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

| - Internal ne | evenue del vice | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|
| Submis | ssion Identification Number (SID) | | | | | | | | | | | |
| Taxpayer | 's name | So | Social security number | | | | | | | | | |
| SHYA | M KUMAR YAMJAL | | 274-51-1527 | | | | | | | | | |
| Spouse's | | | Spouse's social security number | | | | | | | | | |
| | | | | | | | | | | | | |
| Part | - | (Enter ye | ar you a | re aut | noriz | ing.) | | | | | | |
| | hole dollars only on lines 1 through 5. | | | | | | | | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | 4.0 | 725 | | | | | |
| | Adjusted gross income | | | 1 | | | 735. | | | | | |
| | Total tax | | | 3 | | | 005. | | | | | |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 4 | | | <u>379.</u> | | | | | |
| | Amount you want refunded to you | | | 5 | | 3, | 374. | | | | | |
| Part I | Amount you owe | t and kee | n a con | | our r | eturi | ١ | | | | | |
| , | enalties of perjury, I declare that I have examined a copy of the income tax return (original or a | | | | | | | | | | | |
| to send for any of Agent to payment authoriza payment business taxes to personal | original or amended) I am now authorizing. I consent to allow my intermediate service provider my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution access to of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the tit, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellates days prior to the payment (settlement) date. I also authorize the financial institutions involve to receive confidential information necessary to answer inquiries and resolve issues related it identification number (PIN) below is my signature for the income tax return (original or amen in Funds Withdrawal Consent. | n for rejection for rejection to the U.S. To the U.S. To the control of the control of the control of the control of the payment of the payme | n of the transport of transport of the transport of the transport of | ransmiss on its d ax prepare entry to ation. To receive the electher acknowledges and the electher acknowledges are acknowledges and the electric acknowledges and the electric acknowledges are acknowledges are acknowledges and the electric acknowledges are acknowledges are acknowledges are acknowledges and the electric acknowledges are acknowledges and acknowledges acknowledges are acknowledges and acknowledges acknowledges are acknowledges and acknowledges acknowledges acknowledges are acknowledges acknowledges acknowledges acknowledges acknowledges acknowledges acknowledges acknowledges acknowledges acknowled | sion, (esigna aration this revo ed no ctroni | (b) the ated F account | reason inancial vare for nt. This ancel) a than 2 ment of hat the | | | | | |
| | yer's PIN: check one box only | | | | | | | | | | | |
| X | l authorize GLOBAL TAXES LLC to enter or ge | nerate my | DINI 1 | 1 5 | 2 | 7 | ac mv | | | | | |
| | ERO firm name | inerate my | En | ter five o | | but | 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) if you are entering your own PIN and your return is filed using the Practitioner PI below. | | | | | | | | | | | |
| Your si | gnature ▶ Da | ate ▶ | | | | | | | | | | |
| Snouse | e's PIN: check one box only | | | | | | | | | | | |
| Ороизс | I authorize to enter or ge | nerate my | DINI | | | | as my | | | | | |
| | ERO firm name | inclate my | | ter five o | liaits. | | as IIIy | | | | | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | n't enter | | | | | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below. | | | | | | | | | | | |
| Spouse | e's signature ▶ Da | ate ▶ | | | | | | | | | | |
| | Practitioner PIN Method Returns Only—continue | below | | | | | | | | | | |
| Part II | Certification and Authentication — Practitioner PIN Method Only | | | | | | | | | | | |
| EDO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 2 2 | 4 9 | 6 0 | 8 2 | 2 7 | 1 | | | | | |
| ENU S | EFIN/FIN. Effet your six-aight EFIN followed by your five-aight self-selected FIN. | 2 2 2 | Don't ent | - - | | . ' | | | | | | |
| | | | 2011 (6111 | J. UII 201 | 55 | | | | | | | |
| authorize | that the above numeric entry is my PIN, which is my signature for the electronic individual ir ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a nents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providence. | m submitting | g this retu | urn in a | ccord | anće v | | | | | | |
| ERO's | signature ▶ Da | ate ▶ | | | | | | | | | | |
| | ERO Must Retain This Form — See Instructi | | | | | | | | | | | |
| | Don't Submit This Form to the IRS Unless Requeste | | 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 spac | e. |
|------------------------------|----------|---|---|--------------------------------|-----------------|--------|------------------|---------|-----------------|-----------------|-----------------------------|-------------|-----------------------------|----------|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ding | | | , 20 | | See se | oarate i | instructions | |
| Your first name | and m | iddle initial | Last na | st name | | | | | | | Your social security number | | | |
| SHYAM KU | JMAR | | YAMJ | AL | | | | | | | 274 | 51 | 1527 | |
| | | s first name and middle initial | Last na | | | | | | | | | | security num | ıbeı |
| Hanna addinasa | (| | | | | | | | | | | L | | _ |
| 13290 NO | | er and street). If you have a P.O. box, see | Instruction | ons. | | | | | opt. no. 524 | 1 | | | ection Campa ou, or your | aign |
| | | ice. If you have a foreign address, also co | mplete si | paces bel | low. | Sta | te | ZIP c | | | | | jointly, want | \$3 |
| DALLAS | | ,,, | | , | | TX | | 752 | | | • | | nd. Checking | ја |
| Foreign countr | v name | | F | Foreign pr | rovince/state/ | | | | n postal c | | your tax | | not change ind. | |
| g | , | | | 5. 5. g p. | | | , | | , p | | you. tu | Yo | _ | use |
| Filing Status | s × | Single | | | | | Head of he | ouseh | old (HOF | - 1) | | | | |
| Check only | | Married filing jointly (even if only o | ne had i | ncome) | | | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | Qualifying | surviv | ing spou | use (0 | QSS) | | | |
| | lf y | you checked the MFS box, enter the | name o | of your s | pouse. If you | u che | cked the HOH | or Q | SS box, | enter | the chi | ld's na | me if the | |
| | qu | ualifying person is a child but not you | ır depen | ident: | | | | | | | | | | |
| Digital | At a | ny time during 2023, did you: (a) rec | eive (as | a reward | d, award, or | payn | nent for prope | rty or | services) |); or (| b) sell, | | | |
| Assets | exch | nange, or otherwise dispose of a dig | ital asse | t (or a fir | nancial inter | est ir | n a digital asse | t)? (Se | e instru | ction | s.) | | es 🗵 No | |
| Standard | Som | neone can claim: 🗌 You as a de | pendent | t 🗌 | Your spous | e as | a dependent | | | | | | | |
| Deduction | | 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 bl | ind Sp o | ouse | : Was bor | n befo | ore Janua | ary 2, | , 1959 | | s blind | |
| Dependent | s (see | instructions): | Social security | cial security (3) Relationship | | | (4) Check the bo | | | fies for (| see instructio | ns): | | |
| If more | | (1) First name Last name | | number | | to you | | | Child t | ax cre | edit | Credit fo | or other depend | lents |
| than four | | | | | | | | | [| | | | | |
| dependents, see instruction | c | | | | | | | | [| | | | | |
| and check | · | | | | | | | | | | | | | |
| here |] | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | • | | , | | | | | | 1a | | 45,365 | 5. |
| Attach Form(s) | b | Household employee wages not re | • | | ` ' | | | | | | 1b | | | |
| W-2 here. Also | С | Tip income not reported on line 1a | a (see ins | struction | s) | | | | | | 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 get a Form | g | Wages from Form 8919, line 6 | | | | | | | 1g | | | | | |
| W-2, see | h | Other earned income (see instruct | , | | | | | · · | | | 1h | _ | (|). |
| instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | | <u>li</u> | | | | | | 45 261 | _ |
| | Z | Add lines 1a through 1h | | | | | | | | | 1z | | 45,365 | ٠. |
| 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 | | ٠ ـ | 6b | | | _ |
| separately, | c | If you elect to use the lump-sum e | | • | | ` | , | | | . ⊨ | | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | • | • | | | | | . ∟ | 7 | | | |
| jointly or Qualifying | 8 | | e 1, line 10 | | | | | 8 | | -4,630 | | | | |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | - | | | | | | | 9 | | 40,735 | ٠. |
| \$27,700 Head of | 10 | Adjustments to income from Sche | | | | | | | | | 10 | | 40 72 | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | - | - | _ | | | | | | 11 | | 40,735 | |
| If you checked | 12 | Standard deduction or itemized | | • | | | | | | | 12 | | 13,850 | J . |
| any box under Standard | 13 | Qualified business income deduct | | | | | | | | | 13 | | 12 05/ | <u> </u> |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | | | 14 | | 13,850 | |

| Form 1040 (2023 | 3) | | | | | | | | Page Z | |
|---------------------------------------|---|---|-------------------------|-------------------|---------------------|-----------------------|---------------------------|---------------------------|--------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | з 🗌 | | 16 | 3,005. | |
| Credits | 17 | Amount from Schedule 2, lin | ne 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 3,005. | |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | ne 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | 3. If zero or less, | enter -0 | | | | 22 | 3,005. | |
| | 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 | 3,005. | |
| Payments | 25 | Federal income tax withheld | I from: | | | | | | | |
| _ | а | Form(s) W-2 | | | | 25a 6 | 5,379 | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 6,379. | |
| 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, lin | ne 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | ndable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 6,379. | |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amour | t you overpaid | | 34 | 3,374. | |
| | 35a | Amount of line 34 you want | refunded to you | ı. If Form 8888 | is attached, chec | k here | 🗆 | 35a | 3,374. | |
| Direct deposit? | b | Routing number 1 2 2 | | | c Type: | Checking | Saving | s | | |
| See instructions. | d | Account number 7 7 1 | 3 5 0 2 | 7 6 | | | | | | |
| | 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 | | | | See | | | | |
| Designee | | , | • | | | _ | omplet | e below. | ⋉ No | |
| | | esignee's | Phone | | | dentification | | | | |
| | | me | | no. | | | ber (PIN | | | |
| Sign | | ider penalties of perjury, I declare t lief, they are true, correct, and com | | | | | | | , , | |
| Here | | our signature | | Date | Your occupation | | | | nt you an Identity | |
| | 10 | our signature | | Date | rour occupation | | | | PIN, enter it here | |
| Joint return? | | | | SOFTWARE ENGINEER | | | | ee inst.) | | |
| See instructions. | | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupation | on | | | nt your spouse an | |
| Keep a copy for your records. | | | | | | I . | entity Prote ee inst.) | ection PIN, enter it here | | |
| | Ph | one no. (937)829-617 | 2 | Email address | SHYAMKUMARYA | MJAL@GMAIL.C | OM | | | |
| Paid | Pr | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 01/08/2024 | P020 | 82703 | Self-employed | |
| Preparer | Fir | m's name GLOBAL TA | XES LLC | | | | Pł | Phone no. (678)965-9522 | | |
| Use Only | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | | Firm's EIN 84-3171965 | | |
| | | | | | | | | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SHYAM KUMAR YAMJAL

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.

| | Sequence No. 01 |
|-----------|------------------------|
| Your soci | ial security number |
| 274-51 | -1527 |

| 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 | -4,630. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| I | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 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 to | 8z | | |
| 9 10 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | nere and on Form | 10 | -4,630. |
| | 10-10, 10-10 OII, OI 10-10 IIII O | | l IO | 1 7,030. |

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-b | | | | | |
| | officials. Attach Form 2106 | | | | 12 | <u> </u> |
| 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 | <u> </u> |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | | 16 | <u> </u> |
| 17 | Self-employed health insurance deduction | | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | | 18 | |
| 19a | Alimony paid | | | | 19a | |
| b | Recipient's SSN | | | | | 1 |
| 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 | | | | | 1 |
| | · · · · · · · · · · · · · · · · · · · | 24b | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | 1 |
| | • | 24c | | | | |
| d | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | 24d | | | | 1 |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | | 24e | | | | |
| f | | 24f | | | - | 1 |
| g | • | 24g | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | , | 24h | | | _ | 1 |
| 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 | | | | | |
| | <u></u> | 24i | | | - | 1 |
| j | <u> </u> | 24j | | | _ | 1 |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 1414 | | | | |
| _ | , | 24k | | | - | |
| Z | Other adjustments. List type and amount: | 24z | | | | |
| 25 | | | | | 25 | |
| 25 26 | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| 20 | Form 1040, 1040-SR, or 1040-NR, line 10 | | | | 26 | |
| | 1011111010, 1040 011, 01 1040 1111, 11110 10 | <u> </u> | · · · | • • | | |

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

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

Attachment Sequence No. 13

Name(s) shown on return Your social security number SHYAM KUMAR YAMJAL 274-51-1527

| Part | Note: If you a | Loss From Rental Real Estate and re in the business of renting personal propert or loss from Form 4835 on page 2, line 40. | | | C . See | e instru | ctions. If you a | are an ind | ividual, rep | ort farı | m |
|------------|---------------------------------------|--|-------------------|--------------------|----------------|----------|-----------------------------|------------|--------------|----------|------|
| A [| | ayments in 2023 that would require you | to file | Form(s) 10 | 1992 5 | See ins | structions | | □ Ye | s X | No |
| | | will you file required Form(s) 1099? . | | | | | | | | | |
| 1a | | of each property (street, city, state, ZIF | | | | | | | | | |
| Α | | | | | | | | | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate proper above, report the number of fair r | ir Rental Days | nal Use avs | Q | JV | | | | | |
| Α | 3 | personal use days. Check the QJ | | | Α | | 365 | | 0 | Г | 7 |
| В | | if you meet the requirements to fi | | | В | | 303 | | | Г | |
| C | | qualified joint venture. See instru | ctions | s. | C | | | | | <u>_</u> | |
| | of Property: | I . | | | | | | | | | |
| 1 | Single Family Resident | | tal | 5 Land 6 Royalt | ties | | Self-Rental Other (descr | ribe) | | | |
| | | | | | | | Properti | es: | | | |
| ncon | ne: | | | 1 | Α | | В | | | С | |
| 3 | | | 3 | | 5 | 20. | | | | | |
| 4 | | 1 | 4 | | | | | | | | |
| Expe | ises: | | | | | | | | | | |
| 5 | _ | | 5 | | | | | | | | |
| 6 | | uto and travel (see instructions) 6 | | | | | | | | | |
| 7 | | ntenance | 7 | 890. | | | | | | | |
| 8 | | | 8 | | | | | | | | |
| 9 | | | 9 | | | | | | | | |
| 10 | | rofessional fees | 10 | | | | | | | | |
| 11 | • | | 11 | | 5 | 50. | | | | | |
| 12 | | paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest . | | 13 | | | | | | | | |
| 14 | - | | 14 | | | 25. | | | | | |
| 15 | | | 15 | | 1,5 | 60. | | | | | |
| 16 | | | 16 | | | | | | | | |
| 17 | | | 17 | | 1,1 | 25. | | | | | |
| 18 | | ense or depletion | 18 | | | | | | | | |
| 19 | Other (list) | dd linos 5 through 10 | 19 | | | | | | | | |
| 20 | Total expenses. A | du illies 5 tillough 19 | 20 | | 5,1 | 50. | | | | | |
| 21 | | om line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must | 04 | | 1 6 | 20 | | | | | |
| 00 | | real estate less often limitation if any | 21 | | -4,6 | 50. | | | | | |
| 22 | on Form 8582 (se | real estate loss after limitation, if any, e instructions) | 22 | (| 4,63 | 30.) | (| , |) (| |) |
| 23a | | ts reported on line 3 for all rental proper | | | | 23a | | 520. | | | |
| b | | ts reported on line 4 for all royalty proper | | | | 23b | | | | | |
| С | | ts reported on line 12 for all properties | | | | 23c | | | | | |
| d | | ts reported on line 18 for all properties | | | | 23d | | 4 | | | |
| е | | ts reported on line 20 for all properties | | | | 23e | 5 | ,150. | | | |
| 24 | · | itive amounts shown on line 21. Do not | | • | | | | . 24 | | | |
| 25 | | ty losses from line 21 and rental real estate | | | | | | | (| 4,6 | 30.) |
| 26 | here. If Parts II, II | estate and royalty income or (loss). (I, and IV, and line 40 on page 2 do not | t appl | ly to you, a | also e | nter t | his amount o | | | 1 | 630 |