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)

Taxpay	er's name	Social securi	ty numb	er
ANK	IT MAHESH SINGH	872-31	-2405	5
Spouse	's name	Spouse's soo	cial secu	irity number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you a	are 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	65,309.
2	Total tax		2	6,632.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,268.
4	Amount you want refunded to you		4	3,636.
5	Amount you owe		5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

1	1 2 4 0 5						
Enter five digits, but don't enter all zeros						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 signature >	Date					 			
Practitioner PIN Method Returns Only—contin	ie be	ow							
Part III 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	 	6 nter a	 	2 7	1	

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 Only	/—Do not w	/rite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
ANKIT MAHESH SIN				IGH						872	31	2405
If joint return, spouse's first name and middle initial Last name Sp							Spouse	's socia	I security numbe			
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
1894 VER	SAN	TE AVE								Check I	here if y	/ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		0	jointly, want \$3
LAS VEGA	S					N٧	7	891	83	· · ·		nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code		k or refu	und.
		Single					Head of he	aucoh				ou 🔄 Spouse
Filing Status		Married filing jointly (even if only o	no hac	t income)				Jusen				
Check only		Married filing separately (MFS)	ne nac	i income)			Qualifying	surviv	ina snouse	(099)		
one box.	lf v	you checked the MFS box, enter the	name	of your s	nouse If vou	ı che			- ·		ild's na	me if the
		ialifying person is a child but not you										
Digital	At ar	ny time during 2023, did you: (a) reco	eive (a	 s a reward								
Assets		nange, or otherwise dispose of a digi									∏ Y	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status a	alien	1					
Age/Blindness	You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	re January	2, 1959		s blind
Dependents	ependents (see instructions): (2) Social security (3) Relationship (4) Check the box if						,					
If more	(1) ⊦	irst name Last name			number		to you		Child tax o	redit	Credit to	or other dependents
than four dependents,												
see instructions	s ——											
and check here												
	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 1a		81,878.
	b	Household employee wages not re								. 1b	-	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)							. 10	;		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d	I		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 1e	•		
was withheld.	f	Employer-provided adoption bene	r-provided adoption benefits from Form 8839, 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 instructions)							. 1h	ı	0.	
instructions.	i	Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h	• ;							. 1z	:	81,878.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b)	
if required.	3a		3a				Ordinary divide			. 3b)	
Standard	4a		4a				axable amoun			. 4b)	
Deduction for –	5a		5a				axable amoun			. 5b)	
 Single or Married filing 	6a	,	6a				axable amoun	t		. 6b	•	
separately,	С	If you elect to use the lump-sum election method, check here (see instructions)										
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here [16 560					
jointly or 8 Additional income from Schedule 1, line 10					. 8		-16,569.					
surviving spouse, 9 Add lifes 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					. 9	-	65,309.					
\$27,700 • Head of	10	Adjustments to income from Sche			· · · ·			• •		. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is						• •		. 11		65,309.
• If you checked	12	Standard deduction or itemized		•		'		• •		. 12	-	13,850.
any box under Standard	13	Qualified business income deduction	ion fro	m Form 8	ອອວ or ⊢orm	899	ю-А	• •		. 13		12 050
Deduction, see instructions.	14 15	Add lines 12 and 13	••••	· · ·		 	· · · · ·		· · ·	. 14		13,850.
	15	Subtract line 14 from line 11. If zer	U UT IE	ss, enter	-u This is y	our	ахаріе іпсот	. 10		. 15	<u> </u>	51,459.

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

Form **1040** (2023)

Tax and Credits 16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3
18 Add lines 16 and 17 18 6,1 19 Child tax credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 21 22 6,1 22 Subtract line 21 from line 18, fizero or less, enter -0 22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 24 Add lines 22 and 23. This is your total tax 24 6,1 Payments 25 Federal income tax withheld from: 25a 10,268. 25 Form(9) (109) 25. 25c 26 10,1 26 2023 estimated tax payments and amount applied from 2022 return 26 26 10,1 26 2023 estimated tax payments and amount applied from 2022 return 28 29 30 27 Earned income credit (EIC) No 27 28 30 31 28 Addtines 27, 28, 29, and 31. These are your total payments 33 10,2 34 3,4 39 Add lines 25d, 26, and 32. These are your total payments 33 10,2 34 3,4 3,4 3,4
19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0 22 6, 4 23 24 Add lines 19 and 20. 23 24 24 Add lines 19 and 20. 23 24 6, 4 Payments 25 Federal income tax withheld from: 24 6, 4 a Form(s) W-2 25a 10, 268. 25b b Form(s) 1099 25c 25c 20 d Add lines 25a through 25c 25c 26 10, 268. 27 Zamed income tax withheld from 2022 return 26 27 26 30 Add lines 25d, 26, and 31. These are your total other payments and refundable credits 32 32 31 Add lines 25d, 26, and 32. These are your total other payments and refundable credits 32 32 32 Add lines 25d, 26, and 31. These are your total other payments and effundable credits 32 32 33 Add lines 25d, 26, and 32. These are your total other payments
20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0- 22 6, rd 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 24 Add lines 22 and 23. This is your total tax 24 6, rd 23 Add lines 22 and 23. This is your total tax 24 6, rd 24 Add lines 22 and 23. This is your total tax 24 6, rd 25 Federal income tax withheld from: 25 25 25 0 Other forms (see instructions) 25 25 25 25 20 Add lines 25a through 25c
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Payments 25 Federal income tax withheld from: 25 10,268. a Form(s) 1099
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36 Amount of line 34 you want applied to your 2024 estimated tax 36 36 Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 37 38 Estimated tax penalty (see instructions) 38 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee's name Phone name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions 38 Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Phone name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled belief, the IRS sent you an Ident Your signature Date Your occupation If the IRS sent you an Ident
You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions
38 Estimated tax penalty (see instructions) 38 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee's name Phone name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled your signature
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled Your signature Date Your occupation If the IRS sent you an Identification
Designee instructions Yes. Complete below. Yes. Complete below. No Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled your signature Your signature Date Your occupation If the IRS sent you an Identification
Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled Your signature
name no. number (PIN) Sign Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled, belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled, Your signature Vour signature Date Your occupation If the IRS sent you an Identified
Here belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known Your signature Date Your occupation If the IRS sent you an Ident
Here Vour signature Date Your occupation of Vour Signature If the IRS sent you an Ident
Your signature Date Your occupation If the IRS sent you an Ident
Protection PIN, enter it here
Joint return? DATA ANALYST (see inst.)
See instructions. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse Identity Protection PIN, entr
your records.
Phone no. (405)614-9953 Email address ANKIT.UAF07@GMAIL.COM
Preparer's name Preparer's signature Date PTIN Check if:
Paid SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/27/2024 P02082703 Self-emp
Preparer
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-317 Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 01/21/24 PRO Form 1040

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ANKIT MAHESH SINGH 872-31-2405

Par	t I 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. Atta	ach Schedule E .	5	-16,569.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	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		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter			
Fer D-	1040, 1040-SR, or 1040-NR, line 8		10	-16,569.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ile 1 (Form 1040) 2023

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	Ε
(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.

^(s, etc.) 20 23					
	Attachment Sequence No. 13				
Your social security number					

Name(s) shown on return	

ANKI	T MAHESH SINGH						872-3	1-240	5		
Part											
	Note: If you are in the business of renting personal proper	rty, use	Schedule	e C. See	instru	ctions. If you a	re an indiv	vidual, re	eport fa	rm	
• •	rental income or loss from Form 4835 on page 2, line 40.								<u> </u>	7	
	Did you make any payments in 2023 that would require you									_	
BI	f "Yes," did you or will you file required Form(s) 1099?				• •			. L I	es _	No	
1 a	Physical address of each property (street, city, state, ZI	P code	e)								
Α	B/31 SATELLITE CENTER AHMEDABAD GUJARAT IN 380015										
В											
С											
1b	Type of Property 2 For each rental real estate prope	ertv list	ed		Fa	ir Rental	Personal Use			0.11/	
	(from list below) above, report the number of fair renta				Days		Days			QJV	
Α	3 personal use days. Check the Q				365		0				
В	if you meet the requirements to the requiremen			В							
С	qualified joint venture. See instru	uctions	j.	С							
Туре	of Property:										
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Lanc	ł	7	Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ibe)				
	-		-								
Incor				٨		Properti	55:		С		
Incon 3		3		<u>A</u>	70.	В			C		
3 4	Rents received	4		5	70.						
	Royalties received	4									
Exper 5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,8	12						
8		8		1,0	72.						
9		9									
10	Legal and other professional fees	10									
11	Management fees	11		1,3	10						
12	Mortgage interest paid to banks, etc. (see instructions)	12		т, з	10.						
13	Other interest	13									
14	Repairs	14		4,5	42						
15		15		4,6							
16		16		1/0	20.						
17		17		4,8	19.						
18	Depreciation expense or depletion	18		- / 0							
19	Other (liet)	19									
20	Total expenses. Add lines 5 through 19	20		17,1	39.						
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		-16,5	69.						
22	Deductible rental real estate loss after limitation, if any,										
	on Form 8582 (see instructions)	22	(16,56	59.)	()	(
23 a	Total of all amounts reported on line 3 for all rental prope	erties			23a		570.				
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	17	,139.				
24	Income. Add positive amounts shown on line 21. Do not		-				. 24				
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	es from lin	ie 22. Ei	nter to	tal losses here	e 25	(16,	569.	
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no										
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	in the to	tal on li	ne 41	on page 2	· 26		-16	,569.	