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

| Subm | nission Identification Number (SID) | | | |
|---|--|--|---|--|
| Taxpay | ver's name | Social securit | y number | |
| SON | IUCHOWDARY NARRA | 730-83- | -9374 | |
| Spouse | e's name | Spouse's soc | ial security number | er |
| Par | Tax Return Information — Tax Year Ending December 31, 2023 (Enter | ⊥ ∵year you a | re authorizing | 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 | | 1 1 10 | 7,256. |
| 2 | Total tax | | 2 15 | 5,861. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 23 | 3,308. |
| 4 | Amount you want refunded to you | | 4 | 7,447. |
| 5 | Amount you owe | | 5 | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and I | reep a cop | y of your ret | urn) |
| return to sen for any Agent payme author payme busine taxes persor | considered 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, transmorth of my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y 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 indicant of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the proposition of the proposit | itter, or electro ection of the tr S. Treasury are cated in the ta on to debit the the authoriza- uests must be processing of ayment. I furt | onic return original ansmission, (b) indits designated as preparation so entry to this accution. To revoke a received no lathe electronic pher acknowledge. | ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the |
| | ayer's PIN: check one box only | | | 1 |
| | I authorize GLOBAL TAXES LLC to enter or generate | mv PIN 3 | 9 3 7 4 | as my |
| _ | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Ent | er five digits, but n't enter all zeros | ao my |
| | 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 and your return is filed using the Practitioner PIN meth below. | | | |
| Your | signature ▶ Date ▶ _ | | | |
| Spou | se's PIN: check one box only | | | |
| Spou | | my DIN | | 00 m |
| L | I authorize to enter or generate | | er five digits, but | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | i't enter all zeros | |
| | 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 and your return is filed using the Practitioner PIN meth below. | | | |
| Spou | se'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 | - | 6 0 8 2 er all zeros | 7 1 |
| author | fy that the above numeric entry is my PIN, which is my signature for the electronic individual income to rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir | itting this retu | rn in accordanc | |
| EDO' | s signature ▶ Date ▶ | | | |
| LNU | s signature ► Date ► ERO Must Retain This Form — See Instructions | | | |
| | Eno iviusi netain Triis 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 | | urn | 20 2 : | 3 | OMB No. 1545 | -0074 | IRS Use | Only- | -Do not w | rite or sta | aple in this space | е. |
|------------------------------|------------|---|--|-------------|---------------|-------|------------------|--------|-------------|---------|------------|-------------|-------------------------|--------|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, endi | ing | | | , 20 | Ť | See se | parate | instructions. | _ |
| Your first name | and m | iddle initial | Last nar | me | - | | | | | | Your so | cial sec | curity number | _ |
| SONUCHO | WDAR | Y | NARR | A | | | | | | | 730 | 83 | 9374 | |
| If joint return, s | pouse's | s first name and middle initial | Last nar | me | | | | | | | | • | security num | ber |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | | A | Apt. no. | + | Preside | ntial Ele | ection Campa | |
| 1125 PRI | EWIT' | T RANCH DR | | | | | | | | İ | Check I | nere if y | ou, or your | • |
| | | ce. If you have a foreign address, also co | mplete s | paces belov | w. | Sta | te | ZIP c | ode | | • | _ | jointly, want § | |
| HOLLY S | PRIN | GS | | | | NC | | 275 | 40 | | • | | nd. Checking not change | а |
| Foreign countr | y name | | F | oreign pro | vince/state/o | count | у | Foreig | ın postal d | | your tax | | ınd. | use |
| Filing Status | s X | Single | | | | | Head of h | useh | old (HOI | ∃) | | | | |
| Check only | | Married filing jointly (even if only o | ne had ir | ncome) | | | | | ` | , | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying | surviv | ing spo | use (C | QSS) | | | |
| | If y | you checked the MFS box, enter the | name o | f your spo | ouse. If you | ı che | cked the HOF | or Q | SS box, | enter | the chi | ild's na | me if the | |
| | qu | alifying person is a child but not you | ır depen | dent: | | | | | | | | | | |
| Digital | At a | ny time during 2023, did you: (a) rec | eive (as | a reward. | award. or i | pavn | nent for prope | rtv or | services |): or (| b) sell. | | | |
| Assets | | nange, or otherwise dispose of a dig | | | | | | | | | | □ Ye | es 🗵 No | |
| Standard | Som | neone can claim: | pendent | : <u> </u> | our spouse | e as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dı | ual-status a | alien | | | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 | Are blin | d Spo | use: | : Was bor | n befo | ore Janu | arv 2. | 1959 | | s blind | |
| Dependent | | | | Ī | cial security | | (3) Relationsh | 11 | | | | | (see instruction | ns): |
| If more | | irst name Last name | | | number | | to you | p | Child t | ax cre | edit | Credit fo | or other depende | ents |
| than four | | | | | | | | | | | | | | |
| dependents, | | | | | | | | | | | | | | |
| see instruction and check | s — | | | | | | | | | | | | | |
| here | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructi | ons) | | | | | | 1a | 1 | 122,656 | ; • |
| Attach Form(s) | b | Household employee wages not re | eported | on Form(s | s) W-2 | | | | | | 1b | | | |
| W-2 here. Also | С | c Tip income not reported on line 1a (see instructions) | | | | | | | | 1c | : | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | | nstru | ctions) | | | | 1d | | | |
| 1099-R if tax | е | Taxable dependent care benefits f | rom For | m 2441, li | ne 26 . | | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | Form 883 | 39, line 29 | | | | | | 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 | , | | | | | | | | 1h | _ | 0 |). |
| instructions. | i | Nontaxable combat pay election (s | see instr | uctions) | | | <u>1i</u> | | | | | | | |
| | <u>z</u> _ | Add lines 1a through 1h | | | | | | | | | 1z | | 122,656 | • |
| Attach Sch. B | 2a | · — | 2a | | | | axable interest | | | | 2 b | | | |
| if required. | 3a_ | | 3a | | | | rdinary divide | | | | 3b | | | |
| Standard | 4a | - | 4a | | | | axable amoun | | | | 4b | | | |
| Deduction for— | 5a | | 5a | | | | axable amoun | | | | 5b | | | |
| Single or Married filing | 6a | , | 6a | | | | axable amoun | t | | ٠ ـ | 6b | | | |
| separately, | _c | If you elect to use the lump-sum e | | • | • | • | , | | | | J | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | | | | | | | . L | 7 | | 15 400 | |
| jointly or Qualifying | 8 | Additional income from Schedule | | | | | | | | | 8 | | -15 , 400 | |
| surviving spouse, | 9 | | 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | 9 | | 107,256 | • | |
| \$27,700 Head of | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | 10 | | 107 050 | _ | | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | • | - | | | | | | | 11 | | 107,256 | |
| If you checked | 12 | Standard deduction or itemized | | | | | | | | | 12 | _ | 13,850 | |
| any box under Standard | 13 | Qualified business income deduct | | | | | | | | | 13 | | 12 050 | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | avable incom | | | | 14 | | 13,850 93,406 | |

| 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 | 15,861. | |
| Credits | 17 | Amount from Schedule 2, lir | | | | _ | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 15,861. | |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | | 19 | | |
| | 20 | Amount from Schedule 3, lir | 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 | 15,861. | |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | 2, line 21 | | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | 24 | 15,861. | |
| Payments | 25 | Federal income tax withheld | | | | | | | | | |
| • | а | Form(s) W-2 | | | | 25a | 23 | 3,308. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 23,308. | |
| 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 fro | 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, lin | ne 15 | | | 31 | | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | ındable | credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | | | | | | | 33 | 23,308. | |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amour | nt you o v | erpaid | | 34 | 7,447. | |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | | 35a | 7,447. | | |
| Direct deposit? | b | Routing number 1 0 1 | | | | Checkir | | Savings | | | |
| See instructions. | d | Account number 1 5 2 | 3 2 0 8 | 4 1 7 | 7 7 | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | | | |
| Amount | 37 | Subtract line 33 from line 24 | I. This is the amo | ount you owe. | | | | | | | |
| You Owe | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | 37 | | | | | |
| | 38 | Estimated tax penalty (see i | nstructions) . | | | 38 | | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | n with the IRS? | See | | | , | | |
| Designee | instructions | | | | | | omplete | below. | ⋉ No | | |
| | | Designee's Phone Personal is | | | | | tification | | | | |
| Ciarra | name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t | | | | | | | | the heet | of my knowledge and | |
| Sign | | lief, they are true, correct, and com | | | | | | | | | |
| Here | Yο | ur signature | | Date | Your occupation | | | l If th | ne IRS se | ent vou an Identity | |
| | Tour signature | | | Tour dodupation | | | | | Protection PIN, enter it here | | |
| Joint return? | SOFTWAR | | | | | INGINE | (see | e inst.) | | | |
| See instructions. Keep a copy for | Sp | Spouse's signature. If a joint return, both must sign. | | | Spouse's occupation | on | | | | nt your spouse an | |
| your records. | | | | | | | | inst.) | ection PIN, enter it here | | |
| | | one no. (660) 238-383 | 1 | Email address | SONUNARRA@ | | COM | , | | - | |
| | | eparer's name | Preparer's signat | | DATAMIUNIOG | Date | | PTIN | | Check if: | |
| Paid | | 1 PRIYA RAM SAGAR GUPTA TALLAM | ' | | GIIPTA TAT.T.AM | | /2024 | P0208 | 32703 | Self-employed | |
| Preparer | | | 1 | IVIII DUQUI | COLITY TABLIAM | 100/02 | , 4047 | | | (678) 965 - 9522 | |
| Use Only | | | | | | | n's EIN | 84-3171965 | | | |
| | 1 11 | m 3 addiess Z TO NOONE | T CI LI DRO | TANANT CIV IN | 00010 | | | 11111 | II 3 LIIN | 04-21/1302 | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SONUCHOWDARY NARRA

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 |
| 730-83 | -9374 |

| Par | t I Additional Income | | | |
|--------|---|------------------|----|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | 0. |
| 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 | -15,400. |
| 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 | _ | |
| į | 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 | 0 | | |
| | instructions) | 8m | - | |
| | Section 951(a) inclusion (see instructions) | 8n | - | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 8p | - | |
| p a | Taxable distributions from an ABLE account (see instructions) | 8q | - | |
| ч r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | OI _ | - | |
| 3 | 1040, line 1a or 1d | 8s (| | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | 00 (| 4 | |
| • | 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 | -15,400. |

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

| Par | Adjustments to Income | | | | |
|----------|---|------------|------------|-----|-----------------------|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | -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 | 041 | | | |
| | 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 | 04: | | | |
| | Housing deduction from Form 2555 | 24i 24j | | - | |
| J Ia | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 24j | | - | |
| k | 1041) | 24k | | | |
| _ | | 24K | | - | |
| Z | Other adjustments. List type and amount: | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income | | | 23 | |
| _0 | Form 1040, 1040-SR, or 1040-NR, line 10 | . LIIIGI | | 26 | |
| | BAA | | 23/24 PRO | | le 1 (Form 1040) 2023 |
| | BAA | 1\L'V UZ/ | LUIZA FINO | | |

SCHEDULE E (Form 1040)

Department of the Treasury

Internal Revenue Service

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.

Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information. Your social security number

Attachment Sequence No. 13

OMB No. 1545-0074

| SON | UCHOWDARY NARRA | 730-83-9374 | | | | | | | | | | |
|-------------|---|-------------|------------------|-------|---------|------------------------------|--------------|-----|-------------------|--|--|--|
| Pa | 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. | | | | | | | | | | | |
| Α | Did you make any payments in 2023 that would require you | | | | | | | | | | | |
| <u>B</u> | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | | | |
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | | | | | | | | |
| A | GUPTAS ROYALE BLOCK A- 404 DHARAVARITHOTA, ONGOLE, ANDHRA PRADESH IN 523001 | | | | | | | | | | | |
| В | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| 1b | (from list below) above, report the number of fair i | rental a | and Days | | | | Person Da | QJV | | | | |
| A | gersonal use days. Check the Queric if you meet the requirements to fi | | | Α | | 340 | | 0 | | | | |
| B | qualified joint venture. See instru | | | В | | | | | | | | |
| <u>C</u> | | | | С | | | | | | | | |
| 1 | of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial | tal | 5 Land 6 Roya | | | Self-Rental Other (descri | be) | | | | | |
| | | | | | | Propertie | es: | | | | | |
| Inco | | | | Α | 0.0 | В | | | С | | | |
| 3 | Rents received | 3 | | 6 | 80. | | | | | | | |
| <u>4</u> | Royalties received | 4 | | | | | | | | | | |
| =xp€ | nses: Advertising | 5 | | | | | | | | | | |
| 6 | Advertising | 6 | | | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 8 | 80. | | | | | | | |
| 8 | Commissions | 8 | | | 00. | | | | | | | |
| 9 | Insurance | 9 | | | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | | | |
| 11 | Management fees | 11 | | 1,8 | 95 | | | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | , | | | | | | | |
| 13 | Other interest | 13 | | | | | | | | | | |
| 14 | Repairs | 14 | | 3,4 | 41. | | | | | | | |
| 15 | Supplies | 15 | | | 95. | | | | | | | |
| 16 | Taxes | 16 | | | | | | | | | | |
| 17 | Utilities | 17 | | 1,8 | 45. | | | | | | | |
| 18 | Depreciation expense or depletion | 18 | | 3,1 | 24. | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 16,0 | 80. | | | | | | | |
| 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 | - | -15,4 | 00. | | | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (| | 15,40 | | (|) | (|) | | | |
| 23 a | | | | | 23a | 1 | 680. | | , | | | |
| b | | | | | 23b | | - | | | | | |
| c | | | | | 23c | | | | | | | |
| d | | | | | 23d | 3, | ,124. | | | | | |
| е | | | | | 23e | | ,080. | | | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | t include | e any los | sses | | | 24 | | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | - | | nter to | tal losses here | 25 | (| 15,400.) | | | |
| 26 | Total rental real estate and royalty income or (loss). Ohere. If Parts II, III, and IV, and line 40 on page 2 do not | | | | | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this ar | | | | | | 26 | - | -15 , 400. | | | |
| For B | aperwork Reduction Act Notice, see the separate instructions. | - | NP | | | -15,400 | | | orm 1040) 2023 | | | |