Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	•						
Taxpayer's name		Social securit	y number	r			
UDAYAN KATE	787-68-	787-68-5695					
Spouse's name		Spouse's soci	ial securi	ty number			
Part I Tax Return Information -	- Tax Year Ending December 31, 2023 (Ente	 er year you a	re auth	orizing.)			
Enter whole dollars only on lines 1 through		<u> </u>					
Note: Form 1040-SS filers use line 4 only.							
1 Adjusted gross income			1	109,	087.		
2 Total tax			2	16,	257.		
3 Federal income tax withheld from F	orm(s) W-2 and Form(s) 1099		3	19,	429.		
4 Amount you want refunded to you			4	3,	172.		
			5				
Part II Taxpayer Declaration and	d Signature Authorization (Be sure you get and	keep a copy	y of yo	ur retur	n)		
to send my return to the IRS and to receive frofor any delay in processing the return or refund Agent to initiate an ACH electronic funds withd payment of my federal taxes owed on this return authorization is to remain in full force and effe payment, I must contact the U.S. Treasury Fusiness days prior to the payment (settlemen taxes to receive confidential information necepersonal identification number (PIN) below is not settlement.	ng. I consent to allow my intermediate service provider, trans m the IRS (a) an acknowledgement of receipt or reason for rel, and (c) the date of any refund. If applicable, I authorize the rawal (direct debit) entry to the financial institution account in mand/or a payment of estimated tax, and the financial instituted until I notify the U.S. Treasury Financial Agent to termina inancial Agent at 1-888-353-4537. Payment cancellation ret) date. I also authorize the financial institutions involved in the sarry to answer inquiries and resolve issues related to the ny signature for the income tax return (original or amended) I	ejection of the tra U.S. Treasury are dicated in the tation to debit the atte the authorizate quests must be be processing of payment. I furt	ansmissind its deax prepare entry to ation. To the receive the election and the reckrease.	ion, (b) the signated Fration soft this accourevoke (cd no later thronic paynowledge	e reason Financial ware for unt. This ancel) a than 2 ment of that the		
Electronic Funds Withdrawal Consent.							
Taxpayer's PIN: check one box only		8	5 6	9 5			
▼ I authorize GLOBAL TAXES	LLC to enter or generate	ř Ent	er five di		as my		
	rn (original or amended) I am now authorizing.	dor	n't enter a	III zeros			
	re on the income tax return (original or amended) I am and your return is filed using the Practitioner PIN met						
Your signature ►	Date ▶						
Spouse's PIN: check one box only							
l authorize	to enter or generate	e my PIN			as my		
	ERO firm name		er five di	aits. but	asiny		
signature on the income tax retur	n (original or amended) I am now authorizing.	dor	n't enter a	ill zeros			
	re on the income tax return (original or amended) I am and your return is filed using the Practitioner PIN met						
Spouse's signature ▶	Date ▶						
Prac	titioner PIN Method Returns Only—continue below	W					
Part III Certification and Authent	tication — Practitioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN	N followed by your five-digit self-selected PIN. 2	2 2 4 9 0 Don't ente		8 2 7 os	1		
authorized to file for tax year indicated above	N, which is my signature for the electronic individual income for the taxpayer(s) indicated above. I confirm that I am sub d Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in acc	cordance			
ERO's signature ▶	Date ▶						
	RO Must Retain This Form — See Instructions						
	mit 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 S. Individual Income Ta		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or staple in th	nis space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instruc	ctions.
Your first name	e and m	iddle initial	Last n	ame						Your so	ocial security n	umber
UDAYAN			KAT	E						787	68 569	5
If joint return, s	spouse'	s first name and middle initial	Last n	ame						Spouse	's social securi	ty numbe
Home address	(numb	er and street). If you have a P.O. box, see	instruct	tions.					Apt. no.	ł	ential Election (. •
6565 MC									33	1	here if you, or a if filing jointly,	,
	oost off	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta		ZIP c			this fund. Che	
DALLAS						T)		752		I	low will not cha	ange
Foreign countr	y name			Foreign p	rovince/state/c	coun	ty	Foreig	n postal code	your ta	x or refund. You	Spouse
Filing Chalus	_ [\sqrt{\sq}\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	Single					Head of ho	uoob	ald (HOH)			spouse
Filing Status	s 🗠	-	na had	incomo)			☐ Head of No	usen	ola (HOH)			
Check only		Married filing jointly (even if only o Married filing separately (MFS)	ne nau	income)			☐ Qualifying s	survis	ing spausa	(088)		
one box.	L If v	you checked the MFS box, enter the	nama	of your s	nouse If you	ı che			• .		ild's name if t	·he
		ialifying person is a child but not you			pouse. Il you	CIT	ecked the HOH	UI Q	JO DOX, GIRE	i iiie cii	iliu s riairie ii t	116
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig									☐ Yes ▷	≺ No
		neone can claim: You as a de					a dependent): (0	e instruction	113.)		<u> </u>
Standard Deduction		Spouse itemizes on a separate retur	•		•		•					
	_	· _ ·										
		: Were born before January 2, 1	959	∐ Are b ⊤	·			14	ore January 2	-	Is blind	
Dependent		instructions): First name Last name		(2)	Social security number		(3) Relationship to you) (4	Child tax c		ifies for (see ins Credit for other of	
If more	(1)	rist name Last name			Humber		io you	+		- Cuit		зоронасть
than four dependents,												
see instruction	ıs							_			H	
and check here [ı —											
	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a	122	,725.
Income	b	Household employee wages not re	,		,					. 1k		7 / 201
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a								. 10		
attach Forms	d	Medicaid waiver payments not rep			•					. 10		
W-2G and	e	Taxable dependent care benefits f		•	,					. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene			•					. 11		
If you did not	g	Wages from Form 8919, line 6.			· ·					. 10		
get a Form	h	Other earned income (see instruct								. 11		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i	'	-			
	z	Add lines 1a through 1h						' .		. 1z	122	,725.
Attach Sch. B			2a	_		b T	axable interest			. 2t		
if required.	За	· –	3a				Ordinary dividen	ds .				
	4a	_	4a				axable amount			. 4k		
Standard	5a		5a				axable amount			. 5k		
• Single or	6a	_	6a			b T	axable amount			. 6k	,	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method,	check here ((see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche			•	•	,		[7		
 Married filing jointly or 	8	Additional income from Schedule								. 8	_	,638.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-							. 9		,087.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incon	ne				. 11	109	,087.
\$20,800	12	Standard deduction or itemized	-	-	_					. 12		,850.
 If you checked any box under 	13	Qualified business income deduct		•		,	5-A			. 13		
Standard Deduction,	14	A 1 1 1 1 4 0 1 4 0								. 14		,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or lo	ss ontor	0 This is w	our t	tavabla incom			15		237

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	16,257.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	16,257.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	16,257.
	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	16,257.
Payments	25	Federal income tax withheld	I from:						
_	а	Form(s) W-2				25a 19	,429.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	19,429.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	19,429.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,172.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	🗌	35a	3,172.
Direct deposit?	b	Routing number 1 1 1							
See instructions.	d	Account number 8 9 1 6 5 5 3 2 3							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party		you want to allow another							
Designee		,	•				omplete	below.	X No
Ü	De	esignee's		Phone			onal iden	tification	
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com							, ,
Here			ipicic. Deciaration		, <i>, ,</i>	sea on an imormati			, ,
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					ANALYTICS	CONSULTANT		e inst.)	,
See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.	•					I .	ntity Prote inst.)	ection PIN, enter it here	
	Ph	one no. (765)637-539	4	Email address	UDAYANKATE	15@GMAIL.CO	OM		
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/17/2024	P0208	<u>327</u> 03	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC			Pho	ne no. ((678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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 social security number 787-68-5695 UDAYAN KATE

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	Schedule E .	5	-13,638.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	()	
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()	
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
ı	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
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	8р			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s	(<u>)</u>	
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:				
		8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter				
	1040, 1040-SR, or 1040-NR, line 8			10	-13,638.

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:				
05	Tatal allows allow to some Add lines Ode thousands Ode	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 Form 1040, 1040-SR, or 1040-NR, line 10	. ∟nter	nere and on		
				26	I. 4 (F 1010) 0000
	BAA	REV 02/	11/24 PRO	Schedu	le 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

UDA?	YAN KATE						787-6	8-5695	5	
Par		d Roy	alties							
	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	Schedule	C . See	e instru	ctions. If you ar	e an ind	ividual, rep	oort farm	
Α	Did you make any payments in 2023 that would require you	to file l	Form(s) 1	0002 9	Soo inc	structions			os 😾 No	_
	If "Yes," did you or will you file required Form(s) 1099?									
				· ·	• •			· 🗀 • \	<u> </u>	_
1a	Physical address of each property (street, city, state, ZIF)							
<u>A</u> _	KANJURMARG EAST MUMBAI MUMBAI IN 40004	12								
В										
С					_				1	
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair	rental a	and		Fa	ir Rental Days		nal Use ays	QJV	
Α	personal use days. Check the Qu			Α		365		0		
В	if you meet the requirements to f			В						
С	qualified joint venture. See instru	ictions.	. [С						
Туре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Reni	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descri	be)			
						Propertie				_
Incor	ne:	-		Α		В	, o.		С	_
3	Rents received	3			80.					_
4	Royalties received	4								_
Expe	nses:									_
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,8	24.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,3	55.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			86.					
15	Supplies	15		2,4	21.					
16	Taxes	16								
17	Utilities	17			54.					
18	Depreciation expense or depletion	18		3,6	46.					
19	Other (list)	19		14 5	10.6					
20	Total expenses. Add lines 5 through 19	20		14,7	86.					
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	_	-14,2	206					
22	Deductible rental real estate loss after limitation, if any,			,2						_
	on Form 8582 (see instructions)	22		13,63	38.)	(,	()
23a	Total of all amounts reported on line 3 for all rental prope				23a	\	580.			
b	Total of all amounts reported on line 4 for all royalty proper				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	3	,646.			
е	Total of all amounts reported on line 20 for all properties				23e		,786.			
24	Income. Add positive amounts shown on line 21. Do not	includ	le any los	sses			24			
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses here	25	(13,638.	_)
26	Total rental real estate and royalty income or (loss).	Combii	ne lines 2	24 and	25. E	nter the resul	t			
	here. If Parts II, III, and IV, and line 40 on page 2 do no	t apply	to you,	also e	nter th	nis amount or				
	Schedule 1 (Form 10/0) line 5. Otherwise, include this ar	mount	in the tot	al on l	ina /11	on nage 2	000		_12 620	

Form **8582**

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

2023

Attachment
Sequence No. 858

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

Identifying number

UDA	YAN KATE				/8/	-68-	-5695
Pa	rt I 2023 Passive Activity Los						
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	al Real Estate Activities With Active P vance for Rental Real Estate Activities			ive participation, s	ee Special		
1a	Activities with net income (enter the a	amount from Part IV	V, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo				14,206.)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 1a, 1b, and 1c					1d	-14,206.
All O	ther Passive Activities						
2a	Activities with net income (enter the a	amount from Part V	. column (a)) .	2a			
b	Activities with net loss (enter the amo)		
С	Prior years' unallowed losses (enter the)		
d				· · · · · · · · · · · · · · · · · · ·		2d	
3	Combine lines 1d and 2d and subtra				this line is		
_	zero or more, stop here and include						
	prior year unallowed losses entered						
	normally used					3	-14,206.
	If line 3 is a loss and: • Line 1d is a						
		loss (and line 1d is	•	-			
	ion: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tin	ne during the	year,	do not complete
	I. Instead, go to line 10.		A . 12 212 XAP11	A.P. B. P.T.			
Pai	Special Allowance for Rei			=			
	Note: Enter all numbers in Par			tions for an examp	oie.	4	14 006
4	Enter the smaller of the loss on line 1					4	14,206.
5	Enter \$150,000. If married filing separ	-			50,000.		
6	Enter modified adjusted gross income Note: If line 6 is greater than or equal				.22,725.		
	on line 9. Otherwise, go to line 7.	i to line 5, skip line	s / and o and em	ei -0-			
7	Subtract line 6 from line 5			7	27,275.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25				8	13,638.
9	Enter the smaller of line 4 or line 8. If					9	13,638.
Par		mio o morado da	y 0112, 000 monac				13,030.
10	Add the income, if any, on lines 1a an	nd 2a and enter the	e total			10	0.
11	Total losses allowed from all passiv			d 10. See instruct	ions to find		
	out how to report the losses on your t					11	13,638.
Par	t V Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			•
	Current year Prior years Ove						nin or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	1	(e) Loss
KAN	JURMARG EAST	0.	14,206.				14,206.

14,206.

0.

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

Form 8582 (2023) Page **2**

()											
Part V Complete This I	Part Before F	Part I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.					
		Currer	nt year		Prior ye	years Overall ga			ain or loss		
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	ved 2c) (d) Gain		(e) Loss		
Total. Enter on Part I, lines 2a, 2h				1: 0	<u> </u>						
Part VI Use This Part if			Part II,	Line 9. S	ee instruc ⊺	tions.					
Name of activity	ar to	orm or schedule and line number be reported on ee instructions)	(a) Loss		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).
KANJURMARG EAST		E Ln 22		14,206.	1.0000	0000	13,63	8.	568.		
Total				14,206.	1.00)	13,63	8.	568.		
Part VII Allocation of Un	allowed Los			S.							
Name of activity		Form or sche and line nun to be reporte (see instruct	nber do on (a) Loss (b) R		(b) Ratio		(с) Unallowed loss			
KANJURMARG EAST		E Ln 2	2		568.	1.00000000		568.			
Total	. <u> </u>	<u> </u>			568.		1.00		568.		
Part VIII Allowed Losses	. See instruct										
Name of activity		Form or schedul and line number to be reported o (see instructions		(a) l	Loss	(b) Ur	allowed loss	(c) Allowed loss		
KANJURMARG EAST		E Ln 2	2	:	14,206.		568.		13,638.		
Total					14,206.		568.		13,638.		