E1040-NR Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

| For the year Jan | ı. 1–D | ec. 31, 2023, or other tax year beginnir | ng | , 2023, | ending | · · · · · · · · · · · · · · · · · · · | 20 | See separate instructions. |
|-----------------------------|---|--|----------------|------------------------------------|--------------------------------|---------------------------------------|---------------|------------------------------|
| Your first name | and r | niddle initial | Last na | ime | | | Your ide | ntifying number |
| | | | | | | | (see instr | uctions) |
| MOHNISH | | N | WADH | WA | | | 803-1 | 3-5616 |
| Home address (| numk | per and street). If you have a P.O. box, | see ins | tructions. | | | | Apt. no. |
| 1130 S PE | REG | RINE PL | | | | | | |
| City, town, or po | ost of | fice. If you have a foreign address, also | comp | lete spaces below. | | State | Z | IP code |
| ANAHEIM | | | | | | CA | S | 92806 |
| Foreign country | nam | e | Foreigr | n province/state/county | | Foreign p | ostal code | Э |
| | | | | | | | | |
| Filing | X | Single | ately (N | MFS) Qualifyir | ng surviving spouse (| QSS) | ☐ Esta | te 🗌 Trust |
| Status | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent | | | | | | | |
| Check only one box. | | | | | | | | |
| | Λ+ O | ny time during 2023, did you: (a) receiv | 0 (00 0 | roward award ar navm | ant for aronarty or as | na ilogo): Or | (b) coll o | vohongo or |
| Digital Assets | | rwise dispose of a digital asset (or a fir | | | | | (b) Sell, e) | |
| Dependents | | | | | | (4) Che | eck the box i | f qualifies for (see inst.): |
| (see instructions): | | (4) First same | | (2) Dependent's identifying number | (O) Deletieneleie te co | Chile | d tax credit | Credit for other |
| | | (1) First name Last name | | identifying number | (3) Relationship to yo | ou | | dependents |
| If more than four | | | | | | | | |
| dependents, see | | | | | | | | |
| instructions and check here | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see i | nstructions) | | | . 1a | 51,509. |
| Effectively | b | Household employee wages not repo | • | , | | | . 1b | , |
| Connected | c | Tip income not reported on line 1a (se | . 1c | | | | | |
| With U.S. | d | Medicaid waiver payments not report | ed on F | | | | . 1d | |
| Trade or | е | Taxable dependent care benefits from | n Form | 2441, line 26 | | | . 1e | |
| Business | f | Employer-provided adoption benefits | from F | orm 8839, line 29 . | | | . 1f | |
| | g | Wages from Form 8919, line 6 | | | | | . 1g | |
| Attach Form(s) W-2, | h | Other earned income (see instructions | s) . | | | | . 1h | |
| 1042-S, | i | Reserved for future use | | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | | | 1 1 | | . 1j | |
| and 8288-A | k | Total income exempt by a treaty from | | | | | | |
| here. Also attach | | line 1(e) | | | 1k | | | E1 E00 |
| Form(s) | Z | Add lines 1a through 1h | i . | 1 | | | . 1z | 51,509. |
| 1099-R if | 2a | Tax-exempt interest 2a Qualified dividends 3a | | | | | . 2b . 3b | 503. |
| tax was withheld. | 3a 4a | Qualified dividends 3a IRA distributions 4a | | | linary dividends . able amount | | | |
| If you did not | ч а 5а | Pensions and annuities 5a | | | able amount | | | |
| get a Form | 6 | Reserved for future use | | | | | | |
| W-2, see | 7 | Capital gain or (loss). Attach Schedule | | | | _ | | |
| instructions. | 8 | Additional income from Schedule 1 (F | • | | • | | | -9,462. |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. | | | | | | 42,550. |
| | 10 | Adjustments to income from Schedu | | - | | | | · |
| | - | income | • | • | • | | | |
| | 11 | Subtract line 10 from line 9. This is yo | ur adju | sted gross income | | | . 11 | 42,550. |
| , | 12 | Itemized deductions (from Schedule | | | | | | |
| | | deduction (see instructions) | | | Std Dedn US/I | ndia Tre | aty 12 | 13,850. |
| | 13a | Qualified business income deduction | | | | | | |
| | b | Exemptions for estates and trusts on | - | | | | | |
| | С | Add lines 13a and 13b | | | | | | |
| | 14 | | | | | | | 13,850. |
| , | 15 | Subtract line 14 from line 11. If zero of | r less, | enter -0 This is your ta x | kable income . | | . 15 | 28 , 700. |

| Form 1040-NR (| 2023) | | | | | | | Page 2 |
|-------------------|--------|--|---------------|--------------|-------------|---|--------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 | 2 4972 | 2 3 [| | | 16 | 3,227. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | 18 | 3,227. |
| | 19 | Child tax credit or credit for other dependents from Schedule 88 | 312 (Form 10 | 40) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), line 8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | | | | | 22 | 3,227. |
| | 23a | Tax on income not effectively connected with a U.S. trade or bus Schedule NEC (Form 1040-NR), line 15 | | 23a | | | | |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Fo | | | | | | |
| | | line 21 | | 23b | | | | |
| | С | Transportation tax (see instructions) | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total tax | | | | | 24 | 3,227. |
| Payments | 25 | Federal income tax withheld from: | | | | | | 0,22 |
| . aymonto | а | Form(s) W-2 | | 25a | Į | 5,530. | | |
| | b | Form(s) 1099 | | 25b | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | C | Other forms (see instructions) | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 5,530. |
| | e | Form(s) 8805 | | | | | 25e | , |
| | f | Form(s) 8288-A | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | 25g | |
| | 26 | 2023 estimated tax payments and amount applied from 2022 ref | | | | | 26 | |
| | 27 | Reserved for future use | | 27 | | | | |
| | 28 | Additional child tax credit from Schedule 8812 (Form 1040) . | | 28 | | | | |
| | 29 | Credit for amount paid with Form 1040-C | | 29 | | | | |
| | 30 | Reserved for future use | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form 1040), line 15 | | 31 | | | 1 | |
| | 32 | Add lines 28, 29, and 31. These are your total other payments | | 32 | | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total pa | | | | | 33 | 5,530. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This | | | | | 34 | 2,303. |
| rioidiid | 35a | Amount of line 34 you want refunded to you . If Form 8888 is att | | • | - | | 35a | 2,303. |
| Direct deposit? | b | Routing number 0 2 1 0 0 0 0 2 1 c | Savings | | , | | | |
| See instructions. | d | Account number 7 7 2 3 8 8 0 3 6 | | | | | | |
| | e | If you want your refund check mailed to an address outside the | United State | es not sho | ⊐ own on | page 1. | | |
| | | enter it here. | | | | | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | x | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe . | | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see in | nstructions . | | | | 37 | |
| | 38 | Estimated tax penalty (see instructions) | | 38 | | | | |
| Third | Do yo | u want to allow another person to discuss this return with the IRS | es. Compl | ete bel | ow. 🗵 No | | | |
| Party | Desig | nee's Phone | nal identifi | cation | | | | |
| Designee | name | no | er (PIN) | | | | | |
| | | penalties of perjury, I declare that I have examined this return and accomp they are true, correct, and complete. Declaration of preparer (other than ta: | | | | | | |
| Sign | Your | signature Date Your | r occupation | | | If the | IRS s | ent you an Identity |
| Here | | | • | | | Prote | ection | PIN, enter it here |
| | | MEC | CHANICAL | ENGI | IEER | (see | inst.) | |
| | Phone | | | | | | | |
| Paid | Prepa | rer's name Preparer's signature | | Date | | PTIN | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUP | TA TALLAM | 02/17/ | 2024 | P02082 | 2703 | Self-employed |
| Use Only | Firm's | name GLOBAL TAXES LLC | | | | Phone n | o. (6' | 78)965-9522 |
| Joe Offiny | Firm's | address 245 ROONEY CT E BRUNSWICK NJ 08 | 3816 | | | Firm's El | N 8 | 4-3171965 |

BAA

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

MOHNISH N WADHWA

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

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

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

Sequence No. 01

Your social security number
803-13-5616

| 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. Atta | ich Schedule E . | 5 | -9,462. |
| 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 | | |
| | Section 461(I) excess business loss adjustment | 8p | | |
| 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 () | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| | 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 | here and on Form | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -9,462. |

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

| Par | t II 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 | , , , , , , , , , , , , , , , , , , , | 24a | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | 04 | | | |
| _1 | • | 24c | | _ | |
| d | | 24d | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 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 | | | | |
| | - | 24i | | | |
| j | | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | 24z | | | |
| 0 - | | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | E | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . ∟nter | nere and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 26 | |

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Department of the Treasury Internal Revenue Service

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number MOHNISH N WADHWA 803-13-5616 Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | | | |
|---|--|---|-----------------------------|----------------|--------------------------|---------------------|-------------------------|--|--|
| | | (a) 1070 (b) 1070 (c) 5070 | | (6) 30% | % | % | | | |
| 1 | Dividends and divide | nd equivalents: | | | | | | | |
| а | Dividends paid by U. | S. corporations | | 1a | | | | | |
| b | Dividends paid by fo | reign corporations | | 1b | | | | | |
| С | Dividend equivalent p | ayments received with respect to section 871(m) trans | sactions | 1c | | | | | |
| 2 | Interest: | | Î | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | Paid by foreign corpo | orations | [| 2b | | | | | |
| С | | | T | 2c | | | | | |
| 3 | Industrial royalties (patents, trademarks, etc.) | | | | | | | | |
| 4 | | copyright royalties | | 4 | | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property income and natural resources royalties | | | 6 | | | | | |
| 7 | Pensions and annuiti | es | | 7 | | | | | |
| 8 | Social security benefits | | | 8 | | | | | |
| 9 | | e 18 below | [| 9 | | | | | |
| 10 | Gambling-Resident | s of Canada only. Enter net income in column (c). | | | | | | | |
| _ | If zero or less, ente | | | | | | | | |
| a | Winnings | | | 10c | | | | | |
| ь 11 | Losses Gambling—Resident | s of countries other than Canada | İ | 100 | | | | | |
| • • | Note: Enter winnings | s only. Losses aren't allowed | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | Multiply line 13 by r | ate of tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffectively connected with a U.S. trade or business. A | | | | | | -NR, line 23a 15 | |
| | | Capital Gains and L | osses F | rom | Sales or Excha | nges of Propert | ty | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not | | | (b) Date acquire mm/dd/yyyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
| | ely connected with a U.S. ss. Do not include a gain | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | |
| gains a | y interest; report these nd losses on Schedule D | | | | | | | | |
| (Form 1 | • | | | | | | | | |
| exchan | property sales or ges that are effectively | | | | | | | | |
| | ted with a U.S. business edule D (Form 1040). | | | | | | | | |
| | 797, or both. | 18 Capital gain. Combine columns (f) and (g) of | of line 17. | . Ente | r the net gain here | e and on line 9 abo | ove. If a loss, ente | r -0 18 | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

| Name s | hown on Form 1040-NR | | | | Your identifying | number | | | | | |
|--------|---|-------------------------------|---------------------------|---|------------------|-------------|------------|--|--|--|--|
| MOHN | IISH N WADHWA | | | | 803-13-5 | 616 | | | | | |
| Α | Of what country or countries w | vere you a citizen or nationa | al during the tax ye | ear? INDIA | | | | | | | |
| В | In what country did you claim | residence for tax purposes | s during the tax ye | ear? United States | | | | | | | |
| С | Have you ever applied to be a | green card holder (lawful p | ermanent resident | t) of the United States? . | | ☐ Yes | ⊠ No | | | | |
| D | Were you ever: | | | | | | | | | | |
| | | | | | | | ⊠ No | | | | |
| 2. | 2. A green card holder (lawful permanent resident) of the United States? | | | | | | | | | | |
| _ | If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. | | | | | | | | | | |
| Е | immigration status on the last day of the tax yearF1 | | | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | | | |
| G | List all dates you entered and | left the United States durin | g 2023. See instru | ctions. | | | | | | | |
| | Note: If you're a resident of C | | | | _ | | | | | | |
| | check the box for Canada or | | | | ☐ Mexico | | | | | | |
| | Date entered United States | Date departed United State | es | Date entered United State | | arted Unite | d States | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | ı ı | mm/dd/yy | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| н | Give number of days (including | vacation nonworkdays and | I nartial davs) vou v | were present in the United | States during: | | | | | | |
| _ | 2021 | , 2022 | , and | d 2023 365 | | | S | | | | |
| ı | Did you file a U.S. income tax If "Yes," give the latest year ar | | | | | ∐ Yes | ⊠ No | | | | |
| J | Are you filing a return for a trus | st? | | | | ☐ Yes | ⊠ No | | | | |
| | If "Yes," did the trust have a U | | | | | | | | | | |
| | U.S. person, or receive a contr | • | | | | ☐ Yes | ☐ No | | | | |
| K | Did you receive total compens | | - | | | ☐ Yes | ⊠ No | | | | |
| | If "Yes," did you use an alterna | | | • | | ☐ Yes | □ No | | | | |
| L | Income Exempt From Tax—If complete (1) through (3) below | . See Pub. 901 for more inf | ormation on tax tr | eaties. | | | - | | | | |
| 1. | Enter the name of the country, amount of exempt income in the | | | | claimed the tre | eaty benefi | t, and the | | | | |
| | (a) Cou | ntry | (b) Tax treaty arti | cle (c) Number of montl claimed in prior tax ye | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount of | n Form 1040-NR, line 1k. D | o not enter it anyv | vhere else on line 1 | | | | | | | |
| 2. | Were you subject to tax in a fo | reign country on any of the | income shown in | 1(d) above? | | ☐ Yes | ☐ No | | | | |
| 3. | Are you claiming treaty benefit | | - | | | ☐ Yes | ⊠ No | | | | |
| | If "Yes," attach a copy of the C | Competent Authority detern | nination letter to ye | our return. | | | | | | | |
| M | Check the applicable box if: | | _ | | | | | | | | |
| | This is the first year you are muith a U.S. trade or business u | ınder section 871(d). See ir | structions | | | | 🗌 | | | | |
| 2. | You have made an election in States as effectively connected | | | | | | | | | | |

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.

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number

| MOH | NISH N WADHWA | | | | | | 803- | 13-5616 | |
|------|--|--|----------|--------|------------|------------------|------------|---------------|---------------|
| Par | | d Ro | yalties | | | | | | |
| | Note: If you are in the business of renting personal proper | ty, use | Schedule | C. See | instru | ctions. If you a | are an inc | dividual, rep | oort farm |
| | rental income or loss from Form 4835 on page 2, line 40. | 4 - CI - | | 0000.0 | . ! | | | | - V N- |
| | | you make any payments in 2023 that would require you to file Form(s) 1099? See instructions. 'es," did you or will you file required Form(s) 1099? | | | | | | | |
| Ь | | | | • • | • • | | | . <u> 10</u> | es 🗌 NO |
| 1a | Physical address of each property (street, city, state, ZIF | ode | e) | | | | | | |
| Α | A-404, #70, SHIVSAGAR TILAKNAGAR, CHEMBUF | R MUN | MBAI,MA | HARA | SHTR. | A IN 400 | 089 | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate prope | rty list | ted | | Fa | ir Rental | Perso | nal Use | QJV |
| | (from list below) above, report the number of fair | | | | | Days | D | ays | QUV |
| Α | | personal use days. Check the QJV box if you meet the requirements to file as | | | | 365 | | 0 | |
| В | qualified joint venture. See instru | | | В | | | | | |
| С | | | J. | С | | | | | |
| | of Property: | | | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Land | | - | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | lties | 8 | Other (desc | ribe) | | |
| | | | | | | Properti | | | |
| Inco | ne: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | | 02. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | nses: | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,4 | 21. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 2,1 | 41. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 2,6 | 35. | | | | |
| 15 | Supplies | 15 | | 1,4 | 52. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 2,4 | 15. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 10,0 | 64. | | | | |
| 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 | | -9,4 | 62. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| -9,46 | | (| |)(|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 602. | | |
| 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 | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 10 | ,064. | _ | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | | . 24 | _ | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | | (| 9,462.) |
| 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 | | | | | | on | | -0 162 |