## 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

IIILEIIIAI	nevertue Service								
Subm	ission Identification Number (SID)								
Taxpaye	er's name	Social securi	ty numl	er					
ANI	L KUMAR RAVURI	753-77-97							
Spouse		Spouse's social security r							
Part	·	year you a	re au	thorizi	ng.)				
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	l	77 (	206			
1 2	Adjusted gross income		2			396. 393.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			645.			
4	Amount you want refunded to you		4			252.			
5	Amount you owe		5		٠,,	<u> </u>			
Part		кеер а сор	y of y	our re	eturr	1)			
my know return to send for any Agent in payme authori payme busines taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmost my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution account indicated in the financial institution accounts in the financial in full force and effect until I notify the U.S. Treasury Financial Agent to terminated the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the force confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I and income to the Withdrawal Consent.	e are the am itter, or electr action of the t S. Treasury a cated in the t in to debit the the authorizal uests must b processing of ayment. I fur	ounts for the counts of the co	rom the turn original turn original to this a for revoluted no ectronic knowle	e inco ginator b) the ted Fin softwaccount ke (ca later c payr dge tl	me tax r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the			
	yer's PIN: check one box only		T	$\top$					
X		my PINI 7	9 '	7   4	5	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, b r all zer	ut	ao iiiy			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.								
Yours	signature ▶ Date ▶								
Snous	se's PIN: check one box only								
Ороц	I authorize to enter or generate	my PINI			Π,	as my			
_	ERO firm name		ter five	digits, b		ao iiiy			
	signature on the income tax return (original or amended) I am now authorizing.			r all zer					
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.								
Spous	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part	III Certification and Authentication — Practitioner PIN Method Only								
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	7	1			
		Don't en	er all Ze	108					
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitted and Pub. 1345, Handbook for Authorized IRS e-file Providers of Irlandbook for Irlandbook for Irlandbook for Irlandbook for Irlandbook fo	itting this ret	urn in a	accorda	nce w				
ERO's	s signature ► Date ►								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To I	o 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 Serv <b>S. Individual Income Ta</b>		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	Ť	See se	parate i	instructions.
Your first name	and m	iddle initial	Last na	 ame							Your social security number		
ANIL KUI	MAR		RAVU	IRT							753	177	9745
		s first name and middle initial	Last na										security numbe
-											120	59	3443
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				A	Apt. no.				ection Campaig
8226 GRI	EEN	PARROT RD						Ţ	J 207				ou, or your
		ce. If you have a foreign address, also co	omplete s	paces bel	OW.	Sta	te	ZIP c					jointly, want \$3
JACKSON'	VILL:	E				FI	ı	322	56		U		nd. Checking a not change
Foreign countr	y name		1	Foreign pr	ovince/state/	count	у	Foreig	ın postal c		your tax		•
												Yo	ou 🗌 Spouse
Filing Status	s [	Single	•				Head of h	ouseh	old (HOF	<del>-</del> 1)			
Check only		Married filing jointly (even if only o	ne had i	ncome)									
one box.	×	Married filing separately (MFS)					☐ Qualifying	surviv	ing spoι	use (C	QSS)		
	lf y	you checked the MFS box, enter the	e name o	of your sp	oouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ıalifying person is a child but not you	ur deper	ndent: _S	SINDHU F	IVA	JRI						
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l. award. or	navn	nent for prope	rtv or	services	): or (	b) sell.		
Assets		nange, or otherwise dispose of a dig						-					es 🗵 No
Standard		neone can claim: You as a de					a dependent	, ,					
Deduction		 Spouse itemizes on a separate retur	•		-		•						
A /Dlimalman								(			1050		- Indianal
		: Were born before January 2, 1	939 [	_ Are bli │	·	ouse		11					s blind (see instructions)
Dependent	s (see instructions): (1) First name Last name			(2) Social securi number		urity (3) Relations to you		ip (4	Child tax c				r other dependents
If more	(1)	irst name Last name			Tidifiboi		to you		1		Juli	Orodit 10	
than four dependents,									[	=			
see instruction	s												
and check here [	1									=			$\overline{}$
-	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)				L		1a		89 <b>,</b> 283.
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	•		•						1d		
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								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 W-2, see	h	Other earned income (see instruct	ions)								1h		0.
instructions.	i	Nontaxable combat pay election (	see insti	ructions)			1i						
	z	Add lines 1a through 1h									1z		89,283.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b		
if required.	3a	· —	3a			<b>b</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			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	election	method,	check here	(see	instructions)			. $\square$			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D i	f required	d. If not requ	uired,	, check here			. 🗆	7		<b>-1,</b> 500.
jointly or	8	Additional income from Schedule	1, line 1	0							8		-9 <b>,</b> 887.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our <b>total in</b> d	come	e				9		77 <b>,</b> 896.
\$27,700 Head of	10	Adjustments to income from Sche	edule 1, l	line 26							10		
household,	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted	gross incor	ne					11		77 <b>,</b> 896.
\$20,800 If you checked	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13		
Deduction,	14										14		13 <b>,</b> 850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or loc	c ontor	O This is y	Our t	avabla incom	•			15	1	64 046

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	9,393.	
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	9,393.	
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	9,393.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	9,393.	
<b>Payments</b>	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				<b>25a</b> 12	2,645.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c .						25d	12,645.	
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	122 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit fron	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	e 15			31				
	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. The	nese are your <b>to</b>	tal payments				33	12,645.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	3,252.	
	35a	Amount of line 34 you want r			is attached, chec	k here	. 🗆	35a	3,252.	
Direct deposit?	b	Routing number 2 1 1			<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number 4 1 6	7 3 6 4	1						
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37		
	38	Estimated tax penalty (see in	_	-		38				
Third Party Designee	Do	you want to allow another structions	person to disc	cuss this retu	n with the IRS?	See	omplete	below.	⊠ No	
gc	De	signee's		Phone		Pers	onal ident	ification		
		me		no.			ber (PIN)			
Sign Here		der penalties of perjury, I declare th lief, they are true, correct, and comp								
11010	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity		
					SOFTWARE E	NCTNEED	1	ection P inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return <b>h</b>	oth must sign	Date	Spouse's occupati				nt vour spouse an	
Keep a copy for your records.		Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (510) 298-7126	5	Email address	ANILKUMAR80	459@GMAIL.C	MC			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2024	P0208	2703	Self-employed	
Use Only	Fir	m's name GLOBAL TAX	KES LLC				Pho	ne no.	(678) 965-9522	
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965	
	/-	10101 : 1 : 111 11				<del></del>			= 1040 ()	

## 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

ANIL KUMAR RAVURI

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

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

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

Sequence No. 01

Your social security number
753-77-9745

1	t Additional Income			
	Taxable refunds, credits, or offsets of state and local income taxes		1	
	Alimony received		 2a	
b	Date of original divorce or separation agreement (see instructions):			
	Business income or (loss). Attach Schedule C		3	
	Other gains or (losses). Attach Form 4797		4	0.00
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-9,88
	Farm income or (loss). Attach Schedule F		6	
	Unemployment compensation		 7	
	Other income:			
а	Net operating loss	8a (	<u>)</u>	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	<u>)</u>	
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		
I	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		
a	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	,	4	
•	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
_		8z		
	Total other income. Add lines 8a through 8z		9	

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-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	_			
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	<b>-</b>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
05					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

#### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

### **Capital Gains and Losses**

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

	o(s) shown on return IL KUMAR RAVURI				ocial se -77-	ecurity number
	you dispose of any investment(s) in a qualified opportunity	fund during the ta	ax year?		_ / / _	9/40
	es," attach Form 8949 and see its instructions for additiona					
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets	Held One Year	or Less (s	ee ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	t to gain or los		(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.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	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 (le	•			4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	, , ,	•	our Capital Loss	-	6	( 18,613.
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-18,613.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets I	Held More Than	One Year	(see	instructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to le dollars.	nts s from Part II, nn (g)	(h) Gain or (loss) Subtract column (e) from column (d) and 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		and long-term ga	ain or (loss)	11	
	Net long-term gain or (loss) from partnerships, S corporat		I trusts from Scheo	dule(s) K-1	12	
	3				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	/, from line 13 of y · · · · · ·	your <b>Capital Loss</b> · · · · · · ·	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	olumn (h). Then, g	o to Part III		

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -18,613. • If line 16 is a gain, 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 loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, 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 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ 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. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,500.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

#### **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.

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return ANIL KUMAR RAVURI

Department of the Treasury

Internal Revenue Service

Your social security number 753-77-9745

7111111	7 110111111 1111 01111						, 0 0	7 7 7 1 0	·	
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	instru	ctions. If you a	are an in	dividual, rep	ort farm	
ΑΙ	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	es 🛛 N	0
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 N	0
1a	Physical address of each property (street, city, state, ZIF									
Α	1-80, MAIN ROAD CHENNUPALLI BALLIKURAVA	4 (MD)	PRAKA	SAM	ANDH	RA PRADES	SH IN	523303		
В		- ()						02000		
C										
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair real estate properabove.	erty list rental	ed and		Fa	ir Rental Days		onal Use Days	QJV	,
Α	personal use days. Check the Qu	JV box	only	Α		365		0		
В	if you meet the requirements to f			В					TH	
С	qualified joint venture. See instru	ictions	i.	С					TH	
Type	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc				
						Properti	es:			
Incon	ne:			Α		В			С	
3	Rents received	3		6	74.					
4	Royalties received	4								
Exper	ises:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,0	81.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,2	69.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,3	61.					
15	Supplies	15			60.					
16	Taxes	16								
17	Utilities	17		2,1	90.					
18	Depreciation expense or depletion	18								
19		19								
20	Other (list)  Total expenses. Add lines 5 through 19	20		10,5	61.					
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			20,0	011					
	file Form 6198	21		<b>-9,8</b>	87.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	9,88	37.)	(		)(		)
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		674.			
b	Total of all amounts reported on line 4 for all royalty properties	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					
е	Total of all amounts reported on line 20 for all properties				23e	10	,561.			
24	Income. Add positive amounts shown on line 21. Do not	t includ	de any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses her	e <b>25</b>	5 (	9,887	7.)
26	Total rental real estate and royalty income or (loss).	Combi	ine lines 2	24 and	25. E	nter the resu	ılt			
	here. If Parts II, III, and IV, and line 40 on page 2 do no	t appl	y to you,	also e	nter tl	nis amount c			_0 88	2 7