## 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	nission Identification Number (SID)					
Taxpay	ver's name	Social securit	y number			
NAG	SA SAI MURUKUTLA	735-32-	-2599			
	e's name	Spouse's soc	ial security nun	al security number		
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	   year you a	re authorizi	ng.)		
Enter	whole dollars only on lines 1 through 5.	, ,				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1   1	03,774.		
2	Total tax		2	15 <b>,</b> 091.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	17 <b>,</b> 852.		
4	Amount you want refunded to you		4	2,761.		
5	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I	reep a cop	y of your re	eturn)		
return to sen for any Agent payme author payme busine taxes persor	conveledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmorth of my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y 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 indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutionization 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 proposition of the proposit	itter, or electro ection of the tr S. Treasury an cated in the tr on to debit the the authoriza- uests must be processing of ayment. I furt	onic return original control c	ginator (ERO)  the reason  ted Financial  software for  account. This  ke (cancel) a  later than 2  payment of  dge that the		
	ayer's PIN: check one box only					
	I authorize GLOBAL TAXES LLC to enter or generate	my PINI 2	2 5 9	9 as my		
~	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	ter five digits, b n't enter all zero	ut		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Your	signature ▶ Date ▶					
Cnau	oo's DIN, shook are hay ank					
Spou	se's PIN: check one box only	an a DINI				
L	I authorize to enter or generate	-	ter five digits. b	as my		
	signature on the income tax return (original or amended) I am now authorizing.		n't enter all zero			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Spou	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	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		6 0 8 2 er all zeros	7 1		
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income to rized 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 <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Ir	itting this retu	ırn in accorda	nce with the		
EDO:	a aignatura N					
ERU'	s signature ► Date ►  ERO Must Retain This Form — See Instructions					
	EKU WUST KETAIN I NIS 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



£1040		artment of the Treasury—Internal Revenue Serv <b>S. Individual Income Tax</b>		urn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or staple in th	is space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate instruc	tions.
Your first name	e and m	iddle initial	Last na	ame						Your so	ocial security n	umber
NAGA SA	I		MURU	JKUTLA	A					735	32   259	9
If joint return, s	spouse's	s first name and middle initial	Last na	ame						Spouse	's social securi	ty numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.					Apt. no.	Preside	ential Election (	Campaigr
17528 N	•	• •								ł	here if you, or	. •
		ice. If you have a foreign address, also co	omplete s	spaces be	low.	Sta	ite	ZIP c	ode		if filing jointly,	
SCOTTSDA	ALE					AZ	z	852	54		o this fund. Cho low will not cha	-
Foreign countr	y name			Foreign p	rovince/state/o	coun	ty	Foreig	n postal code	I	x or refund.	90
											You	Spouse
Filing Status	s 🗵	Single					☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)			_					
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	-	you checked the MFS box, enter the		-	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if t	he
	qu	ualifying person is a child but not you	ur deper	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	ment for proper	ty or	services); or	(b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	et (or a fii	nancial intere	est ir	n a digital asset	)? (Se	ee instructio	ns.)	☐ Yes 2	⊴ No
Standard	Som	neone can claim:   You as a de	penden	t 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	1					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	lind <b>Spo</b>	ouse	: Was born	befo	ore January 2	2, 1959	☐ Is blind	
Dependent	s (see	instructions):		(2) 9	Social security	,	(3) Relationship	<sub>o</sub> (4	) Check the b	ox if qual	ifies for (see ins	tructions)
If more	(1) First name Last name				number		to you		Child tax c	redit	Credit for other	dependents
than four												
dependents, see instruction	.e —											
and check	. —											
here L												
Income	1a	Total amount from Form(s) W-2, b	•		,							<b>,</b> 775.
Attach Form(s)	b	Household employee wages not re										
W-2 here. Also	С.	Tip income not reported on line 1a	,		,					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 10		
1099-R if tax	e	Taxable dependent care benefits t		•						. 16		
was withheld.	Ť	Employer-provided adoption benefits from Form 8839, line 29									f	
If you did not get a Form	g	Wages from Form 8919, line 6								. 10	<b>^</b>	0
W-2, see	h :	Other earned income (see instruct	,					 I		. 1h	1	0.
instructions.	i -	Nontaxable combat pay election (see instructions)									115	<b>,</b> 775.
AH! 0 ! 5	<u>z</u>	Add lines 1a through 1h	 22		· · · ·	 h T	avabla interest			. 12		, , , , , ,
Attach Sch. B if required.	2a	' -	2a 3a				axable interest Ordinary dividen	de		. 2b		
	<u>3a</u> 4a		4a				axable amount					
Standard	5a		5a				axable amount			. 5k		
Deduction for—	6a	_	6a				axable amount			. 6k		
<ul> <li>Single or Married filing</li> </ul>	C	If you elect to use the lump-sum e		method						.   31		
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,		[	7		
<ul> <li>Married filing</li> </ul>	8	Additional income from Schedule								_ <u> </u>	_	,001.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		,774.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•						. 10		, , , 1 •
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		,774.
\$20,800	12	Standard deduction or itemized	-							. 12		, 850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct		•		,	 95-A			. 13		,
Standard	14									. 14		,850.
Deduction, see instructions.	15	Subtract line 1/4 from line 1.1. If zero or less enter -0. This is your tayable income										921

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	15,091.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17			18	15,091.				
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	15,091.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	15,091.	
<b>Payments</b>	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				<b>25a</b> 17	7,852.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	17,852.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .	30							
	31	Amount from Schedule 3, lir								
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	17,852.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	2,761.	
	35a	Amount of line 34 you want			3 is attached, chec	k here		35a	2,761.	
Direct deposit?	b	Routing number 0 7 4			c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 7 9 0	6 9 5 1	8 0 6						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		structions				. 🗌 Yes. C	omplete	below.	<b>⋈</b> No	
_		esignee's		Phone no.		onal ident ber (PIN)	ification			
		me								
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here		ur signature	•	Date	Your occupation				nt you an Identity	
	10	ur signature		Date Your occupation					PIN, enter it here	
Joint return?					IT ENGINEE	(see	inst.)			
See instructions.		ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an	
Keep a copy for your records.					itity Prot inst.)	ection PIN, enter it here				
	Ph	one no. (812) 236-343	4	Email address	MURUKUTLA.NAG	ASAI@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/26/2024	P0208	2703	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC		Phone no. (678) 965-9522					
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fi								84-3171965	

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

NAGA SAI MURUKUTLA

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

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
735-32	-2599

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	-12,001.
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		
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)	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 (	2	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	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	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter		9	
10	1040, 1040-SR, or 1040-NR, line 8	Hele alla Uli FUIII	10	-12,001.
	1010, 1010 011, 01 1010 1111, 11110 0		10	1, ·

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		24f			
g		24g			
_	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		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	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. Enter	here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10			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

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.

Sequence No. 13

OMB No. 1545-0074

NAGA SAI MURUKUTLA 735-32-2599 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) SANKURATRIPADU NADENDLA GUNTUR ANDHRA PRADESH IN 522549 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 600. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,328. 8 Commissions . . . . . 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,571. Repairs . . . . 2,465. 15 Supplies . . . . . . . 15 16 16 Taxes 17 Utilities . . . . . . . 17 4,237. 18 18 Depreciation expense or depletion . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 12,601. 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 -12,001. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 12,001.)( 600. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 12,601. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 12,001. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-12,001.

Department of the Treasury

**Passive Activity Loss Limitations** 

See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. 858

Internal Revenue Service Name(s) shown on return Identifying number NAGA SAI MURUKUTLA 735-32-2599 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) . . . . 1b 12,001. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . **d** Combine lines 1a, 1b, and 1c . . . . . . . . . . . . . . . . . . 1d -12,001. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . 2a **b** Activities with net loss (enter the amount from Part V, column (b)) . . . . 2b c Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c ( **d** Combine lines 2a, 2b, and 2c . . . . . . . . . . . . . . . . . . 2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -12,001. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 . . . . . . . 4 12,001. 5 Enter \$150,000. If married filing separately, see instructions . . . . . . 150,000. 6 Enter modified adjusted gross income, but not less than zero. See instructions 6 115,775. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 34,225. Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 17,113. 8 Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions . . . . . . . . . . 9 12,001. **Total Losses Allowed** Part III 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return 11 12,001. Complete This Part Before Part I Lines 1a 1b and 1c See instructions

Complete This Part Delore Part 1, Lines 1a, 1b, and 1c. See instructions.											
Name of addition	Currer	nt year	Prior years	Overall gain or loss							
Name of activity	(a) Net income (line 1a)			(d) Gain	(e) Loss						
SANKURATRIPADU NADENDLA	0.	12,001.			12,001.						
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	12,001.									

Form 8582 (2023) Page **2** 

	-,									. 490 =	
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.				
			Currer	nt year		Prior y	ears	Overa	all gain or loss		
	Name of activity	(a) Net income (line 2a)		<b>(b)</b> (li	Net loss ne 2b)	(c) Unal loss (lin		(d) Gain		(e) Loss	
	on Part I, lines 2a, 2b, and 2c				1:						
Part VI	Use This Part if an Amour			'art II,	, <b>Line 9.</b> S	ee instrud	ctions.				
	Name of activity	Form or schedule and line number to be reported on (see instructions)  E Ln 22		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
SANKURAT	TRIPADU NADENDLA					1.0000	0000	12,00		0.	
Total					12,001.	1.0	0	12,00	1	0.	
Part VII	Allocation of Unallowed L	oss	ses. See instr					12,00			
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(1	b) Ratio (d		(c) 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	(a) Loss (b)		Unallowed loss		c) Allowed loss	
Total											