# 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

- Internal n	levellue Service								
Submis	ssion Identification Number (SID)								
Taxpayer	r's name		Social se	curity nu	mber				
SAND	DEEP MAHANANDI		490-65-8828						
Spouse's			Spouse's			number			
		<i></i>							
Part		3 (Ente	year yo	ou are a	uthor	izing.)			
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  Adjusted gross income			.   1	1	97	040.		
	Total tax						606.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099						277.		
	Amount you want refunded to you			_			671.		
	Amount you owe			. —			,0,1.		
Part I		et and I	сеер а с	copy o		retur	n)		
Under p my know return (or to send for any of Agent to payment authoriz payment business taxes to persona Electron	penalties of perjury, I declare that I have examined a copy of the income tax return (original or wledge and belief, it is true, correct, and complete. I further declare that the amounts in Foriginal or amended) I am now authorizing. I consent to allow my intermediate service providing return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast delay in processing the return or refund, and (c) the date of any refund. If applicable, I author is initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the treatment of the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related in identification number (PIN) below is my signature for the income tax return (original or amonic Funds Withdrawal Consent.  I authorize GLOBAL TAXES LLC to enter or construction on the income tax return (original or amonic funds as my signature on the income tax return (original or amonic funds 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 if you are entering your own PIN and your return is filed using the Practitioner Funds with the process of the pro	amended Part I abover, transmon for rejective the U ecount indicated all institution terminated attion required in the pended) I a	I am now re are the itter, or ele- ection of the section of the S. Treasu- created in the properties of the extension to debit the the authousests must processing processing ayment. It me now authouse of the pro- my PIN	vauthorizamount ectronic he transing and it he tax pt the entrorization at the entrorization of the further thorizing 5 8 Enter fi don't ecorizing.	ting, and significant from the	to the the the incorriginate, (b) the incorriginate, (b) the incorriginate of the incorrigina	e best of ome tax or (ERO) e reason Financial ware for unt. This rancel) a r than 2 rment of that the able, my		
Your si	below.	Date ▶	ou. me	LHO IIII	15t COI	npiete	rantiii		
	9.144.07	_							
Spouse	e's PIN: check one box only								
	I authorize to enter or g	generate	my PIN			لبل	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			Enter fi don't e					
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN <b>and</b> your return is filed using the Practitioner Fibelow.								
Spouse	e's signature ► I	Date ►							
	Practitioner PIN Method Returns Only—continu	e below							
Part I	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   C	2 7	1		
	, , , , ,		Don'	t enter al	zeros				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual red to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provents	am subm	itting this	return i	acco	rdance			
ERO's	signature ► I	Date ►							
	ERO Must Retain This Form — See Instruc	tions							
	Don't Submit This Form to the IRS Unless Reques		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 Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	oarate i	nstructio	ons.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity num	nber
SANDEEP			МАНА	NANDI							490	65	8828	
	pouse'	s first name and middle initial	Last nar										security r	numbei
	, ,	1.1.1).15												
		er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.	- 1			ection Car ou, or you	
		ORY GROVE ROAD ice. If you have a foreign address, also co	mnlete si	naces hel	OW	Sta	te	ZIP c	3-107 ode				jointly, wa	
DUNLAP	0000	ioo. Ii you havo a foroigh address, also so	mpioto o	pacco boi	····	II		615			•		nd. Check	•
Foreign country	v name		F	- -oreian pr	ovince/state/				n postal c		your tax		not chang	је
. orolgir ocumi	,			о. о.g р.	5 Till 5 G, 5 ta to,		.,	. 0.0.8	, poota. o		your tar	Yo	_	Spouse
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOH	<del>-</del> 1)				
Check only		Married filing jointly (even if only or	ne had iı	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	oouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	ne if the	;
	qι	ualifying person is a child but not you	ır depen	dent:										
Digital		ny time during 2023, did you: (a) rec												
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	e instru	ction	s.)		es 🔀 N	No
Standard	Son	neone can claim: 🗌 You as a de	pendent	t 🔲	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	<u> </u>							
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b>	ouse	: Was bor	n befo	ore Janua	ary 2,	, 1959		blind	
Dependents	s (see	instructions):		<b>(2)</b> S	Social security	,	(3) Relationsh	ip (4	) Check t	he bo	x if quali	fies for (	see instru	ctions):
If more	(1) First name Last name			number to you					Child t	ax cre	edit	Credit fo	r other dep	endents
than four									[					
dependents, see instruction	c								[					
and check	·													
here	]													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		104,5	550.
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		d waiver payments not reported on Form(s) W-2 (see instructions)							1d				
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, 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>l 1i</u>						104 5	0
		Add lines 1a through 1h			· · ;						1z	_	104,5	,50.
Attach Sch. B	2a	· —	2a				axable interes				2b			
if required.	<u>3a</u>		3a				ordinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	<del>-</del>	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		-		•	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7			-10
jointly or Qualifying	8	Additional income from Schedule	-								8	-	-7,5	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		97,0	140.
\$27,700 Head of	10	Adjustments to income from Sche									10			10
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		97,0	
If you checked	12	Standard deduction or itemized				-					12	_	13,8	550.
any box under Standard	13	Qualified business income deduct									13		12 0	) F ()
Deduction, see instructions.	14	Add lines 12 and 13									14		13,8	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌		16	13,606.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	13,606.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	20							
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,606.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	13,606.	
<b>Payments</b>	25	Federal income tax withheld	from:							
	а	Form(s) W-2				<b>25a</b> 15	5,277.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	15,277.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir								
	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. T	hese are your <b>to</b>	tal payments				33	15,277.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	1,671.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	B is attached, chec	k here	. 🗆	35a	1,671.	
Direct deposit?	b	Routing number 1 1 1								
See instructions.	d	Account number 7 6 9	0 0 9 5	8 1 0						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	_	-		38		0.		
Third Party		you want to allow another								
Designee		,	•				omplete	below.	<b>⋉</b> No	
	De	esignee's		Phone			onal iden	tification		
		me		no.			ber (PIN)			
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							,	
Here		•	ipiete. Declaration t		, , , I	sed on an imormati			, ,	
	Yo	our signature		Date	Your occupation			nt you an Identity IN, enter it here		
Joint return?					SOFTWARE E		e inst.)	irv, criter it nore		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation		If th	the IRS sent your spouse an		
Keep a copy for your records.						entity Protection PIN, enter it here ee inst.)				
	Ph	one no. (361)228-249	3	Email address	MSREDDY97@	GMAIL.COM	'			
Doid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/10/2024	P0208	32703	Self-employed	
Preparer		Firm's name GLOBAL TAXES LLC							(678)965-9522	
Use Only		m's address 245 ROONE			n's EIN	84-3171965				

# SCHEDULE 1 (Form 1040)

10

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

SANI	EEP MAHANANDI		490-65-882	28
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C			
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	E . <b>5</b>	-7,510.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
C	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 (		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income Add lines 8a through 8z	8z	9	
9	TOTAL OTHER INCOME. AUD TIMES OF INTOUGH 6/		9	

10

-7,510.

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

Par	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee-b				
	officials. Attach Form 2106			 12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans			16	<u> </u>
17	Self-employed health insurance deduction			 17	
18	Penalty on early withdrawal of savings			 18	
19a	Alimony paid			19a	
b	Recipient's SSN				1
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				1
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				1
	·	24c			
d	' '	24d			1
е	Repayment of supplemental unemployment benefits under the Trade				
		24e		-	
f		24f		-	1
g	· · · · · · · · · · · · · · · · · · ·	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	,	24h		-	1
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				
	<u>-</u>	24i		-	1
j		24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	A1-			
_	,	24k		-	1
Z	Other adjustments. List type and amount:				
25		4z		25	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E Form 1040, 1040-SR, or 1040-NR, line 10			26	
	1011111070, 1070 011, 01 1070 1111, IIIIC 10		<u> </u>	 20	<u> </u>

#### **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.

Your social security number

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

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

2023	
Attachment Sequence No. <b>13</b>	

OMB No. 1545-0074

SAN	DEEP MAHANANDI						490-6	5-8828	
Par	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.	rty, use S		C. See	instru	ctions. If you a	are an indiv	vidual, rep	ort farm
Α	Did you make any payments in 2023 that would require you		orm(s) 1	099? 5	See ins	structions .		. \( \tag{Y}\)	es 🛛 No
	If "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZII								<u> </u>
Α	PALVONCHA HYDERABAD TELANGANA IN 50713								
B	PALVONCHA HIDERABAD IELIANGANA IN 30/11	1.7							
C									
1b	Type of Property (from list below)  2 For each rental real estate properties above, report the number of fair	rental a	nd		Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q		only	Α		365		0	
В	if you meet the requirements to a qualified joint venture. See instru			В					
С	qualified joint venture. See instit	uctions.		С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land		7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Royal	lties	8	Other (desc	ribe)		
						Properti			
Incor	ma:	-		A		В	163.		С
3	Rents received	3			00.				
4	Royalties received	4			00.				
	nses:	+ + +							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		7	10.				
8	Commissions	8		<u> </u>					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		6	30.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,8	70.				
15	Supplies	15		2,2	40.				
16	Taxes	16							
17	Utilities	17		2,6	60.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,1	10.				
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			7 -	1.0				
22	file Form 6198	21		-7,5		(	\	<i>'</i>	,
23a	Total of all amounts reported on line 3 for all rental prope	22 (			0.) <b>23a</b>	(	600.	(	
_	Total of all amounts reported on line 4 for all regalty prop				23b		000.		
b	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 12 for all properties  Total of all amounts reported on line 18 for all properties				23d				
e e	Total of all amounts reported on line 20 for all properties				23e	Ω	3,110.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>				200		. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		· · · nter to	· · · · · tal losses her		(	7,510.
26	Total rental real estate and royalty income or (loss).								,,,,,,,
20	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this al						. 26		-7,510.

**Passive Activity Loss Limitations** 

See separate instructions. Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

	2023 Attachment Sequence No. 858
Identify	ing number

SAN	DEEP MAHANANDI				490	)-65-	8828
Pa	rt I 2023 Passive Activity Loss	S					
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Parance for Rental Real Estate Activities	- '		ive participation	, see <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part IV	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo				7,510.)		
С	Prior years' unallowed losses (enter th				)		
d	Combine lines 1a, 1b, and 1c					1d	-7,510.
All O	ther Passive Activities						
2a	Activities with net income (enter the a						
b	Activities with net loss (enter the amount				)	-	
С	Prior years' unallowed losses (enter the				)		
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 of	this form with you on line 1c or 2c. F	ır return; all losse	es are allowed,	including any		
	normally used					3	-7,510.
	If line 3 is a loss and: • Line 1d is a l	loss, go to Part II. loss (and line 1d is					
Part I	on: If your filing status is married filing I. Instead, go to line 10.  **TII**  Special Allowance for Rer  Note: Enter all numbers in Par	separately and you	u lived with your  Activities With	spouse at any  Active Partic	time during the	year,	do not complete
4	Enter the <b>smaller</b> of the loss on line 1	d or the loss on lin	e3			4	7,510.
5	Enter \$150,000. If married filing separ	ately, see instruction	ons	5	150,000.		
6	Enter modified adjusted gross income				104,550.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	45,450.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> en					8	22,725.
9	Enter the <b>smaller</b> of line 4 or line 8. If	line 3 includes any	CRD, see instruc	ctions		9	7,510.
Par							
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv out how to report the losses on your to	ax return				11	7,510.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instruction	S		
	Name of activity	Curren	t year	Prior years	Ove	rall gai	n or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)		1	(e) Loss
PAL	VONCHA	0.	7,510.				7,510.
			•				·
Total	Enter on Part I, lines 1a, 1b, and 1c	0.	7,510.				

Form 8582 (2023) Page **2** 

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•	
Name of activity	Current year Prior years							Overall gain or loss		
Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II.	<b>Line 9.</b> S	ee instruc	tions.				
Name of activity	For ar to	rm or schedule ad line number be reported on the instructions)		) Loss	<b>(b)</b> Ra		(c) Special allowance		(d) Subtract column (c) from column (a).	
PALVONCHA		E Ln 22		7,510.	1.00000000		7,510.		0.	
THEVOICH		<u> </u>		7,310.	1.0000	0000	,,51	<u> </u>	· ·	
Total				7,510.	1.00	)	7,51	0.	0.	
Part VII Allocation of Unallowed L	oss			S.						
Name of activity	Form or sche and line num to be reporte (see instructi		mber ed on (a) L		Loss		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr				1				l .		
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss	
						-				
Total										