Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

| Taxpayer's name | | Social security num | ber | | | | | |
|---|----------------------|---------------------|--------------|--|--|--|--|--|
| JEMIMA O MADHU | | 668-76-670 | 0 | | | | | |
| Spouse's name | | Spouse's social sec | urity number | | | | | |
| 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 | 70,997. | | | | | |
| 2 Total tax | | | 7,875. | | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 10,737. | | | | | |
| 4 Amount you want refunded to you | | 4 | 2,862. | | | | | |
| 5 Amount you owe | | 5 | | | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be | e sure you get and k | 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

| | 1 autriorize | | 1111110 | ERO firm name | | I |
|---|--------------|--------|---------|---------------|-----------------------------|---|
| X | l authorize | GLOBAL | TAXES | T.T.C | to enter or generate my PIN | L |

| | 6 | 6 | 7 | 0 | 0 | as | | | | |
|---|---|---|---|---|---|----|--|--|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | | | |

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

| Spouse's | PIN: | check | one | box | only | |
|----------|------|-------|-----|-----|------|--|
|----------|------|-------|-----|-----|------|--|

I authorize

to enter or generate my PIN

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

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signation | ature Da | ate 🕨 | • | | | | | | | |
|---|---|-------|---|--|--|-----------------|--|---|---|---|
| Practitioner PIN Method Returns Only—continue below | | | | | | | | | | |
| Part III C | Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | | | | | 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 F Don't Submit This Form to the I | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 03/07/24 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 Only | ∕—Do not w | vrite or sta | aple in this space. |
|--|--------------|---|---------|-------------|-----------------|-------|------------------|----------|----------------|--------------|--------------|-------------------------------------|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, enc | ding | | | , 20 | See se | parate | instructions. |
| Your first name | and m | iddle initial | Last r | | | | | | | Your so | cial sec | urity number |
| JEMIMA (|) | | MAD | HU | | | | | | 668 | 76 | 6700 |
| - | | s first name and middle initial | Last r | | | | | | | | | security number |
| | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | | A | pt. no. | Preside | ntial Ele | ection Campaigr |
| _5210 BRG | | | | | | | | | 307 | | | ou, 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 | | | jointly, want \$3 nd. Checking a |
| MADISON | | | | | | Wl | | 537 | | box bel | ow will | not change |
| Foreign country | / name | | | Foreign p | rovince/state/ | count | ty | Foreig | in postal code | your tax | | _ |
| | | 7 . . | | | | | | | | | L Yo | ou Spouse |
| Filing Status | ; 🗵 | Single | | 、 | | | Head of he | ouseh | old (HOH) | | | |
| Check only | | Married filing jointly (even if only on Married filing and arotate (MEC) | he hac | i income) | | | | | | | | |
| one box. | L. | Married filing separately (MFS) you checked the MFS box, enter the | nomo | ofvouro | nouce If you | . obc | | | ring spouse | . , | ild'e ne | mo if the |
| | | alifying person is a child but not you | | | | | | | | | iu s na | |
| | | | | | | | | | | | | |
| Digital | | ny time during 2023, did you: (a) rec | | | | | | | | | | |
| Assets | | hange, or otherwise dispose of a digit | | | | | | et)? (Se | e instructio | ns.) | | es 🛛 No |
| Standard | _ | eone can claim: 🗌 You as a de | • | | - | | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | bu were a | dual-status | alien | 1 | | | | | |
| Age/Blindness | s You | : 🗌 Were born before January 2, 1 | 959 | Are b | lind Spo | ouse | : 🗌 Was bor | n befo | ore January 2 | 2, 1959 | | s blind |
| Dependent | s (see | instructions): | | (2) 5 | Social security | / | (3) Relationsh | ip (4 |) Check the b | ox if qual | fies for | (see instructions): |
| If more | (1) F | irst name Last name | | | number | | to you | | Child tax c | redit | Credit fo | or other dependents |
| than four | | | | | | | | | | | | |
| dependents, see instruction: | s —— | | | | | | | | | | | |
| and check | ı — | | | | | | | | | | | |
| here | 1 | Total amount from Form(a) M(0, b) | av 1 /a | | tions) | | | | | 4 | | 02 667 |
| Income | 1a b | Total amount from Form(s) W-2, b | | | , | | | | | . 1a . 1b | | 82,667. |
| Attach Form(s) | c | Household employee wages not reported on Form(s) W-2 | | | | | | . 10 | | | | |
| W-2 here. Also attach Forms | ď | Medicaid waiver payments not rep | | | | | | | | . 10 | | |
| W-2G and | e | Taxable dependent care benefits f | | | | | | | | . 1e | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | | | | | | | . 1f | | |
| lf you did not | g | Wages from Form 8919, line 6 . | | | | | | | | . 1g | 1 | |
| get a Form W-2, see | h | Other earned income (see instruct | | | | | | | | . 1h | 1 | 0. |
| instructions. | i | Nontaxable combat pay election (s | see ins | structions) | | | 1 i | | | | | |
| | z | Add lines 1a through 1h | • ; | | · · ; | | | | | . 1z | - | 82,667. |
| Attach Sch. B | 2a | · · | 2a | | | | axable interest | | | . 2b | | |
| if required. | <u>3a</u> | | 3a | | | | Ordinary divider | | | . 3b | | |
| Standard | 4a | | 4a | | | | axable amoun | | | . 4b | | |
| Deduction for— | 5a 6a | | 5a | | | | axable amoun | | | . 5b | | |
| Single or Married filing | 6а с | Social security benefits | 6a | mothad | check bors | | axable amoun | ι | | . 6b | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Scher | | | | | | • • | · · · [| 7 | | |
| Married filing | 8 | Additional income from Schedule | | | | | | ••• | L | . 8 | | -11,670. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | | . 9 | | 70,997. |
| surviving spouse, \$27,700 | 10 | Adjustments to income from Sche | | | | | | | | . 10 | | ., |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | | | . 11 | | 70,997. |
| \$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 | Add lines 12 and 13 | | | | | | | | . 14 | | 13,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or le | ss, enter | -0 This is y | our t | taxable incom | ie . | | . 15 | | 57 , 147. |

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 | |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 7,875. |
| | 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 | 7,875. |
| | 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 | |
| Payments | 25 | Federal income tax withheld | | | | | | |
| , | а | Form(s) W-2 | | | | 25a 10 | ,737. | |
| | b | Form(s) 1099 | | | | 25b | | |
| | с | Other forms (see instructions | | | | 25c | | |
| | d | Add lines 25a through 25c | , | | | | 250 | 10,737. |
| If you have a | 26 | 2023 estimated tax payment | | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | • • | | 27 | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | |
| | 29 | American opportunity credit | | | | 29 | | |
| | 30 | Reserved for future use . | | - | | 30 | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | , | - | - | | | 10 |
| Refund | 34 | If line 33 is more than line 24 | , | | | | 34 | |
| neiulia | 35a | Amount of line 34 you want | | | | • | | |
| Direct deposit? | b | Routing number $\begin{bmatrix} 0 & 3 & 1 \end{bmatrix}$ | | | | | Savings | |
| See instructions. | b | Account number 3 8 3 | | | | | bavings | |
| | 36 | Amount of line 34 you want a | | | | 36 | | |
| Amenunt | | | | | | 30 | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | 37 | |
| Tou Owe | 38 | Estimated tax penalty (see in | | | | 38 | 37 | |
| Thind Dauta | | | , | | | | | |
| Third Party Designee | | you want to allow another tructions | • | | n with the IRS? | | mplete below | . 🗙 No |
| Designee | | signee's | | Phone | | | onal identificatio | |
| | nar | | | no. | | | er (PIN) | |
| Sign | | der penalties of perjury, I declare tl | | | | | | |
| Here | bel | ief, they are true, correct, and com | plete. Declaration of | of preparer (othe | r than taxpayer) is ba | ased on all informatio | n of which prep | arer has any knowledge. |
| | Yo | ur signature | | Date | Your occupation | | | ent you an Identity |
| | | | | | | | Protection (see inst.) | PIN, enter it here |
| Joint return? See instructions. | | une's signature. If a isint vature, I | ath must sign | Data | SOFTWARE I | | · , | |
| Keep a copy for | Sp | ouse's signature. If a joint return, I | both must sign. | Date | Spouse's occupat | ion | | ent your spouse an otection PIN, enter it here |
| your records. | | | | | | | (see inst.) | |
| | Ph | one no. (681)204-490 | 9 | Email address | MADHUCH068 | 89@GMAIL.CO | M | |
| | | parer's name | Preparer's signat | | | Date | PTIN | Check if: |
| Paid | | | | | | | DOOOO | Self-employed |
| | SYA | M PRIYA RAM SAGAR GUPTA | ISYAM PRIY. | A RAM SAC | GAR GUPTA | 104/06/20241 | PUZU8Z/U. | |
| Preparer | | M PRIYA RAM SAGAR GUPTA n'sname GLOBAL TAX | | A RAM SAC | GAR GUPTA | 04/06/2024 | P02082703 Phone no. | |
| Preparer Use Only | Firi | n's name GLOBAL TAX | | | | 04/06/2024 | | (678) 965-9522 |

| 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 20

Attachment

| Internal Revenue Servi | | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Sequence No. 01 |
|------------------------|-------|---|----------|---------------------|
| Name(s) shown o | on Fo | rm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| JEMIMA O MA | ADHU | | 668-76 | -6700 |
| | | | | |

| Par | Additional Income | | | |
|---------|--|------------------|----|-----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | 0. |
| 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 | ch Schedule E . | 5 | -11,670. |
| 6 | Farm income or (loss). Attach Schedule F. | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | 0 | 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 | | |
| 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 | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | | 8m | _ | |
| n | Section 951(a) inclusion (see instructions) | 8n | _ | |
| 0 | | 80 | _ | |
| р | | 8p | _ | |
| q | | 8q | _ | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | _ | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | 80 (| | |
| | 1040, line 1a or 1d | <u>8s (</u> | - | |
| t | a nongovernmental section 457 plan | 8t | | |
| | • | 8u | _ | |
| u - | | ou | - | |
| z | Other income. List type and amount: | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 9 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter | here and on Form | - | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | | | -11,670. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | | le 1 (Form 1040) 2023 |

Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2

| Par | t II Adjustments to Income | | |
|----------|---|----------|--------------------|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government | | |
| | 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) | | |
| b | Deductible expenses related to income reported on line 8I from the | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | _ | |
| d | Reforestation amortization and expenses 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | |
| | Act of 1974 | _ | |
| f | Contributions to section 501(c)(18)(D) pension plans | - | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | |
| | discrimination claims (see instructions) | _ | |
| i | Attorney fees and court costs you paid in connection with an award | | |
| | from the IRS for information you provided that helped the IRS detect | | |
| | tax law violations | - | |
| j | Housing deduction from Form 2555 | - | |
| K | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | |
| | 1041) | - | |
| Z | Other adjustments. List type and amount: | | |
| 05 | Tatal athen adjustments. Add lines 04a through 04a | 05 | |
| 25 06 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | 06 | |
| | | 26 | |
| | BAA REV 03/07/24 PRO | Schedule | 1 (Form 1040) 2023 |

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

| 2023 |
|------------|
| Attachment |

| Department of the Treasury Internal Revenue Service | | Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information. | | | | | | | | Attachment Sequence No. 13 | | |
|--|---|--|--|-----------|----------|------------------|----------|-----------------|--------------|--------------------------------------|----------|--|
| |) shown on return | | | | | | | | | al security r | number | |
| | MA O MADHU | | | | | | | | 668-7 | 6-6700 | | |
| Part | Note: If you a | are in t | s From Rental Real Estate and the business of renting personal properties from Form 4835 on page 2, line 40. | erty, use | | e C . See | e instru | uctions. If you | are an indi | vidual, repo | ort farm | |
| (| | | ents in 2023 that would require you | | Form(s) | 1099? \$ | See in | structions . | | . 🗌 Ye | s 🛛 No | |
| 3 | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | | ′es 🗌 No | |
| 1a | | ess of each property (street, city, state, ZIP code) | | | | | | | | | | |
| Α | - | ILALPET, SECUNDERABAD TELANGANA IN 500003 | | | | | | | | | | |
| B | | | | | 110 000 | 000 | | | | | | |
| C | | | | | | | | | | | | |
| 1b | Type of Property | 2 | For each rental real estate prop | ertv lis | v listed | | | air Rental | Personal Use | | 0.11/ | |
| | (from list below) | | above, report the number of fair rent | | | | | Days | Days | | QJV | |
| Α | 3 | 1 | personal use days. Check the C | | | | 310 | | 0 | | | |
| В | | | if you meet the requirements to qualified joint venture. See instr | | | В | | | | | | |
| С | | | quaimed joint venture. See instr | uctions | 5. | С | | | | | | |
| уре | of Property: | | | | | | | | | | | |
| | Single Family Res | | | ntal | 5 Lano | | | Self-Rental | | | | |
| 2 | Multi-Family Resid | dence | 4 Commercial | | 6 Roy | alties | 8 | Other (desc | cribe) | | | |
| | | | | | | | | Propert | ies: | | | |
| con | ne: | | | | | Α | | B | | | С | |
| 3 | Rents received | | | 3 | | 6 | 550. | | | | | |
| 4 | Royalties receive | ed. | | 4 | | | | | | | | |
| kper | ises: | | | | | | | | | | | |
| 5 | Advertising . | | | 5 | | | | | | | | |
| 6 | Auto and travel (s | see in | structions) | 6 | | | | | | | | |
| 7 | Cleaning and ma | maintenance | | | | 780. | | | | | | |
| 8 | Commissions | | | 8 | | | | | | | | |
| 9 | Insurance | | | 9 | | | | | | | | |
| 0 | Legal and other p | orofes | sional fees | 10 | | | | | | | | |
| 1 | 0 | | | 11 | | 1,540. | | | | | | |
| 2 | | - | to banks, etc. (see instructions) | 12 | | | | | | | | |
| 3 | | | | 13 | | | | | | | | |
| 4 | | | | 14 | | 4,100. | | | | | | |
| 5 | Supplies | | | 15 | | 4,250. | | | | | | |
| 6 | | | | 16 | | | | | | | | |
| 17 | | | | 17 | | 1,650. | | | | | | |
| 8 | | ense | or depletion | 18 | | | | | | | | |
| 9 | Other (list) | A -I -I I' | | | - | | 220 | | | | | |
| 20 | • | | nes 5 through 19 | 20 | | 12,3 | 320. | | | | | |
| 21 | | | ine 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | | | structions to find out if you must | 21 | | -11,6 | 570 | | | | | |
| 22 | | | estate loss after limitation, if any, | | | ± ± / (| | | | | | |
| | on Form 8582 (s | ee ins | tructions) | 22 | (| 11,6 | | |) | (| | |
| 23a | | | ported on line 3 for all rental prop | | | - | 23a | | 650. | _ | | |
| b | | | ported on line 4 for all royalty pro | - | | | 23b | | | | | |
| c | | | ported on line 12 for all properties | | | | 23c | | | | | |
| d | | | ported on line 18 for all properties | | | | 23d | | | | | |
| е | | | ported on line 20 for all properties | | | | 23e | | 2,320. | | | |
| 24 | | | amounts shown on line 21. Do no | | - | | | · · · · | | / - | 1 (70 | |
| 25 | | • | ses from line 21 and rental real esta | | | | | | | | L1,670. | |
| 6 | | | te and royalty income or (loss). d IV, and line 40 on page 2 do no | | | | | | | | | |

26

-11,670.

-11,670.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .