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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

Талрау		Social secur	ity mumi			
SUR	YA BHANU GAJAVALLI	719-50-0266				
Spouse	's name	Spouse's social security number				
Dort	Tax Return Information – Tax Year Ending December 31, 2023 (Enter			horizing)		
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you a	are au	nonzing.)		
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	109,110.		
2	Total tax		2	16,268.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,876.		
4	Amount you want refunded to you		4	2,608.		
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

				ERO firm name		E	r
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-

	0 Ent	0 er fiv	2 ve dig	6 gits, all ze	6 but	as my
	0	0	2	0	6	as my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) 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 Re	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-di	git self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros								

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 Date									
ERO Must Retain This Don't Submit This Form to the									
For Paperwork Reduction Act Notice, see your tax return instructions	- BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)						

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn	202	3	OMB No. 1545	-0074	IRS Use (Only—[Do not w	rite or sta	ple in t	this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	s	See sep	oarate i	nstru	ictions.
Your first name	and m	iddle initial	Last nan	ne						Y	our so	cial sec	urity	number
SURYA BH	IANU		GAJA	GAJAVALLI							719	50	02	66
If joint return, s	pouse's	s first name and middle initial	Last nan							S	pouse'	s social	secu	rity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	uctions. Apt. no.						P	Presider	ntial Ele	ction	Campaign
6355 EN1	FRPI	RISE DR, WATERFORD MARK	КЕТ АР	PARTMI	ENTS				351			ere if y		
		ce. If you have a foreign address, also co						ZIP o			spouse if filing jointly, want \$3 to go to this fund. Checking a			
FRISCO						ТΧ	ζ	750	33		0	this fur ow will r		0
Foreign country	/ name		F						n postal co			or refu		lange
												Vo Yo	u	Spouse
Filing Status	; X	Single	•				Head of h	ouseh	old (HOH)				
Check only] Married filing jointly (even if only or	ne had in	icome)										
one box.		Married filing separately (MFS)												
	lf y	ou checked the MFS box, enter the	name of	f your sp	oouse. If you	ı che	ecked the HOH	l or Q	SS box, e	nter t	the chi	d's nar	ne if	the
	qu	qualifying person is a child but not your dependent:												
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as a	a reward	l, award, or	payr	nent for prope	rty or	services);	or (b) sell,			
Assets		hange, or otherwise dispose of a digi						-				🗌 Ye	s	X No
Standard	_	eone can claim: 🗌 You as a de	•				a dependent							
Deduction		Spouse itemizes on a separate return	n or you	were a o	dual-status	alien	1							
Age/Blindness	S You	Were born before January 2, 1	959] Are bli	ind Spo	ouse	: 🗌 Was bor	n befo	ore Janua	ry 2, ⁻	1959	🗌 Is	blin	b
Dependents				(2) S	locial security		(3) Relationsh	ip (4	-		· · ·			structions):
If more	(1) F	irst name Last name		number to you					Child ta		лı.	Credit 10		r dependents
than four dependents,									L					1
see instructions	s ——								L	<u></u>				
and check here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	⇒ instructions)						 	1a		120	,000.
	b	Household employee wages not re	eported o	on Form(s) W-2							1b			
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see ins	truction	s)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see ir	nstru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forr								1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .							1					
get a Form W-2, see	h	Other earned income (see instructi	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			1 i							
	z	Add lines 1a through 1h	·								1z	_	120),000.
Attach Sch. B	2a	'	2a				axable interes			• •	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		l		axable amoun	t		· .	6b			
separately, \$13,850	с _	If you elect to use the lump-sum el				`	,				-			
 Married filing 	7	Capital gain or (loss). Attach Sched		•	•		·	• •		. 🗀	7		1 /	
jointly or Qualifying	8	Additional income from Schedule								• •	8),890.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								• •	9		TUC	9,110.
 Head of 	10	Adjustments to income from Sche								• •	10		100	110
household, [\$20,800	11	Subtract line 10 from line 9. This is	-					• •		• •	11	+),110.
If you checked	12	Standard deduction or itemized					 5 A	• •		•••	12		13	8,850.
any box under Standard	13 14	Qualified business income deducti		1.0111 98	Dec or Form	099	J-A	• •		•••	13	-	1 3	2 0 5 0
Deduction, see instructions.	14 15	Add lines 12 and 13			 .0. This is	 	 Iavahla incom	 		• •	14			8,850.
	13	Subtract line 14 from line 11. If zer	U ULIESS	, enter -				IC .		• •	15		93	5,260.

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	16,268.
Credits	17	Amount from Schedule 2, lin	ie3				[17	
	18	Add lines 16 and 17					[18	16,268.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	16,268.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	16,268.
Payments	25	Federal income tax withheld							,
.	а	Form(s) W-2				25a 18	,876.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	18,876.
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)				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							
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	[33	18,876.				
Refund	34	If line 33 is more than line 24		34	2,608.				
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆 โ	35a	2,608.
Direct deposit?	b	Routing number 0 2 2							
See instructions.	d	Account number 3 5 2	-						
	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 vou owe					
You Owe		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	uss this retu	rn with the IRS?	See			
Designee							omplete be	low.	🗙 No
_		signee's		Phone			onal identific	ation	
<u></u>	nai			no.			oer (PIN)		- f l d
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
	10	ur signature		Dale	Four occupation				IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see in		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.						Identity (see in		ection PIN, enter it here	
your rooordo.							(<u> </u>	
		one no. (972) 565-283		Email address	SURYA13BHA	NU@GMAIL.CO			Oh a alu ife
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/23/2024	P02082		Self-employed
Use Only		m's name GLOBAL TAX							(678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/12/24 PRO			Form 1040 (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	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SURYA BHANU GA	JAVALLI	719-50	-0266

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	-10,890.
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	_	
1	Prizes and awards	8i	_	
i	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	0		
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Taxable distributions from an ABLE account (see instructions)	8p 8q	-	
q	Scholarship and fellowship grants not reported on Form W-2	8r	-	
r s	Nontaxable amount of Medicaid waiver payments included on Form	01	-	
3	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or		4	
·	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:	04	-	
-		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			
	1040, 1040-SR, or 1040-NR, line 8		10	-10,890.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ule 1 (Form 1040) 2023

1	Educator expenses				1	1	
2	Certain business expenses of reservists, performing artists, and fee-						
2	officials. Attach Form 2106	Dasis	s you	ennie		2	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	· -	3	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					4	
5	Deductible part of self-employment tax. Attach Schedule SE					5	
6	Self-employed SEP, SIMPLE, and qualified plans					6	
						7	
7	Self-employed health insurance deduction						
8	Penalty on early withdrawal of savings					8	
9a						9a	
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				. 2	22	
23	Archer MSA deduction				. 2	23	
24	Other adjustments:						
а	Jury duty pay (see instructions)	24a					
b	Deductible expenses related to income reported on line 8I from the						
	rental of personal property engaged in for profit	24b					
с	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d		24d					
e	Repayment of supplemental unemployment benefits under the Trade						
Ŭ		24e					
f		24f					
g		24g					
•	Attorney fees and court costs for actions involving certain unlawful	279					
		24h					
		2411					
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						
		04:					
		24i					
j	0	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				. 2	26	

(Form	1040)	(From r	ental real est	ate, royalties, partners	ships, S	6 corporati	ions, es	states,	trusts, REMI	Cs, etc.)	えん	23	
	nent of the Treasury Revenue Service		Go to www	Attach to Form 1040 v.irs.gov/ScheduleE fo		,			formation.		Attachment Sequence No. 13		
) shown on return										al security i	number	
	A BHANU GA									719-5	0-0266		
Part	Note: If vo	ou are in t	he business of	rtal Real Estate and renting personal proper 1835 on page 2, line 40.	ertv. use		c . See	e instru	ctions. If you	are an indi	vidual, repo	ort farm	
Α				hat would require you		Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s 🛛 No	
												_	
1a	Physical addr	ress of e	ach property	(street, city, state, Z									
Α	DORNALA M	D POST	, PRAKASA	M DORNALA ANDH	RA PI	RADESH	IN 5	2333	1				
В													
С													
1b	Type of Prope (from list below											QJV	
Α	3		personal us	se days. Check the C	JV bo	x only	Α		365		0		
В	-	if you meet the requirements to					В				-		
С			qualified jo	int venture. See instr	uctions	5.	С						
Туре	of Property:	•						1			ľ		
	Single Family R Multi-Family Re			ation/Short-Term Ren nmercial	ntal	5 Land 6 Roya		-	Self-Rental Other (desc	ribe)			
									Propert				
Incon							Α		B	ies.		С	
3		4			3			23.	D			0	
4					4		1 ,0	23.					
Expe		iveu											
5					5								
6	0				6								
7					7		1.7	40.					
8					8		-/ ·						
9					9								
10					10								
11					11		1,0	23.					
12	-			c. (see instructions)	12								
13	00	•			13								
14					14		3,7	50.					
15	Supplies .				15		2,9	50.					
16	Taxes				16								
17	Utilities				17		2,4	50.					
18	Depreciation e	expense	or depletion		18								
19	Other (list)				19								
20	Total expense	s. Add lii	nes 5 through	n 19	20		11,9	13.					
21	result is a (loss	s), see in	structions to	nd/or 4 (royalties). If find out if you must		-	-10,8	90.					
22	Deductible rer	ntal real e	estate loss at	fter limitation, if any,					(````	(
00-			,		22		10,89	-) L,023.	()	
23a				e 3 for all rental prop e 4 for all royalty prop				23a 23b	-	1,023.			
b				e 12 for all properties				23D 23C					
c d				e 12 for all properties				23C					
u e				e 20 for all properties				23u	1 -	L,913.			
24				wn on line 21. Do no				200	L.	. 24			
25				21 and rental real esta		-		•••• nter to	tal losses he		(-	10,890.)	
26				ty income or (loss).									
				.,									

Supplemental Income and Loss

SCHEDULE E

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2023

26

.

-10,890.

OMB No. 1545-0074

Form 8582 Passive Activity Loss Limitations See separate instructions.			OMB No. 1545-1008			
Department of the Treasury Attach to Form 1040, 1040-SR, or 1041.						
nternal		Sequence No. 858				
Name(s)) shown on return		Identifying			
	A BHANU GAG		719-50	9-50-0266		
Par		assive Activity Loss				
	Cautior	: Complete Parts IV and V before completing Part I.				
Renta	I Real Estate Ad	ctivities With Active Participation (For the definition of active participation, see Spe	cial			
Allowa	ance for Rental	Real Estate Activities in the instructions.)				
1a	Activities with r	net income (enter the amount from Part IV, column (a)) 1a	0.			
b		net loss (enter the amount from Part IV, column (b))	90.)			
с		allowed losses (enter the amount from Part IV, column (c)) 1c ()			
d	Combine lines	1a, 1b, and 1c	. 1d	-10,890		
All Ot	her Passive Act					
2a	Activities with r	net income (enter the amount from Part V, column (a)) 2a				
b		het loss (enter the amount from Part V, column (b)))			
с		allowed losses (enter the amount from Part V, column (c)) 2c ()			
d	Combine lines	2a, 2b, and 2c	. 2d			
3	Combine lines	1d and 2d and subtract any prior year unallowed CRD. See instructions. If this lin	ie is			
		stop here and include this form with your return; all losses are allowed, including				
	prior year unall	owed losses entered on line 1c or 2c. Report the losses on the forms and sched	ules			
	normally used		. 3	-10,890.		
	If line 3 is a los	s and: • Line 1d is a loss, go to Part II.				
		 Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10).			

Par	Special Allowance for Rer	ntal Real Estate Activities With	Active Par	ticipa	ation			
	Note: Enter all numbers in Par	t II as positive amounts. See instruction	ons for an e	examp	le.			
4	Enter the smaller of the loss on line 1	d or the loss on line 3				4	10,890.	
5	Enter \$150,000. If married filing separ	ately, see instructions	. 5	1	50,000.			
6	Enter modified adjusted gross income	e, but not less than zero. See instruct	ions 6	1	20,000.			
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5		. 7		30,000.			
8	8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions							
9	9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions							
Par	Total Losses Allowed							
10	0 Add the income, if any, on lines 1a and 2a and enter the total						0.	
11	11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find							
	out how to report the losses on your tax return						10,890.	
Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.								
		Current vear	Prior vea	ars	Ove	rall gair	n or loss	

	Guilei	it year				
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
DORNALA MD POST, PRAKASAM	0.	10,890.			10,890.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,890.				

For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2023) Part V Complete This Part Befo	ore Part I, Lines 2a	a, 2b, and 2c. S	ee instructions			
Norse for Notes	Curren	Current year				
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)			
Fotal. Enter on Part I, lines 2a, 2b, and 2c Part VI Use This Part if an Amore	unt la Shown on P)art II Lina A. S	oo instructions			
Dise This Part II an Amo		art II, Line 9. 3				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio			
DORNALA MD POST, PRAKASAM	E Ln 22	10,890.	1.00000000			

Total

Total Part VII Allocation of Unallowed L			.0,890.	1.00)	10,89	0.	0.
Name of activity	Form or sch and line nur to be reporte (see instruct	edule nber ed on	(a) L	LOSS		(b) Ratio	(c) Unallov	ved loss

<u>Total .</u>			1.00	
Part VIII Allowed Losses. See instru	uctions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss

. . .

REV 01/12/24 PRO

Form **8582** (2023)

(e) Loss

(d) Subtract column (c) from column (a).

0.

Overall gain or loss

(d) Gain

(c) Special allowance

10,890.