### 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

Submission Identification Number (SID)	
Taxpayer's name	Social security number
SWADEEP KUMAR MALLAMPETA	763-48-7822
Spouse's name	Spouse's social security number
VEENA GOUROJU	991-90-1710
Part I Tax Return Information — Tax Year Ending De	cember 31, 2023 (Enter year you are authorizing.)
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.
<b>1</b> Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authoriza	tion (Be sure you get and keep a copy of your return)
return (original or amended) I am now authorizing. I consent to allow my int to send my return to the IRS and to receive from the IRS (a) an acknowled for any delay in processing the return or refund, and (c) the date of any refundation and ACH electronic funds withdrawal (direct debit) entry to payment of my federal taxes owed on this return and/or a payment of estimal authorization is to remain in full force and effect until I notify the U.S. Trepayment, I must contact the U.S. Treasury Financial Agent at 1-888-35 business days prior to the payment (settlement) date. I also authorize the financial force in the I.S. Treasury Financial Agent at 1-888-35 business days prior to the payment (settlement) date. I also authorize the financial force in the I.S. Treasury Financial forc	the financial institution account indicated in the tax preparation software for nated tax, and the financial institution to debit the entry to this account. This easury Financial Agent to terminate the authorization. To revoke (cancel) a 3-4537. Payment cancellation requests must be received no later than 2 inancial institutions involved in the processing of the electronic payment of nd resolve issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	to enter or generate my DIN 8 7 8 2 2
ERO firm name signature on the income tax return (original or amended) I	as my enter or generate my PIN Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax retu	rn (original or amended) I am now authorizing. Check this box <b>only</b> using the Practitioner PIN method. The ERO must complete Part III
Your signature ►	Date ▶
On accepts DIN wheels are however	
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC  ERO firm name	to enter or generate my PIN $\begin{bmatrix} 0 & 1 & 7 & 1 & 0 \end{bmatrix}$ as my
signature on the income tax return (original or amended) I	
☐ I will enter my PIN as my signature on the income tax retu	orn (original or amended) I am now authorizing. Check this box <b>only</b> using the Practitioner PIN method. The ERO must complete Part III
Spouse's signature ▶	Date <b>▶</b>
	turns Only—continue below
Part III Certification and Authentication — Practitione	r PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig	git self-selected PIN.  2 2 2 4 9 6 0 8 2 7 1  Don't enter all zeros
	the electronic individual income tax return (original or amended) I am now d above. I confirm that I am submitting this return in accordance with the Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶	Date▶
	Form — See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023
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OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding _		, 20	See ser	parate instructions.		
Your first name	and m	uiddle initial	Last name						cial security number		
SWADEEP	KUM	AR	MALI	LAMPETA				763 48 7822			
-		s first name and middle initial	Last name						s social security numbe		
VEENA			GOUI	ROJU				991	90   1710		
	(numbe	er and street). If you have a P.O. box, see					Apt. no.	Preside	ntial Election Campaig		
1131 JOI	LIE I	RD							ere if you, or your		
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP code	1 .	if filing jointly, want \$3 this fund. Checking a		
PROSPER			TX 7507			75078	1 -	ow will not change			
Foreign country	/ name			Foreign province/state/	coun	ty	Foreign postal code	1	or refund.		
									You Spouse		
Filing Status	; [	Single				☐ Head of ho	usehold (HOH)				
Check only	×	Married filing jointly (even if only or	ne had	income)							
one box.	L	Married filing separately (MFS)					surviving spouse				
		you checked the MFS box, enter the		, ,	u che	ecked the HOH	or QSS box, ent	er the chi	ld's name if the		
	qu	ualifying person is a child but not you	ır depe	ndent:							
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payr	ment for proper	ty or services); o	r (b) sell,			
Assets	exch	nange, or otherwise dispose of a digi	ital ass	et (or a financial inter	est i	n a digital asse	t)? (See instruction	ns.)	☐ Yes ☒ No		
Standard	Som	neone can claim: 🗌 You as a de	pender	it	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alier	1					
Age/Blindness	s You	: Were born before January 2, 1	959 [	Are blind Spo	ouse	: Was bori	n before January	2. 1959	☐ Is blind		
Dependents				(2) Social security		(3) Relationshi	(4) Ob   - +		fies for (see instructions)		
•		First name Last name		number	/	to you	Child tax of	redit	Credit for other dependent		
If more than four	• • •										
dependents,											
see instructions and check	s —										
here	]										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions) .				. 1a	199,823.		
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .				. 1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see in	structions)				. 1c			
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see in	nstru	uctions)		. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26				. 1e			
was withheld.	f	Employer-provided adoption bene	fits fror	n 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 instruction	ions)					. 1h	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>					
	Z	Add lines 1a through 1h	· ;	· · · · · · · · · · · · · · · · · · ·				. 1z	199,823.		
Attach Sch. B	2a	· —	2a			axable interest		. 2b			
if required.	<u>3a</u>		3a			Ordinary divider		. 3b			
Standard	4a -		4a			axable amount		. 4b			
Deduction for—	5a		5a			axable amount		. 5b			
Single or Married filing	6a	, _	6a	and the sale of the sale of		axable amount		. 6b			
separately, \$13,850	c	If you elect to use the lump-sum election method, check here (see instructions)									
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							10 057		
jointly or Qualifying	8	Add lines 17, 3h, 3h, 4h, 5h, 6h, 7, and 8. This is your total income.							-18,857. 180,966.		
surviving spouse, \$27,700	9		lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								
Head of	10	Adjustments to income from Sche	-					. 10	100 000		
household, [	11	Subtract line 10 from line 9. This is	•					. 11	180,966.		
If you checked any box under	12 13	Standard deduction or itemized  Qualified business income deducti		•	,	 15_Δ		. 12			
Standard								. 13			
Deduction, see instructions.	14 15	Add lines 12 and 13		ontor O. This is w		tavable incom		. 14	·		

Form 1040 (2023	3)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from F	form(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌	16	22,950.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	22,950.
	19	Child tax credit or credit for other depen	dents from Sched	lule 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 le	ess, enter -0			22	22,950.
	23	Other taxes, including self-employment	ax, from Schedul	e 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total ta					22,950.
Payments	25	Federal income tax withheld from:					
•	а	Form(s) W-2			<b>25a</b> 22	,270.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				250	22,270.
If you have a	26	2023 estimated tax payments and amou	nt applied from 2	022 return		26	
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8			28		
	29	American opportunity credit from Form 8			29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			<b>31</b> 2	,780.	
	32	Add lines 27, 28, 29, and 31. These are	32	2,780.			
	33	Add lines 25d, 26, and 32. These are you	-	-		33	25,050.
Refund	34	If line 33 is more than line 24, subtract lii				34	2,100.
11010111	35a	Amount of line 34 you want refunded to			•	. 35	2,100.
Direct deposit?	b	Routing number 0 4 4 0 0 0		c Type: X		avings	
See instructions.	d	Account number 8 2 1 1 9 8					
	36	Amount of line 34 you want applied to y		ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the	amount vou owe	1	<u> </u>		
You Owe	٥.	For details on how to pay, go to www.irs	•			37	
	38	Estimated tax penalty (see instructions)			38		
Third Party Designee		you want to allow another person to				mplete below	. × No
		signee's me	Phone no.	•		nal identificatio er (PIN)	n
Sign Here		der penalties of perjury, I declare that I have exar ief, they are true, correct, and complete. Declara					, ,
Here	Yo	ur signature	Date	Your occupation			ent you an Identity
						Protection (see inst.)	PIN, enter it here
Joint return? See instructions.		average algorithms. If a laint value of bath pavet algorithms.	Dete	SOFTWARE I			ant volumen and an
Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign	n. Date	Spouse's occupat	ion		ent your spouse an otection PIN, enter it here
your records.				HOME MAKE	ર	(see inst.)	
	Ph	one no. (440)454-4797	Email address	MALLAMPETASW	ADEEP@GMAIL.CO	M	<del>.</del>
Paid	Pre	eparer's name Preparer's s	gnature		Date	PTIN	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM PR	IYA RAM SA	GAR GUPTA	03/19/2024	P02082703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC				Phone no.	(678)965-9522
————	Fin	m's address 245 ROONEY CT E	BRUNSWICK N	J 08816		Firm's EIN	
Go to www.irs.a	ov/Forn	n1040 for instructions and the latest information		DAA	DEV 03/07/34 DDO		Form 1040 (2023)

## SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SWADEEP KUMAR MALLAMPETA & VEENA GOUROJU

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

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

Your social security number 763-48-7822

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-18,857.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ( )		
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 <b>additional income</b> . Enter 1040 1040-SR or 1040-NR line 8	r here and on Form	10	-18 857

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

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<del>-</del>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		.   20	

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

#### **Additional Credits and Payments**

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SWADEEP KUMAR MALLAMPETA & VEENA GOUROJU Your social security number 763-48-7822

Par	Nonretundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441. Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15	5a		
b	Energy efficient home improvement credit from Form 5695, line 32	5b		
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
ı	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	40, 1040-SR, or		
	1040-NR, line 20		8	

Schedule 3 (Form 1040) 2023 Page **2** 

Par	t II Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld		11	2,780.	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 104 line 31	-	•	15	2,780.

## SCHEDULE A (Form 1040)

**Itemized Deductions** 

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown o	n Form	1040 or 1040-SR			You	r so	cial security number
SWADEEP H	KUMA	R MALLAMPETA & VEENA GOUROJU			763	3 – 4	48-7822
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see instructions)	1				
Dental		Enter amount from Form 1040 or 1040-SR, line 11   2			╛		
Expenses		Multiply line 2 by 7.5% (0.075)	3				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			П	4	
Taxes You		State and local taxes.					
Paid		State and local income taxes or general sales taxes. You may include					
		either income taxes or general sales taxes on line 5a, but not both. If					
		you elect to include general sales taxes instead of income taxes,					
		check this box	5a	2,58	3		
	ŀ	State and local real estate taxes (see instructions)	5b	1,951			
		State and local personal property taxes	5с				
		Add lines 5a through 5c	5d	4,53	1.		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing					
		separately)	5е	4,53	4. l		
	6	Other taxes. List type and amount:		,			
			6				
	7	Add lines 5e and 6				7	4,534.
Interest	8	Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your mortgage interest		instructions and check this box					
deduction may be		Home mortgage interest and points reported to you on Form 1098.					
limited. See instructions.		See instructions if limited	8a	29,453	3.		
	k	Home mortgage interest not reported to you on Form 1098. See					
		instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address	8b		$\dashv$		
	_	Deliate wat war and the very an Forma 1000. Can instructions for an acid					
	C	Points not reported to you on Form 1098. See instructions for special rules	8c				
	,	Reserved for future use	8d		-		
		Add lines 8a through 8c	8e	20 451	$\overline{}$		
		Investment interest. Attach Form 4952 if required. See instructions	9	29,453	-		
		Add lines 8e and 9	_			10	29,453.
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see	-				
Charity	•••	instructions	11				
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,					
made a gift and got a benefit for it		see instructions. You <b>must</b> attach Form 8283 if over \$500	12				
see instructions.		Carryover from prior year	13				
	14	Add lines 11 through 13				14	
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other	r tha	an net qualifie	d		
Theft Losses	6	disaster losses). Attach Form 4684 and enter the amount from line 1			e		
		instructions				15	
Other	16	Other—from list in instructions. List type and amount:					
Itemized							
Deductions						16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e			- 1		
Itemized		Form 1040 or 1040-SR, line 12				17	33,987.
Deductions	18	If you elect to itemize deductions even though they are less than your check this box	stan	dard deduction	۱,		
					1 1		

#### **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.

Attachment Sequence No. 13

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.

OMB No. 1545-0074

SWAI	DEEP KUMAR MALLAMPETA & VEENA GOUROJU						763-48	8-7822	
Part	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedule						
	Did you make any payments in 2023 that would require you if "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZII				• •			· _ · ·	<u> </u>
			<u> </u>		~				
A	H.NO:13-1-184/2 SNEHAPURI MOTI NAGAR,	HYDEF	RABAD 1	ELAN	JANA	IN 50001	8		
В									
C 1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Qu			Α		365	Du	0	$\vdash$
В	if you meet the requirements to fi		a	В		303			$\vdash$
С			S.	С					+ $+$
	of Property:			C					
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descr	ibe)		
						Propertie	es:		
ncon	ne:			Α		В			С
3	Rents received	3		6	40.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6		4	05.				
7	Cleaning and maintenance	7		1,7	80.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	35.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		5,3	17.				
15	Supplies	15		5,5	60.				
16	Taxes	16							
17	Utilities	17		4,9	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		19,4	97.				
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 <b>Form 6198</b>	21		-18,8	57.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	18,85	7.)	(	)	(	
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		640.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			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	19	,497.		
24	Income. Add positive amounts shown on line 21. Do not	<b>t</b> inclu	de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. Er	nter to	tal losses here	25	(	18,857.
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resu	lt		
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at	t appl	y to you,	also e	nter tl	nis amount o			-18,857.