## 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

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
PARVEEN KUMAR	187-87-	-4660
Spouse's name	Spouse's soci	ial security number
FNU MANISHA	981-95-	-5808
Part I Tax Return Information — Tax Year Ending December 31, 2023 (	Enter year you ai	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1
<b>1</b> Adjusted gross income		<b>1</b> 107,909.
2 Total tax		<b>2</b> 9,187.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 12,645.
4 Amount you want refunded to you		<b>4</b> 3,458.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame		· · · · · · · · · · · · · · · · · · ·
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	ransmitter, or electro or rejection of the trathe U.S. Treasury are nt indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furti	nic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This tion. To revoke (cancel) at received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general authorize GLOBAL TAXES LLC	rate my PINI 7	
ERO firm name  signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Date	e <b>&gt;</b>	
On some to BINL who also we have such		
Spouse's PIN: check one box only	. 500	
▼ I authorize GLOBAL TAXES LLC to enter or general section to enter or general section.      ■ ERO firm name    Column	_	5 8 0 8 as my
signature on the income tax return (original or amended) I am now authorizing.		n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Spouse's signature ► Date	<b>.</b>	
Practitioner PIN Method Returns Only—continue b	elow	
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco- authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provider	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	e <b>&gt;</b>	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So

# 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		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this space	e.
For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ding	I .		, 20		See ser	oarate i	nstructions.	_
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number	
PARVEEN			KUMA	R							187	87	4660	
	pouse'	s first name and middle initial	Last na										security num	 ibei
FNU	•		MANI	SHA							981	95	5808	
	(numb	er and street). If you have a P.O. box, see						1	Apt. no.				ection Campa	aian
75 HOCK	•	•							323	- 1			ou, or your	
		ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c			spouse	if filing	jointly, want	
VERNON I		-	·			CI	ŗ	060	66		•		nd. Checking not change	j a
Foreign country			ı	Foreign pr	rovince/state/			_	n postal c		your tax		•	
							•	,			•	Yo		use
Filing Status	s [	Single					☐ Head of h	ouseh	old (HO	<del></del>				
Check only	$\geq$	Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spoi	use (0	QSS)			
	lf :	you checked the MFS box, enter the	name c	of your s	pouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qι	ualifying person is a child but not you	ır deper	ndent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for prope	rty or	services	); or (	b) sell,			
Assets		nange, or otherwise dispose of a dig											es 🛛 No	
Standard	Son	neone can claim:	penden	t 🗌	Your spous	e as	a dependent							
<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l							
Age/Blindnes	s You	: Were born before January 2, 1	959 [	Are bl	ind <b>Sp</b>	ouse	: Was bo	rn befo	ore Janua	arv 2.	1959		s blind	
Dependent				T	·		(3) Relationsh	14					see instructio	ns):
-		(1) First name Last name			(2) Social security (3) Relationship number to you			iib I,	Child t				r other depend	
If more than four														
dependents,													$\overline{\Box}$	
see instruction	s												一	
and check here	] —												一一	_
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions) .					<del>-</del> .	1a		119,875	5.
	b	Household employee wages not re	eported	on Form	n(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions)								1h			).
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			1i							
	z	Add lines 1a through 1h									1z		119,875	5.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a			<b>b</b> 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b T	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod,	check here	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Schee	dule D if	f required	d. If not requ	uired,	, check here				7			
Married filing jointly or	8	Additional income from Schedule	1, line 1	0							8		-11,966	5.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total ind	come	e				9		107,909	).
\$27,700	10	Adjustments to income from Sche	dule 1, I	ine 26							10			
Head of household,	11	Subtract line 10 from line 9. This is	s your <b>a</b> c	djusted	gross incor	ne					11		107,909	<u>).</u>
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					12		27,700	).
any box under	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,700	
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or les	e antar.	O This is v	01 IF 1	tavabla inaan	10			15	1	80 20C	د

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	9,187.
Credits	17	Amount from Schedule 2, lir	17						
	18	Add lines 16 and 17	18	9,187.					
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,187.
	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	9,187.
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 12	2,645	5.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	12,645.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
attach Sch. Elc.	28	Additional child tax credit from	n 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, lir							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	12,645.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	3,458.
	35a	Amount of line 34 you want			3 is attached, chec	k here	[	35a	3,458.
Direct deposit? See instructions.	b	Routing number 0 1 1	s						
See instructions.	d	Account number 3 8 5	0 2 8 9	7   8   1   1	7   2				
	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			
<b>Third Party</b>		you want to allow another	person to disc	cuss this retu	rn with the IRS?	_			_
Designee	ins	structions				_	•		⊠ No
		esignee's me		Phone no.			sonal ide iber (PIN	ntification	
Sign		nder penalties of perjury, I declare the	nat I have examined		accompanying sched		•	·	of my knowledge and
_		lief, they are true, correct, and com							
Here	Yo	our signature		Date	Your occupation				nt you an Identity
						rotection P ee inst.)	IN, enter it here		
Joint return?				5.	SOFTWARE E		`		
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation	ld	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
		(000,000 F20		Email address	HOME MAKER				
		one no. (860)995-530 eparer's name	Preparer's signat		PARVEEN.SAS2	Date	PTIN		Check if:
Paid		·			מווסיית ייתוד או	01/31/2024		82703	Self-employed
Preparer									
Use Only				n Cummin	~ C7 20041		Phone no. (678) 965-9522 Firm's EIN 84-3171965		
	Firm's address 2530 Pebble Creek Ln Cumming GA 30041								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

PARVEEN KUMAR & FNU MANISHA

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

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

uon.		Sequence No. <b>01</b>
	Your soci	ial security number
	187-87	-4660

Par	t I Additional Income								
1	Taxable refunds, credits, or offsets of state and local income taxes		1						
2a	Alimony received		2a						
b									
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	-11,966.					
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. Enter	r here and on Form							
	1040, 1040-SR, or 1040-NR, line 8		10	-11,966.					

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

Par	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee-b				
	officials. Attach Form 2106			 12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans			16	<u> </u>
17	Self-employed health insurance deduction			 17	
18	Penalty on early withdrawal of savings			 18	
19a	Alimony paid			19a	
b	Recipient's SSN				1
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				1
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				1
	·	24c			
d	' '	24d			1
е	Repayment of supplemental unemployment benefits under the Trade				
		24e		-	
f		24f		-	1
g	· · · · · · · · · · · · · · · · · · ·	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	,	24h		-	1
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				
	<u>-</u>	24i		-	1
j		24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	A1-			
_	,	24k		-	1
Z	Other adjustments. List type and amount:				
25		4z		25	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E Form 1040, 1040-SR, or 1040-NR, line 10			26	
	101111 1070, 1070 011, 01 1070 1111, IIIIC 10		<u> </u>	 20	<u> </u>

#### **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)	shown on return					Y	our socia	l security	number
PARV	EEN KUMAR & FNU MANISHA					1	87-87	7-4660	
Part	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.			<b>C</b> . See	instruc	ctions. If you are	an indiv	idual, rep	ort farm
Α [	Did you make any payments in 2023 that would require you	to file	Form(s) 1	0992.5	See ins	tructions			e X No
	f "Yes," did you or will you file required Form(s) 1099?								
				<u> </u>	• •				JO
1a	Physical address of each property (street, city, state, ZIF								
A	KESHAVAPURI COLONY HYDERABAD TELANGANA	A IN	500079	)					
B									
C									I
1b	Type of Property 2 For each rental real estate prope				Fa		Persona		QJV
	(from list below) above, report the number of fair personal use days. Check the Qu					Days	Day		
A	if you meet the requirements to f			A		365		0	
B C	qualified joint venture. See instru			B C					
	of Droporty			C					
	of Property: Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	ı	7	Self-Rental			
	Multi-Family Residence 4 Commercial	lai	6 Roya				۵)		
	Multi-Family nesidence 4 Commercial		о поуг	แแยง	0	Other (describ			
						Properties	<b>5</b> :		
Incom				Α		В			С
3	Rents received	3		5	20.				
4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7	1,345.						
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		1 0	20				
11	Management fees	11		1,2	20.				
12 13	Mortgage interest paid to banks, etc. (see instructions)	12 13					-		
14	Other interest	14		1 7	81.				
15	Repairs	15			16.				
16	Taxes	16		۷,۷	10.		+		
17		17		2.6	47.				
18	Utilities	18			77.				
19	Other (list)	19		- , -					
20	Total expenses. Add lines 5 through 19	20		12,4	86.				
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	-	-11,9	66.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(	11,96	6.)	, 	)(	·	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a	!	520.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d		277.		
е	Total of all amounts reported on line 20 for all properties				23e	12,	486.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>		-				24		
25	Losses. Add royalty losses from line 21 and rental real estate						<b>25</b> (		11,966.
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						06		_11 066

**Passive Activity Loss Limitations** 

See separate instructions.

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

OMB No. 1545-1008 Attachment Sequence No. 858

Identifying number

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

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

PARVEEN KUMAR & FNU MANISHA 187-87-4660 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 11,966. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . **d** Combine lines 1a, 1b, and 1c . . . . . . . . . . . . . . . . . . 1d -11,966. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **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 ( 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 -11,966. 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. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 . . . . . . . 11,966. 5 Enter \$150,000. If married filing separately, see instructions . . . . . . 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 119,875. 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 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 15,063. 11,966. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 11,966. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 11,966. KESHAVAPURI COLONY 11,966.

11,966.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2** 

	-,									. ugo <b>-</b>	
Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.				
	Name of a skirtle	Current year Prior yea		ears Overal			all gain or loss				
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)				(e) Loss	
Total. Enter Part VI	on Part I, lines 2a, 2b, and 2c Use This Part if an Amour	* 14	Chaum an F	Dowt II	Line O. C	aa inatuu	tiono				
Part VI	Use This Part if an Amour			art II,	, Line 9. S	ee instruc	tions.				
	Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a	) Loss	(b) Ratio		Ratio (c) Special allowance		(d) Subtract column (c) from column (a).	
KESHAVA	PURI COLONY		E Ln 22		11,966.	1.0000	0000	11,96	6.	0.	
Total					11,966.	1.00	)	11,96	6	0.	
Part VII	Allocation of Unallowed L	oss	ses. See instr			110		11/00		<u> </u>	
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss (b)		(b) Ratio (		(c) Unallowed loss	
Total								1.00			
Part VIII	Allowed Losses. See instru	ucti									
	Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) l	_oss	(b) Unallowed loss		(	c) Allowed loss	
Total											