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

| талраз | | Social Secur | ty mum | |
|--------|--|---------------|-----------|--------------|
| SHA | NTHI CHINTHALAPANI | 849-05 | -119 | 5 |
| Spouse | s's name | Spouse's so | cial secu | urity number |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter | er year you a | are au | thorizing.) |
| 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 | 124,334. |
| 2 | Total tax | | 2 | 19,916. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 26,317. |
| 4 | Amount you want refunded to you | | 4 | 6,401. |
| 5 | Amount you owe | | 5 | |
| | | 1 | | |

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

| X I authorize GLOBAL TAXES LLC to enter or generate my PIN | | | | FBO firm name | | Ē | n |
|--|---|-------------|--------------|---------------|-----------------------------|---|-------|
| | X | I authorize | GLOBAL TAXES | LLC | to enter or generate my PIN | Ľ |) |

| 5 | 1 | 1 | 9 | 5 | as my |
|------------|------------------|-------|-----------------|------------|-------|
| Ent don | er fiv I't er | ter a | gits, all ze | but ros | , |

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 my |
|------------------|--|-------|
| er fiv n't er | | |

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 N | ethod Returns Only—continue below |
| Part III Certification and Authentication – Pr | actitioner PIN Method Only |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by y | bur five-digit 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 🕨 | |
|---|-----|------------------|--------------------------|
| ERO Must Retain This F Don't Submit This Form to the I | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 02/05/24 PRO | Form 8879 (Rev. 01-2021) |

| 1040 | | • | | turn | 202 | 3 | OMB No. 1545- | -0074 | IRS Use O | nly—Do | not wri | ite or sta | ple in this space. |
|---|----------|--|----------|-------------|----------------|-------|-----------------|--------|--------------|----------|---------|------------|--------------------|
| For the year Jan | . 1–Dec | . 31, 2023, or other tax year beginning | | | , 2023, end | ding | | | , 20 | Se | e sep | arate i | nstructions. |
| Your first name | and mi | iddle initial | Last r | name | | | | | | You | ur soc | ial sec | urity number |
| | | | | NTHAT.Z | APANT | | | | | | | | - |
| | oouse's | s first name and middle initial | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Home address | (numbe | अ and street). If you have a P.O. box, see | instruc | ctions. | | | | A | pt. no. | Pre | siden | tial Ele | ction Campaigr |
| 2209 WES | ST PI | FLUGERVILLE PARKWAY | | | | | | 5 | 208 | Ch | eck he | ere if yo | ou, or your |
| City, town, or p | ost offi | ce. If you have a foreign address, also cc | omplete | spaces be | low. | Sta | ite | ZIP c | ode | | | | |
| ROUND RO | OCK | | | | | TΣ | ζ | 786 | 64 | | | | |
| Foreign country | / name | | | Foreign p | rovince/state/ | coun | ty | Foreig | n postal coo | de you | ur tax | or refu | nd |
| | | | | | | | | | | | | Yo | ou 🔄 Spouse |
| Filing Status | ; X | Single | | | | | Head of he | ouseh | old (HOH) | | | | |
| Check only | | Married filing jointly (even if only or | ne hao | l income) | | | _ | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | | | • • | • | , | | |
| | | | | | pouse. If you | u che | ecked the HOH | l or Q | SS box, er | nter the | e chile | d's nar | ne if the |
| | qu | alifying person is a child but not you | ur depe | endent: | | | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (a | s a reward | d, award, or | payr | ment for prope | rty or | services); | or (b) s | sell, | | |
| Assets | | | | | | | | | | | | 🗌 Ye | es 🛛 No |
| Standard | Som | eone can claim: 🗌 You as a de | pende | ent 🗌 | Your spous | e as | a dependent | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | ou were a | dual-status | alien | 1 | | | | | | |
| Age/Blindness | S You: | : Were born before January 2. 1 | 959 | Are b | lind Spo | ouse | : 🗌 Was bor | n befo | ore Januar | v 2. 19 | 959 | ∏ Is | s blind |
| | - | | | (2) | | | | | | | | es for (s | see instructions): |
| - | | | | | number | | to you | | Child tax | credit | 0 | Credit for | r other dependents |
| than four | | | | | | | | | |] | | | |
| dependents, | | | | | | | | | |] | | | |
| and check | 5 | | | | | | | | |] | | | |
| here | | | | | | | | | |] | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (s | see instruc | ctions) . | | | | | | 1a | | 138,832. |
| Attach Form(s) | b | | • | | ., | | | | | • | 1b | | |
| W-2 here. Also | С | | • | | , | | | | | • | 1c | | |
| | d | | | | , , | | | • • | | • | | | |
| 1099-R if tax | e | 1 | | | , | | | • • | | • | | | |
| | Ť | | | | | | | • • | | • | | | |
| , | g | | | | | • • | | • • | • • • | • | - | | 0. |
| W-2, see | | | , | | | • • | | · · | | • | 10 | | 0. |
| instructions. | | | see ms | structions) |) | • • | · · II | | | | 4- | | 138,832. |
| Attach Sob P | | - | 2a ∣ | | · · · | | axahle interest | · · | | · | | - | |
| if required. | | | | | | | | | | • | | | |
| | | | | | | | - | | | • | | | |
| | | | | | | | | | | | | | |
| | 6a | | | | | | | | | | 6b | | |
| Married filing | c | | | n method. | check here | | | | | | | | |
| \$13,850 | 7 | | | | | • | , | | | | 7 | | |
| Married filing jointly or | 8 | | | | • | | | | | | 8 | | -14,498. |
| Qualifying | 9 | | | | | | | | | | 9 | | 124,334. |
| \$27,700 | 10 | | | | | | | | | | 10 | | |
| household, | 11 | | | | gross incor | me | | | | | 11 | | 124,334. |
| \$20,800 | 12 | Standard deduction or itemized | deduc | ctions (fro | m Schedule | A) | | | | | 12 | | 13,850. |
| Filing Status Single Imaried filing jointly (even if only one had income) Outlifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if th qualifying person is a child but not your dependent: Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchang, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ves Standard Someone can claim: You as a dependent Your spouse as a dependent Dependents Someone can claim: You as a dependent (a) Felsionship Dependents (e) instructions): (1) First name Last name (a) Felsionship If more there (1) First name Last name (a) Felsionship (b) Check the box if qualifies for fee instructions) If we'z here. Also in a total amount from Form(s) W-2, box 1 (see instructions) ia 1a 138, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, | | | | | | | | | | | | | |
| Deduction, | 14 | Add lines 12 and 13 | | | | | | | | | 14 | | 13,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | ro or le | ess, enter | -0 This is y | our | taxable incom | е. | | | 15 | | 110,484. |

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 | 19,916. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | . 17 | |
| | 18 | Add lines 16 and 17 | | | | | | . 18 | 19,916. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | . 19 | |
| | 20 | Amount from Schedule 3, lin | ie8 | | | | | . 20 | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | . 22 | 19,916. |
| | 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 | 19,916. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 26,3 | 17. | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | . 25d | 26,317. |
| 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) | | | No | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | n 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 | ie 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and ref | undable cr | edits . | . 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | . 33 | 26,317. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 24 | 4 from line 33. | This is the amou | nt you ove i | rpaid . | . 34 | 6,401. |
| | 35a | Amount of line 34 you want | | | 3 is attached, che | ck here . | | 35a | 6,401. |
| Direct deposit? | b | Routing number 1 1 1 | | | |] Checking | Sav | rings | |
| See instructions. | d | Account number 4 8 8 | 0 9 8 4 | 4 8 9 4 | 4 0 | | | | |
| | 36 | Amount of line 34 you want a | applied to your : | 2024 estimate | edtax | 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 <i>www.irs.g</i> ov | //Payments or | see instructions | | | . 37 | |
| | 38 | Estimated tax penalty (see ir | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | _ |
| Designee | ins | structions | | | | 🗆 l | es. Comp | olete below. | × No |
| | De nai | signee's | | Phone no. | | | Personal number (| identification | |
| Ciara | | der penalties of perjury, I declare th | nat I have examined | | accompanying sch | dules and st | | | of my knowledge and |
| Sign | | ief, they are true, correct, and com | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | If the IRS se | nt you an Identity |
| | | | | | | | | Protection P | IN, enter it here |
| Joint return? | | | | | SOFTWARE DE | | T ENGI | (see inst.) | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, t | ooth must sign. | Date | Spouse's occupat | ion | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | | | | (see inst.) | ection Pin, enter it here |
| | Ph | one no. (214) 430-064 | Л | Email address | ουλνισυτ 7ος | | T COM | , | |
| | | one no. (214) 430-064 eparer's name | 4 Preparer's signat | | SHANTHI7RE | | | ĨN | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | | | | 2082703 | Self-employed |
| Preparer | | n's name GLOBAL TAX | | TAUN JAUAR | GOLIA IALLAM | 102/11/4 | 2027 20 | | (678) 965-9522 |
| Use Only | | | Y CT E BRU | NSWICK N | J 08816 | | | Firm's EIN | 84-3171965 |
| Go to www.irs.cr | | 1040 for instructions and the late | | TYDAATCI/ IN | | | 4.000 | | Form 1040 (2023) |
| GO 10 WWW.IIS.90 | | in the initial deciding and the late | scinomation. | | BAA | REV 02/05/2 | 4 PRO | | 1 0 m 1 0 T 0 (2023) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023 Attachment Sequence No. 01 cial security number

| SHANTHI | CHINTHALAPANI | 849-05-1195 |
|------------|--|-----------------------------|
| Name(s) sh | nown on Form 1040, 1040-SR, or 1040-NR | Your social security number |

| Pa | 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. Attack | Schedule E . | 5 | -14,498. |
| 6 | Farm income or (loss). Attach Schedule F. | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | a (|) | |
| b | Gambling | b | | |
| С | Cancellation of debt | c | | |
| d | Foreign earned income exclusion from Form 2555 | d (|) | |
| е | Income from Form 8853 | e | | |
| f | Income from Form 8889 | f | | |
| g | Alaska Permanent Fund dividends | g | | |
| h | Jury duty pay | h | | |
| i | Prizes and awards | ji 🛛 | | |
| j | Activity not engaged in for profit income | j | | |
| k | Stock options | k | | |
| 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 | 1 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | n | | |
| n | Section 951(a) inclusion (see instructions) | n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 0 | | |
| р | Section 461(I) excess business loss adjustment | р | | |
| q | | q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | | s (|) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | | | |
| u | Wages earned while incarcerated | <u>u</u> | _ | |
| Z | Other income. List type and amount: | | | |
| _ | | z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income. Enter h | ere and on Form | | 1 4 4 4 4 4 |
| | 1040, 1040-SR, or 1040-NR, line 8 | <u> </u> | 10 | -14,498. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedu | e 1 (Form 1040) 2023 |

| 1 | Educator expenses | | | | | 11 | |
|--------|---|-------|------|-------|------|-----|--|
| 2 | Certain business expenses of reservists, performing artists, and fee | | | | nont | | |
| 2 | officials. Attach Form 2106 | -Dasi | s go | venin | lent | 12 | |
| 3 | Health savings account deduction. Attach Form 8889 | • • | • • | ••• | • | 13 | |
| 4 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | | | 14 | |
| - 5 | Deductible part of self-employment tax. Attach Schedule SE | | | | | 15 | |
| 6 | Self-employed SEP, SIMPLE, and qualified plans | | | | | 16 | |
| 7 | Self-employed bealth insurance deduction | | | | | 17 | |
| 8 | Penalty on early withdrawal of savings | | | | | 18 | |
| | | | | | | | |
| 9a | | | | | | 19a | |
| b | Recipient's SSN | | | | | | |
| C | Date of original divorce or separation agreement (see instructions): | | | | | 00 | |
| 20 | IRA deduction | | | | | 20 | |
| 1 | Student loan interest deduction | | | | | 21 | |
| 2 | Reserved for future use | | | | | 22 | |
| 3 | 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 | | | | | | |
| | | 24e | | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | | |
| g | | 24g | | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | | |
| | discrimination claims (see instructions) | 24h | | | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | | | |
| | tax law violations | 24i | | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | | |
| | | 24k | | | | | |
| z | Other adjustments. List type and amount: | | | | | | |
| | | 24z | | | | | |
| 5 | Total other adjustments. Add lines 24a through 24z | | | | | 25 | |
| 6 | Add lines 11 through 23 and 25. These are your adjustments to income | | | | don | | |
| - | Form 1040, 1040-SR, 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.) | | | | | | | | | | OMB No. 1545-0074 | |
|--|--|---|----------------------------------|---|--|-------------|------------------|----------|----------------|--------------------------|----------------|----------------------|--|
| | | (From r | 2023 | | | | | | | | | | |
| | | | | | 40-SR, 1040-NR, or 1041. structions and the latest information. | | | | | | Attachment 12 | | |
| Internal Revenue Service Go to www.irs.gov/ScheduleE for inst Name(s) shown on return | | | | | | | | | | | | cial security number | |
| | | | лт | | | | | | | | - | | |
| Part | IANTHI CHINTHALAPANI 849-05-119 art I Income or Loss From Rental Real Estate and Royalties | | | | | | | | | | <u>J-119</u> J | | |
| T all | Note: If yo | ou are in t | he busines | s of renting personal prope m 4835 on page 2, line 40. | erty, use | e Schedul | e C . See | e instru | ctions. If you | are an indi [,] | vidual, rep | oort farm | |
| A [| | | | 3 that would require you | | Form(s) | 1099? \$ | See in | structions . | | . 🗌 Ye | es 🛛 No | |
| | | | | uired Form(s) 1099? . | | | | | | | | _ | |
| 1a | | | | rty (street, city, state, ZI | | | | | | | | | |
| A | - | , PRASHANTH NAGAR HANAMKONDA TELANGANA IN 506003 | | | | | | | | | | | |
| | 1-1-12370 | , FNAS | | NAGAR HANAMIONDA | | ANGANA | IN J | 0000 | 5 | | | | |
| | | | | | | | | | | | | | |
| | Type of Prope | erty 2 For each rental real estate property listed | | | | | | | air Rental | Personal Use | | | |
| 10 | (from list below | | above, report the number of fair | | | | 10 | Days | Da | | QJV | | |
| Α | 3 | | persona | use days. Check the Q | JV bo | x only | Α | | 365 | | 0 | | |
| В | | | | eet the requirements to | | | В | | | | - | | |
| С | | | qualified | l joint venture. See instru | uctions | 5. | С | | | | | | |
| Туре | of Property: | • | | | | | | | | 1 | | | |
| 1 | Single Family R | esidence | e 3.V | acation/Short-Term Rer | ntal | 5 Land | b | 7 | Self-Rental | | | | |
| 2 | Multi-Family Re | sidence | 4 C | commercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | | |
| | | | | | | | | | Propert | | | | |
| Incom | ne: | | | | | | Α | | B | | | С | |
| 3 | | d | | | 3 | | | 14. | | | | • | |
| 4 | | | | | 4 | | | | | | | | |
| Exper | | | | | | | | | | | | | |
| 5 | | | | | 5 | | | | | | | | |
| 6 | Auto and trave | 6 | | | | | | | | | | | |
| 7 | | 7 | | 1,7 | ′58. | | | | | | | | |
| 8 | Cleaning and maintenance . <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | | | | | | |
| 9 | | | | | 9 | | | | | | | | |
| 10 | Legal and othe | _egal and other professional fees | | | | | | | | | | | |
| 11 | Management f | 11 | | 2,3 | 865. | | | | | | | | |
| 12 | Mortgage inter | 12 | | | | | | | | | | | |
| 13 | Other interest | | | | 13 | | | | | | | | |
| 14 | | | | | 14 | | | 54. | | | | | |
| 15 | | | | | 15 | | 2,4 | 51. | | | | | |
| 16 | | | | | 16 | | | | | | | | |
| 17 | | | | | 17 | | | /58. | | | | | |
| 18 | - | expense | or depletion | on | 18 | | 3,1 | 26. | | | | | |
| 19 | Other (list) | | | | | | 4 - 0 | | | | | | |
| 20 | | | | ugh 19 | 20 | | 15,2 | 12. | | | | | |
| 21 | result is a (loss | s), see in | structions | s) and/or 4 (royalties). If to find out if you must | | | -14,4 | 98. | | | | | |
| 22 | | | | s after limitation, if any, | 22 | (| 14,49 | 98.) | (|) | (| | |
| 23a | Total of all am | ounts re | ported on | line 3 for all rental prop | erties | | | 23a | | 714. | | | |
| b | Total of all amounts reported on line 4 for all royalty properties | | | | | | | 23b | | | | | |
| с | | | | line 12 for all properties | | | | 23c | | | | | |
| d | | | | | | | | 23d | | 3,126. | | | |
| е | | | - | line 20 for all properties | | | | 23e | 1: | 5,212. | | | |
| 24 | | | | hown on line 21. Do no | | - | | | | . 24 | | | |
| 25 | Losses. Add ro | oyalty loss | ses from lii | ne 21 and rental real esta | te losse | es from lir | ne 22. E | inter to | tal losses he | re 25 | (| 14,498. | |

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 NPA

26

-14,498.

-14,498.

| Departn | nent | of | the | Treas |
|----------|------|-----|------|--------|
| Internal | Rev | enı | ue S | Servic |