Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number MAHENDER REDDY LOKASANI 659-27-8021 Spouse's name Spouse's social security number 989-91-6319 UZWALA CHALLA Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 128,844. 1 1 12,867. 2 2 3 3 21,309. 4 4 8,442. 5 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

				FBO firm name		Ē	٢
×	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ	-
-			-			1 /	1

Ent	as my				
7	8	0	2	1	

9

as mv

1

Enter five digits, but don't enter all zeros

1 6 3

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 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 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 🕨	Da	te 🕨	•							
	PIN Method Returns Only—continue	belo	ow							
Part III Certification and Authentication	 Practitioner PIN Method Only 									
ERO's EFIN/PIN. Enter your six-digit EFIN followed	by your five-digit self-selected PIN.	2	2		6 nter a		2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨			
	etain This Form — See orm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	instructions. RAA	REV 01/08/24 PRO	Form 8879 (Rev. 01-2021)

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	vrite or sta	ple in this space.		
For the year Jan	. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.		
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number		
MAHENDER	REI	DDY	LOK	ASANI						659	27	8021		
		s first name and middle initial	Last r							Spouse	s social	security number		
UZWALA			СНА	LLA						989	91	6319		
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign		
4704 TOW	NE S	SQUARE DR						2	636	1		ou, or your		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co		· ·		jointly, want \$3		
PLANO				-		TX	<	750	2.4	· · ·		nd. Checking a not change		
Foreign country	name			Foreign p	rovince/state/				n postal code		c or refu	0		
											🗌 Yo	u 🗌 Spouse		
Filing Status		Single					Head of he	ouseho	old (HOH)					
-		Married filing jointly (even if only o	ne hac	l income)					- (-)					
Check only one box.		Married filing separately (MFS)		,			Qualifying	surviv	ina spouse	(QSS)				
one box.	lf v	you checked the MFS box, enter the	name	of vour s	pouse. If vou	ı che					ild's nar	me if the		
		alifying person is a child but not you			,,,				, .					
Digital		ny time during 2023, did you: (a) reco						-						
Assets		change, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes X No meone can claim: You as a dependent Your spouse as a dependent												
Standard Deduction		eone can claim:	•		•		•							
		Were born before January 2, 1		Are b				n hofe	re January	2 1050		s blind		
		•	909		•	ouse		14				see instructions):		
Dependents		Instructions): irst name Last name	(2) \$	Social security number		(3) Relationsh to you	ip (+	Child tax of			r other dependents			
If more														
than four dependents,														
see instructions	s ——											<u> </u>		
and check here														
	1a	Total amount from Form(s) W-2, b	ov 1 (s	ee instruc	rtions)					. 1a		140,820.		
Income	b		•		,							140,020.		
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2												
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. <u>1c</u> . 1d				
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								. 1e	_			
1099-R if tax was withheld.	f	Employer-provided adoption bene							• • •	. 1f	-			
If you did not	י מ	Wages from Form 8919, line 6.						• •	• • •	· 1g				
get a Form	g h	Other earned income (see instruct				• •		• •	• • •	· · · · · · · · · · · · · · · · · · ·		0.		
W-2, see	i	Nontaxable combat pay election (s	,	· · ·		• •	· · · · ·	ì						
instructions.	z	Add lines 1a through 1h	500 113	siructions)						. 1z		140,820.		
Attach Coh D	2a		2a			 ьт	axable interest	• •		. 12		110,020.		
Attach Sch. B if required.	2a 3a	· ·	2a 3a				Ordinary divider			. 20 . 3b				
	4a		4a				axable amount			. 4b				
Standard	-та 5а		5a				axable amount			. 5b				
Deduction for -	6a		6a				axable amount			. 6b				
 Single or Married filing 	c	If you elect to use the lump-sum e		method				· · ·			,			
separately, \$13,850	7	, ,				`	,	• •	• • •	7				
 Married filing 	8	Capital gain or (loss). Attach Scher Additional income from Schedule						• •		. 8		-11,976.		
jointly or Qualifying	о 9									· 0		128,844.		
surviving spouse, \$27,700		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche		•				• •				120,044.		
 Head of 	10 11	Adjustments to income from Sche						• •		. 10		100 011		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •	· · ·	. 11		128,844.		
• If you checked	12	Standard deduction or itemized						• •		. 12		27,700.		
any box under Standard	13 14	Qualified business income deduction from Form 8995 or Form 8995-A								. 13		27 700		
Deduction, see instructions.	14 15	Add lines 12 and 13	••••	· · ·	0 This is .	· ·				. 14		27,700.		
	15	Subtract line 14 from line 11. If zer	U Ur IE	ss, enter	-u This is y	our	laxable incom	IU .		. 15		101,144.		

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	12,867.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17					[18	12,867.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,867.
	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	12,867.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 21	,309.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	21,309.
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)				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				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	33	21,309.					
Refund	34	If line 33 is more than line 24						34	8,442.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆 İ	35a	8,442.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 9 1 8	3 6 0 0	0 6			-		
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe	•	For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee			•				omplete be	elow.	🗙 No
-		signee's		Phone			onal identific	cation	
	na			no.			oer (PIN)	<u> </u>	
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here				、	Your occupation			• •	nt you an Identity
	to	ur signature		Date	Your occupation				IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see ir		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion	If the I	RS ser	nt your spouse an
Keep a copy for your records.								ection PIN, enter it here	
your records.	HOME MAKER (see							lsi.)	
		one no. (512) 669-362		Email address	MAHENDERREDD	Y2004@GMAIL.C			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/17/2024	P02082		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone	∍no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/08/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2 Attachment

Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number MAHENDER REDDY LOKASANI & UZWALA CHALLA 659-27-8021 Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 Ο. 1 . . 2a Alimony received 2a . . **b** Date of original divorce or separation agreement (see instructions): 3 3 . . .

5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -11, 976. 6 Farm income or (loss). Attach Schedule F 7 7 Unemployment compensation 7 8 Other income: 8a (9 Gambling 8a (9 Total other income. Add lines 8a through 8z 8b 9 Total other income. Add lines 8a through 8z 8a (9 Total other income. Add lines 8a through 8z 9 10, 0140-SR, or 1040-NR, line 8 9 -11, 976.	4	Other gains or (losses). Attach Form 4797		4	
7 Unemployment compensation 7 8 Other income: 8a () a Net operating loss 8b c Gambling 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d () e Income from Form 8853 8d f Income from Form 8853 8f g Alaska Permanent Fund dividends 8g j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i 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 8i i Income from the rental of personal property if you engaged in the rental for profit (a) inclusion (see instructions) 8m n Section 951(a) inclusion (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n g Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a o	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-11,976.
8 Other income: a a b a Net operating loss a b b b Gambling b b b c Cancellation of debt b b b d Foreign earned income exclusion from Form 2555 Bd d b e Income from Form 8859 b b b b f Income from The ron 8889 b b b b b i Prizes and awards b	6	Farm income or (loss). Attach Schedule F.		6	
8 Other income: a a b a Net operating loss a b b b Gambling b b b c Cancellation of debt b b b d Foreign earned income exclusion from Form 2555 Bd d b e Income from Form 8859 b b b b f Income from The ron 8889 b b b b b i Prizes and awards b	7	Unemployment compensation		7	
b Gambling Bb c Cancellation of debt Bc d Foreign earned income exclusion from Form 2555 Bd d Income from Form 8853 Be f Income from Form 8859 Be g Alaska Permanent Fund dividends Be h Jury duty pay Bh i Prizes and awards Bi j Activity not engaged in for profit income Bi 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 Bk i Income from 10 Paralympic medals and USOC prize money (see instructions) Bm m Olympic and Paralympic medals and USOC prize money (see instructions) Bn n Section 951(a) inclusion (see instructions) Ba s Section 951(a) inclusion (see instructions) Ba g Taxable distributions from an ABLE account (see instructions) Ba s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Ba t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan Ba <t< th=""><th>8</th><th></th><th></th><th></th><th></th></t<>	8				
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Instructions) Section 951(a) inclusion (see instructions) 8m o Section 951A(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) 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 u Wages earned while incarcerated 8u 8z g Total other income. List type and amount: 8z 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form		for profit but were not in the business of renting such property	81		
n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) 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 u Wages earned while incarcerated 8u 8z g 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 9	m	Olympic and Paralympic medals and USOC prize money (see			
o Section 951A(a) inclusion (see instructions) 80 p Section 461(l) 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 u Wages earned while incarcerated 8u 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 9		instructions)	8m		
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 r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	р	Section 461(I) excess business loss adjustment	8p		
 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	q	Taxable distributions from an ABLE account (see instructions)	8q		
1040, line 1a or 1d 10	r	Scholarship and fellowship grants not reported on Form W-2	8r		
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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 here and on Form			8s ()		
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9 Total other income. Add lines 8a through 8z	z	Other income. List type and amount:			
10 Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form					
	9			9	
1040 , 1040-SR , or 1040-NR , line 8	10				
		1040, 1040-SR, or 1040-NR, line 8		10	-11,976.

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

Schedule 1 (Form 1040) 2023

Part	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				19a	
b	Recipient's SSN				
	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:		 • •		
		24a			
	Deductible expenses related to income reported on line 81 from the	2-10			
Ň		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals	210			
Ŭ	and USOC prize money reported on line 8m	24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade	2-14			
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
	Contributions by certain chaplains to section 403(b) plans	24g	 	-	
	Attorney fees and court costs for actions involving certain unlawful	2 7 9		-	
		24h			
:		2411		-	
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			
:	Housing deduction from Form 2555	241 24j		-	
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j	 		
K		24k			
_		24K		-	
z	Other adjustments. List type and amount:	24z			
05				OF	
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				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	1 (Form 1040) 2

SCHE (Form	DULE E	Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										OMB No. 1545-0074		
` Departm	ent of the Treasury	(i rom		Attach to Form 1040	, 1040-	SR, 1040-	NR, or	1041.		, c.c.,	Attachm	Attachment Sequence No. 13		
	Revenue Service shown on return		Go to v	www.irs.gov/ScheduleE fo	or instru	uctions an	d the la	itest in		/our 000i	al security			
. ,		TORN	CANT C	UZWALA CHALLA								number		
	MAHENDER REDDY LOKASANI & UZWALA CHALLA 659-27-8021 Part I Income or Loss From Rental Real Estate and Royalties													
rart	Note: If yo	u are in	the busines	s of renting personal prope	rty, use		c . See	e instruc	ctions. If you are	e an indi	vidual, rep	ort farm		
	rental inco	me or lo	oss from For	m 4835 on page 2, line 40.	-				-					
				3 that would require you		. ,								
Bli				uired Form(s) 1099?							. 🗌 Ye	s 🗌 No		
1a	Physical addr	ess of e	each prope	erty (street, city, state, ZI	P code	e)								
Α	506,Block	D,Di	vine Al	lura Apartments,	Frier	nds Col	.ony,	Chano	dannagar , H	lydera	abad IN	J 500050		
В														
C								1						
1b	Type of Prope			n rental real estate prope				Fa			nal Use	QJV		
	(from list below	V)		eport the number of fair I use days. Check the Q			•		Days	Da	iys			
	3	_		eet the requirements to			A		365		0			
<u>В</u> С				l joint venture. See instru			B C							
	of Property:						C							
	Single Family R	esidenc		acation/Short-Term Rer	ntal	5 Lanc	I	7	Self-Rental					
	Multi-Family Re			Commercial	itai	6 Roya			Other (describ	oe)				
1							•		Properties	S:		0		
Incom 3					2		A	95.	В			С		
3 4					3			95.						
Expen		veu .												
5					5									
6	0)	6									
7	Cleaning and r	-			7		1,3	52.						
8	Commissions				8		, -							
9					9									
10				S	10									
11	Management f	ees .			11		1,8	45.						
12	Mortgage inter	est paid	d to banks	, etc. (see instructions)	12									
13	Other interest				13									
14	Repairs				14			82.						
15					15		3,8	54.						
16					16									
17					17		1,9	38.						
18	-	xpense	or depletion	on	18									
19	Other (list)				19		4.0 5	- 1						
20				ugh 19	20		12,5	/1.						
21				s) and/or 4 (royalties). If s to find out if you must										
					21		-11,9	76						
22				s after limitation, if any,	21		±± /	10.						
~~					22	(11,97	76	()	C)		
23a				line 3 for all rental prope			· · ·	23a	<u> </u>	<u>,</u> 595.	\)		
b				line 4 for all royalty prop				23b						
c			•	line 12 for all properties				23c						
d			•	line 18 for all properties				23d						
е			•	line 20 for all properties				23e	12,	571.				
24			•	shown on line 21. Do no				· · ·		24				
25	Losses. Add ro	yalty los	sses from li	ne 21 and rental real estat	te losse	es from lin	e 22. E	nter to	tal losses here	25	(11,976.)		
26				yalty income or (loss).										
				line 40 on page 2 do no										
			-	Otherwise, include this a				ine 41		26	-	-11,976.		
For Pa	perwork Reduct	on Act I	Notice, see	the separate instructions	5.	NE	PA		-11,976.	Sc	hedule E (Fo	orm 1040) 2023		

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