Form 8879
(Rev. January 2021)
Department of the Treesury

epartment 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.

Submission Identification Number (SID)

Taxpay	er's name	Social security nu	nber
NIM	EET D DESHPANDE	770-85-43	93
Spouse	's name	Spouse's social se	curity number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you are a	uthorizina.)
Enter	whole dollars only on lines 1 through 5.		3,
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income	1	34,676.
2	Total tax	2	2,279.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,881.
4	Amount you want refunded to you	4	1,602.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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 autnorize	GLOBAL .	IAXES	ERO firm name	to enter or generate my PIN	E
	I authorize	CTODAT	TAVEC	TTC	to optox or gonorate my DIN	

5	4	3	9	3	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 Me	hod Returns Only—continue below				
Part III Certification and Authentication – Practitioner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9				

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.

RO's signature ► Date ►							
ERO Must Retain Th Don't Submit This Form to t							
For Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 01/27/24 PRO	Form 8879 (Rev. 01-2021)				

Single or Married filing jointly or Qualifying surviving spouse, \$27,700 6a Social security benefits	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545-	0074	IRS Use	Only—	Do not w	rite or sta	aple in this space.
Your finame and middle initial Last name Your social security number JIMEEET D DESHPADE 7700 R55 4393 Hjoet return, spoue's fint name and middle initial Last name Spoue's social security number Home address (number and sheat). If you have a P.O. box, see instructions. Apt. no. Spoue's social security number City, town, or port office. If you have a foreign address, also complete spaces below. State ZP code To choose if fing jointy your St AUSTIN Foreign control nume Foreign portimositation. TX 787753 box below will not change your stock to true chind. Filing Status Single Imarcel filing jointy (even if only one had income) Countifying spouse (OSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or OSS box, enter the child's name if the qualifying person is a child but not your dependent: Your spouse a dependent Your spou	For the year Jar	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate	instructions.
If joint return, sposer's first name and middle initial Last name Sposer's social security number Home address journable model street, if you have a P.O. box, see instructions. Attan name 53.0.0 1127 PEARL RETREAT Salae 2P code Top code iffing, Jointy, want Si top convert filling, Jointy, want Si top co to filling, Jointy, Want Si top co top co to filling, Jointy, Want Si top co top co to filling, Jointy, Want Si top co top	Your first name	and m	iddle initial	Last r	name						- I 1	Your so	cial sec	urity number
I joint return, spocae's tirst name and middle initial Last name Spocae's social security number I 127 PEARL RETREAT IS 30.2 Offer, torm, or post office. If you have a forsign address, also complete spaces below. State ZP code To the child security number Forsign country rame Forsign province/state/county Forsign province/state/county To reside province/state/s	NIMEET I)		DES	HPANDE	Ξ						770	85	4393
1127 PEARL RETREAT 5.3.0.2 Check here if you, or you, ''''''''''''''''''''''''''''''''''''	If joint return, s	pouse's	s first name and middle initial								5	Spouse'	s social	security number
1127 PEARL RETREAT 5.3.0.2 Check here if you, or you, ''''''''''''''''''''''''''''''''''''														
City, row, or posel office. If you have a foreign address, also complete spaces below. State TX 78753 spouse if filing jointly, went 35 Poeign country name Foreign province/state/county Foreign postandom box below will not change box below. TX 78753 Fling Status Single Head of household (HOH) Chack only Married filing jointly (went 35 Spouse (GS) Chack only Married filing jointly (went 35 Ounlifying surviving spouse (GS) If you checked the MF box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying persons is a child but not your dependent: Chack only Chack only If you checked the MF box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying persons is a child but not your dependent: Poelationship If you checked the MF box, enter the name of your spouse as a dependent: Deflected Spouse Immission as aparted truth or you were a dual-status allon Age/Blindness You: Yes No Standard Spouse Immission as aparted truth or you were a dual-status allon Child tax credit Child tax credit Child tax credit Identifying truth or you were a dual-status allon Age/Blindness You: It a tax tas formedia Spouse Immission Identifyingityingingityingityingityingityingityingityingitying	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	F	Presider	ntial Ele	ection Campaigr
Carly think to plot blue in type interest allocation spaces based. Data														
AUSTIN TX 787/30 box below will not change Foreign country name Foreign province/state/country Foreign province/state/country Poreign province/state/state/country Poreign province/state/state/country Porei	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta						0	
Filing Status Single Head of household (HOH) Check only Married filing sparately (MFS) Cualifying surviving spouse (OSS) 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 the qualifying serviving spouse, or cherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Yes No Standard Someone can climic You as a dependent You checked the HOH or QSS box, enter the child's name if the qualifying serviving spouse. (OSS) Yes No Standard Someone can climic You as a dependent You checked the HOH or QSS box, enter the child's name if the qualifying serviving services; or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Yes No Standard Social security (P) Restitowise as dependent Yes No Standard Social security (P) Restitowise (P) Check the box if qualifies for free instructions; (P) Restitowise (P) Check the box if qualifies for free instructions; If more In Total amount from Form(s) W-2, box 1 (see instructions) 1a 44, 860. If we way thinkd. If a difficience instructions; If a difficience instructions; If a difficience instructions; If a d											t	oox belo	ow will	not change
Filing Status Single Head of household (HOH) Check only Married filing jointly (even if only one had income) Cualifying surviving spouse (CSS) 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 the qualifying person is a child but not your dependent:	Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal co	bde)	our tax		
Check only Married filing iseprately (MFS) Qualifying 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 the qualifying person is a child but not your dependent:			۹ .											ou Spouse
Cliek Multy Married filing separately (MFS) Qualifying 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 the 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, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Ves No Standard Someone can claim: You as a dependent: Your spouse as a dependent Yes No Standard Spouse lemizes on a separate return or you were a dual-status alien Spouse lemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions); () First name Lat name Immedia Immedia Income 1a Total amount from Form(3) W-2, box 1 (see instructions) 1a 44, 860. Hatch Form(6) Household employee wages not reported on Form(9) W-2. 1b Id Id W28 and theore 0 Id Id Id Id Id Id W24	Filing Status	; 🖄	-		、			Head of ho	useho	old (HOH)			
If you checked the MS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Ives IN No Standard Deduction Someone can claim: You so a dependent Your spouse as a dependent Vers IN No Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (f) Finaname Last name Immoder Immoder Immoder If more than four dependents, see instructions; (f) Finaname Last name Immoder Immo				ne nac	a income)						(0			
qualifying person is a child but not your dependent: Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Image: Text and the second secon	one box.	L	,	nomo	ofvouro	nouna lf vo	, ob			• •		,	ld'a na	ma if tha
Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Image: Comparison of the comparis														
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ↓ Yes No Standard Someone can claim: \orage You as a dependent \orage You spouse as a dependent \orage You spouse as a dependent Age/Blindness You: \orage You be fore January 2, 1959 \orage Are blind Spouse: \orage Vast (or gauifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more (1) First name Last name Intermed the damadent interest in a digital asset)? (3) Relationship (4) Check the box if qualifies for (see instructions): If more (1) First name Last name Intermed intervise (see instructions) Intermed intervise (see instructions) Intermed intervise (see instructions) If more 1 Total amount from Form(s) W-2, box 1 (see instructions) Intermed intervise (see instructions) Intermed intervise (see instructions) Intermed intervise (see instructions) W = 2 here Also Intermed income (see instructions) Intermed income (see instructions) Intermed income (see instructions) Intermed income (see instructions) Intermed income W = 2 here Medicaid waiver														
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (i) First name Last name (i) First name Credit for other dependents I'more (i) First name Last name number (g) Relationship (i) Credit for other dependents I'more it name I'more I'more I'more I'more I'more It notal amount from Form(s) W-2, box 1 (see instructions) I I a 44, 860. I'more not reported on ine ta (see instructions) Ic Ib Iimore Ic I'more not reported on ine ta (see instructions) Ic Ic Ic Ic I'more not reported on Form(s) W-2 (see instructions) Ic Ic Ic Ic I'mou did not get a form get af orm B018, line 6 Im Ip If Id Ic Ic Ic Ic Ic									-	,		,		
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1959 A re blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (u) First name Last name (u) Relationship (d) Check the box if qualifies for (see instructions): If more (1) First name Last name number (u) Relationship (d) Check the box if qualifies for (see instructions): Idependents, see instructions in the see instructions in the see instructions in the see instructions and check in the see instructions in the see instructions) in the see instructions here in total amount from Form(s) W-2, box 1 (see instructions) in the see instructions) in the see instructions) Attach Form(s) b Household employee wages not reported on Form(s) W-2. in the see instructions) in the see instructions) instructions. if firepolyee-provided adoption benefits from Form 2441, line 26 in the see instructions) in the see instructions) instructions. if gwages from Form 8919, line 6 in the see instructions) in the see instructions) if requind. 3					· _			-	:)? (Se	e instruc	tions	5.)		≥s ⊠ No
Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more (1) First name Last name Image: Check the box if qualifies for (see instructions): Child tax credit Credit for other dependent and check Image: Check the box if qualifies for (see instructions): Image: Check the box if qualifies for (see instructions): Image: Check the box if qualifies for (see instructions): Child tax credit Credit for other dependent and check Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for (see instructions) Image: Check the box if qualifies for		_		•		•								
Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions); If more than four dependents, see instructions and check here	Deduction		Spouse itemizes on a separate retur	n or ye	ou were a	dual-status	allen	1						
Image: the production of the productic on the product	Age/Blindness	S You:	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was borr	n befo	re Janua	ry 2,	1959	<u> </u>	s blind
If more Interventions Interventions Interventions dependents, see instructions Image: Interventions Image: Interventions Image: Interventions and check Image: Interventions Image: Interventions Image: Interventions Image: Interventions Attach Form(s) Image: Interventions Image: Interventions Image: Interventions Image: Interventions Image: Interventions Attach Form(s) Image: Interventions Image: I	Dependents	s (see	instructions):		(2) \$	Social security	/	(3) Relationshi	p (4)			· · ·		
dependents, see instructions	If more	(1) F	irst name Last name			number		to you		Child ta	ax cree	dit	Credit fo	r other dependents
see instructions a										L				
here .		s ——								L	<u> </u>			
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 44,860. Attach Form(s) b Household employee wages not reported on Form(s) W-2. 1b 1c W-2 here. Also c Tip income not reported on line 1a (see instructions) 1c 1d W-26 and 0 Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d 1d W-26 and Taxable dependent care benefits from Form 2441, line 26 1d 1d 1d Wages from Form 8919, line 6 1g 1g 1d 0d 1g W-2, see i Nontaxable combat pay election (see instructions) 1i 1z 44,860. Xtach Sch. B za Tax-exempt interest 2a a b Taxable amount 1b Attach Sch. B a Qualified dividends 3a b Taxable amount 5b Standard Sa Gai security benefits Sa b Taxable amount 5b Standard Fensions and annuities Sa a b Taxable amount 5b Standard Fensions and annuities Sa		ı ——								L	<u> </u>			
Attach Form(s) W-2 here.Also b Household employee wages not reported on Form(s) W-2		10	Total amount from Form(s) W/ 2 h	ov 1 (r		ations)				L		10		44 860
Attach Form(s) Tip income not reported on line 1a (see instructions) 1c w2 2 here. Also C Tip income not reported on Form(s) W-2 (see instructions) 1d W-2G and Use attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e Wages from Form 8919, line 6 . . 1g . get a Form Wages from Form 8919, line 6 . . . W-2, see in Nontaxable combat pay election (see instructions) . . . W-2, see in Nontaxable combat pay election (see instructions) Attach Sch. B 2a Tax-exempt interest Attach Sch. B 2a Tax-exempt interest .	Income					,							-	44,000.
attach Forms W-26 and 1099-R if tax was withheld. d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form W-2, see g Wages from Form 8919, line 6 1g instructions. i Other earned income (see instructions) 1h 0. V-2, see i Nontaxable combat pay election (see instructions) 1i 2 Add lines 1a through 1h . . 1z 44 , 860. Standard Deduction for- Single or 3a b b Taxable amount 3b Standard Deduction for- Single or 5a b Taxable amount 4b 5b Standard Deduction for- Single or 5a b Taxable amount 5b 5a Standard Deduction for- Single or f Gaai all scurity benefits 6a b Taxable amount 5b Standard Deduction for- Single or f Gaai security benefits 6a b Taxable amount fbb Standard Deduction for- Single or f Gapital gain or (loss). Attach Schedule D if requir	• • •			•									+	
W-26 and 109-R if tax Taxable dependent care benefits from Form 2441, line 26 1e usa withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f if you did not get a Form g Wages from Form 8919, line 6 1g w-2, see h Other earned income (see instructions) 1h 0. w-2, see in Nontaxable combat pay election (see instructions) 1i 1z 44 , 860. z Add lines 1a through 1h 2a b b Taxable interest 2b if required. 3a Qualified dividends 3a b D 3b 3b Standard Deduction for- Sangler or Married filing jointy or Qualifying surviving spouse, St27.00 6a Social security benefits 6a b Taxable amount 6b 7 3. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 3. 34, 676. 8 -10, 187. 9 344, 676. 11 34, 676. 12 13, 850. 7 Sandard Oualified dividend income from Schedule 1, line 10 10 11 34, 676. 8 Additional income from Sche														
was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1i 1h 0. w2.2, see in Nontaxable combat pay election (see instructions) 1i 1h 0. w2.2, see in Nontaxable combat pay election (see instructions) 1i 1z 444,860. Attach Sch. B 2a Tax-exempt interest 2a 2b 1b 0. Attach Sch. B 2a Qualified dividends 3a b b Ordinary dividends 3b 2b Standard Pensions and annuities 5a b Taxable amount 4b 5b Deduction for- 6a 5a b Taxable amount 6b 5b Single or Married filing jointly or Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 3. 3. Y = Oualifying surviving spouse, String out, String spouse, String spouse, String spouse, String spouse, String out, String spouse, String out, String spouse, String out, String spouse, String spouse, String spouse, String spouse, String out,		e				, ,						1e		
get a torini h Other earned income (see instructions) 1h 0. w-2, see i Nontaxable combat pay election (see instructions) 1i 1i z Add lines 1a through 1h 1 244,860. Attach Sch. B 2a Tax-exempt interest 2b attach Sch. B 3a b Doduing dividends 2b agualified dividends 3a b Ordinary dividends 2b standard 4a b Taxable amount 4b Standard 5a Secail security benefits 6a b Taxable amount 4b Standard fling separately, S13,850 r fry ou elect to use the lump-sum election method, check here (see instructions) 1 7 3. Married filing surviving spouse, S27,700 Additional income from Schedule 1, line 10 1 34,676. 9 34,676. Standard ded of household, S20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 34,676. Standard deduction or itemized deductions from Schedule 1, line 26 13 12 13,850. Maried filing ioninty or Additines 12, 2b, 3b, 4b, 5b,		f	Employer-provided adoption bene	fits fro	om Form 8	3839, line 29						1f		
get a torini h Other earned income (see instructions) 1h 0. w-2, see i Nontaxable combat pay election (see instructions) 1i 1i z Add lines 1a through 1h 1 244,860. Attach Sch. B 2a Tax-exempt interest 2b attach Sch. B 3a b Doduing dividends 2b agualified dividends 3a b Ordinary dividends 2b standard 4a b Taxable amount 4b Standard 5a Secail security benefits 6a b Taxable amount 4b Standard fling separately, S13,850 r fry ou elect to use the lump-sum election method, check here (see instructions) 1 7 3. Married filing surviving spouse, S27,700 Additional income from Schedule 1, line 10 1 34,676. 9 34,676. Standard ded of household, S20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 34,676. Standard deduction or itemized deductions from Schedule 1, line 26 13 12 13,850. Maried filing ioninty or Additines 12, 2b, 3b, 4b, 5b,		g	Wages from Form 8919, line 6 .									1g		
instructions. i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h . . 1i Attach Sch. B 2a Tax-exempt interest . 1z 44,860. Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b Attach Sch. B 2a Qualified dividends . . 4a b Taxable interest . . 2b Bandard Deduction for- 5a Qualified dividends .		h										1h		0.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Single or Married filing separately, \$13,850 C If you elect to use the lump-sum election method, check here (see instructions) 6b Married filing jointly or Qualified dividends 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 3. 8 -10,187. 9 34,676. 10 11 34,676. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 12 Standard deduction or itemized deduction from Form 8995 or Form 8995-A 13 14 13,850.		i	Nontaxable combat pay election (see ins	structions))		1 i						
if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- Deduction for- Single or Married filing separately, \$13,850 4a b Taxable amount 4b Standard Deduction for- Single or Married filing separately, \$13,850 5a Pensions and annuities 5a b Taxable amount 4b Single or Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 3. 8 -10,187. 9 34,676. \$27,700 4d lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 34,676. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.		Z	Add lines 1a through 1h	• •		· · ·						1z		44,860.
Out Guild and and on donords Out Out <th< td=""><td></td><td>2a</td><td>· · -</td><td></td><td></td><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td></th<>		2 a	· · -						•					
Standard Deduction for- 5a 5a b Taxable amount 5b Single or Married filing separately, \$13,850 6a 6a b Taxable amount 6b Y Capital gain or (loss). Attach Schedule D if required. If not required, check here 1 7 3. Married filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 3. Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 26 9 34,676. 1 Subtract line 10 from line 9. This is your adjusted gross income 1 34,676. 1 \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 14 Add lines 12 and 13 14 13,850. 14 13,850.										· ·				
Deduction for- Single or Married filing separately, \$13,850 Sa b Taxable amount So 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 3. 8 Additional income from Schedule 1, line 10 7 3. 9 Additional income from Schedule 1, line 26 9 34,676. \$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 34,676. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.	Standard												-	
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .	Deduction for—									• •	• •		+	
Separately,	Married filing		•		mothod				• •	• •	· .	dð		
Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 10 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 34,676. 9 34,676. 9 34,676. 10 11 34,676. 11 34,676. 10 12 Standard deduction or itemized deductions (from Schedule A) 11 34,676. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.			, ,		,		`	,	• •	• •	· ப	7	1	З
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income934,676.\$27,70010Adjustments to income from Schedule 1, line 261010Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1134,676.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A13If you checked any box under Standard Deduction,131413,850.	 Married filing 									•••	• 🗀			
10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 34,676. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.	Qualifying									•••				
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1134,676.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	\$27,700													
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 Add lines 12 and 13 13 14 13,850.	 Head of household, 		-											34,676.
In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	\$20,800			-	-	-								
Deduction, 14 Add lines 12 and 13 14 13,850	any box under							95-A						
	Deduction,	14	Add lines 12 and 13									14		13,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	e.			15		20,826.

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	2,279.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17					[18	2,279.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	2,279.
	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	2,279.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 3	,881.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	3,881.
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				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T					🗆	33	3,881.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,602.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆 🗄	35a	1,602.
Direct deposit?	b	Routing number 1 2 1				Checking	Savings		
See instructions.	d	Account number 3 2 5	0 9 9 3	0 2 7 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.ir</i> s.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 Yes. Co	omplete bel	ow.	🗙 No
	De nai	signee's		Phone no.			onal identifica per (PIN)	ation	
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sche			hest	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the IF	≀S ser	nt you an Identity
		0					Protect	ion P	IN, enter it here
Joint return?					SOFTWARE ENGINEER			st.)	
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 ins		scholl Fills, einter it here
	Ph	one no. (737)710-822	<u>ົ</u> ງ	Email address	אדאדידי סדפטר	ANDE@YAHOO.CO	`		
		eparer's name	∠ Preparer's signat		NIMEEI.DEORE	Date			Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P024708	122	Self-employed
Preparer		n's name GLOBAL TAX		TAVAN KUM	WY DODIENTI				678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's I		88-2145487
Go to www.ire.cr		1040 for instructions and the late		TIONICIC IN			1 1 11 1 5 1	_11 N	Form 1040 (2023)
		in the instructions and the late	scinomation.		BAA	REV 01/27/24 PRO			10m 10m (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
NIMEET D DESH	PANDE	770-85	-4393

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 S	chedule E .	5	-12,290.
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	8 i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	8 I			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8 p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r		-	
S	Nontaxable amount of Medicaid waiver payments included on Form		,		
	1040, line 1a or 1d	8 s(2	
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 1 0 0		
-	See Stmt 2,103.	8z	2,103.		0 100
9	Total other income. Add lines 8a through 8z		 	9	2,103.
10	Combine lines 1 through 7 and 9. This is your additional income . Ente				10 107
	1040, 1040-SR, or 1040-NR, line 8	• • •		10	-10,187.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	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			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)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m.			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here ar	nd on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	
	BAA REV 01/27/24 PRO		Schedule 1 (F	orm 1040) 202:

SCHEDULE	D
(Form 1040)	

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

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

NIMEET D DESHPANDE

Your social security number

770-85-4393

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	7.	4.			3.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	· · · · ·			5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	3.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	-	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,		15	

Part III

16

17

18

19

20

21

22

for Form 1040, line 16.

		Faye Z
III Summary		
Combine lines 7 and 15 and enter the result	16	3.
• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
Are lines 15 and 16 both gains?		
 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 		
If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	()

☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

REV 01/27/24 PRO BAA

Schedule D (Form 1040) 2023

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification number
NIMEET D DESHPANDE	770-85-4393

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	7.	4.			3.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	7.	4.			3.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

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

2023
Attachment Sequence No. 13

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

Name(s)	shown on return							al security	
	ET D DESHPANDE						770-8	5-4393	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40	erty, use	Schedule						
	Did you make any payments in 2023 that would require you								
B	f "Yes," did you or will you file required Form(s) 1099?							. <u> </u>	es 🗌 No
1 a	Physical address of each property (street, city, state, Z	IP code	e)						
Α	SHANI MANDIR NASHIK MAHARASTHRA IN 42	2004							
В									
С									1
1b	Type of Property (from list below)2For each rental real estate prop above, report the number of fail	r rental	and			r Rental Days		nal Use ays	QJV
Α	3 personal use days. Check the C			Α		365		0	
В	if you meet the requirements to qualified joint venture. See instr			В					
С	quained joint venture. See instr	uctions	S.	С					
Туре	of Property:						•		
	Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	cribe)		
						Propert			
Incom	ie:			Α		B			С
3	Rents received	3		4	80.				
4	Royalties received	4							
Exper									
5	Advertising	5						ĺ	
6	Auto and travel (see instructions)	6						[
7	Cleaning and maintenance	7		1,2	60.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14		14		3,4	50.				
15	Supplies	15		3,1					
16		16							
17	Utilities	17		3,9	60.				
18	Depreciation expense or depletion	18							
19	Other (list)	19						[
20	Total expenses. Add lines 5 through 19	20		12,7	70.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-12,2	90.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)		(12,29)	(
23a	Total of all amounts reported on line 3 for all rental prop			,_,	23a		480.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
c	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				
e	Total of all amounts reported on line 20 for all properties				23e	1:	2,770.		
24	Income. Add positive amounts shown on line 21. Do no						. 24		
25	Losses. Add royalty losses from line 21 and rental real esta		-		nter to	al losses he		(12,290.
26	Total rental real estate and royalty income or (loss).								
_•	here. If Parts II, III, and IV, and line 40 on page 2 do n Schedule 1 (Form 1040), line 5. Otherwise, include this a	ot appl	y to you,	also e	nter th	is amount			-12,290.

Continuation Statement

Additional Information From 2023 Federal Tax Return

Schedule 1: Additional Income and Adjustments to Income Other Income

Description	Amount
Other Income from box 3 of 1099-Misc	1.
Nonemployee compensation from 1099-NEC	2,102.
Total	2,103.