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.

Submission Identification Number (SID)

T.....

| Тахрау | ver's name | | Social securi | ty numb | er |
|--------|--|-----------|---------------|----------|-------------|
| VIJ | YAY KUMAR JIDUGU | 011-15 | -7071 | L | |
| Spous | o's name | | Spouse's soc | ial secu | rity number |
| Par | t I Tax Return Information – Tax Year Ending December 31, 202 | 23 (Enter | r year you a | re aut | horizing.) |
| 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 | 70,298. |
| 2 | Total tax | | | 2 | 7,721. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 3 | 12,149. |
| 4 | Amount you want refunded to you | | | 4 | 4,428. |
| 5 | Amount you owe | | | 5 | · · · |
| Par | Taxpaver Declaration and Signature Authorization (Be sure you o | pet and k | keep a cop | v of v | our return) |

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| X | I authorize | GLOBAL TAXES | LLC | to enter or generate my PIN |
|---|-------------|--------------|-----|-----------------------------|
| | | | | |

| 5 | 7 | 0 | 7 | 1 | |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent don | er fiv i't er | ve dig ter a | gits, all ze | but ros | as my |

ERO firm name 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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

| to enter | or | generate | my | PIN |
|----------|----|----------|----|-----|

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signa | ature 🕨 🛛 Da | ate 🕨 | • | | | | | | |
|----------------|---|-------|----|--|--|-------------|-------|---|---|
| | Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | |
| Part III Ce | ertification and Authentication – Practitioner PIN Method Only | | | | | | | | |
| ERO's EFIN/P | IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 | | | 6 all ze | 9 | 8 | 9 |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature > | | Date 🕨 | |
|---|-----|------------------|--------------------------|
| ERO Must Retain This F Don't Submit This Form to the I | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 01/21/24 PRO | Form 8879 (Rev. 01-2021) |

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta > | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use On | y—Do not v | /rite or sta | aple in this space. |
|--|----------|--|----------|-------------|---------------------------|--------|--------------------------|---------------|---------------------|--------------|--------------|--|
| For the year Jar | . 1-Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | See se | parate | instructions. |
| Your first name | and m | iddle initial | Last r | name | | | | | | Your so | cial sec | curity number |
| VIJAY KU | JMAR | | JID | UGU | | | | | | 011 | 15 | 7071 |
| If joint return, s | pouse': | s first name and middle initial | Last r | | | | | | | Spouse | 's socia | l security numbe |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | ctions. | | | | Α | pt. no. | Preside | ntial Ele | ection Campaigr |
| 2811 AZA | ALEA | HILLS DR | | | | | | _ | | | | /ou, or your |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | ate | ZIP co | ode | | | jointly, want \$3 nd. Checking a |
| Charlott | ce | | | | | NC | 2 | 282 | 62 | | | not change |
| Foreign country | / name | | | Foreign p | rovince/state/o | count | ty | Foreig | n postal code | your ta | _ | _ |
| | | | | | | | | | | | Yo | ou 🔄 Spouse |
| Filing Status | ; 🗵 | Single | | | | | Head of h | ouseh | old (HOH) | | | |
| Check only | Ļ | Married filing jointly (even if only or | ne hao | d income) | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | | | | | | |
| | | you checked the MFS box, enter the | | | pouse. If you | l che | ecked the HOF | H or QS | SS box, ent | er the ch | ild's na | ime if the |
| | qu | alifying person is a child but not you | ir dep | endent: | | | | | | | | |
| Digital | | ny time during 2023, did you: (a) rece | • | | | | | | | | | |
| Assets | | nange, or otherwise dispose of a digi | | | nancial intere | est ir | n a digital asse | et)? (Se | e instruction | ons.) | ∐ Y | es 🛛 No |
| Standard | _ | neone can claim: You as a de | • | | • | | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | | _ | | allen | _ | | | | | |
| | | Were born before January 2, 1 | 959 | Are b | lind Spo | ouse | | 14 | ore January | | | s blind |
| Dependents | | (see instructions): (1) First name Last name | | | Social security number | , | (3) Relationsh to you | nip (4 | Check the Child tax | | | (see instructions): or other dependents |
| If more | (1) - | | | | Папреі | | | | | orean | | |
| than four dependents, | | | | | | | | | | | | |
| see instruction | s — | | | | | | | | | | | |
| and check here | <u> </u> | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (s | see instruc | ctions) | | | | | . 1a | | 85,318. |
| | b | Household employee wages not re | | | | | | | | . 1t | , | |
| Attach Form(s) W-2 here, Also | с | Tip income not reported on line 1a | (see i | instructior | ns) | | | | | . 10 | ; | |
| attach Forms | d | Medicaid waiver payments not rep | orted | on Form(s | | | | | | . 10 | I | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | rom F | orm 2441 | , line 26 | | | | | . 16 | • | |
| was withheld. | f | Employer-provided adoption bene | fits fro | om Form 8 | 3839, line 29 | | | | | . 11 | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | . 10 | ı 📃 | |
| get a Form W-2, see | h | Other earned income (see instruction | ions) | | | | | · · | | . 11 | 1 | 0. |
| instructions. | i | Nontaxable combat pay election (s | see ins | structions) |) | | 1 i | i | | | | |
| | z | Add lines 1a through 1h | • • | | | | | | | . 1 z | : | 85,318. |
| Attach Sch. B | 2a | · - | 2a | | | | axable interes | | | . 2 t |) | |
| if required. | 3a | | 3a | | | | Ordinary divide | | | . 3t | - | |
| Standard | 4a | | 4a | | | | axable amoun | | | . 4 t |) | |
| Deduction for— | 5a | | 5a | | | | axable amoun | | | . 5k | _ | |
| Single or Married filing | 6a | , | 6a | | | | axable amoun | t | | . 6t | | |
| separately, | _c | If you elect to use the lump-sum e | | | | ` | , | • • | | | | |
| \$13,850 • Married filing | 7 | Capital gain or (loss). Attach Scher | | • | | | | | | | _ | 15 000 |
| jointly or Qualifying | 8 | Additional income from Schedule | - | | | | | | | . 8 | _ | -15,020. |
| surviving spouse, \$27,700 | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | como | e | | | . 9 | | 70,298. |
| Head of | 10 | Adjustments to income from Sche | | | | | | | | . 10 | | 70 000 |
| household, [\$20,800 | 11 | Subtract line 10 from line 9. This is | | | | | | | | . 11 | - | 70,298. |
| • If you checked | 12 | Standard deduction or itemized | | • | | , | | | | . 12 | _ | 13,850. |
| any box under Standard | 13 14 | Qualified business income deducti Add lines 12 and 13 | IUII (ro | 111 FUIM 8 | Sec In Loru | 099 | ы-А | | · · · | . 13 | | 13,850. |
| Deduction, see instructions. | 14 15 | Add lines 12 and 13 Subtract line 14 from line 11. If zer | · · | · · · | _0_ This is y | | tavahle incom | 10 | | . 14 | | 56,448. |
| | 15 | | | ss, enter | 0 1115 15 y | Jui | | . 51 | | . 10 | <u> </u> | 50,440. |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

| 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 | 7,721. |
| Credits | 17 | Amount from Schedule 2, lin | ne3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 7,721. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ne8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 7,721. |
| | 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 total tax | | | | [| 24 | 7,721. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 12 | ,149. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 2 | 25d | 12,149. |
| If you have a | 26 | 2023 estimated tax payment | 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 | | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, 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 | . These are your | total other pa | ayments and refu | undable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | | | | | [| 33 | 12,149. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 4,428. |
| | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | 3 is attached, che | ck here | . 🗆 💽 | 35a | 4,428. |
| Direct deposit? | b | Routing number 0 6 1 | | | | Checking | Savings | | |
| See instructions. | d | Account number 3 3 4 | 0 7 2 9 | 3 4 4 2 | 1 7 | | | | |
| | 36 | Amount of line 34 you want a | 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 | o to <i>www.ir</i> s.gov | //Payments or | see instructions | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | |
| Designee | ins | structions | | | | 🗌 Yes. Co | omplete bel | ow. | X No |
| | De nai | signee's | | Phone no. | | | onal identifica oer (PIN) | tion | |
| Ciana | | der penalties of perjury, I declare th | nat I have examined | | accompanying sche | | . , | hest (| of my knowledge and |
| Sign | | ief, they are true, correct, and com | | | | | | | , , |
| Here | Yo | ur signature | | Date | Your occupation | | If the IR | S ser | nt you an Identity |
| | | | | | | | Protecti | on Pl | N, enter it here |
| Joint return? | | | | | SOFTWARE I | DEVELOPER | (see ins | , | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, t | ooth must sign. | Date | Spouse's occupat | ion | | | t your spouse an |
| your records. | | | | | | | (see ins | | ection PIN, enter it here |
| | Ph | one no. (814)790-623 | ຳ | Email address | | | `` | | |
| | | one no. (814)790-623 eparer's name | ∠ Preparer's signat | | VIUAINGUY. | L@GMAIL.COM | PTIN | | Check if: |
| Paid | | ATA SAI PAVAN KUMAR DUDIPALLI | | | IAR DUDIPALLI | | P024708 | 22 | Self-employed |
| Preparer | | n's name GLOBAL TAX | | TAVAN KUM | TITI TO TRATIC | | | | 678)965-9522 |
| Use Only | | | Y CT E BRU | NGWICK N | J 08816 | | Firm's E | | 88-2145487 |
| Go to www.ire.cr | | 1040 for instructions and the late | | TIONICI IN | | | | | Form 1040 (2023) |
| | | in the instructions and the late | scinomation. | | BAA | REV 01/21/24 PRO | | | 10m 10+0 (2023) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20)2 23

| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Attachment Sequence No. 01 |
|--|---|----------|--------------------------------------|
| Name(s) shown on Fo | orm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| VIJAY KUMAR JI | DUGU | 011-15 | -7071 |
| | •• | | |

| Par | t I Additional Income | | | |
|---------|---|--------------|------|----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | . 1 | | |
| 2a | Alimony received | . 2 a | 1 | |
| 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 | | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | -15,020. |
| 6 | Farm income or (loss). Attach Schedule F. | | | |
| 7 | Unemployment compensation | . 7 | | |
| 8 | Other income: | | | |
| а | Net operating loss |) | | |
| b | Gambling | | | |
| С | Cancellation of debt | | | |
| d | Foreign earned income exclusion from Form 2555 8d (|) | | |
| е | Income from Form 8853 | | | |
| f | Income from Form 8889 | | | |
| g | Alaska Permanent Fund dividends | | | |
| h | Jury duty pay | | | |
| i | Prizes and awards | _ | | |
| j | Activity not engaged in for profit income | _ | | |
| k | Stock options | _ | | |
| 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) | _ | | |
| n | Section 951(a) inclusion (see instructions) | _ | | |
| 0 | Section 951A(a) inclusion (see instructions) | _ | | |
| р | Section 461(I) excess business loss adjustment | _ | | |
| 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 | | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | - | | |
| u | Wages earned while incarcerated 8u | _ | | |
| Z | Other income. List type and amount: | | | |
| 0 | Tatal other income. Add lines %a through %7 | . 9 | | |
| 9 10 | Total other income. Add lines 8a through 8z | | + | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | | | -15,020. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | | 1 (Form 1040) 2023 |
| | | oone | aute | 1 (1 0111 10+0) 2020 |

| Par | t II 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 | | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | 20 | |
| 2-7 a | Jury duty pay (see instructions) | | | |
| a b | Deductible expenses related to income reported on line 8l from the | | | |
| D | rental of personal property engaged in for profit | | | |
| - | Nontaxable amount of the value of Olympic and Paralympic medals | | - | |
| С | and USOC prize money reported on line 8m | | | |
| لم | | | - | |
| d | | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | | - | |
| f | Contributions to section 501(c)(18)(D) pension plans | | - | |
| 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) | | | |
| 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 | | - | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | | | |
| Z | Other adjustments. List type and amount: | | | |
| | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Enter | | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | BAA REV 0 | 1/21/24 PRO | Schedule 1 (I | orm 1040) 202 |

| SCHEDULE | Е |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

|) | 2023 |
|---|--------------------------------------|
| | Attachment Sequence No. 13 |

| Name(s) shown on return | | | | | | Your social security number | | | | |
|-------------------------|--|---------|------------------|----------------|-------------|-----------------------------|----------------------|-------------|----------|---------|
| VIJAY KUMAR JIDUGU | | | | | 011-15-7071 | | | | | |
| 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. | | | C . See | instru | ctions. If you | are an indi | vidual, rep | ort farm | 1 |
| Α | Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . | | | | | | | . 🗌 Ye | s ⊠ I | No |
| B | "Yes," did you or will you file required Form(s) 1099? | | | | | | 🗌 Yes 🗌 No | | | |
| 1a | Physical address of each property (street, city, state, ZIF | | | | | | | | | |
| Α | IBRAHIMPATNAM VIJAYAWADA ANDHRA PRADE | CSH I | IN 5212 | 41 | | | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and | | | | Fa | ir Rental Days | Personal Use Days | | QJV | |
| Α | 3 personal use days. Check the Q | | | | | 365 | 0 | | + | |
| В | if you meet the requirements to f | | | B | | 505 | | | | 1 |
| C | qualified joint venture. See instru | ictions | S | | | | | | | 1 |
| - | of Property: | | | • | | | | | | <u></u> |
| 1 | Single Family Residence3 Vacation/Short-Term RenMulti-Family Residence4 Commercial | tal | 5 Land 6 Roya | | | Self-Rental Other (desc | ribe) | | | |
| | | | | | | Propert | ies: | | | |
| ncon | ne: | | | Α | | В | | | С | |
| 3 | Rents received | 3 | | 5 | 20. | | | | | |
| 4 | Royalties received | 4 | | | | | | | | |
| Ехреі | ises: | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | | | | | | | |
| 8 | | 8 | | 1,9 | 60. | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | |
| 11 | Management fees | | | 1,3 | 80. | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest | 13 | | | | | | | | |
| 14 | Repairs | 14 | | 4,0 | 90. | | | | | |
| 15 | Supplies | 15 | | 3,9 | 60. | | | | | |
| 16 | Taxes | 16 | | | | | | | | |
| 17 | Utilities | 17 | | 4,1 | 50. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 15,5 | 40. | | | | | |
| 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 | | -15,0 | 20 | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 21 | | 15,02 | | (|) | (| |) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | · | | 23a | | 520. | | | |
| 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 | | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 1 | 5,540. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | de any los | ses | · · · | | . 24 | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | - | | nter to | tal losses he | | (| 15,02 | .) |
| 26 | Total rental real estate and royalty income or (loss). | Comb | ine lines 2 | 24 and | 25. E | nter the res | ult | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no | t app | ly to you, | also e | nter tl | nis amount (| on | | | |

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