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 securit	y number	
SURESH ADDANKI	034-97-	-1984	
Spouse's name	Spouse's soc	ial security numb	er
SRI RAMYA MUMMADI	161-04	-9272	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (En	nter year you a	re authorizinç	j.)
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 Adjusted gross income			4,323.
2 Total tax		 	7,555.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			8,032.
4 Amount you want refunded to you			0,477.
5 Amount you owe		5	urn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the 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 institution transfer in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation in business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	rejection of the tree U.S. Treasury are indicated in the tatution to debit the nate the authorizate must be the processing of the payment. I furt	onic return originansmission, (b) and its designated ax preparation seentry to this accuration. To revoke a received no late the electronic parents of the racknowledge.	nator (ERO) the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the
Taxpayer's PIN: check one box only			1
▼ I authorize GLOBAL TAXES LLC to enter or general ■	ate my PIN	1 9 8 4	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	ter five digits, but n't enter all zeros	•
I will enter my PIN as my signature on the income tax return (original or amended) I and if you are entering your own PIN and your return is filed using the Practitioner PIN me below.			
Your signature ▶ Date ▶	•		
Spouse's PIN: check one box only			1
	Ent	9 2 7 2 ter five digits, but n't enter all zeros	,
I will enter my PIN as my signature on the income tax return (original or amended) I an	m now authorizir	na Check this	hox only
if you are entering your own PIN and your return is filed using the Practitioner PIN me below.			
Spouse's signature ► Date ►	•		
Practitioner PIN Method Returns Only—continue belo	ow		
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 er all zeros	7 1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom- authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	ubmitting this retu	ırn in accordand	
ERO's signature ▶ Date ▶	•		
ERO Must Retain This Form — See Instructions			

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



£1040	•	artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate ii	nstructio	ons.
Your first name	and m	iddle initial	Last nar	me							Your so	cial seci	urity num	nber
SURESH			ADDA	NKI							034	97	1984	
	pouse's	s first name and middle initial	Last nar										security i	
SRI RAM	YΑ		MUMM.	ADI							161	04	9272	
		er and street). If you have a P.O. box, see						A	Apt. no.				ction Ca	
22 KESSI	LER :	FARM DR						16	572		Check h	nere if yo	ou, or you	ur
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete sp	oaces bel	low.	Sta	te	ZIP c	ode			٠,	ointly, wa	
NASHUA						NH	I	030	63		•		id. Check not chang	•
Foreign countr	y name		F	oreign pr	rovince/state/	count	ty	Foreig	n postal c			or refu	nd`	
Filipp Ctatus		Cinalo					☐ Hood of h	ou oob	이식 (디〇	_1/		∐ Yo		Spouse
Filing Status	s ∟ ×	」Single ☑ Married filing jointly (even if only o	na had ir	200ma)			☐ Head of h	ousen	ola (HOI	٦)				
Check only		Married filing separately (MFS)	ne nau ii	icome)			Qualifying	cuni	ina spoi	uso (()66)			
one box.	L If √	you checked the MFS box, enter the	nama a	f vour cr	nouse If you	ı obo	, ,		0 1	`	,	ld'e nar	no if the	
		ialifying person is a child but not you										iu 5 Hai	ne ii tile	,
		, , ,	•											
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a dig										□Ye	s 🛛 I	No
Standard		neone can claim: You as a de					a dependent	, ,			,			
Deduction		 Spouse itemizes on a separate retur	•											
A a a /Dlinda a a			050 [ا ۸ ده اما	ind Cma			m bafa	va lanu	am / O	1050		blind	
		: Were born before January 2, 1	959 _	Are bl	<u> </u>	ouse		14					blind	ictions):
-		(see instructions): (1) First name Last name		(2) Social security (3) Relationshi number to you			ship (4) Check the Child tax					other dep		
If more than four	(1)	Last name					10 ,00							
dependents,										_			旹	
see instruction	s —									_			旹	
and check here	1									_			一一	
-	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	tions)						1a		107,7	751.
Income	b	Household employee wages not re	•		•						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•		` '						1c		-	
attach Forms	d	Medicaid waiver payments not rep			•	nstru	ictions)				1d			
W-2G and	е	Taxable dependent care benefits f		•							1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form	h	Other earned income (see instruct	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instri	uctions)			1i							
	z	Add lines 1a through 1h						· .			1z		107,7	751.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			
if required.	За		3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod,	check here	(see	instructions)						· · · · · ·	
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here								7						
Married filing jointly or	8	Additional income from Schedule	1, line 10)							8		-13,4	128.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is y	our total inc	come	e				9		94,3	323.
\$27,700	10	Adjustments to income from Sche	dule 1, li	ine 26							10			
Head of household,	11	Subtract line 10 from line 9. This is	your ac	djusted	gross incor	ne					11		94,3	323.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fro	m Schedule	A)					12		27,7	700.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13			
Deduction,	14										14			700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or loce	ontor	O This is w		tavabla incom	•			15	1	66 6	223

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	7,555.	
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	7,555.	
	19	Child tax credit or credit for	other dependent	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	B. If zero or less,	enter -0				22	7,555.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	7,555.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 1	8,032.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	18,032.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return	., . ,		26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
attacii Scii. Lio.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, 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	32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	18,032.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	10,477.	
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a	10,477.	
Direct deposit?	b	Routing number 2 1 1								
See instructions.	d	Account number 4 2 9								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				LYes. C	omplete	below.	⋉ No	
		signee's me		Phone no.			sonal ident nber (PIN)	ification		
Cian		der penalties of perjury, I declare t	hat I have examined		accompanying sche			the best	of my knowledge and	
Sign		lief, they are true, correct, and com							, ,	
Here	Yo	ur signature		Date	Your occupation	If th	e IRS se	nt you an Identity		
		-							PIN, enter it here	
Joint return?					SOFTWARE			inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation HOME MAKE:		Ider	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (219)246-326		SH7@GMAIL.C	OM					
		eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/13/2024	P0208	2703	Self-employed	
Preparer		m's name GLOBAL TA	1				<u>' </u>		(678)965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			ı's EIN	84-3171965	

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

SURESH ADDANKI & SRI RAMYA MUMMADI

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

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

Your social security number
034-97-1984

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	ach Schedule E .	5	-13,428.
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 (<u>)</u>	
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			
	1040. 1040-SR. or 1040-NR. line 8		10	-13,428.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	· <u> </u>			
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:				
0 -		24z		0-	
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			26	
	BAA	REV 01/0	08/24 PRO	Schedu	ile 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.

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

OMB No. 1545-0074 Attachment Sequence No. 13

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

Your social security number

	ESH ADDANKI & SRI RAMYA MUMMADI						034-9	7-1984	
Par									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C. See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
_	rental income or loss from Form 4835 on page 2, line 40.	1 - C1 -		0000	!				- V N-
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							че	s U No
1a	Physical address of each property (street, city, state, ZIF	P code)						
Α	BYPASS ROAD KHAMMAM TELANGANA IN 50700)2							
В									
С									
1b	Type of Property 2 For each rental real estate prope	rty list	ted		Fa	ir Rental	Persor	nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ıys	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
C	qualified joint venture. Odd institu	10110110	,.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desci	ribe)		
						Properti			
Incon	ne:			Α		В			С
3	Rents received	3			00.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	35.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	80.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,5	65.				
15	Supplies	15		3,0	10.				
16	Taxes	16							
17	Utilities	17		2,6	54.				
18	Depreciation expense or depletion	18		3,5	84.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		14,0	28.				
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 1					
	file Form 6198	21	-	-13,4	۷8.				
22	Deductible rental real estate loss after limitation, if any,		,	12 42	, ,	,		,	
	on Form 8582 (see instructions)	22		13,42		((00	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		600.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c		E01		
d	Total of all amounts reported on line 18 for all properties				23d		,584.		
e 24	Total of all amounts reported on line 20 for all properties				23e	14	,028.		
24 25	Income. Add positive amounts shown on line 21. Do not Losses. Add royalty losses from line 21 and rental real estate		-		 ntorto	tal losses har	. 24 e 25	,	12 /20 \
25									13,428.)
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 10/0) line 5. Otherwise include this ar						″′		_12 /20

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

10

Part IV

SURESH ADDANKI & SRI RAMYA MUMMADI

2023 Passive Activity Loss

Identifying number 034-97-1984

	Caution: Complete Parts IV and V before completing Part I.			
	Al Real Estate Activities With Active Participation (For the definition of active participation (For the definition of active participation).	ticipation, see Special		
1a b c d	Activities with net income (enter the amount from Part IV, column (a)) Activities with net loss (enter the amount from Part IV, column (b)) Prior years' unallowed losses (enter the amount from Part IV, column (c)) Combine lines 1a, 1b, and 1c	1a 0. 1b (13,428.) 1c ()) 1d	-13,428.
All Ot	her Passive Activities			
2a b c d	Activities with net income (enter the amount from Part V, column (a)) Activities with net loss (enter the amount from Part V, column (b)) Prior years' unallowed losses (enter the amount from Part V, column (c)) Combine lines 2a, 2b, and 2c	2a 2b (2d	
3	3	-13,428.		
	 Line 2d is a loss (and line 1d is zero or more), skip Part on: If your filing status is married filing separately and you lived with your spouse. Instead, go to line 10. 	_	e year,	do not complete
Par	Special Allowance for Rental Real Estate Activities With Active Note: Enter all numbers in Part II as positive amounts. See instructions for	•		
4	Enter the smaller of the loss on line 1d or the loss on line 3		4	13,428.
5	Enter \$150,000. If married filing separately, see instructions	5 150,000.		
6	Enter modified adjusted gross income, but not less than zero. See instructions	6 107,751.		
	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	7 42,249.		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing sepa	• .	8	21,125.
9 Par	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions.		9	13,428.

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		
BYPASS ROAD	0.	13,428.			13,428.		
·							

13,428.

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

Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find

0.

For Paperwork Reduction Act Notice, see instructions.

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

10

11

0.

13,428.

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	Currei	ırrent year Prior y			rears Overa		all gain or loss	
Name of activity	(a) Net income (line 2a)	(b) (li	Net loss ne 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 Amour	nt Is Shown on I	Part II,	Line 9. S	ee instruc	ctions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio		(a) Special		(d) Subtract column (c) from column (a).
BYPASS ROAD	E Ln 22		13,428.	1.0000	0000	13,42	8.	0.
Total			13,428.	1.0	0	13,42	8.	0.
Part VII Allocation of Unallowed L	osses. See instr					- ,		
Name of activity	Form or sch and line nur to be report (see instruct	mber ed on	(a) l	Loss	(b) Ratio		(с) Unallowed loss
Total Allowed Losses. See instru						1.00		
Allowed Losses. See Instit		11 -						
Name of activity	Form or sch and line nu to be report (see instruct	nber ed on	oer I on (a) Loss		(b) Unallowed los		(c) Allowed loss	
Total								