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

| | 5 | | | | |
|---|--|--|---|--|---|
| Submi | ssion Identification Number (SID) | | | | |
| Taxpaye | r's name | Social secur | ity numl | ber | |
| AKSH | AY MOHITH KODURU | 654-33 | -387 | 2 | |
| Spouse's | s name | Spouse's so | cial seci | urity number | |
| Dort | Toy Deturn Information Toy Vegy Ending December 21 2002 (Enter | VOOR VOU | aro ou | thorizina | <u> </u> |
| Part | , , | year you a | are au | thorizing. |) |
| | vhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | 1 1 | 105 | ,961. |
| 2 | Total tax | | 2 | | ,575. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,936. |
| 4 | Amount you want refunded to you | | 4 | | ,361. |
| | Amount you owe | | 5 | | , 501. |
| Part | | eep a cop | y of y | our retu | rn) |
| my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge 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, transmi my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in 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 to my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised all adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the particle funds Withdrawal Consent. | e are the ameter, or electricion of the test. Treasury a cated in the tent to debit the authorizests must be processing cayment. I fui | ronic references and its of tax preparation. The electrical action and the electrical action | from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (i ved no late lectronic pa cknowledge | come tax tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the |
| | yer's PIN: check one box only | | | | |
| X | • | ny PINI 3 | 3 8 | 8 7 2 | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Er | | digits, but er all zeros | as my |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow. | | | | |
| Your s | gnature ▶ Date ▶ | | | | |
| Spous | e's PIN: check one box only | | | | |
| Spous | | ov DINI | | | 00 mv |
| | I authorize to enter or generate r | _ | ter five | digits, but | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | | er all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | | |
| Spous | e's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | |
| Part I | Certification and Authentication — Practitioner PIN Method Only | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 | 2 4 9 Don't en | 6 0 | 8 2 7 | 1 |
| | | Don t en | cer dii Ze | 2103 | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In | tting this ret | urn in a | accordance | |
| ERO's | signature ▶ Date ▶ | | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | o So | | | |

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| £1040 | | artment of the Treasury—Internal Revenue Serv S. Individual Income Ta | | turn | 202 | 3 | OMB No. 1545- | 0074 | IRS Use Only | –Do not v | vrite or staple in this spa | ace. |
|---|-----------|--|---|-------------|---------------------------|------------|----------------------------|--------|---------------|------------|---|-------|
| For the year Ja | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, endi | ing | | | , 20 | See se | parate instruction | s. |
| Your first name | e and m | iddle initial | Last na | ame | | | | | | Your so | ocial security numb | er |
| AKSHAY I | MOHI | TH | KODI | JRU | | | | | | 654 | 33 3872 | |
| | | s first name and middle initial | Last na | ame | | | | | | Spouse | 's social security nu | mbe |
| | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | | A | Apt. no. | Preside | ential Election Camp | paigr |
| 207 BRI | ARWO | OD LANE | | | | | | | | 1 | here if you, or your | |
| City, town, or p | oost offi | ce. If you have a foreign address, also co | mplete | spaces be | elow. | Sta | ite | ZIP c | ode | | if filing jointly, wan | |
| LAKE DA | LLAS | | | | | TΣ | ζ | 750 | 65 | | o this fund. Checkin low will not change | |
| Foreign countr | y name | | | Foreign p | rovince/state/c | count | ty | Foreig | n postal code | 1 | x or refund. | |
| | | | | | | | | | | | You Sp | ouse |
| Filing Status | s 🗵 | Single | | | | | ☐ Head of ho | useh | old (HOH) | | | |
| Check only | | Married filing jointly (even if only o | ne had | income) | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | Qualifying | surviv | ing spouse | (QSS) | | |
| | lf y | you checked the MFS box, enter the | name | of your s | pouse. If you | ı che | ecked the HOH | or Q | SS box, ente | er the ch | ild's name if the | |
| | qu | ıalifying person is a child but not you | ır depe | ndent: | | | | | | | | |
| Digital | At a | ny time during 2023, did you: (a) rec | eive (as | a rewar | d award or r | navr | ment for proper | tv or | services): or | (b) sell | | |
| Assets | | nange, or otherwise dispose of a dig | • | | | | | - | | . , | ☐ Yes 🗵 No |) |
| Standard | | neone can claim: You as a de | | | | | a dependent | | | | | |
| Deduction | _ | Spouse itemizes on a separate retur | • | | • | | • | | | | | |
| | | <u> </u> | | | | | | bofe | wa lanuani | 1050 | ls blind | |
| | - | : Were born before January 2, 1 | 909 [| Are b | <u> </u> | | | 14 | ore January 2 | - | ifies for (see instructi | ions) |
| Dependent | | instructions): irst name Last name | | (2) | Social security number | | (3) Relationship to you | יין כ | Child tax c | | Credit for other deper | |
| If more than four | (1) | East name | | | | | , | | | | | |
| dependents, | | | | | | | | + | | | | |
| see instruction | ıs — | | | | | | | | | | | |
| and check here | 1 | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | ee instruc | ctions) | | | | | . 1a | 124,68 | 0. |
| IIICOIIIE | b | Household employee wages not re | , | | , | | | | | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | • | | • • | | | | | . 10 | | |
| attach Forms | d | Medicaid waiver payments not rep | ` | | , | | | | | . 10 | | |
| W-2G and | e | Taxable dependent care benefits t | | • | , | | | | | . 16 | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | | - | | | | | . 11 | | |
| If you did not | g | Marca from Form 2010 line 6 | | | | | | | | . 10 | 1 | |
| get a Form | h | Other earned income (see instruct | ions) | | | | | | | . 1h | 1 | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (| , | | | | 1i | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | . 1z | 124,68 | 0. |
| Attach Sch. B | 2a | <u> </u> | 2a | | | b T | axable interest | | | . 2t | | |
| if required. | 3a | Qualified dividends | 3a | | | b C | Ordinary dividen | ds . | | . 3b | | |
| | 4a | IRA distributions | 4a | | | b T | axable amount | | | . 4k |) | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | b T | axable amount | | | . 5k | | |
| Single or | 6a | Social security benefits | 6a | | | b T | axable amount | | | . 6k |) | |
| Married filing separately, | С | If you elect to use the lump-sum e | lection | method, | check here (| (see | instructions) | | [| | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Sche | ital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | □ <u> </u> | | |
| Married filing jointly or | 8 | Additional income from Schedule | 1, line 1 | 10 | | | | | | . 8 | | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | , and 8. | . This is y | our total inc | ome | e | | | . 9 | 105,96 | 1. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1, | line 26 | | | | | | . 10 |) | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | s your a | ndjusted | gross incon | ne | | | | . 11 | 105,96 | 1. |
| \$20,800 • If you checked | 12 | Standard deduction or itemized | deduc | tions (fro | m Schedule | A) | | | | . 12 | 13,85 | 0. |
| any box under Standard | 13 | Qualified business income deduct | ion fror | n Form 8 | 995 or Form | 899 | 95-A | | | . 13 | 3 | |
| Deduction, | 14 | | | | | | | | | . 14 | | |
| see instructions. | 15 | Subtract line 1/1 from line 11 If zer | o or loc | ac ontor | O This is w | aur 1 | tavabla income | | | 15 | : 92 11 | 1 |

| 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 | 15,575. |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 15,575. |
| | 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 | 15,575. |
| | 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 | 15,575. |
| Payments | 25 | Federal income tax withheld | from: | | | | | | |
| _ | а | Form(s) W-2 | | | | 25a 19 | 9,936. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 19,936. |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 | 22 return | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | m 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, lir | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and ref | undable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 19,936. |
| 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 | 4,361. |
| | 35a | Amount of line 34 you want | | | is attached, che | ck here | 🗆 | 35a | 4,361. |
| Direct deposit? | b | Routing number 1 2 1 | | | | Checking | Savings | | |
| See instructions. | d | Account number 3 2 5 | 0 4 2 7 | 4 1 4 1 | 1 3 | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | | | | | |
| You Owe | | 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 | n with the IRS? | See | | | _ |
| Designee | ins | structions | | | | Yes. C | omplete | below. | ⋉ No |
| | | esignee's me | | Phone no. | | | onal ident ber (PIN) | ification | |
| <u>C:</u> | | ider penalties of perjury, I declare t | hat I have evamine | | accompanying sche | | , , | the heet | of my knowledge and |
| Sign | | lief, they are true, correct, and com | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | lf th | e IRS se | nt you an Identity |
| | | g | | | | | Prot | ection P | IN, enter it here |
| Joint return? | | | | SQL BI DEVELOPER | | | | inst.) | |
| See instructions. Keep a copy for your records. | Sp | ouse's signature. If a joint return, | Date | Spouse's occupat | ion | Iden | tity Prot | nt your spouse an ection PIN, enter it here | |
| your rootius. | | | _ | | | | 1, | inst.) | |
| | | one no. (714) 360-964 | | Email address | AKSHAYK.RI | DB@GMAIL.CO | | | T = |
| Paid | | eparer's name | Preparer's signat | | | Date | PTIN | | Check if: |
| Preparer | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | | RAM SAGAR | GUPTA TALLAM | 02/05/2024 | P0208 | | Self-employed |
| Use Only | Fir | m's name GLOBAL TA | | | | | Pho | ne no. | (678) 965-9522 |
| | Fin | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm | 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

AKSHAY MOHITH KODURU

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 soc | ial security number |
| 654-33 | -3872 |

| Par | t I Additional Income | 1 | | |
|-----|--|------------------|----------|----------|
| 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 | -18,719. |
| 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 | | |
| 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 | | |
| 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 . Enter | here and on Form | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -18,719. |

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 | | | | |
| | - | 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 | | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | E | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . ∟nter | nere and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 26 | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

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

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

| AKS: | HAY MOHITH KODURU | | | | | | 654-3 | 33-3872 | 2 |
|-------------|--|----------|----------------|----------------|--------------|-------------------------|--------------|--------------|-------------|
| Par | | | | | | | | | |
| | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | ty, use | Schedule | e C. See | instru | ctions. If you | are an ind | ividual, rep | oort farm |
| Α | , , , , , , , , , , , , , , , , , , , | to file | Form(a) : | 10002 6 | `aa in | atri i a ti a ti a ti a | | | V N- |
| | Did you make any payments in 2023 that would require you | | | | | | | | _ |
| Ь | If "Yes," did you or will you file required Form(s) 1099? . | | | • • | • • | | · · · | . <u> </u> | es U No |
| 1a | Physical address of each property (street, city, state, ZIF | ode |)) | | | | | | |
| Α | PNO- 8 & 9, SYNO- 538, YASHODAMMA COLONY | Y RAM | 1 DASS | NAGAR | , KA | PRA, ECII | , HYDE | RABAD | IN 500062 |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate prope | rty list | ed | | Fa | ir Rental | Perso | nal Use | QJV |
| | (from list below) above, report the number of fair | | | | | Days | D | ays | Q0 V |
| Α | personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to f qualified joint venture. See instru | | | В | | | | | |
| С | quannea joint ventare. eee meta | 10110113 | • | С | | | | | |
| Type | of Property: | | | | | | | | |
| 1 | Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Land | t | | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | | | | Propert | | | |
| Incor | mer | | | Α | | В | .103. | | С |
| 3 | Rents received | 3 | | | 80. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| | nses: | - | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 8 | 61. | | | | |
| 8 | Commissions | 8 | | | <u> </u> | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 2.8 | 80. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | 2,0 | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 3,5 | 90. | | | | |
| 15 | Supplies | 15 | | | 80. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 3,1 | 26. | | | | |
| 18 | Depreciation expense or depletion | 18 | | 2,9 | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 19,3 | 99. | | | | |
| 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 | | -18 , 7 | 19. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| 18,71 | 9.) | (| | (| , |
| 23 a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 680. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 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 | | 2,962. | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 1.9 | 9,399. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | e losse | s from lin | ne 22. E | nter to | tal losses he | re 25 | (| 18,719. |
| 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 | | | | | | on | | |
| | Schedule 1 (Form 1040) line 5. Otherwise, include this ar | mount | in the to | tal on li | na /11 | on nage 2 | 0.0 | 1 | _10 710 |