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 | | | |
| SAMPATH KUMAR BASHAMONI | 684-06- | 7024 | | | |
| Spouse's name | | se's social security number | | | |
| AMARESHWARI AAVULA | 370-57- | 1308 | | | |
| Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter | year you are | e 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. | | 1 | | | |
| 1 Adjusted gross income | H | 1 68,297. | | | |
| 2 Total tax | _ | 2 4,429. | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | - | 3 11,439. | | | |
| 4 Amount you want refunded to you | F | 4 7,010. | | | |
| 5 Amount you owe | | - | | | |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) | | | | | |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requ business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent. | ction of the tra S. Treasury and cated in the tax n to debit the e the authorizat ests must be processing of tayment. I furth | Insmission, (b) the reason dits designated Financial kapreparation software for entry to this account. This cion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the | | | |
| Taxpayer's PIN: check one box only | | | | | |
| ▼ I authorize GLOBAL TAXES LLC to enter or generate n | nv PIN [6] | 7 0 2 4 as my | | | |
| ERO firm name | Ente | er five digits, but | | | |
| 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 no if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | | | |
| Your signature ▶ Date ▶ _0 | 02/09/2024 | | | | |
| Spouse's PIN: check one box only | | | | | |
| ▼ I authorize GLOBAL TAXES LLC to enter or generate n | ny PIN 7 | 1 3 0 8 as my | | | |
| ERO firm name | Ente | er five digits, but | | | |
| signature on the income tax return (original or amended) I am now authorizing. | don' | 't enter all zeros | | | |
| I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methol below. | | | | | |
| | 02/09/2024 | | | | |
| Practitioner PIN Method Returns Only—continue below | | | | | |
| 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 4 9 6 Don't enter | | | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc. | tting this return | n in accordance with the | | | |
| ERO's signature ▶ Date ▶ | | | | | |
| ERO Must Retain This Form — See Instructions | | | | | |

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

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 space. | |
|------------------------------|--|---|------------|-----------|--|-------|-----------------|-----------|-------------|------------|-------------------------------|-------------|------------------------------|----------|
| For the year Jai | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | | See se | oarate i | instructions. | |
| Your first name | and m | iddle initial | Last nar | st name | | | | | | | Your social security number | | | |
| SAMPATH | KUM | AR | BASH. | AMONI | | | | | | | 684 06 7024 | | | |
| | | s first name and middle initial | Last nar | | <u> </u> | | | | | | Spouse's social security numb | | | |
| AMARESHI | WART | | AAVU: | T.A | | | | | | | 370 | 57 | 1308 | |
| | | er and street). If you have a P.O. box, see | | | | | | A | Apt. no. | | | • | ection Campaig | an |
| 1101 ABI | 3EYG | LEN CASTEL DR | | | | | | | | - 1 | | | ou, or your | • |
| | | ce. If you have a foreign address, also co | mplete sp | paces bel | ow. | Sta | te | ZIP c | ode | | | _ | jointly, want \$3 | |
| PFLUGER | VILL | E | | | | TX | | 786 | 60 | | • | | nd. Checking a not change | Ĺ |
| Foreign countr | | | F | oreign pr | rovince/state/ | | | | gn postal c | | your tax | | • | |
| | | | | | | | | | | | • | Yo | ou Spous | se |
| Filing Status | s [| Single | | | | | Head of h | ouseh | old (HOI | <u>-</u> - | | | | |
| Check only | _ | Married filing jointly (even if only or | ne had ir | ncome) | | | | | ` | , | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying | surviv | /ing spoi | use (0 | QSS) | | | |
| | If y | you checked the MFS box, enter the | name o | f your sp | oouse. If you | ı che | cked the HOF | or Q | SS box, | enter | the chi | ld's na | me if the | |
| | | alifying person is a child but not you | | | | | | | | | | | | |
| District | Λ+ o | ny time during 2023, did you: (a) rece | oivo (oo d | | | | | | | | | | | _ |
| Digital Assets | | ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi | | | | | | | | | | □ Ye | es 🗵 No | |
| | | neone can claim: You as a de | | | | | a dependent | .,,, | 30 1113114 | Otioni | J., | | ,5 <u>F.</u> 110 | _ |
| Standard Deduction | _ | Spouse itemizes on a separate return | • | | - | | • | | | | | | | |
| Deddollon | <u> </u> | | ii oi you | - WCIC a | duai Status | ancii | | | | | | | | _ |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 _ | Are bli | ind Sp | ouse | : U Was bor | | | | | | s blind | _ |
| Dependent | s (see | (see instructions): (1) First name Last name | | | (2) Social security number (3) Relationship to you | | | ip (4 | - | | | | see instructions | |
| If more | (1) F | | | | | | | Child tax | | ax cre | edit | Credit fo | or other dependen | ıts — |
| than four | | | | | | | | | | | | | | |
| dependents, see instruction | s | | | | | | | | | | | | | _ |
| and check | , — | | | | | | | | | | | | | _ |
| here L | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | • | | , | | | | | | 1a | | 85,417. | _ |
| Attach Form(s) | b | Household employee wages not re | eported o | on Form | (s) W-2 . | | | | | | 1b | | | _ |
| W-2 here. Also | С | Tip income not reported on line 1a | • | | , | | | | | | 1c | | | _ |
| attach Forms W-2G and | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | 1d | | | _ |
| 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | 1e | | | _ | |
| was withheld. | f | Employer-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 instructi | , | | | | | | | | 1h | _ | 0. | _ |
| instructions. | i | Nontaxable combat pay election (s | see instr | uctions) | | | <u>1</u> i | | | | | | 05 415 | |
| | <u>z</u> | Add lines 1a through 1h | | | · · ; | | | | | | 1z | | 85,417. | _ |
| Attach Sch. B | 2a | | 2a | | | | axable interest | | | | 2b | | | _ |
| if required. | 3a_ | | 3a | | | | rdinary 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, | C | If you elect to use the lump-sum e | | | | ` | , | | | | | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sched | | | | | | | | . L | 7 | | | _ |
| jointly or Qualifying | 8 | Additional income from Schedule | | | | | | | | | 8 | | -17,120. | |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | - | | | | | | | 9 | | 68 , 297. | _ |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | | | 10 | | | _ |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | • | - | _ | | | | | | 11 | | 68,297. | |
| If you checked | 12 | Standard deduction or itemized | | | | | | | | | 12 | | 27,700. | |
| any box under Standard | 13 | Qualified business income deducti | | | | | | | | | 13 | | 0.7 | _ |
| Deduction, see instructions. | 14 | | | | | | | | | | 14 | | 27,700. | _ |
| SSS INSTITUTIONS. | tions.) 15 Subtract line 1/1 from line 11. If zero or less enter -0 This is your tayable income. | | | | | | | | | | | | | |

| Form 1040 (202) | 3) | | | | | | | | Page Z | |
|---|---------|--|-------------------------|-------------------|--------------------------------|-----------------------|--|-------------------------|--------------------|--|
| Tax and | 16 | Tax (see instructions). Check i | f any from Form | (s): 1 881 | 4 2 🗌 4972 | з 🗌 | | 16 | 4,429. | |
| Credits | 17 | Amount from Schedule 2, line | ∍3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 4,429. | |
| | 19 | Child tax credit or credit for o | other dependent | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, line | 98 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18. | If zero or less, | enter -0 | | | | 22 | 4,429. | |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is y | our total tax | | | | | 24 | 4,429. | |
| Payments | 25 | Federal income tax withheld | from: | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 11 | ,439. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions |) | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | 25d | 11,439. | |
| If you have a | 26 | 2023 estimated tax payments | s and amount a | pplied from 20 |)22 return | | | 26 | | |
| Fyou have a qualifying child, attach Sch. EIC. Payments 2 Payments 2 Payments 2 Refund 3 Refund 3 Direct deposit? See instructions. Amount You Owe 3 Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. | 27 | Earned income credit (EIC) . | | | No . | 27 | | | | |
| | 28 | Additional child tax credit from | n Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit f | from Form 8863 | 8, line 8 | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, line | | | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | | | | | | | | |
| | 33 | Add lines 25d, 26, and 32. Th | nese are your to | tal payments | | | | 33 | 11,439. | |
| Refund | 34 | If line 33 is more than line 24, | , subtract line 2 | 4 from line 33. | This is the amour | t you overpaid | | 34 | 7,010. | |
| | 35a | Amount of line 34 you want r | | | is attached, chec | k here | | 35a | 7,010. | |
| | b | Routing number 3 2 2 | | | c Type: 🛛 | Checking | Savings | | | |
| See instructions. | d | Account number 5 3 9 | 2 6 6 3 | 3 3 | | | | | | |
| | 36 | Amount of line 34 you want a | pplied to your | 2024 estimate | ed tax | 36 | | | | |
| | 37 | Subtract line 33 from line 24. For details on how to pay, go | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | _ | - | | 38 | | 01 | | |
| | Do | you want to allow another structions | person to disc | cuss this retu | rn with the IRS? | See | omplete | helow | X No | |
| Designee | | esignee's | | Phone | | | onal ident | | | |
| | | me | | no. | | | ber (PIN) | | | |
| - | | der penalties of perjury, I declare th lief, they are true, correct, and comp | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity | |
| | | | | | | | | tection P inst.) | IN, enter it here | |
| | | | | . | | DEVELOTER . | | | | |
| Keep a copy for | Sp | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupation HOME MAKER | | If the IRS sent your spouse an Identity Protection PIN, enter it her (see inst.) | | | |
| | ———Ph | one no. (682) 231-1682 | 2 | Email address | SAMPATHROR | _ |)M | | | |
| | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/10/2024 | P0208 | 2703 | Self-employed | |
| | | | | | | | | hone no. (678) 965-9522 | | |
| Use Unly | | m's address 245 ROONEY | | NSWICK N | J 08816 | | | ı's EIN | 84-3171965 | |
| | <u></u> | 4040 () | | | - | | 1 | | = 1010 () | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

| | (s) Shown on Form 1040, 1040-5H, or 1040-NH | Your social security number | | | | |
|-----|---|-----------------------------|-------|----------|----|--|
| | PATH KUMAR BASHAMONI & AMARESHWARI AAVULA | | 684-0 | 6-70 | 24 | |
| 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. Attach Sche | E. | 5 | -17,120. | | |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | | |
| 7 | Unemployment compensation | | | 7 | | |
| 8 | Other income: | | | | | |
| а | Net operating loss | |) | | | |
| b | Gambling | | | | | |
| С | Cancellation of debt | | | | | |
| d | Foreign earned income exclusion from Form 2555 | |) | | | |
| е | Income from Form 8853 | | | | | |
| f | Income from Form 8889 | | | | | |
| g | Alaska Permanent Fund dividends | | | | | |
| h | Jury duty pay | | | | | |
| i | Prizes and awards | | | | | |
| j | Activity not engaged in for profit income | | | | | |
| k | Stock options | | | | | |
| I | Income from the rental of personal property if you engaged in the rental | | | | | |
| | for profit but were not in the business of renting such property 81 | | | | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | | | | | |

8n

80

8p

8a

8r

8s

8t

8u

Other income. List type and amount: 8z 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

10 -17,120.Schedule 1 (Form 1040) 2023

9

Section 951(a) inclusion (see instructions)

Wages earned while incarcerated

Section 951A(a) inclusion (see instructions)

Section 461(I) excess business loss adjustment

Taxable distributions from an ABLE account (see instructions) . . .

Scholarship and fellowship grants not reported on Form W-2 . . .

Nontaxable amount of Medicaid waiver payments included on Form

Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan

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 | | 24f | | | |
| g | | 24g | | | |
| _ | 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 | | 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 | <u>.</u> . | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . Enter | here and on | | |
| | Form 1040, 1040-ŠR, or 1040-NR, line 10 | | | 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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number

| SAN | AMPATH KUMAR BASHAMONI & AMARESHWARI AAVULA 684-06-7024 | | | | | | | | | | | |
|--------|---|---|---|---------------------|----------------------|-----|--|--|--|--|--|--|
| Pa | Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. | | | | | | | | | | | |
| A B | | Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions | | | | | | | | | | |
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | | | | | | | | |
| Α | SAROORNAGAR | SAROORNAGAR RANGA REDDY TELANGANA IN 500079 | | | | | | | | | | |
| В | | | | | | | | | | | | |
| С | | | | | | | | | | | | |
| 1k | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and | | Fair Rental Days | Personal Use Days | QJV | | | | | | |
| Α | . 3 | personal use days. Check the QJV box only | Α | 365 | 0 | | | | | | | |
| В | | if you meet the requirements to file as a | В | | | | | | | | | |
| | | qualified joint venture. See instructions | | | | | | | | | | |
| С | | qualified joint venture. See instructions. | С | | | | | | | | | |

| Type | of Property: | | | | | | | | |
|-------|--|---------|-----------------------|---------|--------------------------------|-----|---|---------|-----|
| | Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial | tal | 5 Land 6 Royalties | | Self-Rental Other (describe | e) | | | |
| | | | | | Properties: | | | | |
| Incon | ne: | | Α | | В | | | С | |
| 3 | Rents received | 3 | 8 | 74. | | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | 2,6 | 50. | | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | 1,9 | 50. | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | 3,4 | 15. | | | | | |
| 15 | Supplies | 15 | 3,9 | 65. | | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | 1,2 | 30. | | | | | |
| 18 | Depreciation expense or depletion | 18 | 4,7 | 84. | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 17,9 | 94. | | | | | |
| 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 | -17,1 | 20. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (17,12 | 20.) | (|) | (| |) |
| 23a | Total of all amounts reported on line 3 for all rental prope | rties | | 23a | 8 | 74. | | | |
| b | Total of all amounts reported on line 4 for all royalty proper | 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 | 4,7 | 84. | | | |
| е | Total of all amounts reported on line 20 for all properties | | | 23e | 17,9 | 94. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | inclu | de any losses | | | 24 | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | e losse | es from line 22. E | nter to | tal losses here | 25 | (| 17,120 | .) |
| 26 | Total rental real estate and royalty income or (loss). Ohere. If Parts II, III, and IV, and line 40 on page 2 do not | | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this ar | | | | | 26 | | -17,120 | ο. |