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)

T.....

Тахрау	er's name		Social security	y number						
VEN	KATA RUPESH REDDY GUGGULA		802-73-	-7179						
Spouse	's name	Spouse's soci	ial security number							
Part	Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)									
	Enter whole dollars only on lines 1 through 5.									
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income			1 56,815.						
2	Total tax			2 4,937.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3 6,907.						
4	Amount you want refunded to you			4 1,970.						
5	Amount you owe			5						
Part	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

l authorize	GLOBAL TAXES LLC	to enter or generate my PIN	Ē
	ERO firm name		7

3	7	1	7	9	as
Ent don	er fiv I't er	/e di nter a	gits, all ze	but ros	

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 🕨

X

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 signation	ature Da	ate 🕨	•							
Practitioner PIN Method Returns Only—continue below										
Part III C	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/P	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 🕨		Date 🕨	
ERO Must Retain This I Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do n	ot write	or stapl	le in this space.
For the year Jan		2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See	separ	ate in	structions.
Your first name	and mi	iddle initial	Last r	name						Your	socia	l secu	rity number
VENKATA	RIIPI	ESH REDDY	GUG	GULA									7179
		s first name and middle initial	Last r										ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Pres	identia	al Elec	tion Campaign
1825 S C	RAW	FORD ST						E	32	Che	ck here	e if yo	u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			•••	bintly, want \$3 d. Checking a
MOUNT PI	EAS	ANT				MI	Γ	488	58	· · ·			ot change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal cod	e your	tax or	refun	d
											L	You	I Spouse
Filing Status	\mathbf{X}] Single					Head of h	ouseh	old (HOH)				
Check only		Married filing jointly (even if only o	ne hao	l income)									
one box.		Married filing separately (MFS)					Qualifying						
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOF	l or Q	SS box, er	iter the	child's	s nam	ie if the
	qu	alifying person is a child but not you	ur depe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services);	or (b) se	ell,		
Assets		ange, or otherwise dispose of a dig	•					•	,	• •	_	Yes	s 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	nt	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı						
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are bl	lind Spc	ouse	: 🗌 Was bor	n befo	ore Januar	/ 2. 195	9 [ls	blind
Dependents	-	•		(2)	Social security	,	(3) Relationsh	14				for (se	ee instructions):
If more		irst name Last name			number		to you		Child tax	credit	Cre	dit for	other dependents
than four													
dependents,													
see instructions and check	5												
here 🗌													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					·	1a		70,848.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					·	1b		
W-2 here. Also	С	Tip income not reported on line 1a	•							·	1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep		`	, ,	nstru	uctions)			· -	1d		
1099-R if tax	е	Taxable dependent care benefits f						• •		· -	1e		
was withheld.	f	Employer-provided adoption bene						• •		· -	1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		· -	1g		0
W-2, see	h	Other earned income (see instruct	,			• •	· · · ·	· ·		·	1h		0.
instructions.	i -	Nontaxable combat pay election (see ins	structions)		• •	1 i				1-		70,848.
	2	Add lines 1a through 1h	 20		· · · ·	 ьт	axable interest	· ·	· · ·	· -	1z 2b		10,040.
Attach Sch. B if required.	2a 3a		2a 3a				axable interest Ordinary dividei			· -	2b 3b		
·	<u> </u>		за 4а				axable amoun			·	30 4b		
Standard	ча 5а		4a 5a				axable amoun			· ⊢	40 5b		
• Single or	5a 6a		5a 6a				axable amoun			• +	6b		
Married filing	C	If you elect to use the lump-sum e		method						$\dot{\Box}$	5.5		
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,				7		-1,050.
 Married filing jointly or 	8	Additional income from Schedule		•						_	8	-	-12,983.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								.	9		56,815.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						. †	10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. †	11		56,815.
\$20,800	12	Standard deduction or itemized	-							.	12		13,850.
If you checked any box under	13	Qualified business income deduct					95-A			. 「	13		
Standard Deduction,	14									. 「	14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our	taxable incom	ie .			15		42,965.

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	4,937.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	4,937.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	4,937.
	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	4,937.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 6	5,907.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	6,907.
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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	6,907.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	1,970.
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆 [35a	1,970.
Direct deposit?	b	Routing number 0 7 2	0 0 0 3	2 6	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 8 1 5	7 7 6 7	59					
	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.irs.gov</i>	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	'See			_
Designee	ins	structions				Yes. C	omplete be	elow.	× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	cation	
Ciara		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
							Protec	ction P	IN, enter it here
Joint return?					SOFTWARE I		(see in	,	
See instructions. Keep a copy for	Spouse's signature. If a joint return, both		ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.							(see in		ection Pin, enter it here
	Ph	one no. (213) 461-769	0	Email address		ITTAGCMATT C		,	
		one no. (213) 461-769 eparer's name	Preparer's signat	I	NULUUUUU	JLLA@GMAIL.CO	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	702	Self-employed
Preparer		n's name GLOBAL TAX		IVIN DAGAR	JULIA IAUDAM	101/23/2024	· · · · ·		678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TADAATOIN IN			1 1 11 1 5		Form 1040 (2023)
GO 10 WWW.IIS.90		in the instructions and the late	scanornation.		BAA	REV 01/12/24 PRO			1 0mm 10-to (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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

2023 Attachment Sequence No. 01 Ir social security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social secu
VENKATA RUPESH REDDY GUGGULA	802-73-7179

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. Attach Schedule E	. [5	-12,983.
6	Farm income or (loss). Attach Schedule F.	. [6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
	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)			
n	Section 951(a) inclusion (see instructions)			
ο	Section 951A(a) inclusion (see instructions)	_		
р	Section 461(I) excess business loss adjustment	_		
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			
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	_		
u	Wages earned while incarcerated 8u			
Z	Other income. List type and amount:			
0	Total other income. Add lines %a through %7		9	
9 10	Total other income. Add lines 8a through 8z	• rm	9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-12,983.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			le 1 (Form 1040) 2023

1	Educator expenses				1	1	
2	Certain business expenses of reservists, performing artists, and fee-						
2	officials. Attach Form 2106	Dasis	s you	ennie		2	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	· -	3	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					4	
5	Deductible part of self-employment tax. Attach Schedule SE					5	
6	Self-employed SEP, SIMPLE, and qualified plans					6	
						7	
7	Self-employed health insurance deduction						
8	Penalty on early withdrawal of savings					8	
9a						9a	
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				. 2	22	
23	Archer MSA deduction				. 2	23	
24	Other adjustments:						
а	Jury duty pay (see instructions)	24a					
b	Deductible expenses related to income reported on line 8I from the						
	rental of personal property engaged in for profit	24b					
с	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d		24d					
e	Repayment of supplemental unemployment benefits under the Trade						
Ŭ		24e					
f		24f					
g		24g					
•	Attorney fees and court costs for actions involving certain unlawful	279					
		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						
		04:					
		24i					
j	0	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
		24k					
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.						
	Form 1040, 1040-SR, or 1040-NR, line 10				. 2	26	

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

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VENKATA RUPESH REDDY GUGGULA

Your social security number 802-73-7179

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

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustment		(h) Gain or (loss) Subtract column (e)	
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, F line 2, columr	Part I,	from column (d) and 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						
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	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	Carryover	6	(1,050.)			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-1,050.			

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(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.						
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11				
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions		12 13				
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	Carryover	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15				

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-1,050.
	• 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.		
17	Are lines 15 and 16 both gains?		
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 		
18	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	
19	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	
20	 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.		
21	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 (1,050.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

BAA REV 01/12/24 PRO

Schedule D (Form 1040) 2023

SCHEDULE E (Form 1040)		6			Supplementa								8 No. 154	15-0074	
(FOITH 1040)		(Fre	om renta		e, royalties, partners		-			trusts, REMIC	s, etc.)	20 23			
	ment of the Treasury Revenue Service		c.		Attach to Form 1040					formation		Attachment Sequence No. 13			
Name(s) shown on return						1 113010	structions and the latest information.						cial security number		
VENKATA RUPESH REDDY GUGGULA												73-7179			
_	Part I Income or Loss From Rental Real Estate and Royalties										<u> </u>				
	Note: If yo	ou are	e in the b	usiness of r	enting personal proper			c . See	instru	ctions. If you are	e an indiv	/idual, r	report fa	arm	
	rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions												<u></u>		
													Yes / Yes /	× No │No	
					d Form(s) 1099?			• •				• 🗆	Tes		
_1a	-				street, city, state, Zl		,								
Α	D.NO:15/656-3-	1 PA	NCHAVATI	STREET NE	AR NEAR GOPIKRISHNA	APPOI	NTMENT. TA	ADIPATR	I ANAN	TAPURAMU DISTR	NICT AND	IRA PRA	.DESH IN	<u>v 515411</u>	
B															
C									1						
1b	Type of Prope (from list below				tal real estate prope t the number of fair						Personal Use Days			QJV	
A	3	<i>w</i>)			days. Check the Q			٨	Days		Da	ys 0	_		
B	3		if	you meet t	he requirements to t	file as	a	A B		351		0			
			qu	alified join	t venture. See instru	uctions	S	C							
	of Property:							•							
1	Single Family R	eside	ence	3 Vacat	ion/Short-Term Ren	Ital	5 Land		7	Self-Rental					
2	Multi-Family Re			4 Comr	nercial		6 Roya	alties	8	Other (descril	be)				
	-						-								
Incor	no:							Α		Propertie B	5.	С			
3		4				3			82.	В					
4						4			02.						
	nses:					+ -									
5						5									
6	-					6									
7						7		8	65.						
8	Commissions					8									
9	Insurance														
10						10									
11	-					11		1,5	87.						
12			paid to b	oanks, etc.	(see instructions)	12									
13	Other interest	•	• • •			13			65						
14						14			65.						
15						15		3,3	15.						
16 17						16 17		1 8	55.						
18						18			78.						
19	Othor (list)	•				19			/ 0 •						
20		s. Ac	dd lines	5 through	19	20		13,6	65.						
21					d/or 4 (royalties). If										
					ind out if you must										
	file Form 6198					21	-	-12,9	83.						
22					er limitation, if any,			10 00		(,	/			
00-		-		-		22	1.	12,98	-	() 682.	(
23a b			-		3 for all rental prope 4 for all royalty prop				23a 23b		002.				
b D					12 for all properties				23D						
d					18 for all properties				23d	3.	178.				
e		imounts reported on line 20 for all properties								665.					
24															
25		Losses. Add royalty losses from line 21 and rental real estat							nter to	tal losses here		(12,	983.	
26					income or (loss).										
	here. If Parts I	I, III,	, and IV,	, and line	40 on page 2 do no	ot appl	ly to you,	also e	nter tl	his amount on					
	Schedule 1 (Fo	orm 1	1040), liı	ne 5. Othe	rwise, include this a	mount	in the tot	tal on li	ne 41	on page 2 .	26		-12	,983.	

Schedule E (Form 1040) 2023

-12,983.