#### 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.

Submission Identification Number (SID)

Taxpayer's name	Social security number
NAGADEEP CHANDU KOTHA	189-59-0915
Spouse's name	Spouse's social security number
Dart L. Tou Datum Information Tou Very Ending December 04 0000 (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.	
<b>1</b> Adjusted gross income	<b>1</b> 62,111.
<b>2</b> Total tax	<b>2</b> 5,928.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 4,570.
4 Amount you want refunded to you	4
<b>5</b> Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep 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

				ERO firm name		Er
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			19

9	0	9	1	5	as my
Ent don	er fiv n't er	ve di nter a	gits, all ze	but ros	5

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

Date

Spouse's	PIN:	check	one	box	only	
----------	------	-------	-----	-----	------	--

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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.

Spouse's signature 🕨	Date 🕨
Practitioner PIN N	ethod Returns Only—continue below
Part III Certification and Authentication – Pr	actitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	bur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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'i	ERO Must Retain This F Submit This Form to the I	 	
For Depenverk Reduction Act Nation	ooo your toy roturn instructions	 REV/ 02/04/24 RRO	Earm 8879 (Pay 01 2021)

<b>1040</b>				urn	202	3	OMB No. 1545-	-0074	IRS Use Only	—Do not w	rite or staple in this space.
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See sep	parate instructions.
Your first name	and mi	ddle initial	Last na	ame						Your so	cial security number
NAGADEEF	CHA	ANDU	KOTH	A						189	59 0915
	-										· · · ·
										729	80 7532
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.		• • •
8000 JOH	IN DA	AVIS DR						2	602	Check h	iere if you, or your
			mplete s	spaces be	low.	Sta	te	ZIP co	ode		0, ,,
FRANKFOF	RΤ					ΚY	7	406	01		•
Foreign country	name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code		Ũ
											You Spouse
Filing Status	;	Single					Head of ho	ouseh	old (HOH)		
-		Married filing jointly (even if only or	ne had	income)							
one box.	X	Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)	
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	l or QS	SS box, ente	r the chi	d's name if the
	qu	alifying person is a child but not you	ır depe	ndent: _ /	APARNA JOS	HWI	N KANIGA				
Digital	Δt ar	av time during 2023 did you: (a) rece	aiva (as	a rowar	d award or i	navn	ment for prope	ty or	services): or	(b) sell	
						-		-			Yes X No
							-			,	
Deduction	_		•								
Age/Blindness				_			_	n befc	ore January 2	2, 1959	Is blind
		•		T	•			14		-	
-				(2)	number		to you		Child tax ci	redit	Credit for other dependents
	.,										
dependents,											
	3										
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	ctions)					. 1a	72,062.
	b	Household employee wages not re	eported	l on Form	n(s) W-2					. 1b	
W-2 here. Also	с	Tip income not reported on line 1a	(see in	structior	ns)					. 1c	
attach Forms	d	Medicaid waiver payments not rep	orted c	on Form(s	s) W-2 (see ir	nstru	ictions)			. 1d	
	е	Taxable dependent care benefits f	rom Fo	rm 2441	, line 26 .					. 1e	
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8	839, line 29					. 1f	
If you did not	g	Wages from Form 8919, line 6 .								. 1g	
	h									. 1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			<b>1</b> i				
	z	Add lines 1a through 1h	• •							. 1z	
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	•		. 2b	57.
if required.	3a		3a			<b>b</b> 0	ordinary divider	nds .		. 3b	
Standard	4a	IRA distributions	4a			b Ta	axable amount	t		. 4b	
	5a	Pensions and annuities	5a			b Ta	axable amount	t		. 5b	
	6a	, _						t	· · · _	. 6b	
separately,	С								· · · [	_	
	7			•	•				[	7	-463.
jointly or	8		,							. 8	
surviving spouse,	9		Tax Return         Cold B No. 1545-0074         Ins Use Only—Do not write or stage in this space.           Initing         , 2023, ending								
	evel Ant I-Dec.31 (2023) or other taxy year legning										
Studeut       U.S. Individual Income Tax Return               2002 Outs No. 1545-0074              mo the onter-or set entry or the ray were largering             7.202 entry               For the year Anti-Tables 51, 2023, or other tax year brighting               Tork the year and individual Income Tax Return                Xata array               Xata											
• If you checked											
Structure       Web 200       Outs No. 1545-0074       ind by Component of the segment in Structure and whether a segment in Structure and whether and whether a segment in Structure and segment and whether a segment in Structure and segment in Structure and segment and whether a segment in Structure and segment and structure and whethere and whethere and w											
Studeut         USL         Individual Income Tax Return         Could with the instructional         Instrume         Instrume <thinstrume< th="">         Instrume         Instrum</thinstrume<>											
Text by varue in the structure in the year beginning	48,261.										

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	5,928.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	5,928.
	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	5,928.
	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	5,928.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 4	,570.		1
	b	Form(s) 1099				25b			1
	с	Other forms (see instruction:				25c			1
	d	Add lines 25a through 25c	<i>,</i>					25d	4,570.
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			1
	29	American opportunity credit				29			1
	30	Reserved for future use .				30			1
	31	Amount from Schedule 3, lin				31			1
	32	Add lines 27, 28, 29, and 31						32	1
	33	Add lines 25d, 26, and 32. T		-	-		· · -	33	4,570.
Refund	34	If line 33 is more than line 24						34	
neruna	35a	Amount of line 34 you want				, ,	· · L	35a	
Direct deposit?	b	Routing number X X X			-		Savings	Jul	
See instructions.	ď	Account number X X X					Savingo		1
	36	Amount of line 34 you want a				36			1
Amount	37	Subtract line 33 from line 24							1
You Owe	31	For details on how to pay, g						37	1,398.
	38	Estimated tax penalty (see in				38	40.	-	1,000.
Third Party		you want to allow another	,				40.		
Designee		structions	•				omplete be	low.	× No
Designee		signee's		Phone			onal identifica		
	nai	5		no.			oer (PIN)		
Sign		der penalties of perjury, I declare tl							
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informatio	n of which p	repare	er has any knowledge.
	Yo	ur signature		Date	Your occupation				nt you an Identity
Is interestions 0					SOFTWARE H	ͻ៶៲Ϛτ៶៲ͼͼ៰	(see ins		IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	ooth must sign	Date	Spouse's occupat				nt your spouse an
Keep a copy for	op	ouse s signature. Il a joint return, i	John must sign.	Date	opouse s occupat				ection PIN, enter it here
your records.							(see ins	st.)	
	Ph	one no. (323) 459-002	8	Email address	DEEPU.CHAND	U28@GMAIL.CC	M		
Deid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/13/2024	P020827	03	Self-employed
Preparer		m's name GLOBAL TAX					Phone		678)965-9522
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

NAGADEEP CHANDU KOTHA

# Additional Income and Adjustments to Income

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

and the latest information.

OMB No. 1545-0074

2023 Attachment Sequence No. **01** Your social security number

189-59-0915

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

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	-9,545.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
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		
	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 $\ldots$	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	-	
-	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	-	
	Wages earned while incarcerated	<u>8u</u>	-	
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines to through 97	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-9,545.
or Do				-9, 545.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

1	Educator expenses		 	11	
2	Certain business expenses of reservists, performing artists, and fee		nment		
-	officials. Attach Form 2106		 	12	
3	Health savings account deduction. Attach Form 8889		 	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
5	Deductible part of self-employment tax. Attach Schedule SE			15	
6	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
8	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN			Tou	
c	Date of original divorce or separation agreement (see instructions):	•			
20				20	
21	Student loan interest deduction			20	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	· · ·	 • •	23	
<u>а</u>		24a			
a b	Deductible expenses related to income reported on line 81 from the	24a		-	
D		24b			
•	Nontaxable amount of the value of Olympic and Paralympic medals	240		-	
С	and USOC prize money reported on line 8m	24c			
А	Reforestation amortization and expenses	240 24d		-	
d	Repayment of supplemental unemployment benefits under the Trade	24u	 	-	
е		24e			
	Act of 1974	24e 24f		-	
f	Contributions to section 501(c)(18)(D) pension plans			-	
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:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	 	26	

SCHEDULE	D
(Form 1040)	

# **Capital Gains and Losses**

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

20**23** Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

NAGADEEP CHANDU KOTHA

Your social security number

189-59-0915

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This t	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.				ts from Part I, n (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked						
	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						
4	Short-term gain from Form 6252 and short-term gain or (I	324	4				
	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5					
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( 361.)			
	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	7	-361.				

### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.		<b>(d)</b> Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked						
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.						
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11					
12	Net long-term gain or (loss) from partnerships, S corporat	12					
13	Capital gain distributions. See the instructions	13					
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( 102.)				
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15	-102.				

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -463.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b> ( 463. )
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	BAA REV 03/04/24 PRO	Schedule D (Form 1040) 2023

(Form	1040)	(From	rental real estate	e, royalties, partners	hips, S	corpor	ations, e	estates	, trusts, REM	ICs, etc.)	26	23	
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.							Attachment Sequence No. 13					
Name(s	) shown on return									Your soci	al security n		
NAGA	DEEP CHAND	U KOTI	HA							189-5	9-0915		
Part	Note: If yo	ou are in	the business of re	al Real Estate an enting personal proper 35 on page 2, line 40.				e instru	uctions. If you	are an indiv	vidual, repo	ort farm	
Α [				t would require you	to file	Form(s	) 1099?	See in	structions .		. 🗌 Yes	s 🛛 No	
							-						
1a	Physical addr	ress of e	each property (s	treet, city, state, ZI									
Α	F.NO:103,2	ALKANA	ANDA APT MA	ATHRUSRI NAGAR	R VIS	SAKHA	PATNAN	4,ANI	HRA PRAD	ESH IN	530046		
В													
С										-1			
1b	Type of Prope (from list below			al real estate prope t the number of fair				F	air Rental Days	Person Da		QJV	
Α	3			days. Check the Q			Α		365		0		
В				ne requirements to f			В				-		
С			qualified joint	venture. See instru	lotions	5.	С						
Туре	of Property:	I								1	I		
1	Single Family R	esidenc	e 3 Vacati	on/Short-Term Ren	ital	5 La	nd	7	Self-Renta				
2	Multi-Family Re	sidence	e 4 Comm	nercial		6 Ro	yalties	8	Other (des	cribe)			
									Proper				
Incon							Α		B			С	
3		4			3			724.	B			0	
4					4			121.					
Exper			<u></u>		-								
5					5								
6	•				6								
7					7		2,	054.					
8					8								
9					9								
10					10								
11					11		1,	335.					
12	-			(see instructions)	12								
13	Other interest				13								
14	Repairs				14		2,	490.					
15	Supplies				15		2,	200.					
16					16								
17					17		2,	190.					
18		expense	or depletion .		18								
19	Other (list)			-	19								
20	-		-	9	20		10,	269.					
21				d/or 4 (royalties). If									
				nd out if you must	21		_ 9	545.					
22				r limitation, if any,	21		<i>,</i>	545.					
22	on Form 8582	(see ins	structions)		22	(	9,5	45.	)(	)	(	)	
23a				3 for all rental prope				23a		724.			
b				for all royalty prop				23b					
С				12 for all properties				23c					
d				8 for all properties				23d		0.005			
е				20 for all properties				23e	1	0,269.			
24				n on line 21. <b>Do no</b> t		-		 Factor :	· · · ·	. 24	1	0 545 \	
25				and rental real estat							(	9,545.)	
26				income or (loss). 0 on page 2 do no									

**Supplemental Income and Loss** 

SCHEDULE E

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

26

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-9,545.

OMB No. 1545-0074