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



| <b>1040</b>                             |                 | artment of the Treasury-Internal Revenue Servi  |                     | ırn d               | 20 <b>2</b>                          | 3      | OMB No. 1545        | -0074  | IRS Use     | Only-           | -Do not w | rite or sta         | aple in this space.              |
|---|-----------------|---|---------------------|---------------------|--------------------------------------|--------|---------------------|--------|-------------|-----------------|-----------|---------------------|----------------------------------|
| For the year Jar                        | n. 1–Dec        | c. 31, 2023, or other tax year beginning  |                     | '                   | , 2023, end                          | ing    |                     |        | , 20        |                 | See se    | parate              | instructions.                    |
| Your first name                         |                 | iddle initial   | Last nan            |                     |                                      |        |                     |        |             |                 |           |                     | curity number                    |
|   |                 | s first name and middle initial   | Last nan            |                     |                                      |        |                     |        |             |                 |           |                     | security number                  |
| SAI VENI                                | KATA            | RAGHUVEE  | CHIT:               | IKESHI              |                                      |        |                     |        |             |                 | 342       | 21                  | 1379                             |
|   |                 | er and street). If you have a P.O. box, see   |                     |                     |                                      |        |                     | A      | Apt. no.    |                 |           | •                   | ection Campaigr                  |
| 11107 W                                 | EST 2           | AIRPORT BLVD  |                     |                     |                                      |        |                     | 5      | 5210        |                 | Check h   | nere if y           | ou, or your                      |
| City, town, or p                        | ost offi        | ce. If you have a foreign address, also co  | mplete sp           | aces below          | <i>/</i> .                           | Sta    | te                  | ZIP c  | ode         |                 |           |                     | jointly, want \$3 nd. Checking a |
| HOUSTON                                 |                 |   |                     |                     |                                      | TX     |                     | 774    | 77          |                 | 0         |                     | not change                       |
| Foreign countr                          | y name          |   | F                   | oreign prov         | ince/state/o                         | count  | у                   | Foreig | gn postal c |                 | your tax  |                     | ınd.                             |
| Filing Status<br>Check only<br>one box. | If y            | Single  Married filing jointly (even if only or  Married filing separately (MFS)  Ou checked the MFS box, enter the lalifying person is a child but not you | name of             | f your spo<br>dent: |                                      |        |                     | surviv | ving spou   | use (0<br>enter | the chi   | ld's na             | me if the                        |
| Digital<br>Assets                       | exch            | ny time during 2023, did you: (a) recenange, or otherwise dispose of a digi   | ital asset          | (or a finar         | ncial intere                         | est in | a digital asse      |        |             |                 |           | ☐ Ye                | es 🗵 No                          |
| Standard<br>Deduction                   |                 | neone can claim:  | •                   |                     |                                      |        | a dependent         |        |             |                 |           |                     |                                  |
| Age/Blindnes                            | s You           | : Were born before January 2, 1   | 959                 | Are blind           | d <b>Spo</b>                         | use:   | : Was bor           |        |             |                 |           |                     | s blind                          |
| Dependent                               | <b>s</b> (see   | instructions):  |                     |                     | (2) Social security (3) Relationship |        | ip (4) Check the bo |        |             |                 |           | (see instructions): |                                  |
| If more                                 | (1) F           | (1) First name Last name  |                     | number              |                                      | to you |                     |        | Child t     | ax cre          | edit      | Credit fo           | or other dependents              |
| than four                               |                 |   |                     |                     |                                      |        |                     |        |             |                 |           |                     |                                  |
| dependents, see instruction             | s               |   |                     |                     |                                      |        |                     |        | l           | <u> </u>        |           |                     |                                  |
| and check                               | ı —             |   |                     |                     |                                      |        |                     |        | ]           | <u> </u>        |           |                     |                                  |
| here L                                  | <br>1а          | Total amount from Form(s) W-2, be   | ov 1 (sec           | inetructio          | ne)                                  |        |                     |        |             |                 | 1a        |                     | 88 <b>,</b> 095.                 |
| Income                                  | b               | •   | ,                   |                     | ,                                    |        |                     |        |             |                 | 1b        |                     | 00,000.                          |
| Attach Form(s)                          | c               |   |                     |                     |                                      |        |                     |        |             | 1c              |           |                     |                                  |
| W-2 here. Also attach Forms             | d               | ·   | •                   | ,                   |                                      |        |                     |        |             |                 | 1d        |                     |                                  |
| W-2G and                                | e               | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)   |                     |                     |                                      |        |                     | 1e     |             |                 |           |                     |                                  |
| 1099-R if tax was withheld.             | f               | Employer-provided adoption bene   |                     |                     |                                      |        |                     |        |             |                 | 1f        |                     |                                  |
| If you did not                          |                 | Wages from Form 8919, line 6 .  | 1113 110111         | 1 01111 000         | , iii lo 25                          | •      |                     |        |             |                 | 1g        |                     |                                  |
| get a Form                              | g<br>h          | Other earned income (see instructi  | ione)               |                     |                                      | •      |                     |        |             |                 | 1h        |                     | 0.                               |
| W-2, see instructions.                  | i               | Nontaxable combat pay election (s   | ,                   |                     |                                      | •      |                     | i.     |             |                 | - 111     |                     |                                  |
| manucions.                              | z               | Add lines 1a through 1h   |                     |                     |                                      | •      |                     |        |             |                 | 1z        |                     | 88,095.                          |
| Attach Sch. B                           | <u>_</u><br>2a  | 1   | 2a                  |                     | · ; ·                                | h T    | <br>axable interest |        |             |                 | 2b        |                     | ,                                |
| if required.                            | 2a<br>3a        |   | 3a                  |                     |                                      |        | rdinary divide      |        |             |                 |           |                     |                                  |
|   | <u>5a</u><br>4a |   | 4a                  |                     |                                      |        | axable amoun        |        |             |                 |           |                     |                                  |
| Standard                                | -та<br>5а       |   | <del>та</del><br>5а |                     |                                      |        | axable amoun        |        |             |                 |           |                     |                                  |
| Deduction for— Single or                | 6a              |   | 6a                  |                     |                                      |        | axable amoun        |        |             |                 | 6b        |                     |                                  |
| Married filing                          | C               | If you elect to use the lump-sum e  |                     | nethod ch           |                                      |        |                     |        |             | . г             | 7         |                     |                                  |
| separately,<br>\$13,850                 | 7               | •   |                     | •                   |                                      | `      | ,                   |        |             | . –             | 7         |                     |                                  |
| Married filing jointly or               | 8               | Capital gain or (loss). Attach Schedule D if required. If not required, check here  |                     |                     |                                      |        |                     |        | 8           | +               | -16,319.  |                     |                                  |
| Qualifying                              | 9               |   | •                   |                     |                                      |        |                     |        |             |                 | 9         | +                   | 71,776.                          |
| surviving spouse,<br>\$27,700           | 10              | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>  |                     |                     |                                      |        |                     |        |             |                 | . = ,     |                     |                                  |
| Head of household,                      | 11              | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>   |                     |                     |                                      |        |                     |        | 11          | _               | 71,776.   |                     |                                  |
| \$20,800                                | 12              | Standard deduction or itemized deductions (from Schedule A)   |                     |                     |                                      |        |                     | 12     |             | 27,700.         |           |                     |                                  |
| If you checked any box under            | 13              | Qualified business income deducti   |                     |                     |                                      |        |                     |        |             |                 | 13        |                     | 21,100.                          |
| Standard                                | 14              |   |                     |                     |                                      |        |                     |        |             |                 | 14        |                     | 27,700.                          |
| Deduction, see instructions.            | 15              | Subtract line 14 from line 11. If zer   |                     |                     |                                      |        |                     |        |             |                 | 15        |                     | 44 076                           |

| Form 1040 (202                  | 3)     |   |                    |  |                   |                  |  |                           | Page <b>2</b>                           |
|---------------------------------|--------|---|--------------------|--|-------------------|------------------|--|---------------------------|---|
| Tax and                         | 16     | Tax (see instructions). Check   | if any from Form   | n(s): <b>1</b> 881                         | 4 <b>2</b> 🗌 4972 | 3 🗌              |  | 16                        | 4,849.                                  |
| Credits                         | 17     | Amount from Schedule 2, lin   |                    |  |                   |                  |  | 17                        |   |
|                                 | 18     | Add lines 16 and 17   |                    |  |                   |                  |  | 18                        | 4,849.                                  |
|                                 | 19     | Child tax credit or credit for  | other dependen     | ts from Sched                              | ule 8812          |                  |  | 19                        |   |
|                                 | 20     | Amount from Schedule 3, lin   | e8                 |  |                   |                  |  | 20                        |   |
|                                 | 21     | •   |                    |  |                   |                  |  | 21                        |   |
|                                 | 22     | Subtract line 21 from line 18   |                    |  |                   |                  |  | 22                        | 4,849.                                  |
|                                 | 23     | Other taxes, including self-e   | mplovment tax.     | from Schedule                              | e 2. line 21      |                  |  | 23                        | 0.                                      |
|                                 | 24     | Add lines 22 and 23. This is  |                    |  | •                 |                  |  | 24                        | 4,849.                                  |
| Payments                        | 25     | Federal income tax withheld   |                    |  |                   |                  |  |                           | ,                                       |
| . ayoo                          | а      | Form(s) W-2   |                    |  |                   | <b>25a</b> 6     | ,807.                                  |                           |   |
|                                 | b      | Form(s) 1099  |                    |  |                   | 25b              | ,                                      |                           |   |
|                                 | c      | Other forms (see instructions   |                    |  |                   | 25c              |  |                           |   |
|                                 | d      | Add lines 25a through 25c   | •                  |  |                   |                  |  | 25d                       | 6 <b>,</b> 807.                         |
| 16                              | 26     | 2023 estimated tax payment  |                    |  |                   |                  |  | 26                        | , |
| If you have a 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                        | 6,807.                                  |
| Refund                          | 34     | If line 33 is more than line 24   |                    |  |                   |                  |  | 34                        | 1,958.                                  |
| riciana                         | 35a    | Amount of line 34 you want  |                    |  |                   | •                | . 🗀                                    | 35a                       | 1,958.                                  |
| Direct deposit?                 | b      | Routing number 0 8 2  |                    |  |                   |                  | Savings                                |                           | ,                                       |
| See instructions.               |        | Account number 4 8 7  |                    |  |                   |                  | 9-                                     |                           |   |
|                                 | 36     | Amount of line 34 you want a  |                    |  |                   | 36               |  |                           |   |
| Amount                          | 37     | Subtract line 33 from line 24   | ••                 |  |                   |                  |  |                           |   |
| You Owe                         | 0,     |   |                    | o www.irs.gov/Payments or see instructions |                   |                  |  | 37                        |   |
|                                 | 38     | Estimated tax penalty (see in   | _                  | -  |                   | 38               |  |                           |   |
| Third Party                     | Do     | you want to allow another   |                    |  |                   | See              |  |                           |   |
| Designee                        |        | structions  |                    |  |                   | . 🗌 Yes. Co      | mplete b                               | elow.                     | <b>⊠</b> No                             |
|                                 |        | signee's  |                    | Phone                                      |                   |                  | nal identif                            | ication                   |   |
| <u>o:</u>                       |        | me<br>der penalties of perjury, I declare th                            | act I have exemine | no.  | accompanying coho |                  | er (PIN)                               | a boot                    | of my knowledge and                     |
| Sign                            |        | lief, they are true, correct, and com                                   |                    |  |                   |                  |  |                           |   |
| Here                            | Υo     | ur signature  | -                  | Date                                       | Your occupation   | lf the           | IRS se                                 | nt vou an Identity        |   |
|                                 | 10     | ur signature  | Tour occupation    |  |                   |                  | Protection PIN, enter it here          |                           |   |
| Joint return?                   |        |   |                    |  | DEVELOPER         | (see i           | nst.)                                  |                           |   |
| See instructions.               |        | Spouse's signature. If a joint return, <b>both</b> must sign.           |                    | Date                                       | Spouse's occupati | on               |  |                           | nt your spouse an                       |
| Keep a copy for your records.   |        |   |                    | HOME MAKET                                 |                   | Ident<br>(see i  | •                                      | ection PIN, enter it here |   |
|                                 |        |   | 1                  | Empil oddroso                              | HOME MAKER        |                  |  |                           |   |
|                                 |        | one no. (469) 544-6083<br>eparer's name                                 | Preparer's signat  | Email address                              | SIREESHAJ(        | 04@GMAIL.CO      | M<br>PTIN                              |                           | Check if:                               |
| Paid                            |        | •   |                    |  | מענזט מענ         |                  |  | 2702                      | Self-employed                           |
| Preparer                        |        | SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/24/2024 P02082 |                    |  |                   |                  |  |                           |   |
| Use Only                        |        |   |                    |  |                   |                  | Phone no. (678) 965-9522<br>Firm's EIN |                           |   |
|                                 |        | m's address 245 ROONES  |                    | INSWICK N                                  |                   |                  | Firm'                                  | S EIN                     | Form <b>1040</b> (2023)                 |
| COLO WWW ITS O                  | uvirom | urugu jor insirucijons and the late:                                    | SUBJORDATION.      |  | DAA               | DEV 02/07/24 DDO |  |                           | Form (U4U (2023)                        |

## 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

SIREESHA JAMPANI & SAI VENKATA RAGHUVEE CHITIKESHI

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    |
| 127_01   | _0020                  |

| 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  | -16,319. |
| 6   | Farm income or (loss). Attach Schedule F                                       |                  | 6  |          |
| 7   | Unemployment compensation  |                  | 7  |          |
| 8   | Other income:  |                  |    |          |
| а   | Net operating loss   | 8a (             | )  |          |
| b   | Gambling   | 8b               |    |          |
| С   | Cancellation of debt   | 8c               |    |          |
| d   | Foreign earned income exclusion from Form 2555                                 | 8d (             | )  |          |
| е   | Income from Form 8853  | 8e               |    |          |
| f   | Income from Form 8889  | 8f               |    |          |
| g   | Alaska Permanent Fund dividends  | 8g               |    |          |
| h   | Jury duty pay  | 8h               |    |          |
| i   | Prizes and awards  | 8i               |    |          |
| j   | Activity not engaged in for profit income                                      | 8j               |    |          |
| k   | Stock options  | 8k               |    |          |
| - 1 | Income from the rental of personal property if you engaged in the rental       |                  |    |          |
|     | for profit but were not in the business of renting such property               | 81               |    |          |
| m   | Olympic and Paralympic medals and USOC prize money (see                        |                  |    |          |
|     | instructions)  | 8m               |    |          |
| n   | Section 951(a) inclusion (see instructions)                                    | 8n               |    |          |
| 0   | Section 951A(a) inclusion (see instructions)                                   | 80               |    |          |
| р   | Section 461(I) excess business loss adjustment                                 | 8p               |    |          |
| q   | Taxable distributions from an ABLE account (see instructions)                  | 8q               |    |          |
| r   | Scholarship and fellowship grants not reported on Form W-2                     | 8r               |    |          |
| S   | Nontaxable amount of Medicaid waiver payments included on Form                 |                  |    |          |
|     | 1040, line 1a or 1d  | 8s (             | )  |          |
| 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 | -16,319. |

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-basis governr   | nent |    |  |
|     | 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   |      | 9a |  |
| b   | Recipient's SSN  |      |    |  |
| С   | Date of original divorce or separation agreement (see instructions):                 |      |    |  |
| 20  | IRA deduction  |      | 20 |  |
| 21  | Student loan interest deduction  |      | 21 |  |
| 22  | Reserved for future use  | _    | 22 |  |
| 23  | Archer MSA deduction   | 🔯    | 23 |  |
| 24  | Other adjustments:   |      |    |  |
| а   | Jury duty pay (see instructions)   |      |    |  |
| b   | Deductible expenses related to income reported on line 8I from the                   |      |    |  |
|     | rental of personal property engaged in for profit                                    |      |    |  |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals                      |      |    |  |
|     | and USOC prize money reported on line 8m   |      |    |  |
| d   | Reforestation amortization and expenses  | -    |    |  |
| е   | Repayment of supplemental unemployment benefits under the Trade Act of 1974          |      |    |  |
| f   | Contributions to section 501(c)(18)(D) pension plans                                 |      |    |  |
| g   | Contributions by certain chaplains to section 403(b) plans 24g                       |      |    |  |
| _   | Attorney fees and court costs for actions involving certain unlawful                 |      |    |  |
|     | discrimination claims (see instructions)   |      |    |  |
| 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   |      |    |  |
| j   | Housing deduction from Form 2555   |      |    |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form                  |      |    |  |
|     | 1041)  |      |    |  |
| Z   | Other adjustments. List type and amount:   |      |    |  |
|     | 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. Enter here and |      |    |  |
|     | Form 1040, 1040-SR, 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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

| Name(s     | s) shown on return   |               |          |                        |           |                 | Your socia  | I security r | number   |
|------------|--|---------------|----------|------------------------|-----------|-----------------|-------------|--------------|----------|
| SIRE       | EESHA JAMPANI & SAI VENKATA RAGHUVEE   | CHITIKE       | ESHI     |                        |           |                 | 137-91      | L-8938       |          |
| Part       | Income or Loss From Rental Real Estat<br>Note: If you are in the business of renting personal prental income or loss from Form 4835 on page 2, lin | oroperty, use |          | e C. See               | instruc   | tions. If you a | re an indiv | idual, repo  | ort farm |
| Α [        | Did you make any payments in 2023 that would require   | e you to file | Form(s)  | 1099? 5                | See ins   | tructions .     |             | . 🗌 Ye       | s 🛛 No   |
| B          | If "Yes," did you or will you file required Form(s) 1099   | ?             |          |                        |           |                 |             | Yes          | s 🗌 No   |
| 1a         | Physical address of each property (street, city, stat  | te. ZIP code  | e)       |                        |           |                 |             |              |          |
|            |  |               | <u> </u> | T T NT                 | E 2 2 0 ( | ) E             |             |              |          |
| _ <u>A</u> | HNO: 3-36, OPPOSITE PANCHAY GUNTUR   | ANDRKA I      | KADESI   | NI F                   | 32200     | ) 3             |             |              |          |
| B<br>C     |  |               |          |                        |           |                 |             |              |          |
|            | Type of Property 2 For each rental real estate p   | oronorty liet | tad      |                        | Fo        | r Rental        | Person      | ol Hoo       |          |
| ID         | Type of Property (from list below) 2 For each rental real estate part above, report the number of  | and           |          | га                     | Days      | Day             |             | QJV          |          |
| A          | gersonal use days. Check t   |               |          | Α                      |           | 365             |             | 0            | П        |
| В          | if you meet the requirement  | ts to file as | a        | В                      | 1 303     |                 |             |              |          |
|            | qualified joint venture. See   | instructions  | S.       | C                      |           |                 |             |              |          |
|            | of Property:   |               |          |                        |           |                 |             |              |          |
|            | Single Family Residence 3 Vacation/Short-Term  | n Rental      | 5 Land   | 4                      | 7         | Self-Rental     |             |              |          |
|            | Multi-Family Residence 4 Commercial  | ritoritai     | 6 Roya   |                        | -         | Other (descr    | ihe)        |              |          |
|            | With army residence 4 Commercial   |               | - O HOye | aities                 |           |                 |             |              |          |
|            |  |               |          |                        |           | Propertie       | es:         |              |          |
| Incon      |  |               |          | Α                      |           | В               |             |              | С        |
| 3          | Rents received   |               |          | 6                      | 42.       |                 |             |              |          |
| 4          | Royalties received   | . 4           |          |                        |           |                 |             |              |          |
| Exper      |  |               |          |                        |           |                 |             |              |          |
| 5          | Advertising  |               |          |                        |           |                 |             |              |          |
| 6          | Auto and travel (see instructions)   |               |          |                        |           |                 |             |              |          |
| 7          | Cleaning and maintenance   |               |          | 2,7                    | 68.       |                 |             |              |          |
| 8          | Commissions  | . 8           |          |                        |           |                 |             |              |          |
| 9          | Insurance  | . 9           |          |                        |           |                 |             |              |          |
| 10         | Legal and other professional fees  |               |          |                        |           |                 |             |              |          |
| 11         | Management fees  | . 11          |          | 2,6                    | 45.       |                 |             |              |          |
| 12         | Mortgage interest paid to banks, etc. (see instructio  | ns) <b>12</b> |          |                        |           |                 |             |              |          |
| 13         | Other interest   | . 13          |          |                        |           |                 |             |              |          |
| 14         | Repairs  | . 14          |          |                        | 15.       |                 |             |              |          |
| 15         | Supplies   | . 15          |          | 2,9                    | 10.       |                 |             |              |          |
| 16         | Taxes  |               |          |                        |           |                 |             |              |          |
| 17         | Utilities  | . 17          |          |                        | 64.       |                 |             |              |          |
| 18         | Depreciation expense or depletion  |               |          | 2,8                    | 59.       |                 |             |              |          |
| 19         | Other (list)   | 19            |          |                        |           |                 |             |              |          |
| 20         | Total expenses. Add lines 5 through 19   | . 20          |          | 16,9                   | 61.       |                 |             |              |          |
| 21         | Subtract line 20 from line 3 (rents) and/or 4 (royalties   |               |          |                        |           |                 |             |              |          |
|            | result is a (loss), see instructions to find out if you n  |               |          |                        |           |                 |             |              |          |
|            | file <b>Form 6198</b>  |               |          | <b>-</b> 16 <b>,</b> 3 | 19.       |                 |             |              |          |
| 22         | Deductible rental real estate loss after limitation, if  |               |          |                        |           |                 |             |              |          |
|            | on Form 8582 (see instructions)  |               | (        | 16,31                  |           |                 | )(          |              |          |
| 23a        | Total of all amounts reported on line 3 for all rental p   | •             |          |                        | 23a       |                 | 642.        |              |          |
| b          | Total of all amounts reported on line 4 for all royalty  |               |          |                        | 23b       |                 |             |              |          |
| C          | Total of all amounts reported on line 12 for all prope   |               |          |                        | 23c       |                 | 05.0        |              |          |
| d          | Total of all amounts reported on line 18 for all proper  |               |          |                        | 23d       |                 | ,859.       |              |          |
| е          | Total of all amounts reported on line 20 for all prope   |               |          |                        | 23e       | 16              | ,961.       |              |          |
| 24         | Income. Add positive amounts shown on line 21. D   |               | •        |                        |           |                 | . 24        |              |          |
| 25         | Losses. Add royalty losses from line 21 and rental real  |               |          |                        |           |                 |             | 1            | 16,319.  |
| 26         | Total rental real estate and royalty income or (lo   |               |          |                        |           |                 |             |              |          |
|            | here. If Parts II, III, and IV, and line 40 on page 2 of School 1 (Form 1040) line 5. Otherwise, include the                                       |               |          |                        |           |                 |             |              | 16 210   |
|            | Schedule 1 (Form 1040), line 5. Otherwise, include t   | ino amount    | נווט נס  | ıaı UII II             | 116 4 I   | uri paye Z      | . 26        | _            | -16,319. |