Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpayer's name	Social security number
VIVEK KUMAR TAMRAKAR	739-03-8508
Spouse's name	Spouse's social security number
SHOBHANA TAMRAKAR	991-90-1911
Part I Tax Return Information – Tax Year Ending December 31, 20	023 (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 81,697.
2 Total tax	. 2 6,037.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 17,528.
4 Amount you want refunded to you	4 11,491.
5 Amount you owe	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

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

3	8	5	Ű	8	as my
Ent don	-				

1 1

Enter five digits, but don't enter all zeros

as mv

0 1 9

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

XI

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 🕨	Date 🕨						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Prac	itioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your	five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros						

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 >	Da	ate 🕨
) Must Retain This Form — See Instructi it This Form to the IRS Unless Requeste	
		F 9970 (P of 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/23/24 PRO

Date

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y−Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
VIVEK KU	IMAR		ТАМ	RAKAR						739	03	8508
		s first name and middle initial	Last r									security number
SHOBHANA	\		там	RAKAR						991	90	1911
		er and street). If you have a P.O. box, see						A	pt. no.			ection Campaign
		GTON AVENUE							01W			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c		spouse	if filing	jointly, want \$3
SUNNYVAL	.г.		•			CZ	7	940	86			nd. Checking a not change
Foreign country				Foreign p	rovince/state/o				n postal code		c or refu	0
							-	-	-	-	Yo	_
Filing Status	. [] Single					Head of h	ouseh	old (HOH)			
-		Married filing jointly (even if only o	ne hac	l income)					0.0.(01.)			
Check only one box.] Married filing separately (MFS)		,				surviv	ving spouse	(QSS)		
one box.	lf v	ou checked the MFS box, enter the	name	of your s	pouse. If voi	ı che			• •	. ,	ild's na	me if the
		alifying person is a child but not you										
Digital		ny time during 2023, did you: (a) rec	•						,		Πv	
Assets		hange, or otherwise dispose of a dig					-	1)? (36		ns.)	∐ Ye	es 🛛 No
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retur	•		-		a dependent					
Age/Blindness		. Were born before January 2, 1		Are bl		ouse		n befo	ore January	2. 1959		s blind
Dependents		•		(2) 9	Social security	,	(3) Relationsh	in (4) Check the b	ox if quali	fies for (see instructions):
-		irst name Last name		number			to you		Child tax c			or other dependents
lf more than four												
dependents,									$\overline{\Box}$			
see instructions	s ——											
and check here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .				<u> </u>	. 1a		100,535.
	b		•		,						-	
Attach Form(s) W-2 here. Also	с										;	
attach Forms	d	Medicaid waiver payments not rep	•		,					. 1d	-	
W-2G and	e	Taxable dependent care benefits f								. 1e	,	
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f	-	
If you did not	g	Wages from Form 8919, line 6 .								. 19	-	
get a Form	h	Other earned income (see instruct								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s					1i	ì				
	z	Add lines 1a through 1h								. 1z		100,535.
Attach Sch. B		-	2a			ь т.	axable interest			. 2b	-	
if required.	3a	· · -	3a				Ordinary divider			. 3b	-	
	4a		4a				axable amoun			. 4b	-	
Standard	5a		5a				axable amoun			. 5b	-	
• Single or	6a		6a				axable amoun			. 6b	-	
Married filing	c	If you elect to use the lump-sum e		method					[
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,	• •		7		
 Married filing jointly or 	8	Additional income from Schedule		-						. 8	+	-18,838.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	-	81,697.
surviving spouse, \$27,700	10	Adjustments to income from Sche					• · · · · ·	• •		. 10		
 Head of 	11	Subtract line 10 from line 9. This is						• •		. 11		81,697.
household, [\$20,800	12	Standard deduction or itemized	-	-	-			• •		. 12		27,700.
If you checked any box under	13	Qualified business income deduct					····	• •		. 13	-	ZI,/UU.
Standard	13 14	Add lines 12 and 13	51110			033	<u>.</u>	• •		. 14		27,700.
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer	· ·	 Iss antar	-0- This is v	 	taxahle incom	 e		. 15		53,997.
	15				5. 1113 IS Y	Jui				. 10	· I	

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	6,037.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	6,037.
	19	Child tax credit or credit for	other dependen	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	6,037.
	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	6,037.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 17	7,528.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	17,528.
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		1	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	17,528.
Refund	34	If line 33 is more than line 24						34	11,491.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here					35a	11,491.	
Direct deposit?	b	Routing number 1 2 1	Routing number $\begin{vmatrix} 1 & 2 & 1 & 0 & 0 & 3 & 5 & 8 \end{vmatrix}$ c Type: X Checking Savings						
See instructions.	d	Account number 3 2 5	1 6 3 3	1 9 0 0) 9				
	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						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	tructions				🗌 Yes. C	omplete l	celow.	🗙 No
		signee's		Phone			onal identi	fication	
0:	nar	der penalties of perjury, I declare th	at I have examined	no.			ber (PIN)	ho host	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature	-	Date	Your occupation		If the	IRS se	nt you an Identity
	10	ar signature		Duic					IN, enter it here
Joint return?					SERVICE		(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.								tity Prot inst.)	ection PIN, enter it here
			г		HOMEMAKER	THE COORDER OF	,		
		one no. (669)577-645 parer's name	5 Preparer's signat	Email address	TAMRAKAR.VIV	/EK99@GMAIL.C			Check if:
Paid								0700	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/06/2024			
Use Only		m's name GLOBAL TAX		NOUTON	T 0001C				678)965-9522
			Y CT E BRU	NSWICK N			Firm	's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO			Form 1040 (2023)

REV 02/23/24 PRO

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**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	al security number
VIVEK KUMAR & SHOBHANA TAMRAKAR	739-03	-8508

Par	t 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	ach Schedule E .	5	-18,838.
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	<u>8i</u>	_	
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	0		
	instructions)	8m	_	
	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Section 461(I) excess business loss adjustment	8p	-	
q		8q 8r	-	
r	Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form		-	
S	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or		4	
Ľ	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:	00	-	
2		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter		-	
	1040, 1040-SR, or 1040-NR, line 8	<u> </u>	10	-18,838.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

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			
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:			
	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. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 02/	/23/24 PRO	Schedule 1 (Form 1040) 2023

	HEDULE E Supplemental Income and Loss								OMB No	o. 1545-0074		
(Form	1040)	(From	rental real e	state, royalties, partnersl	hips, S	corporati	ions, es	tates,	trusts, REMIC	Cs, etc.)	9(73
	ent of the Treasury			Attach to Form 1040,							ک کے Attachn	nent
	Revenue Service		Go to w	ww.irs.gov/ScheduleE for	r instru	uctions an	d the la	itest in	formation.			ce No. 13
	me(s) shown on return											number
_	K KUMAR &									739-0	3-8508	
Part				ental Real Estate an			C Coo	inatur	ationa Ifrance	re en indi	idual ran	art farm
	rental inco	ome or lo	ss from Forn	of renting personal proper n 4835 on page 2, line 40.	ty, use	Schedule	C. See	Instru	ctions. If you a	re an indiv	viduai, rep	ort farm
Α				3 that would require you	to file	Form(s) 1	099? S	See ins	structions .		. 🗌 Ye	s 🛛 No
B	f "Yes," did you	or will y	you file requ	uired Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a				ty (street, city, state, ZIF								
Α	, ,			T) BHILAI CHATTI		,	190020	0				
B	ZH//A NEII	ICO NAC	JAIC (MED	I) DIIIDAI CIIAIII	-DGAI			0				
C												
	Type of Prope	rty 2	For each	rental real estate prope	rtv liet	ted.		Fa	ir Rental	Person	معالاهم	
10	(from list below			port the number of fair				Ia	Days	Da		QJV
Α	3	,	personal	use days. Check the Q	JV box	k only	Α		365		0	
В				et the requirements to f			В				-	
С			qualified	joint venture. See instru	ictions	5.	С					
Туре	of Property:											
1	Single Family R	esidenc	e 3 Va	acation/Short-Term Ren	tal	5 Land	l	7	Self-Rental			
2	Multi-Family Re	sidence	e 4 Co	ommercial		6 Roya	alties	8	Other (descr	ibe)		
									Properti			
Incom							Α		B	c3.		С
3		4			3			30.				•
4					4		0	50.				
Exper					-							
5					5							
6	0				6							
7					7		1,6	50.				
8	-				8							
9					9							
10	Legal and othe	er profes	ssional fees		10							
11	Management f	ees .			11		1,5	40.				
12				etc. (see instructions)	12							
13	Other interest				13							
14	Repairs				14		5,1	47.				
15	Supplies .				15		5,4	20.				
16					16							
17					17		5,7	11.				
18		xpense	or depletio	n	18							
19	Other (list)				19							
20				gh 19	20		19,4	68.				
21) and/or 4 (royalties). If								
				to find out if you must	0.1		_10 0	20				
20				after limitation, if any,	21		-18,8	50.				
22				after limitation, if any,	22	(18,83		(1	(
23a			-			1	10,03	23a	1	630.	(
zsa b				ine 3 for all royalty prope			•	23a 23b		0.00.		
c D				ine 12 for all properties				230 23c				
d			•	ine 18 for all properties				23d				
e			•	ine 20 for all properties				23e	19	,468.		
24				nown on line 21. Do not				200		. 24		
25				e 21 and rental real estate		-					(18,838.
26				alty income or (loss).								-,
				ne 40 on page 2 do no								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

26

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-18,838.

8582 Passive Activity Loss Limitations						OMB No. 1545-1008			
Form OJOZ Department of the Treasury Internal Revenue Service See separate instructions. Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information.							2023 Attachment Sequence No. 858		
Name(s) shown on return	ntifying number								
							739-03-8508		
Part I 2023	Passive Activity Loss	5			1				
Cauti	on: Complete Parts IV ar	nd V before comple	eting Part I.						
	Activities With Active Pa al Real Estate Activities			ive participation, s	ee Special				
1a Activities with	n net income (enter the a	mount from Part IN	/, column (a)) .	 1 a	0.				
	n net loss (enter the amo				18,838.				
c Prior years' u	nallowed losses (enter th	ne amount from Pa	art IV, column (c))	1c (
d Combine line	s 1a, 1b, and 1c					1d	-18,838.		
All Other Passive A	ctivities								
2a Activities with	n net income (enter the a	mount from Part V	column (a))	2a					
	n net loss (enter the amo				,	5			
	nallowed losses (enter the								
-	'					2d			
					<u></u>	20			
	s 1d and 2d and subtra , stop here and include								
	allowed losses entered a								
normally used			hepoir the losses		Schedules	3	-18,838.		
-	oss and: • Line 1d is a l	oss ao to Part II					10,050		
		-	zero or more) sk	ip Part II and go to	line 10				
Caution: If your filin Part II. Instead, go to	g status is married filing b line 10.	separately and yo	ou lived with your	spouse at any tim	e during the	e year,	do not comple		
	ial Allowance for Rer	ntal Real Estate	Activities With	Active Participa	ation				
	Enter all numbers in Par			•					
	aller of the loss on line 1	•				4	18,838.		
	00. If married filing separ			5 1	 50,000.		10,050.		
	d adjusted gross income				00,535.	-			
	b is greater than or equal				00,555.				
	erwise, go to line 7.								
7 Subtract line	-			7	49,465.				
	' by 50% (0.50). Do not ei	 nter more than \$25	 000 If married fili			8	24,733.		
	aller of line 4 or line 8. If					9	18,838.		
	Losses Allowed						10,050.		
	me, if any, on lines 1a an	d 2a and enter the	total			10	0.		
	allowed from all passiv				ons to find		0.		
	port the losses on your ta					11	18,838.		
	plete This Part Before					11	1070301		
		Current year		Prior years	Ove	erall gai	ain or loss		
Name	of activity	(a) Net income	(b) Net loss	(c) Unallowed					
		(line 1a)	(line 1b)	loss (line 1c)	(d) Gai	n	(e) Loss		
24/7A NEHRU N	AGAR (WEST)	0. 18,838.					18,838		
, , 1, LIII() IV							10,000		
fotal. Enter on Part	I, lines 1a, 1b, and 1c	0.	18,838.						
or Paperwork Reduc	tion Act Notice, see instru	uctions.		REV 02/23	8/24 PRO		Form 8582 (20)		

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Part V Complete mis Part Belor									
Name of activity	Current year			Prior years		Overall gain or loss			
	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
	((,		,				
Total. Enter on Part I, lines 2a, 2b, and 2c Part VI Use This Part if an Amount	at la Shawn an [Dort II	Line 0 S		tiona				
Dise This Part If an Amou		art II,	Line 9. 5		tions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
24/7A NEHRU NAGAR (WEST)	E Ln 22	18,838.		1.00000000		18,838.		0.	
Total		18,838.		1.00		18,838.		0.	
Part VII Allocation of Unallowed L						10703	••		
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) Loss		(b) Ratio (d		(c)	c) Unallowed loss	
	<u></u>					1.00			
Part VIII Allowed Losses. See instr									
Name of activity	Form or scho and line nur to be reporte (see instruct	nber ed on	(a) l	Loss (b) Un		nallowed loss		Allowed loss	
Total	<u></u> .								

REV 02/23/24 PRO

Form **8582** (2023)