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

Internal	Revenue Service	Go to www.ir.	s.gov/rormos/9 for the latest if	niormation.				
Subm	ission Identifica	ation Number (SID)						
Taxpay	er's name				Social securit	y numb	er	
VEN	KATA SIVA	NAGENDR KOKKILIGADDA			660-80-	-		
	's name	MIGHIER ROBERT STEEL			Spouse's soc			er
Par	Tax Ref	turn Information — Tax Year	Ending December 31,	2023 (Enter	year you a	re aut	horizing	ı.)
		nly on lines 1 through 5.						
Note:		filers use line 4 only. Leave lines						
1		s income				1		3,486.
2						2		,625.
3		e tax withheld from Form(s) W-2 a	* /			3		5,702.
4	•	3				4	5	5,077.
5 Dort	Amount you o	we				5 s	Olik koti	rkD)
Part		iry, I declare that I have examined a co	· · · · · · · · · · · · · · · · · · ·					
to sen for any Agent payme author payme busine taxes persor	d my return to the delay in process to initiate an ACH ent of my federal trization is to remainst contains days prior to to receive confid	ded) I am now authorizing. I consent to IRS and to receive from the IRS (a) as sing the return or refund, and (c) the dialectronic funds withdrawal (direct diaxes owed on this return and/or a payain in full force and effect until I notifict the U.S. Treasury Financial Agent the payment (settlement) date. I also a ential information necessary to answer (PIN) below is my signature for awal Consent.	an acknowledgement of receipt of ate of any refund. If applicable, I ebit) entry to the financial institut ment of estimated tax, and the fight the U.S. Treasury Financial Aga at 1-888-353-4537. Payment of authorize the financial institutions for inquiries and resolve issues	or reason for reject authorize the U. account indicinancial institution gent to terminate cancellation requision in the related to the p	ction of the tr S. Treasury and cated in the ta In to debit the the authorizates must be processing of ayment. I furt	ansmis and its d ax preparently to ation. The receive the electrical	sion, (b) the lesignated aration so this according revoke red no late actronic parknowledge.	he reason I Financial Iftware for ount. This (cancel) a ter than 2 ayment of e that the
		ck one box only						
	-	GLOBAL TAXES LLC	to ente	er or generate r	ny PINI 0	9 3	2 9	as my
	1 autilionze	ERO firm name		er or generate i	Ent		digits, but	as my
	signature on	the income tax return (original or	amended) I am now authorizi	ing.	doi	n t enter	all zeros	
		ny PIN as my signature on the inc ntering your own PIN and your re						
Your	signature 🕨			Date ► _				
Snou	sa's DIN: chac	k one box only						
Spou	authorize	Colle box offig	to onto	er or generate r	ny DINI			ac my
L		ERO firm name		er or generate i		ter five o	ligits, but	as my
	signature on	the income tax return (original or		ing.			all zeros	
		ny PIN as my signature on the inc ntering your own PIN and your re						
Spous	se's signature ▶	•		Date ►				
			Method Returns Only—co	ntinue below				
Part	III Certific	ation and Authentication - I						
ERO'	s EFIN/PIN. En	ter your six-digit EFIN followed by	your five-digit self-selected F	PIN. 2 2	2 4 9 Don't ente	6 0 er all ze		7 1
author	ized to file for ta	numeric entry is my PIN, which is my x year indicated above for the taxpay ctitioner PIN method and Pub. 1345, i	/er(s) indicated above. I confirm	that I am subm	tting this retu	ırn in a	ccordance	
ERO's	s signature >			Date ►				
		ERO Must Re	tain This Form — See Ins					
			rm to the IRS Unless Red		o So			

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



1040		artment of the Treasury-Internal Revenue Servi		ırn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spac	æ.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20		See se	parate i	instructions	
Your first name	and m	niddle initial	Last nan	ne							Your so	cial sec	urity numbe	r
VENKATA	SIV	A NAGENDR	KOKK	ILIGAI	DDA						660	80	9329	
		s first name and middle initial	Last nan								Spouse'		security nun	nbei
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.		Preside	ntial Fle	ection Camp	
		PARROT RD								- 1			ou, or your	aigi.
		ice. If you have a foreign address, also co	mplete sp	aces belo	w.	Sta	te	ZIP c	ode		•	•	jointly, want	
JACKSON	VILL	E				FI	ı	322	56	- 1	•		nd. Checking not change	j a
Foreign countr	y name		F	oreign pro	ovince/state/o	count	у	Foreig	ın postal c	- 1	your tax		ınd.	use
Filing Status	, X	Single					Head of he	ouseh	old (HOH	——↓)				
_		☐ Married filing jointly (even if only o	ne had ir	ncome)						,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name of	f your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ild's na	me if the	
	qu	ualifying person is a child but not you	ur depend	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward,	award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fina	ancial intere	est ir	n a digital asse	t)? (Se	ee instru	ctions	s.)		es 🗵 No	
Standard	Som	neone can claim: 🗌 You as a de	pendent	□ \	our spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a d	lual-status a	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd Spo	use	: Was bor	n befo	re Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) So	ocial security		(3) Relationsh	ip (4) Check t	he bo	x if quali	fies for (see instructio	ns):
If more		First name Last name	me number to you Child tax or		ax cre	dit	Credit fo	r other depend	lents					
than four									[
dependents, see instruction									[
and check	- —													
here L									[
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		103,280	<u>).</u>
Attach Form(s)	b	Household employee wages not re			•						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c					
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
1099-R if tax	е	Taxable dependent care benefits f				•					1e			
was withheld.	f	Employer-provided adoption bene	efits from	Form 88	39, line 29	•					1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .				•					1g			
W-2, see	h	Other earned income (see instruct	,			•		i ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)		•	<u>li</u>				_		102 200	\cap
AH! 0 : 5		Add lines 1a through 1h	 22		· · ; ·	h T	 axable interest				1z		103,280	٠.
Attach Sch. B if required.	2a	· –	2a								2b			
	3a_ 4a	· · ·	3a 4a				rdinary dividei axable amoun				3b 4b			
Standard	1	_	4 а 5а				axable amoun				5b			
Deduction for— Single or	5a 6a	_	5а 6а				axable amoun				6b			
Married filing	C	If you elect to use the lump-sum e		nethod o				٠		· ·]			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		•	,				7			
Married filing jointly or	8	Additional income from Schedule		•	•						8		-19,794	 4 .
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-								9		83,486	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10			_
Head of household,	11	Subtract line 10 from line 9. This is									11		83,486	 5 .
\$20,800	12	Standard deduction or itemized	-	-							12		13,850	
If you checked any box under	13	Qualified business income deduct				,					13			<u>- · · </u>
Standard Deduction,	14										14		13,850	<u>.</u>
see instructions.	15	Subtract line 14 from line 11. If zer									15		69 63	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	з 🗌		16	10,625.	
Credits	17	Amount from Schedule 2, lin	ne 3					17		
	18	Add lines 16 and 17						18	10,625.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,625.	
	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 total tax					24	10,625.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 15	5,702			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	15,702.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,702.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	5,077.	
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	k here	🗆	35a	5,077.	
Direct deposit?	b	Routing number 0 2 1			,, <u> </u>	Checking	Savings			
See instructions.	d	Account number 3 8 1	0 5 2 7	1 0 3 9	9 7					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.go	v/Payments or	see instructions .			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	•							
Designee						_	•		⋉ No	
		esignee's me		Phone no.			onal iden ber (PIN)	tification		
Sign		nder penalties of perjury, I declare the	nat I have examine		accompanying sche		, ,	the best	of my knowledge and	
_		lief, they are true, correct, and com							, ,	
Here	Yo	our signature		Date	Your occupation		If th	ne IRS se	nt you an Identity	
					1		IN, enter it here			
Joint return? See instructions.					SOFTWARE D		,	e inst.)		
Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupati	on	lde	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
		one no. (707)690-884	Ω	Email address	NAGENDRAKN	Q@CMATT CC				
		eparer's name	Preparer's signat		MAGENDKAKI	Date	PTIN		Check if:	
Paid		•	'		מווסיית ייתוד אות	03/12/2024	P0208	22702	Self-employed	
Preparer									(678)965-9522	
Use Only									· · · · · · · · · · · · · · · · · · ·	
	/F	III S addiess Z T J KOONE	L CI E DRU	ATACAN TOTAL TAI	0 00010		FILL	n's EIN	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

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

VENKATA SIVA NAGENDR KOKKILIGADDA

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

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

Attachment Sequence No. 01 Your social security number

660-80-9329

Par	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		5	-19,794.
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 . Ente	r here and on Form	10	-19 794

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

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	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				
	1041)	24k			
Z	Other adjustments. List type and amount:	04-			
0E	Total ather adjustments Add lines 04s through 04s	24z		05	
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 Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 4 (Farme 4040) 0000
	BAA	REV 03/	04/24 PRO	ocnedu	le 1 (Form 1040) 2023

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.

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.

Attachment Sequence No. 13

Your social security number

VENI	KATA SIVA NAGENDR KOKKILIGADDA						660-8	0-9329)
Par	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.	rtv. use		C . See	e instru	ctions. If you are	an indi	vidual, rep	oort farm
Α	Did you make any payments in 2023 that would require you		Form(s) 1	0002	Soo in	etructione			e X No
	If "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZII			· ·	• •		• •		<u> </u>
			<u> </u>						
A	14-58,THULASI NAGAR,ROAD-3 VIJAYAWADA	ANDH	IRAPRAI	DESH	IN 5	20007			
В									
С					_				T
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair				Fa			al Use	QJV
Α.				Α		Days	Da		
A B	ja personal use days. Check the Q			A B		365		0	
C	qualified joint venture. See instru	uctions		С					
	of Property:			U					
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land	ı	7	Self-Rental			
	Multi-Family Residence 4 Commercial	itai	6 Roya			Other (describ	ne)		
	With Farmy Residence 4 Commercial		O Hoye	iiiioo					
						Properties	s:		
Incor				Α		В			С
3	Rents received	3		6	10.				
<u> 4</u>	Royalties received	4							
-	nses:	-							
5 6	Advertising	5							
7	Auto and travel (see instructions)	7		1 0	20.				
8	Commissions	8		1,9	20.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1 5	60.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		5,4	66.				
15	Supplies	15			18.				
16	Taxes	16							
17	Utilities	17		5,8	40.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		20,4	04.				
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			10 5					
	file Form 6198	21	-	-19,7	94.				
22	Deductible rental real estate loss after limitation, if any,		,	10 70)	,	,	,	,
220	on Form 8582 (see instructions)	22 ortios		19,79	23a		610.	(
23a	Total of all amounts reported on line 3 for all rental proper						010.		
b	Total of all amounts reported on line 4 for all royalty prop Total of all amounts reported on line 12 for all properties				23b 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	2.0 .	404.		
24	Income. Add positive amounts shown on line 21. Do not						24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	otal losses here	25	(19,794.
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 a						26		-19,794.

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

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

VENKATA SIVA NAGENDR KOKKILIGADDA

2023 Passive Activity Loss

Identifying number 660-80-9329

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)) . . Activities with net loss (enter the amount from Part IV, column (b)) 1b 19,794. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -19,794. **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 -19,794. If line 3 is a loss and: • Line 1d is a loss, go to Part II.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Part I	l. Instead, go to line 10.		
Par	t II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
4	Enter the smaller of the loss on line 1d or the loss on line 3	4	19,794.
5	Enter \$150,000. If married filing separately, see instructions		
6	Enter modified adjusted gross income, but not less than zero. See instructions 6 103,280.		
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-on line 9. Otherwise, go to line 7.		
7	Subtract line 6 from line 5		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	23,360.
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	19,794.
Par	t III Total Losses Allowed		
10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11	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	19,794.
Par	V Complete This Part Refore Part I Lines 1a 1b and 1c See instructions		

Complete Inis Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss		
14-58, THULASI NAGAR, ROAD-3	0.	19,794.			19,794.		
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	19,794.					

Form 8582 (2023) Page **2**

Part V Complete This Part Before	e Part I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			•
Name of activity	Currer	nt year		Prior y	ears	Overall g		ain or loss
ivame of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c								
Part VI Use This Part if an Amoun	nt Is Shown on F	Part II,	, Line 9. S	ee instrud	ctions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
14-58, THULASI NAGAR, ROAD-3	E Ln 22		19,794.	1.0000	0000	19,79	94.	0.
<u>Total .</u>			19,794.	1.0	0	19,79	94.	0.
Part VII Allocation of Unallowed L	osses. See instr	uction	s.		1		1	
Name of activity	Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	((b) Ratio) Unallowed loss
Total						1.00		
Part VIII Allowed Losses. See instr					ı			
Name of activity	Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	(b) Ur	nallowed loss	(c) Allowed loss
Total								