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	y number
SHRIRAM VENKATRAMAN	599-94-	-2418
Spouse's name	Spouse's soci	al security number
VEENA SHRIRAM	988-94-	-6906
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you ar	re 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 Adjusted gross income		1 107,524.
2 Total tax		2 9,139.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 18,352.
4 Amount you want refunded to you		4 9,213.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get as Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason fo for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electro or rejection of the tra he U.S. Treasury ar t indicated in the ta titution to debit the ininate the authoriza requests must be on the processing of the payment. I furtle	nic return originator (ERO) ansmission, (b) the reason of its designated Financial or preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or gener	rate my PINI	2 4 1 8 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.		
Your signature ▶ Date	>	
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or gener ■ ERO firm name	_	
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.		
Spouse's signature ▶ Date	•	
Practitioner PIN Method Returns Only—continue be	low	
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 4 9 6 Don't ente	6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incor authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instruction		

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	ple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See ser	oarate i	nstructio	ons.
Your first name	and m	niddle initial	Last na	me							Your so	cial sec	urity num	nber
SHRIRAM			VENK	ATRAM	IAN						599	94	2418	
	pouse'	s first name and middle initial	Last na								Spouse'	s social	security i	number
VEENA			SHRI	RAM							988	94	6906	
	(numb	er and street). If you have a P.O. box, see						A	Apt. no.				ction Car	mpaign
1005 NO	RTH	CENTER AVENUE						4	1211		Check h	nere if y	ou, or you	ur
		ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode		•	•	jointly, wa	
ONTARIO						CA	A	917	64		•		nd. Check not chang	•
Foreign country name Foreign province/state/county Foreign postal c							your tax		nd	Spouse				
Filing Status	s [Single					☐ Head of h	L ouseh	old (HO	— ∃)				
Check only	$\overline{\mathbf{x}}$	Married filing jointly (even if only o	ne had i	ncome)					,	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spoi	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	pouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the)
	qι	ualifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavn	nent for prope	rtv or	services): or (b) sell.			
Assets		nange, or otherwise dispose of a dig											es 🛛 I	No
Standard	Son	neone can claim:	pendent	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Rlindnes	s Vou	: Were born before January 2, 1	959 F	Are bl	ind Sno	ouse	: Was bor	n hefr	re Janu	arv 2	1959		s blind	
				Ī	<u> </u>			14					see instru	uctions):
-		(see instructions): (1) First name Last name			(2) Social security (3) Relationship number to you			iib I	Child t		1		r other dep	
If more than four	(1)						,						$\overline{\Box}$	
dependents,													一	
see instruction	s —												一	
and check here \Box]												一一	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .					- .	1a		118,7	700.
	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s	s) W-2 (see ii	nstru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						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 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i							
	Z	Add lines 1a through 1h									1z		118,7	700.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b			
Standard	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a	,	6a				axable amoun	t		· <u>·</u>	6b			
Married filing separately,	С	If you elect to use the lump-sum e				•	,			. [
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee		•	•						7			
jointly or	8	Additional income from Schedule	1, line 10	0							8		-11,1	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total inc	come	e				9		107,5	524.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household,	11	Subtract line 10 from line 9. This is	-	-	_						11		107,5	
\$20,800 If you checked	12	Standard deduction or itemized				-					12		27,7	700.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13			
Deduction,	14										14			700.
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or loce	e antar -	O Thic ic v		tavabla incom	•			15	1	70 9	2 O /I

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	9,139.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	9,139.
	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	9,139.
	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	9,139.
Payments	25	Federal income tax withheld							
_	а	Form(s) W-2				25a 1	8,352.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	18,352.
If you have a	26	2023 estimated tax paymen	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	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	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	18,352.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you overpaid		34	9,213.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	🗆	35a	9,213.
Direct deposit?	b	Routing number 3 2 1							
See instructions.	d	Account number 9 3 4	3 3 2 0	9 5 9					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?	_			
Designee	ins	structions					•		⋉ No
		signee's me		Phone no.			sonal ident nber (PIN)	tification	
Cian		der penalties of perjury, I declare t	hat I have examined		accompanying sch		, ,	the best	of my knowledge and
Sign		lief, they are true, correct, and com							, ,
Here	Yo	Your signature		Date		lf th	If the IRS sent you an Identity		
					Your occupation			IN, enter it here	
Joint return?					SOFTWARE		(see	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	tion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKE	R		inst.)	ection in in, enter it here
	Ph	one no. (817)691-409	6	Email address		X@GMAIL.CO	<u> </u>		
		eparer's name	Preparer's signat	l	DIIIXIKANI. U	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	'		GIIDTA TAI.I.AN		P0208	32703	Self-employed
Preparer		m's name GLOBAL TA		TOTAL DOOM	COLITY TABLIAN	1 01/30/2024			(678)965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								
	FII	III 3 AUGUIESS ZEJ KOONE	T CI E DRU	TANATON IN	00010		Fiff	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SHRIRAM VENKATRAMAN & VEENA SHRIRAM

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 soc	ial security number
599-94	-2418

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	-11,176.
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	4	
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	4	
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	4	
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_		
0		8z	9	
9 10	Total other income. Add lines 8a through 8z	horo and an Earm	9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-11,176.
	10-10, 10-10 OII, OI 10-10 INII, IIII0 0		ı ıU	1 11,10 .

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

Par	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		24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	A1-			
_	,	24k		-	1
Z	Other adjustments. List type and amount:				
25		4z		25	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E Form 1040, 1040-SR, or 1040-NR, line 10			26	
	101111 1070, 1070 011, 01 1070 1111, IIIIC 10		<u> </u>	 20	<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 Name(s) shown on return

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

	Attachment Sequence No. 13
Your soci	al security number

SHRI	RAM VENKATRAMAN & VEENA SHRIRAM						599-	-94-2418	8	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C . See	instru	ctions. If you a	are an ir	ndividual, re	port farm	
Α [Did you make any payments in 2023 that would require you	to file	Form(s)	1099? S	See ins	structions.		🗌 Y	es 🛛 No	
B I	f "Yes," did you or will you file required Form(s) 1099? .							🗌 Y	es 🗌 No	
1a	Physical address of each property (street, city, state, ZII	P code	e)							
Α										
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Pers	QJV		
Α	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С	qualified joint venture. See instru	ICTIONS	5.	С						
Туре	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desci	ribe)			
						Properti	es:			
Incon	ne:			Α		В			С	
3	Rents received	3		5	20.					
4	Royalties received	4								
Exper	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,3	54.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		8	46.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		1,5						
15	Supplies	15		1,8	94.					
16	Taxes	16 17		2 4	ГΛ					
17 18	Utilities	18		2,4						
19	Depreciation expense or depletion	19		3,0	04.					
20	Other (list) Total expenses. Add lines 5 through 19	20		11,6	96					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		11,0	70.					
21	result is a (loss), see instructions to find out if you must file Form 6198	21		-11,1	76.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,17		()()	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		520			
b	Total of all amounts reported on line 4 for all royalty prop				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	3	,604			
е	Total of all amounts reported on line 20 for all properties				23e	11	,696			
24	Income. Add positive amounts shown on line 21. Do not		-				. 24	4		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lir	ne 22. Ei	nter to	tal losses her	e 2	5 (11,176.)	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at						on . 2 0	6	-11,176.	

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041,

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service

Name(s) shown on return Identifying number SHRIRAM VENKATRAMAN & VEENA SHRIRAM 599-94-2418 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 11,176. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . 1d -11,176. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -11,176. If line 3 is a loss 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. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 11,176. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 118,700. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 15,650. Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions <u>11,</u>176. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 11,176. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (c) Unallowed (a) Net income (b) Net loss (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 11,176. 11,176.

11,176.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•						
Name of activity	Current year Prior years			ears	Overa	ll ga	gain or loss								
Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss						
Total. Enter on Part I, lines 2a, 2b, and 2c															
Part VI Use This Part if an Amou	nt Is	Shown on F	Part II	Line 9. S	ee instruc	tions.									
Name of activity	For an to	rm or schedule nd line number be reported on se instructions)) Loss	(b) Ratio								(c) Special allowance		(d) Subtract column (c) from column (a).
		E Ln 22		11,176.	1.0000	0000	11,17	6.	0.						
Total				11,176.	1.00)	11,17	6.	0.						
Allocation of Orlanowed L	.05			15.											
Name of activity	Form or so and line no to be repor (see instruc		nber ed on	(a) Loss		(b) Ratio		(c) Unallowed loss						
Total							1.00								
Part VIII Allowed Losses. See instr															
Name of activity	Form or and line to be re (see ins		nber ed on	(a) Loss		(b) Unallowed loss		(c) Allowed loss						
		1				-									
Total															