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

Secials security number Secial security number	Submission Identification Number (SID)			
Spouse's social security number	Taxpayer's name	Social se	curity numb	ber
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Filter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 4 93,575. 2 Total tax 2 6,970. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 5 ,970. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you owe 5 Amount you owe 6 Fart III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, 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 annuals in Part I above are the amounts from the income tax 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 return. I will be reason for any delay in processing the return or refund, and (c) the date of any return. I will be reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return. I regulated tax and the sure or sure of the sure transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return. I repute the processing of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return. I repute the processing of the transmission, (b) the reason for any delay in the fundamental tax and the fund	VARA PRASAD BABU YENUGUPALLI	361-	39-255	9
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	Spouse's name	Spouse's	social seci	urity number
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	DEBORA SURABOYINI	670-	-68-843	1
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 6, 970. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 12, 956. 5 Amount you want refunded to you 4 4 5, 986. 5 Amount you want refunded to you 10 you have refunded to you you have you get and keep a copy of your return) 10 Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, a tone you get and keep a copy of your return) 10 Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (FBO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the immission, (b) the respective to send in the penalties of th	Part I Tax Return Information — Tax Year Ending December 31,	2023 (Enter year yo	ou are au	thorizing.)
Adjusted gross income Amount you want refunded to you Adjusted gross income Amount you want refunded to you Adjusted gross income Amount you want refunded to you Adjusted gross income Amount you want refunded to you Adjusted gross income Amount you want refunded to you Adjusted gross income Amount you want refunded to you Adjusted gross income Adjuste	Enter whole dollars only on lines 1 through 5.			
2	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
2	1 Adjusted gross income		. 1	93,575.
Amount you want refunded to you 5 Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 from 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 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 received to reason for rejection 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 payment of the U.S. Treasury in the IRS (a) an acknowledgement of a submitted tax, and the financial Institution to the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date to any refund. If applicable, I authorize the U.S. Treasury Financial Agent at a submitted tax, and the financial Institution to the U.S. Treasury Financial Agent at a submitted tax, and the financial Institution the U.S. Treasury Financial Agent at a submitted to the payment on the income tax return (original or amended) I am now authorizes must be received on later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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 Corresent. Taxpayer's PIN: check one box only I as a my ERO firm name signature on the income t	2 Total tax		. 2	6,970.
Amount you owe Part II Taxpaper Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalizes of perjury, 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, 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, and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for orany 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 (clare debt) entry to the financial institution account infliciated in the tax preparation software for payment of my declared taxes on the sure of the payment of Summation and Canada (a) and the financial institution account inclination to the entry of the account. This 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 (PIPN) below is my signature for 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. Date Date Date	3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	12,956.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 amounts from the income tax return (original or amended) I am now authorizing. Lonsent 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 or 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 instancial methods and account indications on the tax preparation software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial signature account indication of the tax preparation software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial Agent at a submitted to the payment of the tax preparation software for authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at until the procession of the electronic payment of the account of the payment (pettlement) 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The	4 Amount you want refunded to you		. 4	5,986.
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Taxpayer's PIN: check one box only	return (original or amended) I am now authorizing. I consent to allow my intermediate service protour send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or	ovider, transmitter, or el reason for rejection of t uthorize the U.S. Treasun account indicated in t ancial institution to debin to terminate the authocellation requests mus nvolved in the processir lated to the payment.	ectronic reine transmis iry and its of he tax prepiet the entry corization. I st be receing of the el	turn originator (ERO) ssion, (b) the reason designated Financial paration software for to this account. This To revoke (cancel) a ved no later than 2 lectronic payment of cknowledge that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN ERRO 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. Your signature ▶ Date ▶ 03/15/2024 Spouse's PIN: check one box only □ I authorize GLOBAL TAXES LLC to enter or generate my PIN 8 8 4 3 1 as my Enter five digits, but don't enter all zeros □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ 03/15/2024 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 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.				
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 ▶ 03/15/2024 Spouse's PIN: check one box only	X I authorize GLOBAL TAXES LLC to enter ERO firm name	,	Enter five	digits, but
Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC ERO firm name Enter five digits, but don't enter all zeros	I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition	nded) I am now autho		
Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC	Your signature V	Date ▶ 03/1	5/2024	
Security that the above numeric entry is my PIN. ERO's signature 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. To the term of generate my PIN 8 8 4 3 1 1 1 1 1 1 1 1 1				
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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. 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				
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. 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 ▶	Spouse's signature ► S. All	Date ▶ 03/15/20	24	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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	Practitioner PIN Method Returns Only—con	tinue below		
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	Part III Certification and Authentication — Practitioner PIN Method O	nly		
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<u> </u>	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the	nat I am submitting this	return in a	accordance with the
<u>_</u>	EBO's signature	Data -		

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		$ \mathbf{r}_{\mathbf{n}} $ $ 2$	023	3	OMB No. 1545-	0074	IRS Use	Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning		,	2023, endin	g			, 20		See se	oarate i	instructio	ons.
Your first name	and m	niddle initial	Last nam	ne							Your so	cial sec	urity num	nber
VARA PR	ASAD	BABU	YENUG	GUPALLI							361	39	2559	
		s first name and middle initial	Last nam								Spouse'		security	
DEBORA			SURAE	BOYINI							670	68	8431	
	(numb	er and street). If you have a P.O. box, see						A	Apt. no.			•	ection Ca	
2 KOSTE	R BL	VD						4	łВ		Check h	nere if y	ou, or yo	our
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete sp	aces below.	;	State	е	ZIP c	ode		•	_	jointly, w	
EDISON						NJ		088	37		•		nd. Checl	•
Foreign countr	y name		Fo	oreign provin	ice/state/co	unty	′	Foreig	ın postal c	ode	your tax		ınd	Spouse
Filing Status	s [Single					Head of ho	ouseh	old (HOł])				
Check only	×	Married filing jointly (even if only or	ne had in	come)										
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spo	use (0	QSS)			
	lf :	you checked the MFS box, enter the	name of	your spous	se. If you o	chec	cked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the)
	qι	ıalifying person is a child but not you	ır depend	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	ı reward, av	ward, or pa	aym	ent for proper	ty or	services); or ((b) sell,			
Assets	excl	nange, or otherwise dispose of a dig	ital asset	(or a finance	cial interes	st in	a digital asse	t)? (Se	ee instru	ction	s.)		es 🛛 I	No
Standard	Son	neone can claim: You as a de	pendent	☐ You	ır spouse	as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dua	l-status al	ien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spou	se:	☐ Was bor	n befo	ore Janua	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) Socia	al security	T	(3) Relationshi	n (4) Check t	he bo	x if quali	fies for (see instru	uctions):
If more		First name Last name			nber		to you		Child t	ax cre	edit	Credit fo	r other dep	pendents
than four														
dependents,														
see instruction and check	s —													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruction	ıs)						1a		105,8	347.
Attach Form(s)	b	Household employee wages not re	eported o	n Form(s) \	N-2						1b			
W-2 here. Also	С	Tip income not reported on line 1a	ı (see inst	tructions)							1c			
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W	-2 (see ins	struc	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forn	n 2441, line	26 .						1e			
was withheld.	f	Employer-provided adoption bene	fits 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 instruct	ions) .					, .			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	ıctions) .			<u>1i</u>							
	Z	Add lines 1a through 1h									1z		105,8	347.
Attach Sch. B	2 a	Tax-exempt interest	2a				xable interest				2b			
if required.	3a	Qualified dividends	3а		b	Or	dinary divider	nds .			3b			
Standard	4a		4a				xable amount				4b			
Standard Deduction for—	5a	-	5a				xable amount							
Single or Married filing	6a	,	6a				xable amount				6b	_		
separately,	С	If you elect to use the lump-sum e		•	•		,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Schei		•	•					. L	J 7			
jointly or Qualifying	8	Additional income from Schedule	•								8		-12,2	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		93,5	575.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11			<u>575.</u>
If you checked	12	Standard deduction or itemized		,							12		27,7	700.
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14										14		27,7	700.
	15	Subtract line 1/1 from line 11 If zer	O OF LOCE	ontor O	1 010 10 1/01	ur ta	vanla inaam	^			1 45	1	6 h	# / h

Form 1040 (202	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): 1 881	4 2 4972	3 🗌		16	7,465.
Credits	17						17	
	18	Add lines 16 and 17					18	7,465.
	19	Child tax credit or credit for other depend	ents from Sched	lule 8812			19	
	20	Amount from Schedule 3, line 8					20	495.
	21	Add lines 19 and 20					21	495.
	22	Subtract line 21 from line 18. If zero or les	s. enter -0				22	6,970.
	23	Other taxes, including self-employment ta	•				23	0.
	24	Add lines 22 and 23. This is your total tax	•	•			24	6,970.
Payments	25	Federal income tax withheld from:						,
. aymome	а	Form(s) W-2			25a 12	,956.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	12,956.
16	26	2023 estimated tax payments and amoun					26	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If you have a qualifying child,	27	Earned income credit (EIC)	• •		27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88		_	28			
	29	American opportunity credit from Form 88			29			
	30	Reserved for future use	•		30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are yo					32	
	33	Add lines 25d, 26, and 32. These are your					33	12,956.
Refund	34	If line 33 is more than line 24, subtract line					34	5,986.
neiuliu	35a	Amount of line 34 you want refunded to y			•	. 🗆	35a	5,986.
Direct deposit?	b	Routing number 0 2 1 2 0 2			_	Savings		
See instructions.		Account number 8 9 1 6 9 0				9-		
	36	Amount of line 34 you want applied to you		ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the a						
You Owe	0.	For details on how to pay, go to www.irs.g					37	
	38	Estimated tax penalty (see instructions)	-		38			
Third Party Designee		you want to allow another person to d	iscuss this retu			mplete b	elow.	⊠ No
3		signee's	Phone	;		nal identifi	cation	
-	naı		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare that I have exami ef, they are true, correct, and complete. Declaration		, , ,		,		,
11010	Yo	ur signature	Date	Your occupation				nt you an Identity
				COETWADE E	'MCTNEED	(see ii		IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	SOFTWARE E				nt your spouse an
Keep a copy for your records.		ouse a signature. If a joint return, both must sign.	se's signature. If a joint return, both must sign. Date Spouse's o				ty Prote	ection PIN, enter it here
	Ph	one no. (732)522-9392	Email address	•	C@GMAIL.CO	M		
D-1-1	Pre	parer's name Preparer's sign			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	03/13/2024	P02082	703	Self-employed
Preparer		n's name GLOBAL TAXES LLC						678)965-9522
Use Only		n's address 245 ROONEY CT E BI	RUNSWICK N	J 08816		Firm's		84-3171965
Go to www irs o	ov/Form	a1040 for instructions and the latest information		DAA	DEV 02/04/24 DDO	<u> </u>		Form 1040 (2023)

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity number
VARA	PRASAD BABU YENUGUPALLI & DEBORA SURABOYINI	361-3	9-25	559	
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. Attac	ch Schedule	eΕ. [5	-12,272.
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		8c			
d	Foreign earned income exclusion from Form 2555	Bd ()		
е		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	'	8k			
I	Income from the rental of personal property if you engaged in the rental				
	· · · · · · · · · · · · · · · · · · ·	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	,	3m			
n		8n			
0	·	8o			
р		8p			
q	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	8q			
r		8r			
S	Nontaxable amount of Medicaid waiver payments included on Form	l,			
	1040, line 1a or 1d	8s ()		

8t

8u

8z

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

-12,272.

9

10

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

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	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				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0-	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	nere and on	06	
				26	I- 4 (F 4040) 2222
	BAA	REV 03/	04/24 PRO	ocnedu	le 1 (Form 1040) 2023

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VARA PRASAD BABU YENUGUPALLI & DEBORA SURABOYINI

Your social security number 361-39-2559

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	495.
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 1040-NR, line 20	040, 1040-SR, or	8	495.
				-

Schedule 3 (Form 1040) 2023 Page **2**

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

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.

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

` '	DESCRIPTION OF THE PROPERTY OF							an security	ilullibei	
	PRASAD BABU YENUGUPALLI & DEBORA SURAF						361-3	9-2559		
Part				• • •				Advert		
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Scheaule	C. See	ınstru	ctions. If you a	re an indi	viduai, rep	ort tarm	
Α [Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. \(\text{Ye}	s X No	
	f "Yes," did you or will you file required Form(s) 1099? .		. ,							
1a	Physical address of each property (street, city, state, ZIF									
		Coue	=)							
Α	IN									
В										
С								-		
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Person		QJV	
_	(from list below) above, report the number of fair personal use days. Check the Qu					Days	Da	•		
A	jersonal use days. Check the Qui if you meet the requirements to f			_ <u>A</u> _		365		0		
В	qualified joint venture. See instru			В						
C	- Character			С						
	of Property:	L - I	5 J		7	Oalf Dantal				
	Single Family Residence 3 Vacation/Short-Term Ren	tai	5 Land			Self-Rental	: \			
2	Multi-Family Residence 4 Commercial		6 Roya	ities	ð	Other (descr	ibe)			
						Propertie	es:			
Incon	ne:			Α		В			С	
3	Rents received	3		5	84.					
4	Royalties received	4								
Exper	ises:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,3	87.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,0	16.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			46.					
15	Supplies	15		2,0	13.					
16	Taxes	16								
17	Utilities	17			79.					
18	Depreciation expense or depletion	18		4,0	15.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		12,8	56.					
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	0.4		10 0	72					
00		21	_	-12,2	14.					
22	Deductible rental real estate loss after limitation, if any, on Form 9592 (see instructions)	00	,	10 05	, ,	(\	,		١
00-	on Form 8582 (see instructions)	22	Ι .	12,27		(584.	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		584.			
b	Total of all amounts reported on line 4 for all royalty properties				23b					
C	Total of all amounts reported on line 12 for all properties				23c	Л	015			
d	Total of all amounts reported on line 18 for all properties				23d		,015.			
e	Total of all amounts reported on line 20 for all properties	incl.			23e	12	,856.			
24	Income. Add positive amounts shown on line 21. Do not		-		· ·	 tal lagges bess	. 24	/	10 070	١
25	Losses. Add royalty losses from line 21 and rental real estate								12,272	.)
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 ar								-12,27	2.

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 50

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before

Name(s) shown on return

VARA PRASAD BABU YENUGUPALLI & DEBORA SURABOYINI

361 39 2559

CAUT	you complete Parts I and II.					
Par	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	I, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is:					
	• Equal to or more than line 5, enter 1.000 on line 6					
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)				6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th					
	conditions described in the instructions, you can't take the refundable America					
_	skip line 8, enter the amount from line 7 on line 9, and check this box				7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	the a	mount	here and	8	
Part						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	,		,	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	2,475.
11	Enter the smaller of line 10 or \$10,000				11	2,475.
12	Multiply line 11 by 20% (0.20)				12	495.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	1	.80,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14		93,575.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		86,425.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		20,000.		
17	If line 15 is:					
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)				17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			tions) .	18	495.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	•		,		

instructions) here and on Schedule 3 (Form 1040), line 3

19

495.

, ,	
Name(s) shown on return	Your social security number
VARA PRASAD BABII YENIIGIIPALLI & DEBORA SIIRABOYINI	361 39 2559

	1	٦
	<u>i</u>	
CA	UT	ION

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part	Student and Educational Institution Information	n. See instructions.		
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown	on page 1 of
	VARA PRASAD BABU	your tax return)		
	YENUGUPALLI	361-39-2559		
	Educational institution information (see instructions)			
а	. Name of first educational institution	b. Name of second educational institut	ion (if a	any)
	Southwestern Baptist Theological Seminary			
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	PO Box 22480 Fort Worth			
	FORT WORTH TX 761220480			
(2	2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098 from this institution for 2023?	-T] Yes 🗌 No
(;	B) Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2022 with b 7 checked?] Yes No
(4	1) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposite checked "Yes" in (2) or (3). You can 1098-T or from the institution.	ortunit	ty credit or if you
	75-0891462			
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	\square Yes — Stop! Go to line 31 for this student. \bowtie No	– Go t	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		– Sto j his stu	p! Go to line 31 Ident.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	X Yes − Stop! Go to line 31 for this student. No	— Go t	to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?			nplete lines 27) for this student.
CAUT			in the	same year. If
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor		27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28	
29	1 3 , , ,		29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a			
	enter the result. Skip line 31. Include the total of all amounts f	rom ali Parts III, line 30, on Part I, line 1.	30	
	Lifetime Learning Credit			
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31	2,475.

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

VARA PRASAD BABU YENUGUPALLI & DEBORA SURABOYINI

Identifying number 361-39-2559

Pa											
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.								
Renta Allow											
1a	Activities with net income (enter the amount from Part IV, column (a)) 1a 0.										
b	•	ss (enter the amount from Part IV, column (b)) 1b (12,272.)									
С	Prior years' unallowed losses (enter the)						
d	Combine lines 1a, 1b, and 1c				1	1d	-12,272.				
All O											
2a	Activities with net income (enter the a										
b	Activities with net loss (enter the amo)									
С	Prior years' unallowed losses (enter the)									
d	Combine lines 2a, 2b, and 2c					2d					
3	3 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										
	normally used				[3	-12,272.				
		_	zoro or moro) ek	in Part II and go to	lino 10						
• 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. Part II. Special Allowance for Rental Real Estate Activities With Active Participation											
	Note: Enter all numbers in Par			•							
4	Enter the smaller of the loss on line 1					4	12,272.				
5	Enter \$150,000. If married filing separ	50,000.	-								
6	Enter modified adjusted gross income	05,847.									
•	Note: If line 6 is greater than or equal										
	on line 9. Otherwise, go to line 7.										
7	Subtract line 6 from line 5	44,153.									
8	Multiply line 7 by 50% (0.50). Do not e		8	22,077.							
9	Enter the smaller of line 4 or line 8. If		9	12,272.							
Par			, 02, 0000				12/2/2:				
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.				
11	Total losses allowed from all passiv				-						
	out how to report the losses on your t	_				11	12,272.				
Par											
		Over	all a	ain or loss							
	Name of activity	Current year		Frior years	Prior years Ove		alli Of 1088				
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss				
		0.	12,272.				12,272.				
							·				

12,272.

0.

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	ctions.			•	
Name of activity	Current year				Prior years		Overall gain or loss			
Name of activity		(a) Net income (line 2a)		Net loss ne 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	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
		E Ln 22	12,272.		1.00000000		12,272.		0.	
Total			12,272.		1.00		12,272.		0.	
Allocation of Orlanowed L	.05:	Form or sche		S.						
Name of activity	Name of activity		edule nber ed on ions)	(a) l	Loss ((b) Ratio (c		c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr										
Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) l	Loss (b) Ur		nallowed loss		(c) Allowed loss	
		l								
Total										