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	reveilue del vice								
Submi	ssion Identification Number (SID)								
Taxpaye	r's name	Social sec	urity numl	er					
SAI	VAMSI KRISHNA YANGALA	693-62-8941							
Spouse'		Spouse's			mber				
Part		year you	ı are au	thoriz	ing.)				
	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	-	1 0 4	020			
1 2	Adjusted gross income			-		$\frac{038.}{146.}$			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099								
4	Amount you want refunded to you					<u>725.</u> 579.			
5	Amount you owe					<u> </u>			
Part		eep a co	opy of y	our r	eturr	1)			
my known return (to send for any Agent t payment authorize payment business taxes t personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) 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, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay 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 in the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the payment (PIN) below is my signature for the income tax return (original or amended) I are finite funds Withdrawal Consent.	e are the a tter, or election of the S. Treasure cated in the n to debit the autho ests must processing ayment. I	amounts for tronic reference transmissing and its control to the entry rization. The entry of the elements of the elements of the elements are transmissing to the elements of	rom the curn original content of the curn or the curn of the curn	ie inco iginato (b) the ated Fin accourt bke (ca b later ic payredge the	ome tax r (ERO) reason mancial vare for nt. This ancel) a than 2 ment of hat the			
		Г			_				
Тахра	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate r	DINI DINI	2 8 9	9 4	1	00 100 /			
	ERO firm name	•	Enter five		but	as my			
	signature on the income tax return (original or amended) I am now authorizing.								
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.								
Your s	ignature ▶ Date ▶								
Snous	e's PIN: check one box only	_							
Г	I authorize to enter or generate r	nv PIN				as my			
	ERO firm name		Enter five	digits,		ao my			
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	r all ze	os				
	I will enter my PIN as my signature on the income tax return (original or amended) I am no 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	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	6 0	8 2	2 7	1			
		Don't	enter all ze	ros					
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this r	eturn in a	accord	anće v				
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							

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20		See se	oarate i	instructions.	
Your first name	and m	niddle initial	Last nar	me							Your so	cial sec	urity number	_
SAI VAMS	SI K	RISHNA	YANG	ALA							693	62	8941	
If joint return, spouse's first name and middle initial Last n											Spouse'	s social	security numb	eı
Homo addross	(numb	er and street). If you have a P.O. box, see	inetructio	ne .					Apt. no.		Dussida	ntial Fla		_
			HISTIUCIIC	JIIS.				'	λρι. 110.	- 1			ection Campaiç ou, or your	Эn
3041 GALVESTON ST City, town, or post office. If you have a foreign address, also complete s					ow.	Sta	te	ZIP c	ode				jointly, want \$3	3
PLANO		,				ТХ		750		- 1	•		nd. Checking a	1
Foreign countr	y name		F	oreign pr	rovince/state/				n postal c		your tax		not change Ind.	
· ·							•				•	Yo		se
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOH	H)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ring spou	use (C	QSS)			
		you checked the MFS box, enter the			oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ur depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payn	ment for prope	rty or	services); or (b) sell,			_
Assets	excl	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ctions	s.)		es 🗵 No	
Standard	Son	neone can claim: 🗌 You as a de	pendent	: 🗆	Your spous	e as	a dependent							
Deduction		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 bli	ind Sp	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	ip (4) Check t	he bo	x if quali	fies for (see instructions	_ s):
If more	(1) First name Last name			number to you					Child t	ax cre	dit	Credit fo	r other dependen	ıts
than four									[
dependents, see instruction									[
and check														
here L									[
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		118,588.	<u>. </u>
Attach Form(s)	b	Household employee wages not re									1b			_
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									1c			_
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			_
1099-R if tax	е	Taxable dependent care benefits f									1e			_
was withheld.	f	Employer-provided adoption bene	efits from	Form 8	839, line 29	•					1f			_
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			_
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.	_
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>				_		118,588.	
	<u>z</u>	Add lines 1a through 1h	 o-		· · · i	 . T	axable interes				1z		110,300.	_
Attach Sch. B if required.	2a	· –	2a								2b			_
	3a_	· · ·	3a				ordinary divide				3b 4b			-
Standard	4a 5a		4a 5a				axable amoun axable amoun				5b			_
Deduction for—	6a	_	6a				axable amoun			-	6b			-
Single or Married filing	C	If you elect to use the lump-sum e		nethod	check here					· ·] 00			_
separately, \$13,850	7	Capital gain or (loss). Attach Sche		-		•	,			. F	7			
Married filing jointly or	8	Additional income from Schedule		•							8		-14,550.	_
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-								9		104,038.	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10			_
Head of household,	11	Subtract line 10 from line 9. This is									11		104,038.	_
\$20,800	12	Standard deduction or itemized	•	-	_						12		13,850.	
If you checked any box under	13	Qualified business income deduct		•							13			_
Standard Deduction,	14										14		13,850.	_
see instructions.	15	Subtract line 14 from line 11. If zer									15		90 188	_

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	15,146.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	15,146.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,146.	
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	15,146.	
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a 1	8,725			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	18,725.	
If you have a	26	2023 estimated tax payment	s 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				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin								
	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	18,725.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	ınt you overpaic	1	34	3,579.	
	35a	Amount of line 34 you want i			is attached, che	ck here	🗆	35a	3,579.	
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type:	Checking	Savings	:		
See instructions.	d	Account number 4 8 8								
	36	Amount of line 34 you want a	applied 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	structions) .			38				
Third Party	Do	you want to allow another				? See				
Designee	ins	structions				🗌 Yes.	Complete	below.	⋈ No	
	De nai	signee's me		Phone no.			rsonal iden mber (PIN)	tification		
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and com							, ,	
пеге	Yo	ur signature	Date	Your occupation			nt you an Identity IN, enter it here			
Joint return?					SOFTWARE	DEVELOPER	(se	e inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat	tion	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (336)422-917	3	Email address	vamsiy544	@gmail.com	1 <u> </u>			
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid Proparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/18/2024	P020	32703	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TAX	KES LLC				Ph	one no. ((678)965-9522	
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firm'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

SAI VAMSI KRISHNA YANGALA

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
693-62	-8941

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	-14,550.
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			14 550
	1040, 1040-SR, or 1040-NR, line 8		10	-14,550.

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	·			
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/	12/24 PRO	Schedu	ile 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Department of the Treasury

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,

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 Your social security number SAI VAMSI KRISHNA YANGALA 693-62-8941 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 9/7/79, NADIMPALLIVARI ST RAILPET, GUNTUR ANDHRA PRADESH IN 522001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 620. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,650. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,200. 14 Repairs 15 Supplies 15 3,560. 16 16 Taxes 17 Utilities 17 4,560. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 15,170. 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 -14,550.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,550.) 620. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 15,170. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,550. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-14,550.

26

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

Identifying number

SAI	VAMSI KRISHNA YANGALA				693	8-62	-8941
Pai	t I 2023 Passive Activity Loss	5			•		
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities	- '		ive participation, s	see Special		
1a	Activities with net income (enter the a	0.					
b	Activities with net loss (enter the amount						
С	Prior years' unallowed losses (enter th						
d	Combine lines 1a, 1b, and 1c					1d	-14,550.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	/, column (a)) .	2a			
b	Activities with net loss (enter the amo	unt from Part V, co	olumn (b))	2b ()		
С	Prior years' unallowed losses (enter the	ne amount from Pa	art V, column (c))	2c ()		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered onormally used	this form with you	ur return; all losse	s are allowed, inc	cluding any	3	-14,550.
	If line 3 is a loss and: • Line 1d is a l	oss an to Part II					11,550.
		-	zero or more), ski	in Part II and go to	line 10		
Cauti	on: If your filing status is married filing	•	•			vear	do not complete
	I. Instead, go to line 10.	coparatory and y	sa iivoa witii youi	opouco at arry arr	io daring the	y our,	do not complete
Par		ntal Real Estate	Activities With	Active Particip	ation		
	Note: Enter all numbers in Par			-			
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne 3			4	14,550.
5	Enter \$150,000. If married filing separ	ately, see instruct	ions	5 1	L50,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6 1	18,588.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	es 7 and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	31,412.		
8	Multiply line 7 by 50% (0.50). Do not er	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	15,706.
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	y CRD, see instruc	tions		9	14,550.
Par	t III Total Losses Allowed						
10	Add the income, if any, on lines 1a an	d 2a and enter the	e total			10	0.
11	Total losses allowed from all passiv	e activities for 20	23. Add lines 9 an	d 10. See instruct	ions to find		
		11	14,550.				
Par	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Currei	Prior years	Ove	rall ga	ain or loss	
	Name of activity	(a) Net income (line 1a)	, , , , , , , , , , , , , , , , , , , ,		(d) Gair	1	(e) Loss
9/7	/79,NADIMPALLIVARI ST	0.	14,550.				14,550.

14,550.

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

Form 8582 (2023) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
Name of activity		Current year			Prior ye	ears	Overall gain or loss			
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 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	s Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	ar to	Form or schedule and line number to be reported on (see instructions)		(a) Loss		itio	(c) Special allowance		(d) Subtract column (c) from column (a).	
9/7/79,NADIMPALLIVARI ST		E Ln 22	14,550.		1.00000000		14,55	0.	0.	
Total				14,550.	1.00)	14,55	0.	0.	
Part VII Allocation of Unallowed L	oss	ses. See instr			•				1	
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	.oss (b)		(b) Ratio) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru										
Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(c) Allowed loss		
		l .								
Total										