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 | Social security number | | | | | | |
| SHIVAM MUDGIL | 854 | 854-46-9444 | | | | | | |
| Spouse's name | Spouse | 's social secu | urity number | | | | | |
| Part I Tax Return Information — Tax Year Ending December 31, | 2023 (Enter year y | ou are au | thorizing.) | | | | | |
| Enter whole dollars only on lines 1 through 5. | , , , , , | | <u> </u> | | | | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | |
| 1 Adjusted gross income | | . 1 | 71, | 767. | | | | |
| 2 Total tax | | | 8, | 051. | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | - | | 209. | | | | |
| 4 Amount you want refunded to you | | | 2, | 158. | | | | |
| 5 Amount you owe | | | OUR ROTUR | - l | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure Under penalties of perjury, I declare that I have examined a copy of the income tax return (original tax). | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institu payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Consent. | or reason for rejection of I authorize the U.S. Treasution account indicated in financial institution to deligent to terminate the autocancellation requests must involved in the process related to the payment. | the transmissury and its of the tax preport the entry thorization. Thust be receiving of the elliptims of the elliptims of the elliptims. | ssion, (b) the designated Foraration soft to this accourage for revoke (coved no later ectronic payers). | e reason Financial ware for unt. This ancel) a r than 2 rment of that the | | | | |
| Taxpayer's PIN: check one box only | | | | | | | | |
| · | ter or generate my PIN | 6 9 4 | 4 4 4 | ac my | | | | |
| ERO firm name signature on the income tax return (original or amended) I am now authorize | | Enter five don't ente | digits, but r all zeros | as my | | | | |
| I will enter my PIN as my signature on the income tax return (original or ar if you are entering your own PIN and your return is filed using the Practit below. | mended) I am now auth | | | | | | | |
| Your signature ▶ | Date ▶ | | | | | | | |
| Spouse's PIN: check one box only | | | | | | | | |
| | ter or generate my PIN | | | ac my | | | | |
| ERO firm name | ter or generate my i m | Enter five | digits, but | as my | | | | |
| signature on the income tax return (original or amended) I am now authorize | zing. | don't ente | | | | | | |
| I will enter my PIN as my signature on the income tax return (original or ar if you are entering your own PIN and your return is filed using the Practit below. | | | | | | | | |
| Spouse's signature ▶ | Date ► | | | | | | | |
| Practitioner PIN Method Returns Only—co | | | | | | | | |
| 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 | | 9 6 0 | 8 2 7 | 1 | | | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm | n that I am submitting thi | is return in a | accordance | | | | | |
| requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-i | TIIE Providers of Individual | income Tax | Heturns. | | | | | |
| ERO's signature ▶ | Date ► | | | | | | | |
| ERO Must Retain This Form — See Ir Don't Submit This Form to the IRS Unless Re | | | | | | | | |

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| 1040 | | artment of the Treasury—Internal Revenue Servi | | urn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use | Only- | -Do not w | rite or sta | aple 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 | instruction | ons. |
| Your first name | and m | iddle initial | Last nar | me | | | | | | | Your so | cial sec | curity nun | nber |
| SHIVAM | | | MUDG | IL | | | | | | | 854 | 46 | 9444 | |
| | pouse's | s first name and middle initial | Last nar | | | | | | | | | | security | |
| Homo addrosa | /numb | or and street). If you have a D.O. have acco | inatruatio | 200 | | | | | Int no | | Dide | | | |
| 800 W RI | | er and street). If you have a P.O. box, see | HISTIUCIIC | JIIS. | | | | | Apt. no. -424 | | | | ction Ca ou, or yo | |
| | | ice. If you have a foreign address, also co | mplete si | paces bel | ow. | Sta | te | ZIP c | | | | | jointly, w | |
| RICHARDS | | ,,, | , | | | TX | | 750 | | | • | | nd. Chec | • |
| Foreign country | | | F | oreign pr | ovince/state/ | | | | n postal c | ode | your tax | | not chan ınd. | ge |
| | , | | | 0 1 | | | • | , | ' | | , | | _ | Spouse |
| Filing Status | s × | Single | • | | | | Head of h | ouseh | old (HOH | H) | | | | |
| Check only | | Married filing jointly (even if only o | ne had iı | ncome) | | | _ | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying | survi | ing spou | use (0 | QSS) | | | |
| | | you checked the MFS box, enter the | | | oouse. If you | ı che | ecked the HOF | or Q | SS box, | enter | the chi | ld's na | me if the | 9 |
| | qu | ialifying person is a child but not you | ır depen | dent: | | | | | | | | | | |
| Digital | | ny time during 2023, did you: (a) rec | | | | | | | | | | | | |
| Assets | exch | nange, or otherwise dispose of a dig | ital asse | | | | | et)? (Se | ee instru | ction | s.) | Y | es 🔀 | No |
| Standard | Som | neone can claim: You as a de | pendent | t 🔲 | Your spous | e as | a dependent | | | | | | | |
| Deduction | Ш: | Spouse itemizes on a separate retur | n or you | were a | dual-status | alien | | | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 | Are bli | ind Sp | ouse | : U Was bor | rn befo | ore Janua | ary 2 | , 1959 | | s blind | |
| Dependent | s (see | instructions): | | (2) S | Social security | , | (3) Relationsh | nip (4 |) Check t | he bo | x if quali | fies for (| see instru | uctions): |
| If more | (1) F | irst name Last name | | | number | | to you | | Child t | ax cre | edit | Credit fo | or other dep | pendents |
| than four | | | | | | | | | | | | | | |
| dependents, see instruction | s —— | | | | | | | | | | | | | |
| and check | , — | | | | | | | | l | | | | _Ц_ | |
| here L | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | • | | , | | | | | | 1a | | 81,5 | 584. |
| Attach Form(s) | b | Household employee wages not re | • | | | | | | | | 1b | | | |
| W-2 here. Also attach Forms | C | Tip income not reported on line 1a (see instructions) | | | | | | | | 1c | | | | |
| W-2G and | d | Medicaid waiver payments not rep | | | | nstru | ictions) | | | | 1d | | | |
| 1099-R if tax | e | Taxable dependent care benefits f | | | | | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption bene | ents from | i Form 8 | 839, line 29 | | | | | | 1f | _ | | |
| If you did not get a Form | g | Wages from Form 8919, line 6 . | · · · | | | | | | | | 1g | | | 0. |
| W-2, see | h : | Other earned income (see instruct | , | | | | | i . | | | 1h | | | |
| instructions. | i _ | Nontaxable combat pay election (s | see instr | uctions) | | | <u>1i</u> | | | | 4- | | Ω1 Γ | 584. |
| AH | | Add lines 1a through 1h | | | · · i | ЬТ | axable interes | | | | 1z | | | JU I. |
| Attach Sch. B if required. | 2a | · – | 2a 3a | | | | axable interes Irdinary divide | | | | 2b 3b | | | |
| | 3a_ 4a | | 4a | | | | axable amoun | | | | | | | |
| Standard | | _ | 4a 5a | | | | axable amoun | | | | | | | |
| Deduction for— | 5a 6a | _ | 5а 6а | | | | axable amoun axable amoun | | | | 6b | | | |
| Single or Married filing | C | If you elect to use the lump-sum e | | nethod i | check here | | | | | · · | 7 | | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Sche | | • | | ` | , | | | | 7 | | | |
| Married filing | 8 | Additional income from Schedule | | • | | | | | | ٠ ـ | 8 | | 9 , \$ | 817. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | | | 9 | | | 767. |
| surviving spouse, \$27,700 | 10 | Adjustments to income from Sche | | • | | | | | | | 10 | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | | | | 11 | _ | 71. | 767. |
| \$20,800 | 12 | Standard deduction or itemized | - | - | _ | | | | | | 12 | | | 850. |
| If you checked any box under | 13 | Qualified business income deduct | | • | | - | | | | | 13 | | | |
| Standard Deduction, | 14 | | | | | | | | | | 14 | | 13.8 | 850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | | | | - | | 15 | | 57 (| |

| 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 | 8,051. | |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 8,051. | |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 8,051. | |
| | 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 | 8,051. | |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 1 | 0,209. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 10,209. | |
| 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 | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | • | - | - | | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 10,209. | |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 2,158. | |
| | 35a | Amount of line 34 you want | | | is attached, che | ck here | 🗆 | 35a | 2,158. | |
| Direct deposit? | b | Routing number 1 1 1 | | | | | | | | |
| See instructions. | d | Account number 4 8 8 | 0 7 2 0 | 4 8 4 2 | 2 1 | | | | | |
| | 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 | nstructions) . | | | 38 | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | n with the IRS? | See | | | _ | |
| Designee | ins | structions | | | | LYes. | Complete | below. | ⋉ No | |
| | | signee's me | | Phone no. | | | rsonal ident mber (PIN) | ification | | |
| Cian | | der penalties of perjury, I declare t | hat I have examined | | accompanying sche | | . , | the best | of my knowledge and | |
| Sign | | lief, they are true, correct, and com | | | | | | | , | |
| Here | Yo | ur signature | Date | Your occupation | If th | e IRS se | nt you an Identity | | | |
| | | | | | | | | IN, enter it here | | |
| Joint return? | | | | DATA ENGINEER | | | | (see inst.) | | |
| See instructions. Keep a copy for your records. | | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupa | Ider | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | | |
| | Ph | one no. (469)929-553 | 2 | Email address | SHIVAMMUDG | L94@GMAIL. | COM | | | |
| Paid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| Preparer | SYA | M PRIYA RAM SAGAR GUPTA | SYAM PRIY. | A RAM SAC | GAR GUPTA | 03/22/2024 | P0208 | 2703 | Self-employed | |
| Use Only | Fir | Firm's name GLOBAL TAXES LLC Pho | | | | | | one no. (678)965-9522 | | |
| | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm | | | | | | n's EIN | | | |
| | | | | | | | | | | |

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

SHIVAM MUDGIL

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.

Your social security number 854-46-9444

| 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. Att | ach Schedule E . | 5 | -9,817. |
| 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 | | |
| 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 (| 4 | |
| 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: | | | |
| 0 | Total other income. Add lines to through 07 | 8z | 9 | |
| 9 10 | Total other income. Add lines 8a through 8z | r hara and an Earm | 9 | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -9,817. |
| | 1010, 1010 011, 01 1070 1111, 11110 0 | | 1 10 | J , O ± / • |

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 | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | 16 | |
| 17 | Self-employed health insurance deduction | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | 18 | |
| 19a | Alimony paid | | | 19a | |
| b | Recipient's SSN | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | 20 | |
| 21 | Student loan interest deduction | | | 21 | |
| 22 | Reserved for future use | | | 22 | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | | | | |
| а | , | 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 | | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | discrimination claims (see instructions) | 24h | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | |
| | tax law violations | 24i | | | |
| j | Housing deduction from Form 2555 | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| 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 Form 1040, 1040-SR, or 1040-NR, line 10 | e. Enter | here and on | 26 | |
| | , - , - , - , , , , , , | | - | | |

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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

| SHIV | YAM MUDGIL | | | | | | 854-4 | 6-9444 | | |
|-------------|--|-----------------|----------------------|-------|------|------------------------------|-------|--------|---------|--|
| Part | Note: If you are in the business of renting personal proprental income or loss from Form 4835 on page 2, line 40 | erty, use). | Schedule | | | | | | | |
| | Did you make any payments in 2023 that would require yo | | | | | | | | | |
| В | f "Yes," did you or will you file required Form(s) 1099? | | | | | | | Ye | s No | |
| 1a | Physical address of each property (street, city, state, Z | IP code | e) | | | | | | | |
| Α | C-5/03 GF, ARDEE CITY ARDEE CITY, GUR | RGAON | HARYAN | JA IN | 122 | 011 | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate propabove, report the number of fai | r rental | ntal and Days | | | I | | | | |
| Α | personal use days. Check the 0 | | | Α | | 365 | | 0 | | |
| В | if you meet the requirements to qualified joint venture. See instr | ructions | a S | В | | | | | | |
| С | | | | С | | | | | | |
| 1 | of Property: Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial | ental | 5 Lanc 6 Roya | | - | Self-Rental Other (descri | | | | |
| | | | | | | Propertie | s: | | | |
| Incon | | | | Α | | В | | | С | |
| 3 | Rents received | 3 | | 5 | 80. | | | | | |
| _ 4 | Royalties received | 4 | | | | | | | | |
| Expe | | _ | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 7 | | 1,6 | | | | | | |
| 7 8 | Commissions | 8 | | 1,0 | 55. | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | |
| 11 | Management fees | 11 | | 1,8 | 74 | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | 1,0 | , 1. | | | | | |
| 13 | Other interest | 13 | | | | | | | | |
| 14 | Repairs | 14 | | 2,5 | 74. | | | | | |
| 15 | Supplies | 15 | | 2,8 | | | | | | |
| 16 | Taxes | 16 | | | | | | | | |
| 17 | Utilities | 17 | | 1,4 | 53. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 10,3 | 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 Form 6198 | | | -9,8 | 17. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 9,81 | .7.) | (|) | (|) | |
| 23 a | Total of all amounts reported on line 3 for all rental prop | erties | | | 23a | | 580. | | | |
| b | Total of all amounts reported on line 4 for all royalty pro | - | | | 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 | 10, | ,397. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | - | | | | 24 | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real esta | | | | | | | (| 9,817.) | |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do n Schedule 1 (Form 1040), line 5. Otherwise, include this | | | | | | 26 | | -9,817. | |