3 8 1 | | | | | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | •• • | | | | | | |
| You Owe | 57 | For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | | |
| Third Party | | you want to allow another | , | | | | | | |
| Designee | | structions | | | | | omplete be | low. | × No |
| Deelgiiee | De | signee's | | Phone | | | , onal identifica | | |
| | nai | ne | | no. | | num | oer (PIN) | | |
| Sign | | der penalties of perjury, I declare the | | | | | | | |
| Here | Dei | ief, they are true, correct, and com | piete. Declaration | i preparer (otrie | | | | | , , |
| | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity IN, enter it here |
| Joint return? | | | | | SOFTWARE I | ENGINEER | (see ins | | |
| See instructions. | Sp | ouse's signature. If a joint return, i | ooth must sian. | Date | Spouse's occupat | | If the IF | IS ser | nt your spouse an |
| Keep a copy for | -1- | | g | | | | Identity | Prote | ection PIN, enter it here |
| your records. | | | | | VLSI ENGI | (see ins | ;t.) | | |
| | Ph | one no. (571) 394-805 | 3 | Email address | TEJAMADISZ | A@GMAIL.COM | 1 | | |
| Paid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | Ţ | Check if: |
| Preparer | SYAM | I PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 01/31/2024 | P020827 | 03 | Self-employed |
| Use Only | Fir | m's name GLOBAL TAX | XES LLC | | | | Phone | no. (| 678)965-9522 |
| | Fir | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's | EIN | 84-3171965 |
| Go to www.irs.go | ov/Form | n1040 for instructions and the late | st information. | | BAA | REV 01/21/24 PRO | | | Form 1040 (2023) |

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

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Your social security number 877-92-2936

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

| RAVI | TEJA | MADISA | & | TEJASWI | LAKKAVARAPUKOTA | | | | | |
|------|------|--------|---|---------|-----------------|--|--|--|--|--|
| · · | , | | | | | | | | | |

| 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. Attach Schedule E | 5 | -8,450. |
| 6 | Farm income or (loss). Attach Schedule F. | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| а | Net operating loss |) | |
| b | Gambling | | |
| С | Cancellation of debt | | |
| d | Foreign earned income exclusion from Form 2555 |) | |
| е | Income from Form 8853 | | |
| f | Income from Form 8889 | | |
| g | Alaska Permanent Fund dividends | | |
| ĥ | Jury duty pay | | |
| i | Prizes and awards | | |
| j | Activity not engaged in for profit income | | |
| k | Stock options | | |
| I | Income from the rental of personal property if you engaged in the rental | | |
| | for profit but were not in the business of renting such property 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | |
| | instructions) | | |
| n | Section 951(a) inclusion (see instructions) | | |
| ο | Section 951A(a) inclusion (see instructions) | | |
| р | Section 461(I) excess business loss adjustment | | |
| q | Taxable distributions from an ABLE account (see instructions) 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | |
| | 1040, line 1a or 1d |) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | |
| | a nongovernmental section 457 plan | | |
| 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 here and on Form 1040, 1040, SR or 1040, NR line 8 | | -8,450. |
| For Pa | 1040, 1040-SR, or 1040-NR, line 8 | | -0,400. ile 1 (Form 1040) 2023 |

| Part | 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 | | | | |
| - | 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: | | • • | | |
| a | | 24a | | | |
| - | Deductible expenses related to income reported on line 81 from the | 210 | | | |
| N | | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | - 10 | | - | |
| Ŭ | and USOC prize money reported on line 8m | 24c | | | |
| d | Reforestation amortization and expenses | 24d | | - | |
| e | Repayment of supplemental unemployment benefits under the Trade | 2.10 | | - | |
| C | Act of 1974 | 24e | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | - | |
| q | Contributions by certain chaplains to section 403(b) plans | 24g | | - | |
| | Attorney fees and court costs for actions involving certain unlawful | 2-TY | | - | |
| | discrimination claims (see instructions) | 24h | | | |
| : | | 2411 | | - | |
| | 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 | | | |
| : | Housing deduction from Form 2555 | 24i 24j | | | |
| ן ר | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 24j | | | |
| ĸ | | 24k | | | |
| - | Other adjustments. List type and amount: | 24N | | - | |
| z | Other aujustitients. List type and antount. | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income | | | 23 | |
| 20 | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 26 | |
| | BAA | | 01/21/24 P | | le 1 (Form 1040) 202 |

| | DULE E | | Supplementa | l Inc | ome an | d Los | SS | | | OMB No | . 1545-0074 |
|----------|--|--------------|--|---------|-----------|---------|----------|--------------------|--------------|--------------------|--------------------------|
| (Form | 1040) | (From r | ental real estate, royalties, partners | hips, S | corporati | ons, es | states, | trusts, REMICs | , etc.) | 90 |)93 |
| | ent of the Treasury Revenue Service | | Attach to Form 1040 Go to <i>www.irs.gov/ScheduleE</i> fo | | | | | formation. | | Attachm Sequend | nent ce No. 13 |
| Name(s) | shown on return | | - | | | | | Y | our socia | al security i | |
| RAVI | TEJA MADI | SA & T | EJASWI LAKKAVARAPUKOTA | | | | | 8 | 377-9 | 2-2936 | |
| Part | | | s From Rental Real Estate an | nd Ro | valties | | | | | | |
| | Note: If yo | ou are in th | he business of renting personal properties from Form 4835 on page 2, line 40. | | | C. See | e instru | ctions. If you are | an indiv | vidual, repo | ort farm |
| Α |) Did you make ar | iy payme | ents in 2023 that would require you | to file | Form(s) 1 | 099? 5 | See ins | structions | | . 🗌 Ye | s 🛛 No |
| | f "Yes," did you | or will ye | ou file required Form(s) 1099? . | | | | | | | | |
| 1a | , | | ach property (street, city, state, Zl | | , | | | | | | |
| | 18020 PEA | R HAWT | HORNE DR HUNTERSVILLE N | NC 28 | 3078 | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | 1 | | | | |
| 1b | Type of Prope (from list below | | For each rental real estate prope above, report the number of fair | | | | Fa | ir Rental | Person Da | al Use | QJV |
| Α | 3 | / | personal use days. Check the Q | | | Α | | 365 | | 0 | |
| B | | | if you meet the requirements to | | | B | | | | Ŭ | |
| <u> </u> | | | qualified joint venture. See instru | uctions | s | | | | | | |
| | of Property: | | | | | • | | | | | |
| | Single Family R | esidence | e 3 Vacation/Short-Term Ren | ital | 5 Land | | 7 | Self-Rental | | | |
| | Multi-Family Re | | 4 Commercial | | 6 Roya | | | Other (describ | e) | | |
| | | olaonoo | | | | | 0 | | | | |
| | | | | | | | | Properties | : | | |
| Incom | ie: | | | | | Α | | В | | | С |
| 3 | | | | 3 | | 4 | 50. | | | | |
| 4 | Royalties rece | ived | | 4 | | | | | | | |
| Expen | ses: | | | | | | | | | | |
| 5 | Advertising . | | | 5 | | | | | | | |
| 6 | Auto and trave | l (see ins | structions) | 6 | | | | | | | |
| 7 | Cleaning and r | naintena | Ince | 7 | | 9 | 50. | | | | |
| 8 | Commissions | | | 8 | | | | | | | |
| 9 | | | | 9 | | | | | | | |
| 10 | Legal and othe | er profess | sional fees | 10 | | | | | | | |
| 11 | | | | 11 | | 1,3 | 50. | | | | |
| 12 | | | to banks, etc. (see instructions) | 12 | | , - | | | | | |
| 13 | | | | 13 | | | | | | | |
| 14 | | | | 14 | | 2.6 | 00. | | | | |
| 15 | • | | | 15 | | | 00. | | | | |
| 16 | | | | 16 | | -, - | | | | | |
| 17 | | | | 17 | | 1 6 | 00. | | | | |
| 18 | | | or depletion | 18 | | 1,0 | .00 | | | | |
| 19 | | • | • | 19 | | | | | | | |
| | · · · · | - Add lin | and 5 through 10 | 20 | | 0 0 | 0.0 | | | | |
| 20 | - | | nes 5 through 19 | 20 | | 8,9 | 00. | | | | |
| 21 | | | ne 3 (rents) and/or 4 (royalties). If structions to find out if you must | | | | | | | | |
| | | | | 21 | | -8,4 | 50. | | | | |
| 22 | Deductible rer | ital real e | estate loss after limitation, if any, | | | | | | | | |
| | | - | tructions) | 22 | (| 8,45 | 50.) | |) | (|) |
| 23a | Total of all am | ounts rep | ported on line 3 for all rental prope | erties | | | 23a | | 450. | | |
| b | | | ported on line 4 for all royalty prop | | | | 23b | | | | |
| С | | | ported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all am | ounts rep | ported on line 18 for all properties | | | | 23d | | | | |
| е | Total of all am | ounts rep | ported on line 20 for all properties | | | | 23e | 8, | 900. | | |
| 24 | | | amounts shown on line 21. Do no | | | | | | 24 | | |
| 25 | | | ses from line 21 and rental real estat | | | | nter to | tal losses here | 25 | (| 8,450.) |
| 26 | | | te and royalty income or (loss). | | | | | | | | , |
| _• | | | IV, and line 40 on page 2 do no | | | | | | | | |
| | | |)), line 5. Otherwise, include this a | | | | | | 26 | | -8,450. |